Solution Focused Brief Therapy as Perceived by Educational Psychologist and Adolescent Client

By

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Dedication

To Iona, my wife, ‘the wind beneath my wings.’

To Eben, my son, so right in thinking there is nothing more important than playing rugby and bouncing on a trampoline. I can’t wait to join you far more often.

To Non and Gwenallt, my parents, thank you for always believing in me and for asking “how is the PhD coming?” – when you knew it was not.

Finally, I submit this work in memory of my beautiful grandmother – Gramma, who taught me not to ‘go gentle into that good night.’ She would have been really proud of me.
ABSTRACT

Most of the research into Solution Focused Brief Therapy (SFBT) has been carried out with adult groups, indicating an absence of studies involving adolescent populations, despite the fact that SFBT has become widespread within educational psychology. Furthermore, investigations regarding the process of psychotherapeutic change and therapeutic relationship have emphasised perceptions held by the therapist, rather than the client. This study therefore, explored experiences of the change process and therapeutic relationship within SFBT - as perceived by both educational psychologist and their adolescent client.

A total of twenty-six, school-based interviews were conducted involving pairs of participants, an educational psychologist and an adolescent client, referred for social, emotional an/or behavioural difficulties. Qualitative research methods were used in order to explore rich narratives of the SFBT experience and therapeutic relationship. Interview data was recorded and transcribed and, analysed in accordance with Grounded Theory principles.

A number of findings emerged that were categorised and unified under two broad thematic headings: The Core Features of SFBT and The Key Elements of the SFBT, Therapeutic Relationship. By comparing perceptions between and within participating EP: adolescent dyads, similarities and differences were explored in their accounts. A similar, positive SFBT experience was perceived by EP and adolescent client, when viewed as a 'different' way of working, when collaborative work was reported and when a good relationship was described. EP and adolescent perceptions of their unique, therapeutic relationships were closely matched. Specifically, it appeared that when a good relationship was described, a favourable outcome ensued, but a less favourable outcome was reported when one or neither participant held a positive view of their relationship. Also, the absence of a hopeful outlook appeared to have impact upon the establishment of a good relationship and SFBT experience in general. This study points to the value of particular elements of the therapeutic relationship in EP work and of SFBT's role in being able to promote these due to its collaborative, hopeful, client centered orientation and overall social constructionist stance.

The limitations and theoretical and practical implications of the findings from this study are discussed including the need for the EP profession to consider a lesser emphasis on technique and greater focus on the conditions under which therapeutic relations can flourish. Wider, systemic implications such as schools as 'communities of hope' are presented and future research directions considered within the key fields of SFBT and educational psychology.
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Chapter 1 – Introduction

Introduction

The purpose of the first chapter within this thesis is to provide the reader with information that will assist in the navigation and understanding of the study being presented. This will include the reasons for conducting the research, a description of what is to be investigated, an outline of the methods to be used and the rationale underscoring their selection. Following on from this, I aim to introduce the reader to a broad overview of the subject matter and areas of interest concerning the current study.

1.1 Aims, Rationale and Justification of the Research

This study seeks to investigate adolescent and psychologist experiences of Solution Focused Brief Therapy (SFBT) in overcoming Social, Emotional and Behavioural Difficulties, which may otherwise lead to exclusion from school and long-term sequelae in adulthood. The findings will contribute to a clearer understanding of the perceptions held by participants of the process of therapy and the therapeutic relationship, leading eventually to a review of therapy assumptions and methods in the educational psychology field. The research is conducted against the backdrop of Educational Psychologists (EPs) facing many challenges, not least the ability to be ‘all things to all persons’ – an ear, a mirror, a sounding-board, an advisor, a non-judgmental observer, an expert, a technician but probably above all else, a last-stop problem solver. Clients, in return for their investment of time and effort with an EP, have high expectations for solutions to their problems. However, within today’s climate of time sensitive services, efficacy and value for money, SFBT is considered as potentially a popular model of intervention (Wagner and Gillies, 2001). As an EP whose preferred working model is not SFBT, rather a close relation – the Solution-Oriented approach (O’Hanlon and Weiner-Davies, 1989), and as one who has written and presented extensively in the field, it is imperative that I clearly acknowledge my unavoidable ‘insider’ position within the current study from the outset. In recognition
of my position, all possible attempts are made throughout the research for me to remain impartial and objective, for example, ensuring that the multi-disciplinary colleagues from education, health and social work sectors who make up the focus group have knowledge of ‘solutions’ theory but conduct their day-to-day work from differing theoretical persuasions. The Solution-Oriented model is described more fully in Chapter 3 where I shall attempt to describe the similarities and differences between it and SFBT, along with other close relations such as the Narrative approach.

Setting my stated ‘insider’ position within this study to one side, it is important to recognise why the research was deemed necessary to conduct in the first place. It is my view that three, core, justifiable reasons exist for embarking on the present research, each serving to shape and influence focus and design. First, outcome research within the field of psychotherapy has over the years paid more attention to accounts provided by therapists (or psychologists) with comparatively less focus afforded the perceptions and views held by their clients (Hubble et al, 1997). This is the case despite the literature suggesting that client factors account for up to 40% of variance in terms of outcome, irrespective of which model is being used (Lambert, 1992). This current research proposes to include perceptions of the adolescent client and subscribes to the view that SFBT is a shared, therapeutic encounter (de Shazer, 1991). Second, by inclusion of adolescent perceptions the current study seeks to redress the imbalance within the SFBT research literature, which has tended to focus predominantly upon adult populations (Weisz et al, 1995). Third, it appeared to me when reviewing the available literature, that the research which does exist – appertaining to psychotherapeutic work conducted with the adolescents – refers mostly to experiences within a clinical context. The current study, however, attempts to investigate the application of a psychotherapeutic model within an altogether different environment, namely the mainstream secondary school.

SFBT is the chosen therapeutic model for this study as its post-structuralist and post-modern position within the school of psychotherapy provides a platform for addressing the research questions posed relating to therapy experience and therapy relationship. Since a tenet of SFBT is that presenting problems are approached in a similar fashion, irrespective of their nature and degree of severity, it was considered that this would also contribute toward controlling such variation, bound to occur
between individuals partaking in the study (de Shazer, 1998). Additionally, the reported collaborative nature of SFBT is viewed as fertile ground for the therapeutic relationship to take hold and to be observed between EP an adolescent (O’Hanlon, 1998). Interests within the study relate directly to the main research questions, to do with how the EP and the adolescent client perceive the process of SFBT and specifically, the therapeutic relationship. Literature is critically reviewed providing particular focus on a number of key subject areas. First, a feature of EP practice is that intervention to support and assist adolescent cases of SEBD includes the use of many diverse approaches including SFBT (Ajmal and Rhodes, 1995). The study reviews ways in which SFBT is applied within educational psychology, considering its effectiveness and usefulness to clients (Ajmal and Rees, 2001). Second, a focus upon understanding SFBT within the brief therapy tradition is considered, including evidence of the similarities and differences between it and other brief, constructive therapies. Third, despite a tendency observed in the literature for theorists to set about proving the worth of their own particular model of choice in terms of its usefulness and efficacy, this study will focus on an alternative theory about what contributes toward positive outcome, rather than searching for the ‘best’ model. A spotlight is shone therefore, upon the factors that are debated as ‘common’ to all therapies in terms of their influence upon outcome (Lambert, 1992). Arising from a review of the ‘common factors’ literature is the fourth area of interest within the current study, namely that of the therapeutic relationship, suggested as being a ‘common factor’ itself (Bachelor, 1995). Review of the relationship literature, where it is also referred to as the therapeutic, ‘working’ or ‘helping alliance’ (Garfield and Bergin, 1994), will seek to gain a clearer definition and understanding of what is meant by this complex phenomenon, critically appraising its features within differing psychotherapeutic traditions, as well as within SFBT.

I selected a qualitative method for conducting the current study for three main reasons. Due largely to the fact that a preponderance of quantitative research already exists within the psychotherapy, and specifically SFBT, literature (Gingerich and Eisengart, 2000), this current study will seek to provide additional, qualitative findings from rich descriptions of EP and adolescent perceptions about their therapy experiences. Another reason for selecting qualitative methodology over quantitative is that it provides the exploratory framework considered to best accommodate and
embrace the social constructionist and constructivist stance, reportedly taken by SFBT (Gergen, 1999). This is achieved as the qualitative process allows for a full, narrative engagement with each participant to explore perceptions, meanings, stories and realities concerning their unique, SFBT experience. The third reason for conducting research that utilises qualitative rather than quantitative methods arises from my own practice experience as an EP. I considered that more information would emerge from the adolescent participant within a study of this nature as a result of interview conversation, allowing for re-wording and checking for understanding in 'real-time.' This is in contrast to a quantitative methodology, such as use of questionnaires, where there would be far less scope for checking participant understanding of items and, what was being expected of them.

Furthermore, use of the semi-structured interview will be made with EP: adolescent dyads that have previously undergone SFBT work together. This will provide a framework for exploring perceptions held about the experience of participating in SFBT, by responses to a number of interest areas, that will emerge from a pilot study and focus group discussion. As concepts and themes emerge from the recorded transcripts my intention is to remain attentive toward responding fully to the research questions posed, that are:

I. how do the educational psychologist and adolescent describe their experience of SFBT? To what extent are their perceptions about the experience similar?

II. What constitutes a therapeutic relationship between educational psychologist and adolescent, within SFBT? Do the educational psychologist and adolescent hold similar perceptions regarding their therapeutic relationship within SFBT?

Similarities and differences, therefore, in how participants view the experience of SFBT are investigated, particularly with respect to the therapeutic relationship. A Grounded Theory approach facilitates the gradual emergence of key thematic areas, then analysed and discussed fully (Glaser and Strauss, 1967). Finally, by drawing upon the emerging themes, I intend to cautiously present what grounded theory can be learned from the current research in light of the research questions. Whilst recognising that is not the intention of this qualitative study to generalise its
theoretical findings from the data to wider populations, I propose that any theory derived will offer an insight and a meaningful guide to action within similar contexts. With caution, therefore, I intend to postulate and propose what the findings may indicate both in terms of SFBT and its use by EPs with school-based adolescents. My conclusions will endeavour to direct the reader toward the numerous limitations of the research, reminding them to remain cautious if choosing to draw any firm, wide-ranging assertions from the findings. Finally, directions for future research in the field of SFBT and its educational psychology application will be considered as a result of conducting this in-depth study.

The remainder of this chapter provides an introduction to some of the areas which are the backdrop for the research, including the role of the EP, social, emotional and/or behavioural difficulties (SEBD), inclusion, work with parents, SFBT and the therapeutic factors that influence change.

1.2 Educational Psychology and the Current Study

The professional domain in which the research takes place is educational psychology. As part of an Educational Psychologist’s (EP) generic problem-solving role, they are called upon to assist in bringing about positive changes in young people’s life situations. A large proportion of their problem solving work comes as a result of referred individuals experiencing social, emotional and/or behavioural difficulties (SEBD). For the most part, EPs select from an array of techniques, models and theories, in order to tailor an appropriate form of intervention with the individual they face. The nature and method of intervention is, therefore, varied. Variety also occurs within any given approach due to an EP’s own individual interpretation and style, with some of the more popular approaches adopted by EPs in the meeting of SEBD needs in young people being outlined within this chapter. Consideration is also afforded to the area of successful outcomes and the contributing factors. Throughout, SFBT is discussed as an alternative model to more traditional methods for EPs working with SEBD. Historical perspectives are examined, together with most recent applications within and beyond the educational psychology field. The application of SFBT appears widespread, affecting mental health practice, social work, the probation
service and other public and private agencies, in addition to education. I intend, however, that the findings from this study serve only to directly inform practice within the field of education.

1.2.1 Educational Psychology in Schools

The social and professional context in which the current study takes place is school. Within education there is guidance provided for supporting the synergy between school and educational psychology services. For example, the Code of Practice (2001b) provides plans and procedures in the form of policy to explain and outline the methods schools should employ in meeting the needs of their pupils. What role can the educational psychologist expect to play to assist this process? A systemic approach may, in part, be seen as a method of enskilling and supporting whole schools, through collaboration, to develop an environment that is able to meet most needs. In essence, the approach is about making change possible and with it increased autonomy at all levels (Wagner and Gillies, 2001). The systems model recognises reliance upon multidisciplinary co-operation and does not seek to apportion blame to any one part of the system. Adherence to this model would mean, therefore, that 'all the responsibility for change' would not lie with one party alone, "whether it be pupils, parents, teachers, support services or society" according to Docking (1990:18).

Since the late 1970s the use of a systems approach in educational psychology has become more widely accepted. This has come about in part through services aiming at more effective long-term solutions. Gillham (1978) and others (for example, Burden, 1981) considered the need to address the approach at the level of relationships and to view schools as social institutions.

Furthermore, Gillham (1981:12) states that a systemic approach, from the educational psychologist's perspective, has to occur alongside individual casework, not instead of it:

System change requires careful evaluation of probable effects (and, therefore, careful planning) and action at several levels more or less simultaneously, in particular, at the individual as well as institutional level.
Systems theory, according to Burden (1981), can provide a sociological perspective, which is of value to the educational psychologist considering schools issues. He views the systems approach as lending itself to promoting social integration, stating:

The school needs to be seen as an open system in constant dynamic interaction with the environment that it serves Burden (1981:36).

This perspective encourages educational psychologists to take a broader view of their practice, including the consideration of a school's ethos, beliefs and expectations. In considering how the Systems Model may help in dealing with behavioural difficulties, Provis (1992) spoke of an 'open' and a 'closed' system which apply equally to any given situation. The 'closed' system operates by working within the constraints and availability of internal resources. It does not consider possible input from external factors, such as parents and other professionals. In contrast is the idea of the 'open' system, based on the principle that all "systems exist within an environment to which they are inextricably bound" (Gray 1985:47). Within an 'open' system a problem may be redefined as being one of the systems. The teacher (or the professional) will thus use the resources available within the system, together with appropriate use of external influences to work towards change. In this way, a systems view lends itself to a whole school approach to working with issues in need of change.

Despite SFBT being a therapeutic model for engaging the individual it has been shown to be integrated into systemic models of working, by means of it being utilised as a ‘stage of intervention’ within a whole raft of available options. The model I have developed with colleagues, currently in the process of being implemented across Scotland by the Scottish Executive, is an example of how a modern educational psychology service can include SFBT as part of their systems operation with schools, whilst also underscoring the entire systems model with the assumptions and principles of SFBT if it chooses (Rees and Moray Council, in press (b)).
1.2.2 Parental Involvement

Although this particular study does not include the direct involvement of parents, I consider that working with them in bringing positive change to the lives of their children as important and wish, therefore, to acknowledge their part. Indeed, the involvement of parents in the education of their children has long been recognised as being important by teachers (Dessent, 1987). In 'special' education, one might argue for several reasons that their involvement is essential if their child is to have access to the plethora of opportunities available. Parents, as the voice of their offspring, have been awarded greater participation in the educational decisions made about their children in recent legislation (Code of Practice DfES, 2001b). At a glance, parental involvement in education, as a result of legislation, has strengthened over the past fifteen years; Dessent (1987:39) reported, "parents are a potent force for change in the field of special education." Following the 1980 Education Act, this empowered parents with the choice of school for their child, increased information from Local Education Authorities and increased representation on governing bodies. The 1981 Education Act, regarded as the 'flagship act' for special educational needs, gave parents the right to be 'listened to' and improved upon their right to information at all levels regarding their children.

The Education Reform Act (1988) served to reflect the new philosophy of a Government that viewed parents as consumers who had choice. The Education Act (1993) led to Her Majesty's Inspectorate collecting new evidence regarding a school, in the form of parental views. These views are regarded as important indicators of a school’s performance, for example, in terms of home/school links. The inclusion of parents at all levels in their children's education has led to the notion of 'parents as partners', a notion whose origin lies in the 1981 Education Act. As attitudes pre-1981 were dictated by a largely top-down perspective, an essentially 'deficit model' had existed, where parents were regarded as 'clients', and:

- dependent upon experts' opinions;
- passive in the receipt of services;
- in need of redirection;
- peripheral to decision making;
- perceived as 'inadequate'.

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This model's criteria may be compared to a more contemporary views of 'parents as partners', in which parents are:

...active and central in decision-making and its implementation, perceived as having equal strengths and equivalent expertise, able to contribute to, as well as receive service (reciprocity), able to share responsibility; they and professionals are mutually accountable (Wolfendale, 1994:44).

However, to develop and then sustain a positive, symbiotic relationship between parent and educationalist is reported not to be an easy task. Macbeth (1993:203) states:

There can be little doubt that it is easier for teachers not to enter into educational partnership with parents. Equally, it is easier for parents not to enter into educational relationships with teachers, but to 'leave it to the specialists'.

In light of his findings regarding the impact of positive parental involvement or non-involvement, as the case may be, Macbeth (1993:204) concludes, with reference to the latter scenario, with this admonition to all who are involved with the care and education of children:

The evidence suggests that such inaction is to the disadvantage of pupils and, in particular, would reinforce the inequalities of opportunity inherent in current practice.

It was difficult to resist including the voice of parents within this study due to the weight of literature subscribing to the importance of their involvement and to my own practice experience as EP. However, as the current study is focused upon the SFBT which takes place between EP and adolescent it was not appropriate on this occasion to include narrative from this quarter and may be considered in a research model of a different design in future.

1.3 Social, Emotional and Behavioural Difficulties (SEBD)

1.3.1 Definition

The study sample was derived from mainstream pupils who had been recognised by their respective schools for experiencing Social, Emotional and Behavioural
Difficulties (SEBD) and requiring the attention of an EP. SEBD are reported in a range of forms and said to occur at different times for varying duration and severity. Consequently, there has always been a variety of definitions. The spectrum of SEBD is indeed wide and ranges from deviant to disturbed, from straightforward naughtiness through to quite complex psychiatric disorders and from nuisance value to challenging in the extreme. The SEN Code of Practice (DfES, 2001b) Section 7:60 provides a protracted definition, including the terms withdrawn, isolated, disruptive, disturbing, hyperactive, lacking concentration and presenting challenging behaviour. It also created new terminology by naming Behavioural, Emotional and Social Development as one of the four areas of Special Educational Needs. For the term SEBD to be used in its generally accepted form, therefore, quite severe recurring emotional or behavioural problems must occur in home, social or school situations. Perhaps the best definition that is applicable to most children with SEBD would be that owing to an emotional difficulty or disturbance they are unable to make full use of the educational opportunities on offer and consequently present as ‘difficult’ or ‘challenging’ to work with. However, the influence of both social constructivism and constructivist thinking upon such approaches as Narrative and Solution Focused therapies sees the re-definition of SEBD as only one, possible reality, open to alternative interpretation, meaning and re-writing (de Shazer, 1988; White and Epston, 1990). Mainly by the use of language, the problem constructs that clients present through their narrative accounts during therapy, are de-constructed and re-viewed as non-pathological descriptions or ‘stories’, thus moving away from the more traditional definitions of SEBD (Selekman and Rees, in press).

1.3.2 The Therapeutic School Environment in Tackling SEBD

Following earlier comments related to the systemic approaches used by educational psychology, the school is also regarded by some as a system that can meet the needs of pupils experiencing SEBD by fostering a therapeutic environment (Durrant, 1995). The programme that I have developed, named the ‘Solution Oriented Schools Programme,’ is itself a whole school approach to not only tackling challenging situations but also to nurturing a wide ranging, preventative strategy, therapeutic in nature (Rees and Moray Council, in press). Effective therapeutic work creates
situations in which emotions and strong feelings can be expressed in acceptable ways, enabling pupils to see opportunities when faced with different, more challenging situations (Youell, 2000). Also, there is evidence to support the residency of a school counsellor or, at the very least, the forging of a close working relationship between school and such a professional (Young, 2001). Furthermore, it is noted that therapeutic support environments work best when applied early in a pupil’s school life (Furman, 1998). However, this is not to say that supportive, therapeutic endeavours should not take place in later years, as Furman (1998) contends in the title of his book that, “It’s never too late to have a happy childhood.” Fogell and Long (1999) suggest that all schools should make effective provision for children experiencing SEBD, stating that part of this effort involves the presence of therapeutic support for individuals. The SEN Code of Practice (DfES 2001b) comments by outlining the following support requirements for consideration in relation to the therapeutic context:

- flexible teaching arrangements;
- help with the development of social competence and emotional maturity
- help in adjusting to school routines;
- help in acquiring the skills of positive interaction with peers and adults;
- specialised behavioural and cognitive approaches;
- frequent re-challenging or re-focusing to diminish repetitive or self-injurious behaviour;
- provision of class or school systems that control or censure negative or difficult behaviours and encourage positive behaviour;
- provision of a safe and supportive environment.

Of a more specific nature, Harris (1995) conducted research with children who reportedly experienced challenging behaviour in order to identify precise support strategies shown to be effective; these include:

- forming a positive relationship with one particular adult;
- examining and amending the system of rewards and sanctions;
- matching learning tasks to known strengths of the pupil;
- focusing on teaching language and communication;
- working on language and communication necessary for meeting;
- individual needs in everyday settings;
- helping the child to anticipate sequences of events in activities;
- allowing the child to opt out of specific activities;
- conveying adult expectations clearly and providing constant feedback;
- ensuring that staff are aware of new working methods or behavioural plans;
- providing a written protocol to all staff describing how to respond to each challenging behaviour.

From the literature, therefore, it is observed that the therapeutic support afforded pupils within mainstream settings can be provided in one of two ways. First, direct, counsellor-type, therapy provision can be made available as described by Murphy (1994), O'Leary (2001) and Rees (2001a), whereby pupils have open access to 'sit-down', therapy sessions. The second route is to incorporate the former version within a whole school system approach, seeking to develop therapeutic relationships and appreciations between all members of the community (Durrant, 1995, Rees and Moray Council, in press).

1.4 Defining Solution Focused Brief Therapy (SFBT)

Solution Focused Brief Therapy (SFBT) has provided many EPs with a new way of working (Wagner and Gillies, 2001). It has provided an entry point for introducing a therapeutic model for working to resolve difficulties. Widespread training opportunities and ongoing supervision possibilities have made SFBT a popular choice among EPs and services that wish to work psychotherapeutically with clients. It is important, therefore, to gain a broad overview of its features in order that a wider understanding of its application within the field of educational psychology can be achieved. SFBT has its philosophical underpinnings in 'constructivism' and 'social constructionism' that are further explained in Chapter 3 (Friedman, 1996). However, the term constructivism suggests that the model embraces the perspective that the therapists' understanding of reality is a result of both individual and social processes, mediated by way of language, which they regard as altering, selecting and transforming experience. Social constructionism suggests that people are born into a social world and from earliest moments live their lives inextricably bound to a social
matrix, which serves as a framework to understanding experiences. The SFBT therapist realises, therefore, that social life has an influential role in establishing not only what experience an individual will have, but in how that experience will be interpreted. Instead of focusing on what individuals lack, SFBT looks for occasions in which they are able to think, feel and act in ways that move them toward better understandings and meanings – goals (de Shazer 1985, 1998). The medical-type analysis and diagnosis, and the development of insight into conflict is thus not a part of SFBT nor are behavioural analyses, rather, by virtue of its underpinnings, SFBT emphasises ways in which people come to make sense of their situation and preferred future by practical means. It also identifies the ways in which clients have already achieved understanding that is helpful to them (Selekman, 1993).

1.4.1 Assumptions in SFBT

Further theoretical influences on SFBT can be traced to the pioneering work of Gregory Bateson and the Mental Research Institute of the 1950s, which examined the role of communication processes in emotional disorders (de Shazer, 1982). Many of the group members, most notably Jay Haley, were familiar with the innovative brief therapy practice of Milton Erickson, who utilised hypnosis, metaphoric communication and directed tasks to alter problem patterns. Haley’s efforts to understand Erickson’s work, followed by the efforts of Bandler and Grinder (1975) and Lankton and Lankton (1983), inspired strategic and single-session therapies (Talmon, 1993). These approaches emphasise the self-reinforcing nature of problems and attempted solutions, seeking minimal interventions to break vicious cycles (Ray, 2002). Ray, now director of the Mental Research Institute, described how, for example, those who lost control of anger, for instance, become increasingly concerned with their problem, trying everything possible to keep control. These efforts, however, sometimes heighted anger, as the process of trying to stay in control interferes with the necessary relaxed state of mind. As a strategic therapist he emphasised that individuals suffer not so much from their problems as from the ways in which their attempted solutions maintain these problems. Instead of analysing and working through these problems, change simply requires an interruption and shift of these attempts at solution (Rees, 2003b). A SFBT practitioner, for example, might
have those who lose control to anger explore what is happening during moments when they are able to feel a little in control. Such exploration is reported to lead to a suggestion that the client, instead of trying to stay in control, can forget about control and instead perform some of the momentary tasks associated with control, used in the past. In this way, control can emerge naturally, without the interference of effort and frustration (O’Hanlon, 1987).

This strategic focus led de Shazer and colleagues at Milwaukee’s Brief Family Therapy Centre to develop an approach to therapy that was explicitly solution-focused. In a series of efforts to map the structure of therapy, de Shazer (1985, 1988) identified exceptions to presenting problems as fundamental to this solution-focused approach. Instead of exploring the initial complaints of clients and maintaining a problem-focus, de Shazer instituted a variety of strategies for inquiring about and reinforcing examples of solution, namely, those instances in which clients behaved in ways consistent with their desired ends. By circumventing traditional procedures of evaluating and exploring past problems and by targeting specific, desired patterns as objectives, solution-focused therapy was able to address the concerns of clients in a brief fashion, generally lasting well under ten sessions in duration. Subsequent writings by O’Hanlon and Weiner-Davis (1989) and Walter and Peller (1992) have elaborated the SFBT model, making it one of the most popular brief approaches to therapy.

From a theoretical vantage point, SFBT draws heavily upon constructivism: the notion that the problems experienced by clients are not intrinsic to them, but the result of the ways in which they construe themselves and their world (de Shazer, 1994; Rees, 1998). Within constructivism, where the philosophical emphasis is placed upon perception as a result of an active, interpretive processes mediated by people’s experience, values and beliefs (de Shazer, 1982), a problem, such as anger control mentioned above, only becomes one when it is so construed by an individual. Once people construct the notion that they are a person out of control of anger, they engage in a variety of behaviours to address this problem, many times reinforcing the very concern that they are trying to address (Ray, 2002).
The real problem, according to the SFBT practitioner, is not so much the pattern of behaviour that brings the client to therapy, but the construct that maintains this pattern as a problem in the first place (Rees, 2003a). Maintaining a problem focus in therapy by exploring and targeting unwanted patterns only reinforces the mode of construct that troubles the client in the first place. Accordingly, Duncan et al (1997) suggest that a competency-based model, such as SFBT, seeks to construct alternatives to problem-based constructs. de Shazer (1991) argued that such alternatives are identified from goals of therapy and from exceptions to problem patterns. Such solutions, once identified, can anchor new adaptive efforts, as clients are encouraged to either "do something different," as is the title of O’Hanlon’s (2000) book, or do more of what might work for them (Miller et al, 1997). It would seem, therefore, that an assumption of SFBT is that it is more of an epistemological activity than a medical one as represented by Walter and Peller (1996:11) when stating, “We live in a world of meaning and language that is creational, social, and active.” The outcome of such an assumption in practice terms is that the SFBT practitioner is more concerned with the factors that maintain problems than with initial causes (Berg and Miller, 1992). de Shazer’s (1988:8) observation that “problems are problems because they are maintained. Problems are held together simply by their being described as ‘problems,’” identifies clearly the focus for the SFBT practitioner, namely, to assist individuals in doing something different and discover new, constructive patterns that become solutions (O’Hanlon, 2000). Simon (1996) and O’Hanlon and Weiner-Davis (1989) make the important point that, despite its name, SFBT is less about solutions than about goals and possibilities. The client enters therapy with problems in the foreground of perception. SFBT attempts to shift this focus to the life that clients want to be living and it places this in the foreground. Walter and Peller (1996) use the term “goaling” to describe the ways in which individuals continually develop life possibilities. The objective of therapy, from this perspective, is less of an end point than a process of evolving meaning, jointly guided by the participants. Much of the “stuckness” that we observe in therapy – and in our own personal lives – can be seen as the result of ‘problemimg’ overtaking goaling. The emphasis on problems blocks the creative search for alternatives, stifling healthy development.

An appealing aspect of SFBT is its emphasis on client strengths and assets. Gingerich and Eisengart (2000:478), in their review note that, “Solution-focused therapists
assume clients want to change, have the capacity to envision change, and are doing their best to make change happen. Further, solution-focused therapists assume that the solution, or at least part of it, is probably already happening.” This latter point is especially important. Solutions are not therapist-driven framings of problem patterns, rather, they are grounded in client adaptive efforts already under way. Even where distinct exceptions to problem patterns cannot be identified, it is usually possible to encourage people to imagine what such an alternative might look like. Chapter 2 will consider the evolution and place of SFBT within the field of Educational Psychology.

1.5 The Role of Common Factors within Therapeutic Change

Part of this current study explores what participants in SFBT report as useful and contributes toward positive outcome. The literature provides interesting reading as to the factors that impinge on therapy outcomes, ones that the study will seek to revisit in order to make further sense of the emerging qualitative data. Smith and Glass’s (1977) seminal work acts as a useful starting point, concluding that psychotherapy works. Indeed, they indicated that a person receiving psychotherapy of any orientation was 80% more likely to notice appreciable progress than the person who did not receive any intervention at all. Subsequent studies have contributed towards the assertion that psychotherapy has an important contribution to make in the field of human change (Lambert et al., 1986; VandenBos and Pino, 1980). However, there remains a question under the scrutiny of researcher and practitioners alike. What is it that makes psychotherapy successful? Resulting from this question is the scramble to defend therapeutic models and their efficacy, resulting in a confusing mix of messages about what is purported to work best – when, by whom and in which context (Miller et al., 1997).

In an attempt to simplify the plethora of explanations and attributions for effective work, an altogether more parsimonious suggestion has been made. It suggests that there are common factors that transcend models and combine to create effective therapeutic engagement (Garfield, 1981). The work conducted in relation to the common factors hypothesis indicates that it is not so much the actual theoretical persuasion of the approach being administered that is of most importance in
determining outcome rather a combination of hitherto unrealised features, collated from forty years of outcome research (Miller et al, 1997). Chapter 4 explores further the role of each of the four common factors in the endeavour for human change. From the anecdotal evidence that I have collected over the years of professional practice, EP intervention successes are commonly attributed to the model or approach used. The reason for this may be due in part to the fact that little therapy-process and outcome literature exists within the educational psychology field that has resulted in not much opportunity to take account of 'common factors' theory.

1.6 The Therapeutic Relationship

A key focus of the study is the therapeutic relationship experienced by participants of SFBT that is considered by Lambert (1992) as one of the four common factors. Lambert and Bergin (1994), in their meta-analyses of studies on psychotherapeutic efficacy concluded that, "there is only modest evidence to suggest the superiority of one school or technique over another" (p.161). The authors suggest several alternative explanations for the "general finding of no-difference," including:

1) different therapies can achieve similar goals through different processes;
2) different outcomes do occur but are not detected by past research strategies;
3) different therapies embody common factors that are curative although not emphasized by the theory of change central to a particular school (p.161).

Of particular interest to strategic approaches such as SFBT, is the observation that, "reviewers are virtually unanimous in their opinion that the therapist-patient relationship is critical, however, they point out that research support for this position is more ambiguous than once thought" (pp.164-65). Lambert and Bergin (1994) suggest that the importance of individual therapist qualities are notable; in several studies and meta-analyses, individual therapist effects accounted for a very large portion of outcome success. In other words, the abilities of individual therapists turned out to be more important than most other factors (including their theoretical orientation). While the evidence is still emerging in relation to understanding the therapeutic relationship and its role, the evidence from such key researchers in the
field is that there is little to suggest that one particular therapy is the most effective, only that particular therapists are more effective. Within this study, an examination of the therapeutic relationship will be conducted by a review of the literature and its own research to investigate emerging themes or concepts that may add meaning to this intriguing phenomenon.

From the review of literature, it is noted that several studies have identified the characteristics of a good therapeutic relationship including respect for the therapeutic hierarchy, therapist empathy and perceived helpfulness of various techniques (Bischoff and McBride, 1996); the importance of being engaged in the therapy process, understanding what was happening in therapy and being understood (Howe, 1996) and therapist characteristics including acceptance, empathy, caring, competence, support and being personable (Kuehl et al, 1990; McCollum and Trepper, 1995). Howe (1996) describes the goals of these inquiries:

The aim of the research was to explore with family members how they perceived, understood, experienced and felt about therapy. The interest was not in whether the presenting problem had been 'cured' in some objective, measurable sense, but rather in whether or not people felt they had been helped (p.369).

Toward this end, Bachelor (1995) examined clients' perspectives of what she termed the therapeutic alliance, using accounts provided by clients over different phases of therapy. Using a phenomenological analysis, she identified three different varieties of therapeutic alliances which she termed nurturant, insight-oriented and collaborative. In a somewhat different, yet related study, Bachelor (1988) explored the therapeutic relationship by examining the perceptions of clients of the different types of empathy in therapy. She identified four types of client-perceived empathy: therapist (facilitative), therapist affective, therapist sharing and therapist nurturant empathy and concluded from this that empathy is not a global, one-dimensional concept. Within this study, I intend to further develop an understanding of the therapeutic relationship within Chapter 5 and, also, by exploring the qualitative data that emerge from the study itself.
1.7 Outline of the Thesis

The following section outlines the structure of this thesis by briefly describing the chapters that follow the introduction.

Chapter 2 – Solution Focused Brief Therapy (SFBT) within Educational Psychology
This chapter reviews the literature in order to describe the uses of SFBT within the field of educational psychology, from its use as a one-to-one therapeutic model through a range of other applications to providing a theoretical underpinning for a whole-school programme of work. It considers the limitations of SFBT and investigates the extent to which it ‘fits’ as a ‘problem-solving’ model within the practices of the generic educational psychologist. Finally, the chapter questions how SFBT is perceived within the field of educational psychology, technique or theoretical stance, leading toward a fuller review of the literature in relation to SFBT in the next chapter.

Chapter 3 – Solution Focused Brief Therapy
Following on from the place and practice of SFBT within the context of educational psychology, this chapter presents a detailed overview of the concepts and processes involved in the approach. First, however, it charts both the historical and philosophical influences that led to its current state of maturity and conducts a comparative review of the model alongside other, related brief therapies. The effectiveness of the approach is questioned in relation to a number of application contexts with a review of both qualitative and quantitative studies conducted in the field. Finally, the techniques, methods and principles of SFBT are outlined, concluding with a review of similarities between the approach and other therapies.

Chapter 4 – The Common Factors of Effective Therapy
The question of effective work is carried forward and considered in detail within Chapter 4. Here, the literature is reviewed in order to investigate what factors are reported to positively affect therapy outcome and why. The literature indicates a set of common factors that apply, irrespective of whether SFBT or any other model is used. Of the four factors explored, namely: extra therapeutic; relationship; hope and expectancy and technique - differences are observed between them in the extent to
which the literature describes each as impacting upon outcome. The four factors explored include a specific feature of therapy to be discussed further within the review of literature, namely, relationship in Chapter 5.

Chapter 5 – The Therapeutic Relationship
This chapter focuses specifically upon the literature pertaining to the therapeutic relationship, referred to in the previous chapter as one of the four common factors considered most influential upon the change process. Within the literature it is shown that the therapeutic relationship is described intermittently as the working or helping alliance, definitions alternate accordingly, with both qualitative and quantitative data emerging in support of both. Features of the relationship are also reported to change in relation to the therapeutic tradition in which it is being observed, giving rise to differences as well as similarities within its constituent parts. Finally, the chapter concerns itself with identifying conditions that serve either to help or hinder the achievement of a successful therapeutic relationship. This chapter ends the review of relevant literature that seeks to achieve two main aims within this study. First, to provide the necessary knowledge base, from the general to the specific in relation to the key areas of this study, in order that both the reader and I may proceed with a greater degree of confidence toward the analysis and interpretation of the emerging qualitative data. Second, to provide an invaluable basis from which any grounded theory and conclusions can emerge in response to the research questions stated at the beginning of Chapter 1.

Chapter 6 – Methodology I: Design and Development
This is the first of two qualitative methods chapters, focusing on describing in detail the rationale for the methodology used, justifying choices made as appropriate in meeting the needs of the current study. The chapter begins by outlining the philosophical and theoretical underpinnings of the qualitative approach adopted within the study and charts its development through the entire design process. Research measures utilised are explained and also justified, from the data gathering to analysis phase, with reference made to a number of safeguards that I employed to ensure methodological quality and rigour. In conclusion, the chapter iterates the potential strengths and weaknesses of the methodological framework and procedural
strategy, thus drawing the attention of the reader toward the limitations of the current study.

Chapter 7 - Methodology II: Procedure
This is the second of the two qualitative methods chapters and follows from the previous chapter by delineating the precise procedural steps undertaken within the current study. In detail, it provides an account of the pilot phase involving a separate sample followed by a full description of the procedures executed within the main study. Here, I describe the selection, recruitment and features of the sample; the semi-structured interview guide, including the questions and probes used and the steps taken to work with the raw data, through coding to emergent themes stage. The chapter completes a full account of the qualitative procedures undertaken within the study.

Chapter 8 - Analysis and Discussion
In this chapter an account is provided for the reader regarding the emerging codes, sub-categories, analytic categories and themes from the transcribed interview data. First, however, a re-iteration of the central research questions is made followed by an explanation regarding the layout of the chapter and the presentation style used. Then, the chapter unfolds using a constant comparison technique, comparing and contrasting the perceptions of individuals regarding their experience of SFBT. Here, the emerging themes are highlighted, against the research questions, with simultaneous discussion woven into the ongoing analysis. In addition, a further analysis explores the responses provided by respective dyad individuals (that is, a comparison between the EP and their client) regarding their perceptions of their unique therapeutic relationship.

Chapter 9 - Conclusions
The final chapter of the study is structured in three parts. First, issues that have affected conclusion drawing are re-considered in light of having conducted the analysis. Second, conclusions drawn from the qualitative study are presented using both the ‘common factors’ literature and research questions as frameworks. This leads to an elaboration of the resultant grounded theory and practical implications. Last, the possible directions for future research are discussed.
Chapter 2 – Solution Focused Brief Therapy within Educational Psychology

Introduction

This chapter seeks to outline the literature which exists in relation to the application of Solution Focused Brief Therapy within education and more specifically the context of educational psychology.

2.1 The Case for Using SFBT in Educational Psychology

A popular approach to working with individual adolescents, troubled by social, emotional or behavioural problems is to organise intervention in the form of therapeutic groups, for example, group therapy (Selekman, 1993). These approaches are reported not only to be politically but also economically popular, in so far as fewer psychologists are required. The data says, however, that these approaches may not only be ineffective but may actually serve to increase the problematic behaviour they are intended to solve. Researchers Dishion et al (1999) reviewed the existing literature and found that such peer-group oriented interventions inadvertently reinforce the problem behaviour, in particular among young, high-risk youth. It is not altogether surprising, therefore, that a growing number of educational psychologists (EPs) have applied or adapted Solution Focused Brief Therapy (SFBT) practice for use in their work with individual adolescents (Rees, 2004). Ajmal and Rhodes (1995) believe that solution-focused methods of thinking and working, developed in therapeutic practice by de Shazer and his team at the Brief Family Centre in Milwaukee (de Shazer, 1995; 1988), have flexibility and relevance in all areas of Educational Psychology practice, ranging from individual assessment to organisational consultation and change.

Therapeutic work conducted by the EP usually takes place within the context of an educational establishment, such as a school that has not always been perceived as conducive for such intervention in contrast to the clinical settings used by other psychologists (Davis and Osborn, 1999). Interestingly, however, researchers Weisz et
al (1995) reviewed the literature on therapeutic work with children and adolescents conducted in various settings. They found that, although controlled outcome studies show consistent evidence of the benefit of therapy, clinic-based treatments yield modest effects in comparison to 'real' setting work. Indeed, most clinic-based studies were reported as showing no significant effects. From this, the EP, therefore, is ideally placed to implement SFBT with individual children and adolescents. On a related point, Seligman (1995), in a well known North American publication – in which he concluded that the Consumer Reports Study (cited in Seligman, 1995) provided valuable empirical validation of the effectiveness of psychotherapy – pointed to the difference between efficacy and effectiveness. He distinguished the efficacy study from the less-stringent but more realistic effectiveness study as being conducted under carefully controlled conditions, namely in laboratory or clinical settings. This suggests that, whilst the results yielded from the latter may be less reliable, they are more realistic.

A number of commentators (Durrant, 1995; Harker, 2001; Rees, 2004) suggest that, traditionally, professionals have worked on the assumption that if we understand the problem, we can then identify a cause and this, in turn, helps formulate solutions. Proponents of solution-focused practice go on to argue that attempting to understand the problem can be a time-consuming process that does not necessarily or directly lead to the generation of effective solutions or intervention strategies. Durrant (1995) explains that the client's problem is listened to and acknowledged in solution-focused work. However, understanding the reasons for the problem is not regarded as being important when finding solutions. Indeed, a central philosophy of SFBT is that an over-emphasis on the problem is detrimental in that it can lead to an increased sense of hopelessness on the part of the client. Instead, solution-focused practice places an emphasis on the skills, strengths and resources of the clients and builds on what is already successful. Advocates of the solution-focused approach argue that each situation is different and therefore unique solutions are possible. There is an increasing amount of academic literature on the use of solution-focused practice within education and it is apparent that it has a wide range of applications. These applications include therapeutic work with children and families (King and Kellock, 2002; Corcoran and Stephenson, 2000; Kowalski, 1995), solution-focused
consultation work (Wagner and Gillies, 2001), school-based meetings (Harker, 2001) and whole school systems programmes (Rees and Moray Council in press).

Solution-focused methods may appeal due to educational psychology its future-orientation and concentration on client strengths and resources, a paradigm shift away from a deficit focus (Stalker et al, 1999). In addition, its briefness is recognised as a potential advantage as outlined by (Rees, 2004) in the design of 'The 3 Session Change Programme. However, despite chronology representing the traditional understanding of the use of the word 'brief' it may be argued that the intention of the word is to imply 'effective' work with a focus on outcome, however long it takes (Miller et al, 1997). Indeed, Stalker et al (1999) have raised concerns about such possible misinterpretation and perception of solution-focused methods as a 'quick-fix' despite the fact that findings continue to emerge as to its efficacy (Gingerich and Eisengart, 2000).

A further issue open to exploration is that the solution-focused framework appears to contradict traditional educational psychology, problem-solving models. For example, Monsen et al's (1998) problem-analysis framework offers an educational psychology service the ability to employ a systematic problem-solving approach as one of its characteristics, which discriminates the work of EPs from that of other professionals. Such a model of problem-solving involves a detailed needs-analysis, leading to a generation of solutions or interventions that are grounded in evidence and reflect psychological theory. Therefore, despite such an apparent conflict, to what extent does and can the solution-focused method of working rest comfortably within educational psychology, where traditional problem-solving frameworks are considered to abound (Rees, 2004)?

2.2 Applications of Solution-Focused Practice in EP Practice

Increasing numbers of education professionals are adopting solution-focused methods in their work, as people become more aware of the potential benefits (Young, 2004). Ajmal and Rees (2001) draw together a range of applications of SFBT practice in education demonstrating its wide use, going well beyond pure, therapeutic work. The
literature appears to suggest that solution-focused work is an effective vehicle for driving on change at a number of ecological levels. At an individual level (Ajmal, 2001), the group level (Stringer and Mall, 1999, Sharry 2001) and at the whole systemic level (Rees and Moray Council in press). Solution-focused practice can also be applied at authority level whereby entire LEAs are encouraged to focus on change (Rees, 2004).

The practice of the SFBT approach lies in a clear set of principles and elements of technique that are practised regularly. It is outlined in greater depth in Chapter 3 and only a short overview is provided at this point. Durrant (1995) explains that solution-focused brief therapy approaches are largely influenced by the work of Milton Erickson. Erickson’s therapeutic interventions did not fit with the accepted ideas about what solutions were necessary to solve clients’ problems. Instead, any suggested intervention reflected the unique characteristics the client brought to therapy. His interventions usually introduced a different perspective to the problem or a different behaviour was introduced to break the problem cycle.

Some of Erickson’s ideas are reflected in the key assumptions underpinning solution-focused practice, namely:

- clients have within them the necessary strengths, skills and resources to resolve their problems
- solutions are more likely to arise from conversation focusing on a preferred future rather than the problem past
- if it works, do more of it: if it doesn’t work, do something different
- the collaborative ‘finding out’ of where the client wants to get to, is integral to the change process.

The key features of SFBT are well documented (e.g. Redpath, 1994; Murphy, 1994; Durrant, 1995; Ajmal and Rhodes, 1995; McConkey, 1998). Redpath (1994) outlined the following elements of practice:

- a search for pre-session change
  - enquiry as to whether events have occurred even before the conversation takes place that suggests things are getting better, even in a small way.
- Goal-setting
  - a process often referred to as ‘goaling’ whereby the EP is looking for exceptions to the problem, believing that they act as solution pathways. They can be noted as the client talks or sought through careful questioning. The EP should help the clients recognise they have the ability to bring about change.

- Use of the miracle question (de Shazer, 1985)
  - a question, derived from the work of Milton Erikson, which invites the client to share a vision of what things (life) would look like without their concern or problem. The intention is to encourage an in-depth description, full of detail and then enquire as to the first, small step needed in order to move toward the vision.

- Use of scaling questions
  - a technique used to gain client perspective regarding problem intensity. The scale invites the client to view their concern in a visual way.

- A search for exceptions
  - the EP is continually looking for exceptions to the problem, believing that they act as solution pathways. They can be noted as the times the problem does not happen, happens less or has less impact upon the person (George et al, 1990).

- A consulting break
  - an opportunity for both parties to reflect and ponder as to the next steps and often considered as an opportunity for clients to generate ‘spontaneous’ and new goals for themselves.

- A message including compliments and a task
  - the break in consultation may precede this stage. The feedback is used to reinforce the strengths of the client and the positive actions that they have already taken towards the solution of a problem. In terms of task setting, clients are encouraged to do more of what is working or to try something new.
2.2.1 SFBT 1:1 Therapeutic Applications in Educational Psychology

Given its origins in brief therapy, therapeutic work is the purest application of solution-focused practice. However, its growth over the past 10-15 years has seen it emerge as a popular choice amidst educational psychologists in working with challenges (Redpath and Harker, 1999). Examples of school-based case studies in the literature abound (Durrant, 1995; Kowalski, 1995; Murphy and Duncan, 1997; McConkey, 1998; Strachan 2001). The prominence of Solution Focused practice is greater now than ever before with several annual conferences providing opportunity for professionals to share individual case practise experiences (Young, 2004). It is uncertain as to what extent therapeutic intervention remains under-used by EPs and schools in the UK, as suggested by Indoe (1995). The Review of Educational Psychology Services for Scotland (2002) indicated more time needs to be dedicated to such work with young people and that a concerted effort needs to be made by services to deliver on this. Resulting from such an example of Government comment, indications are that therapeutic practice is emerging as more common practise in schools, particularly the most challenged (Scottish Executive 2004) schools.

2.2.2 SFBT Therapeutic Work with Families in Educational Psychology

Creative application of SFBT has emerged as one of the factors that appeal to the professional user (Ajmal and Rees, 2001). Its utilisation at differing levels and with a variety of population levels as reported by King and Kellock (2002) is well documented as it applies to Educational Psychology Service (EPS). Despite work with families as not having been seen as the domain of the EPS over the years, choosing to focus on the education context only SFBT, it could be argued has provided the hitherto ‘school’ psychologist with the tools and confidence to step beyond this traditional role and into one which includes familial work (Stephenson, 2001). Further, King and Kellock (2002) purport that an EPS is appropriately placed to provide this kind of therapeutic work, moving to draw together the domains of home and school, particularly in difficult cases.
2.2.3 SFBT Meetings with Teachers in Educational Psychology

A constructive criticism of solely focusing on conducting individual, therapeutic work is that it misses the opportunity of influencing other, ‘important others’ involved in the change process at hand (Rees, 2003a). In his paper, presented at the North American Brief Therapy Network, Toronto, Rees (2003a) challenged the profession to let go of a possible over-reliance upon the 1:1 SFBT and look to include an entirely new, more systemic view of working. Already, commentators such Redpath and Redpath and Harker (1999) have argued over the involvement of individual members of teaching staff in direct SFBT work, by means of the solution-focused meetings. This too, they suggest is an appropriate strategy for including family members as an alternative not only to pure 1:1 work, but also to group work. Adapted from the work of Redpath and Harker (1999), Rees (2003a) outlined the opportunities such an application provided as follows:

i. a safe, positive opportunity for important participants in the process of change to meet in a non-blame, non-threatening context

ii. an opportunity to reflect upon the entire resource available within and between all members

iii. clarity about member goals

iv. realisations regarding the commonalities between goals (i.e. all wanting the same).

The structure provided for the work (Rees, in press), is seen as an attempt to include more teaching professionals in the ownership of the process, with meetings encouraged to take place in the absence of the EP. Meeting structure can be summarised as follows:
Solution Oriented Meeting

<table>
<thead>
<tr>
<th>Task</th>
<th>Purpose</th>
<th>Prompts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>To set the ‘solution-oriented scene’</td>
<td>Principles of the approach described. Structure of meeting.</td>
</tr>
<tr>
<td>Goal Check</td>
<td>To check that all are there for a common cause.</td>
<td>What do we want from the meeting? How will we know if it has been a success?</td>
</tr>
<tr>
<td>Listen to the Pain</td>
<td>To acknowledge member stories</td>
<td>How do you see things? We’d like to hear your side of the story</td>
</tr>
<tr>
<td>Future Moves</td>
<td>To collect information on successful strategies, exceptions and proposed actions</td>
<td>What is going well/working? When are things better? What does this tell us about what we should do more of and less of?</td>
</tr>
<tr>
<td>Summary</td>
<td>To feedback to members what has been discussed and learned</td>
<td>This is what we know is the concern, the things that are going well and the actions we’ll be taking.</td>
</tr>
</tbody>
</table>

Table 2.1.1 – Solution Oriented Meeting Structure

2.2.4 SFBT Consultation with Teachers in Educational Psychology

There are a number of Educational Psychology Services in the UK who work according to a consultation model, according to Wagner (1995) where, contrary to their effort, schools typically expect the EPS to continue in the traditional mode of providing assessment and diagnosis. Interestingly however, despite the apparent demand for the more traditional, medical provision of service (Wagner 1995; Wagner and Gillies, 2001) discovered from her research that schools do not actually value this method of working either. They perceived it, at the end of the day, as not making any real difference to the issues that cause teachers most concern and, after further analysis of their options, might actually choose the consultation approach as the contemporary alternative. The consultation to which Wagner and Gillies (2001) refers incorporates SFBT process and is structured to provide indirect support to the child or system via the consultee, usually the teacher. Evidence provided by
McHardy *et al* (1998) suggests that a consultation model of practice does emerge as valued by both schools and parents. Wagner and Gillies (2001) claim that this move from expecting the traditional to valuing the contemporary is to do with all participants welcoming the opportunity to shift their focus away from crisis intervention work to a more collaborative and preventative style of delivery in meeting need. Adapted from the work of Wagner and Gillies (2001), the outline and structure of the consultation itself bear close resemblance to the meetings, discussed earlier, due of course to the SFBT influence, namely:

i. agenda setting

ii. exploring possibilities for change

iii. looking for exceptions

iv. looking at successful strategies

v. discussing teachers’ strengths and resources

vi. scaling and goal setting.

### 2.2.5 SFBT Staff Meetings

Redpath and Harker (1999) advocate the use of solution-focused meetings involving groups of teachers. Harker (2001) considers school staff meetings as having been traditionally problem-focused and the majority of time in such meetings is spent discussing the present situation and the underlying causes. He states that only a small amount of time is dedicated to identifying goals, finding solutions and setting targets and suggests the need to provide an opportunity for shifting focus toward the generation of solutions. Similarly, the case is presented by Harker (2001) for case-conferencing or review meetings in schools involving subject teachers meeting to discuss individual pupils. In a practical sense, finding time to allow subject teachers to meet together in this way can be difficult and Harker (2001) argues that, as a result, it is imperative that the time is used productively. Problem-focused meetings, he contends, rarely lead to solutions and are, therefore, not an efficient use of time. He also suggests that problem-focused meetings are dangerous in that they run the risk of reinforcing a pupil’s disruptive reputation and, in effect, make a bad situation worse.
Rees and Moray Council (in press), as part of the Solution Oriented School programme, detailed further within this chapter, have created a series of forms and structures for schools and the EPS to use in order to conduct such meetings. They suggest that one of the most important is the ‘notice’ form which serves to prepare colleagues, pre-meeting for the solution-focused activity ahead. This step, drawing on the influence of de Shazer (1991) and the concept of pre-session change, is considered an important preparatory step. Below is an illustration of the “single issue notice form” (Rees, in press):

<table>
<thead>
<tr>
<th>Date:</th>
<th>Venue:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time:</td>
<td>Duration:</td>
</tr>
</tbody>
</table>

**Expected Participants:**  
**Facilitator:**  
**Time Keeper:**  
**Scribe:**  
**Note Taker:**

**Meeting Title:**

**Purpose of Meeting:**

**Preliminary Goals:**
1.
2.
3.
4.

**Table 2.2.1 – Notice of Single-Issue, Solution Oriented Meeting**

Further, the work of Stephenson and Johal-Smith (2001) has included, as an extension to such meetings, the use of emergent letters that they suggest provide constructive, post-meeting feedback to teachers, parents and/or pupils.
2.2.6 SFBT Anti-bullying, Peer Support Initiatives within Educational Psychology

Solution-focused practice is evident in the area of anti-bullying (Rees and Murphy, 2001) projects. Within their conference paper, Rees proposed a structured project that could be implemented within schools to skill-up teachers in the area of conducting conversations to mediate in the presence of a bullying scenario. The proposed project combines the work of both Wagner and Gillies (2001) and Harker (2001) in a consultation model approach, providing teachers with a framework for conducting meetings, summarised as follows:

<table>
<thead>
<tr>
<th>Timeline Objective</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Session 1</strong></td>
<td>EP provides a model for teacher</td>
<td>Teacher A practices jointly with EP</td>
<td>Teacher A works with Child A; EP and Teacher B observe</td>
<td>Senior Management briefed on project in terms of:</td>
</tr>
<tr>
<td>Break</td>
<td>De-brief</td>
<td>De-brief</td>
<td>De-brief</td>
<td></td>
</tr>
<tr>
<td><strong>Session 2</strong></td>
<td>EP works with Child B; Teacher A and B observe</td>
<td>EP and Teacher B work jointly with Child B; Teacher A observes</td>
<td>Teacher B works with Child B; EP and Teacher A observe.</td>
<td></td>
</tr>
<tr>
<td><strong>1 hour</strong></td>
<td>Break</td>
<td>De-brief</td>
<td>De-brief</td>
<td>De-brief</td>
</tr>
<tr>
<td>Extended, systemic work conducted</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2.2.2 – Solution Oriented Project Design

Young (1998) also describes how her Special Educational Needs Support Service (SENSS) has developed a SF support group approach to dealing with bullying problems. This approach builds primarily on the work of Maines and Robinson (1991)
who advocate the “No Blame” approach to bullying. The support group method, outlined and adapted from the work of Young (1998), involves several stages:

- Stage 1 victim is interviewed
- Stage 2 support group established
- Stage 3 first meeting of the support group
- Stage 4 empathy raising
- Stage 5 group suggestions sought
- Stage 6 review meeting at later date.

Young (1998) states that outcomes suggest support groups are successful in the great majority of cases with results from her small scale study indicating only one case out of 51 was completely unsuccessful within a primary school sample. 80% of cases were reported to result in immediate success while the remaining 20% resulted in either delayed or limited success. Although Young (1998) draws upon a limited amount of data, she suggests that her findings point toward support groups being of possible benefits to older pupils, in secondary schools also.

### 2.3 Solution-Focused Schools

Davis and Osborn (1999) discuss the concept of a school that is solution-focused in its philosophy and practice and comment upon the positive and potential benefits of such a framework for partners within the entire school system. Summarising the views of Davis and Osborn (1999) in relation to the professional perspective, the solution-focused school would:

i. encourage staff to notice things that were going well

ii. encourage staff to consider what their school would be like without the presence of problem behaviours

iii. encourage the principal or head teacher to embrace solution-focused systems and protocols within their management approach.

The discussion presented by Davis and Osborn (1999) remained, even at the time, largely a description of a hitherto hypothetical scenario. Commentators such as George et al (1990) had already begun envisioning the evolution of the SF model
toward systemic application, yet most of the work which continued to emerge was mostly in relation to smaller scale application, such as in direct relation to only SEBD matters (Rees 2001a). What has emerged latterly is the maturity of ideas resulting in whole school consideration of the SF model as an overriding school approach, beyond the one domain of SEBD.

2.3.1 Government Commitment to the Solution Oriented School Programme

The Solution-Oriented Schools (SOS) Programme (Rees, 2003b; 2004; Rees and Moray Council, in press) is a programme developed by consultation for application to the whole system and incorporates all of the application ideas already discussed in this chapter. Most importantly, however, is that it would seem that the programme provides a new and novel opportunity for schools to review and challenge their commonly held assumptions and conceptions regarding their own practice and develop new and potentially healthier ones. Despite a plethora of initiatives and programmes being purported by government, solution focused practice is now being seen as supported and promoted at this level. The Scottish Executive in its 2004 report on 'Implementation of 'Better Behaviour – Better Learning' cites the Solution Oriented School Programme as a programme they are committed to making available to all of its Authority’s schools. It would appear that a new national dawn is heralded by such action.

2.3.2 Aspects of the Solution Oriented School Programme

A central tenet of the programme is that in each school, a teacher will act as a solution-oriented co-ordinator. Teachers within each school will be able to ask for solution-oriented coaching if any problem or issue should arise. Three levels of intervention are evident within the procedures. If the supervision (level 1) fails to produce a positive outcome, level 2 is triggered. At this level, an in-school solution-oriented planning meeting is conducted involving the parents. Other solution-oriented strategies could be implemented as part of the plan arising from the meeting,
including the use of reflective teams (Rees, 2003b). Should level 3 be triggered, an inter-agency meeting is called. Again, this is solution-oriented in nature.

Criteria for solution-focused teachers have been drawn up and this will allow teachers to evaluate their practice. Metcalf (1999) argues that a solution-focused teacher has a different approach from other teachers. They look at students' strengths rather than deficits. They help the student to identify his or her abilities. Their approach is collaborative and the focus is on the individuals in the class as well as the class as a whole. According to Metcalf, solution-focused teachers build better relationships with their pupils who are more motivated to do well. As part of the SOS programme, solution-oriented criteria have also been drawn up at the level of the school, looking at policies, links with parents and the playground, for example. Again, these documents are designed for schools to become more reflective about their practice. The programme is designed to develop a way of thinking in schools where the actions of staff reflect collectively-held solution-oriented principles.

Quigney and Studer (1999) argue that empowering schools and school staff to conduct solution-focused work is significant at a time where there is a drive to include children in mainstream school. It is argued that solution-focused thinking allows teachers to re-frame problem behaviour and adds to their repertoire for dealing with such behaviour. Quigney and Studer (1999) see the school counsellor as playing a key role as teacher trainer, delivering a systematic training programme on solution-focused methods that can be applied in class. In many cases, EPs will also be in an ideal position to deliver such training either through consultation work or in-service, for example.

2.4 Solution-Focused Practice and within Continuous Professional Development (CPD)

Redpath and Harker (1999) propose that solution-focused practice can be an effective tool in training and staff development. They argue that it allows trainees to generate their own solutions to their unique situations. A typical solution-focused training day might follow this format. Firstly, there would be a chance for trainees to discuss the
problem. Here, the EPs acknowledge the problem and note key strengths and competencies. The group then splits into pairs to talk about situations where they have handled things well. One trainee acts as listener, the other as talker, changing roles half way through. The focus is on listening for competencies and exceptions to the problematic behaviour. Findings are then fed back to the group. The session finishes with the trainers feeding back to the group on their findings relating to strengths, skills and exceptions.

2.5 Solution Focused, Systemic Thinking

EPs receive most referrals via the school system. That is to say that schools follow the guidelines laid down in the 1993 Education Act and 1994 Code of Practice document on Special Educational Needs (including those of an emotional and/or behavioural nature) and seek the support of an outside agency from time to time. Schools hold a number of possible ideas as to why a particular individual may present with emotional and/or behavioural concerns; from learning disability and needing additional attention to ‘comes from a broken home’ and ‘has poor social skills.’ Alternatively, the cause may be considered to be boredom in lessons and wanting to ‘get at’ the teacher, requiring swift discipline. Notwithstanding the consistent evidence (Carlson and Sincavage, 1987) which reveals the critical role the family plays in a child’s development and subsequent school behaviour and performance, the assessment and support provided children within schools, even from outside agencies, remains predominantly child centred. Conoley (1987:192) recognised that:

It is a mistake to believe that what is done for convenience (i.e. focus assessment on the single child or classroom) represents the way the world really works. In fact, the world is captured more by the assumptions related to ecological theory than by prevailing theories of individual differences.

The system's perspective takes into account elements such as, child, family, classroom and school that exist in a state of active communicative flux, so that the activity within one element directly or indirectly affects any or all of the others. This ‘whole’ relationship is greater than its individual elements (Koman and Stechler, 1985). Such systemic ideas have been described interchangeably over two decades of
psychotherapy literature as being an ecosystemic, strategic or structural approach to therapeutic intervention (de Shazer, 1982, 1985).

This ecological orientation in thinking considers its theoretical underpinning to support an intention to conduct multiple system assessments and interventions (Bronfenbrenner, 1980). Logically, from this, a co-operative view emerges, suggesting that all behaviour has multiple meanings and functions. Eco-sensitive interventions, however, can be interpreted from several perspectives (Duhl and Duhl, 1981). A likely alternative description may be the behavioural approach that Chambless and Goldstein (1979) see as dipping into areas of behaviour therapy and modification. Under such expansive categories, methods akin to the ecosystemic approach are practised (Mahoney, 1974), explaining the fact that school intervention strategies demonstrate association with some or all of the following – motivation theory (Wlodkowski, 1986), behaviour management (Wielkiewicz, 1986), attribution theory (Nisbett and Ross, 1980), cognitive behaviour modification (Meichenbaum, 1977), reinforcement (Skinner, 1968) and Adlerian (Dreikurs, 1968).

Although not extensively discussed in educational literature, the usefulness of these beliefs for educational psychologists (Kral, 1986; Durrant, 1995), school social workers (Huslage and Stein, 1985), special educational needs teachers (Gutkin and Curtis, 1990) and school administrators (Durrant, 1995) have been investigated. Furthermore, the value of ecosystemic or systemic ideas in assisting with school difficulties and ones at the family-school interface is an area of increasing professional interest (Linquist, Molnar and Brauckmann, 1987). Consideration of ecosystemic/systems-oriented assessment and intervention methods within educational psychology illustrates some sharing of assumptions but also fundamental differences. This can be seen by comparing a Systemic-Structural approach, a Cognitive-Behavioural approach and a Solution-Focused approach under the ecosystemic rubric of approaches to school therapy. Such comparison provides opportunity for highlighting idiosyncrasies and the drawing of attention toward the distinguishing features that characterise the Solution-Focused Brief Therapy approach. The three models share a focus on present transactual and perceptual reality, yet each model converges towards a different end focal point in relation to the problem. The Cognitive-Behavioural approach would centre upon the belief that
behavioural changes cannot be made without a change in the interfering cognition held by the individual, family and school (Epstein, Schlesinger and Dryden, 1988). The familiarity of most educational psychologists with behavioural and cognitive-behavioural intervention strategies renders this approach relatively popular and accessible.

The Systemic-Structural approach would be similar in terms of processes of behaviour and cognition, however, there would be an emphasis on extending outward, enveloping the wider organisation or structures. It is regarded as a more ‘traditional’ family therapy perspective, seeking clarity in interaction patterns (Minuchin and Fishman, 1981). The advantage of this approach is its emphasis on larger system patterns of interaction and organisation. Finally, the Solution-Focused approach contrasts with both Systemic-Structural and Cognitive-Behavioural approaches in that it attributes less concern to factors maintaining the problem, rather, it seeks to identify the variables that abound when the problem is absent (O’Hanlon and Weiner-Davies, 1989). Its advantages include its brief orientation, emphasis on the positive and on co-operation versus the more frequent school orientation toward pathology and blame. All three approaches outlined may be viewed as appropriate methods of intervention in schools. Although discrete in theoretical assumptions, the three seek to ameliorate the symptomatic behaviour of the child in a brief way. By different means, they change cognition and behaviour to reach a common end. Only recently have systemic efforts to apply the Solution-Focused approach to school problems appeared in the literature (Durrant, 1995; Kral 1988, 1992; Murphy, 1994).

2.6 Potential Limitations of Solution-Focused Practice

One of the main criticisms of solution-focused practice is that there is a lack of convincing empirical evidence to support claims of its effectiveness. Most solution-focused work has not been set up with evaluation in mind and the effectiveness of approaches is only usually evaluated in an ad-hoc way. In the examples described previously in this chapter, the authors provide little data to support claims of success and there is an apparent reliance on anecdotal/case study type evidence. Only in the Young (1998) and King and Kellock (2002) studies do we see systematic attempts to
evaluate the efficacy of the approaches used. Even then, these studies do not give
great detail regarding how the data were gathered and collated. Corcoran and
 Stephenson (2000) and Stalker et al (1999) argue that this is typical of most solution-
focused studies. Corcoran and Stephenson argue that non-standardised measures of
change are relied upon and baseline data are not always collected. Stalker et al (1999)
criticise the fact that, in most studies, only a limited sample has been used and that
interviews conducted to evaluate success are simplistic and limited in their scope.
This is evident in the King and Kellock (2002) study where parents were only asked if
counselling was “helpful” and how much their situation had improved. Stalker et al
go as far as to argue that no methodologically sound solution-focused studies had ever
been carried out and there is no convincing empirical evidence that solution-focused
methods are superior in terms of their effectiveness. This is an important issue
because, if the assertions are true, evaluating the true usefulness of solution-focused
approaches for EPs becomes difficult.

Stalker et al’s (1999) critique of solution-focused practice does not end there. They
claim that SFBT can be less effective than longer-term therapies when clients have
severe problems. This line of argument is acknowledged by Murphy (1994) who
concedes that situations that involve sudden change, such as death or natural disasters
or cases where clients are suicidal, are not well suited to brief interventions. Stalker et
al (1999) also suggest that not exploring the problem fully can be harmful for some
clients. Discussion of the past can be important. Further, Stalker et al (1999) suggest
that there is an obligation on professionals to take the lack of evaluation data into
account when considering solution-focused methods of working. Although their
discussion was primarily concerned with social workers in the US, it could be argued
that their assertions could equally apply to other professionals, including EPs.

2.7 Solution-Focused versus Problem-Solving – Mutually Exclusive or
Compatible Methods of EP Practice?

So far, it can be seen that solution-focused practice can be useful for EPs in their
practice although it has also been suggested that EPs need to be aware of limitations
when engaging in solution-focused work. Another factor that EPs need to consider is
that solution-focused work appears to contradict the traditional approaches of EPs. Educational Psychologists in Training (EPiTs) are encouraged to be problem-solvers. Monsen et al’s (1998) problem-analysis model is a training framework and it asks EPiTs to gather information from a wide range of sources and generate hypotheses about why the problem is occurring. Based on these findings, interventions are suggested and then agreed upon by schools. At each stage, the work of the EP is guided by evidence.

This problem solving/evidence based approach contradicts solution-focused work in several ways. Most obviously, advocates of solution-focused practice regard the problem as being unimportant in finding solutions. Problem-solvers regard exploring the problem as essential. Secondly, the problem-solving approach assumes the EP as the expert whereas solution-focused approaches see the problem owner as the source of solutions. Thirdly, solution-focused thinking assumes that unique situations have unique solutions – solutions that do not necessarily have an evidence base in the literature. It would, therefore, be easy to dismiss problem-solving models and solution-focused methods as mutually exclusive methods of working. However, on further inspection, it becomes apparent that the two models are, to some extent, compatible. At a practical level, solution-focused practice can be viewed as a toolbox which could be used at a number of levels within a problem-solving framework such as Monsen et al’s Problem Analysis model (1998), steps, outlined below:

**Referral** – Initial consultation meetings or referral forms can be solution-focused in nature with a focus on looking at the strengths of the pupils, staff or schools. Exceptions to the problem or strategies that do work could also potentially be documented. For example, Watkins and Wagner’s (2000) Diagnostic Behaviour Questionnaire, which borrows ideas from SFBT, could be used at this stage.

**Assessment** – Durrant (1995) suggests that solution-focused questioning can have a role in the assessment phase of EPs work. He argues that searching for exceptions can be an integral part of data gathering. Therefore, solution-focused questionnaires or meetings with staff, pupils and parents could potentially be used at the needs-analysis stage.
Feedback of Findings – Difficulties identified at a class or school level can sometimes be difficult to discuss with the school. Solution-focused methods are beneficial in that they provide a framework for contextual issues to be discussed in a positive way. Solution-focused discussions start from a position of strength, whereas within a problem-solving framework it would, perhaps, be easy to talk in terms of the deficiencies of the teacher or school.

Interventions – Solution-focused practice could also be used at the intervention stage of the process. For example, an EP could suggest therapeutic work with the child or family, solution-focused consultation with a teacher or member of the school staff or they could be involved in helping the school to become solution-focused in their practice. Alternatively, intervention strategies can be developed from exceptions that have been highlighted.

Evaluation of Outcomes – The success of any intervention could also be evaluated in a solution-focused way through using scales and by asking people how they reached a certain point on the scale. They could be asked what would need to happen to reach the next point on the scale. People could also be asked to reflect on strategies that have worked.

Professional Self-evaluation – Nash (1999) suggests adopting solution-focused practice for critical self-reflection in supervision. Her discussion relates to EPiT’s but it is possible to see how the same principles might apply in Staff Review and Development meetings too. Nash argues that solution-focused supervision meetings make it easier to tailor each session to the needs of the EPiT. These meetings also provide a mechanism for providing constructive support and feedback.

2.8 Solution-Focused – A View or a Technique?

A person’s view on the compatibility of solution-focused methods and problem-solving frameworks may depend on his/her perspective. Using solution-focused practice within a problem-solving framework suggests that solution-focused practice is like a toolbox with EPs drawing upon solution-focused techniques as part of a
wider knowledge base and a broader range of potential approaches. This may seem perfectly reasonable to some but, to advocates of solution-focused practice, for example, Murphy (1994) and Rees (2001), being solution-focused is a mindset and a way of thinking and not merely a box of handy tools that can be dipped in and out of.

2.9 Summary

It has been argued that solution-focused approaches have the potential to be useful at a number of ecological levels in the work of educational psychologists. It is further argued that solution-focused methods are useful at a number of stages of psychologists' practice even within a problem-solving framework. Therefore, the question is, perhaps, not whether solution-focused approaches can be useful but where, when, with whom, how and why are they useful? A challenge for advocates of solution-focused practice is to provide answers to the questions detailed in the discussion. It has been argued that, as educational psychologists, there must be an evidence-base to work (for example, MacKay, 2002) and it could be argued that, as psychologists, it is not enough to rely on the intuitive appeal and largely anecdotal evidence of solution-focused practices. It is time for EPs who promote solution-focused work to apply the skills learned in their psychology training to gain reliable, convincing data about the effectiveness of solution-focused practice. Without doing so, the true effectiveness of solution-focused approaches for EP practice cannot be evaluated fully. Conversely, by providing reliable data, calls for the use of solution-focused practice would be strengthened.

Use of competency-based models such as Solution Focused Brief Therapy with children and adolescents is on the increase (Bertolino, 1999). It is important, therefore, for practitioners in the field, such as educational psychologists, to have access to a growing data source regarding the value of this approach. With this mind, this study attempts to provide insight into how participants experience SFBT and, moreover, explore the similarities and differences between the views of the EP and their adolescent client about the experience. It is hoped that the study will make a valid contribution to the literature in relation to what participants consider of value within SFBT and to what they attribute the positive outcomes they may experience.
Within the next chapter, an in-depth review of the SFBT literature is undertaken with particular reference to its history, philosophical underpinning and practice methodology.
Chapter 3 – Brief Therapy and the Solution Focused Model

Introduction

This chapter attempts to review the literature appertaining to Brief Therapy and specifically Solution Focused Brief Therapy (SFBT) in a number of ways. A review of the literature will locate SFBT within the field of brief therapy, amidst a number of other brief therapy models serving to also highlight any similarities and differences that exist between them. The historical and philosophical aspects of SFBT will be explored, seeking a broad understanding of its precise nature and the principles that have come to underpin it as a therapeutic approach. To begin, SFBT is referred to in the literature as a brief therapy, however it would seem that all psychotherapeutic models are indeed, technically brief. Doherty and Simmons (1996) argue that studies indicate the average length of a client’s attendance in therapy to be between six to ten sessions, with Miller et al (1994:194) reporting “all large-scale meta-analytic studies of client change indicate that the most frequent improvement occurs early in the treatment.” Therefore, the suggestion made is that not only is psychotherapy of a short duration in general but also that most gains are observed early in therapy, irrespective of the approach. This renders the specific use of the term ‘brief’ in describing some models, such as SFBT, as puzzling and possibly misleading, suggesting that this and other ‘brief approaches’ may be even briefer (that is less than six sessions duration) than all other models. This is not the case. SFBT has not been routinely demonstrated to be ‘briefer’ than other models, labelled ‘non-brief’ models (Miller et al, 1994). The question remains as to what features may distinguish the ‘brief therapies’ from their ‘non-brief’ counterparts suggesting that there may exist some common, core elements, which render them more time-aware and sensitive. Rees (2004) proposed the following as characteristics of a brief therapy:

- It emphasises early goal formation and strategies for achieving them.
- It provides focus on encouraging change, even before intervention commences (by means of pre-treatment conversations).
- It elaborates on ‘what works’ for the client.
- It builds on existing competencies that the client brings to therapy.
- It is accepting outcomes satisfactory to the client and is not in the exclusive pursuit of perfect and wholesale change.
- It will end when mutually considered to be an unnecessary use of time (Rees, 2004).

Steenbarger (1992) has also commented on the major brief therapies in terms of sharing a number of common elements, including:

- Maintenance of a tightly circumscribed focus.
- Efforts to establish an early, positive therapeutic alliance.
- Efforts to facilitate change in a time-effective manner.
- Therapist activity.
- Efforts to involve clients in change efforts through within-session experiences and/or between-session homework.
- Relative de-emphasis of the past and emphasis upon generating novel experiences, understandings and skills (p.419).

It is suggested by Steenbarger (1992) that although approaches to brief therapy may embody these elements, they are seen to do so differently, demonstrated in their wide-ranging use of technique and time. As a brief therapy, SFBT has received its influence from the strategic and interactional tradition, based primarily upon the formulations of Milton Erickson (1954) and the Mental Research Institute (Shoham et al. 1995). The historical and philosophical underpinning of this and other brief therapy models will be explored next.

### 3.1 The influence of Constructivism and Social Constructionism

It has been suggested and widely accepted that the philosophy underpinning SFBT is constructivism and social constructionism (Gergen, 1999). With this outlook, the therapist views the therapeutic relationship and process as a collaborative one – within which both they and the client co-construct meanings and understanding, goals and plans; a philosophy described as:

...a way of talking about therapy, rather than doing it. Being a theory of knowledge rather than a set of techniques, constructivism offers us not a particular way of helping clients, but a way of understanding how we use our clinical tools and the interplay between practitioners’ beliefs and their practice (Sluzski, 1988:80-81).

The approaches influenced by constructivist thinking share similar features – characterised by a single, dominant concept – that multiple realities of the world exist
(Watzlawick, 1984) with each approach having its own, unique way of mobilising therapy around this concept. The common themes between these approaches, discussed later in the chapter, have been highlighted as being present despite there being differences in existence also:

The difference among constructivist therapies are differences in how they select an alternative, symptom-free view of reality for the client to experimentally inhabit, and in how they invite and assist the client to do so. The common ground is this: The therapist does not take the objectivist position of being diagnostic authority on the “correct” view of reality, but rather offers expert skill in modifying realities so as to eliminate their unwanted consequences (Ecker and Hulley, 1996:6-7).

This, therefore, suggests that the therapist and client are likely to have different, constructed realities and that the endeavour of the therapy is to meet and progress despite these, finding new and alternative ‘stories’ as part of the process. The words spoken within the therapy itself are considered important as they are seen as responsible “for contributing to the construction of therapeutic realities” (Keeney 1982:166). Emerging from the constructivist lens held to the eye of therapy, the influence upon therapist practice has been defined in clear terms by Friedman (1996:450-451). A broad range of features, common to therapists who adopt a constructivist approach, such as SFBT, are reported to include:

1. **Believes in a socially constructed reality.**
2. Emphasizes the reflexive nature of therapeutic relationships in which client and therapist co-construct meanings in dialogue or conversation.
3. **Moves away from hierarchical distinctions toward a more egalitarian offering of ideas and respect for differences.**
4. Maintains empathy and respect for the client’s predicament and a belief in the power of the therapeutic conversation to liberate suppressed, ignored or previously unacknowledged voices or stories.
5. **Co-constructs goals and negotiates direction in therapy, placing the client back in the driver’s seat, as an expert on his or her own predicaments and dilemmas.**
6. Searches for and amplifies client competencies, strengths and resources and avoids being a detective of pathology or reifying rigid diagnostic distinctions.
7. **Avoids a vocabulary of deficit and dysfunction, replacing the jargon of pathology (and distance) with the language of the everyday.**
8. Is oriented toward the future and optimistic about change.
9. **Is sensitive to the methods and processes used in the therapeutic conversation.**

Table 3.1.1 – Description of the Constructive Therapist
(Adapted from Friedman, 1996:450-451)
If constructivism, therefore, is considered largely to be a philosophical view rooted essentially in biology and human perception (Watzlawick, 1984), then social constructionism is more concerned with the evolution of meanings from interactions between people (Gergen, 1994). Consequently, meanings are said to arise as individuals talk to one another and themselves, resulting in problems seen as "no more than a socially created reality that is sustained by behaviour and coordinated in language" (Goolishian and Anderson, 1987:532). Despite their striking similarity, the difference between social constructionism and constructivism is explained as:

In contrast (to constructivism), social construction theory posits an evolving set of meanings that emerge unendingly from the interactions between two people. These meanings are not skull-bound and may not exist inside what we think of as individual "mind." They are part of a general flow of constantly changing narratives. Thus, the theory bypasses the fixity of the model of biologically based cognition, claiming instead that the development of concepts is a fluid process, socially derived. It is particularly helpful for the therapist to think of problems as stories that people have agreed to tell themselves...

The next section of this chapter seeks to outline some of the therapy models that have emerged, influenced by both philosophical stances and that reflect the strong underpinnings in their use of language in the change process, the role of language in the change process and the shared expertise between therapist and client in the discovery of alternative narrative to any existing, more problematic ones. This group of therapies are noted in practical terms as strategic in their application and are commonly know by that name (Ray, 2001).

3.2 Strategic Models of Brief Therapy

Following the work of Erickson and the early MRI team, therapeutic approaches underwent paradigm shifts whereby the focus moved from problem to solution and past to future (Fisch, 1990) with practitioners applying the concept of utilizing whatever the client brought to therapy as deemed useful in assisting change to occur (de Shazer, 1988). Specifically, a number of approaches have been developed in keeping with the strategic conceptualisation described above, as explained by Hoyt (2000:26):
A variety of terms – such as solution-focused, solution-oriented, possibility, narrative, post modern, post structural, cooperative, collaborative, competency-based, interactional, intersubjective, conversational, dialogic, reflective, Ericksonian, constructionist, constructivist – can be found on signposts marking this territory.

Hoyt (2000) continues to expand upon the influence of a strategic, competency approach by outlining an extended list of therapies that have been influenced in the same way as the ones mentioned above:

...other theoretical schools...such as cognitive-behavioural, humanistic existential, personal construct, transactional analytic, Gestalt, Adlerian, Jungian, and some of the newer developments in the psychodynamic realm – also are more actively recognising the constructive nature of psychotherapeutic work (p.26).

Despite these therapies demonstrating differences they are also reported to demonstrate similarities in practise terms, including the emphasis on achieving client: therapist respectful collaboration, hope of change, utilisation of client resources and an awareness that there may be several interpretations for any given situation and, as a result, a number of options in how to respond (Beyebach and Morejon, 1999).

3.2.1 Ericksonian and Utilisation Therapy

Considered by many as a central figure in the field of psychotherapy during the last century and as one whose legacy will remain for many years to come Milton Erickson introduced the conceptual ideas behind viewing the client as a competent participant in therapy (Rossi, 1980). Up until this time an altogether very different view existed, one that perceived the clients as mentally unstable and in many cases without the necessary resources in their lives to enable improvement to occur. Erickson indicated in his work and seminal writings (O’Hanlon, 1987) that clients did indeed possess the resources necessary to bring about changes to their troubled lives and that these competent artefacts were a mix of strengths, skills and abilities hitherto forgotten or dismissed by them and others. He considered that by the very therapist act of identifying and utilising these existing client features, great change was possible from a strong competency starting point of what the client can already do (Rowan and O’Hanlon, 1999). Unsurprisingly, Erickson’s approach, which by and large was
reported as simple yet difficult to describe in detail, was eventually described as Utilisation Therapy (O’Hanlon 1987). However, several students of Erickson, including O’Hanlon, had also carefully studied his approach in order to compile an outline of his working principles that emerged mostly during the 1980's as Ericksonian Therapy (Gilligan, 1987; Zeig 1985a, 1985b, 1994). More recently, his work is understood as strategic (Gilligan, 1997) Erickson himself remained distanced from the entire field of classification, interested only in the struggle to understand how change was enabled and took place. A colleague that observed him commented that he:

...did not sit in his office reading or thinking about how people operate – he watched them. He did not become immersed in theories which he then tried to apply to various patients – he noticed what his patients did and modified his thinking in response. Erickson's spectacular success was based upon his willingness to let people teach him what was real or true about themselves and not upon unique theoretical constructs (Havens, 1985:7).

The orientation of Utilisation therapy for clients is strongly future facing, a further departure from previous, more psychoanalytic-type influences upon psychotherapy, emphasising the past and the search for an analytic appreciation of historical events, with Erickson himself reporting:

Emphasis should be placed more upon what the patient does in the present and will do in the future than upon a mere understanding of why some long-past event occurred (1954:127).

With future orientation evident within his work, Erickson used question techniques that invited clients to imagine and envision a time in the future, free of the problem. By doing this he would liberate the client of the problem state and, once a description of the vision had been forthcoming, invite them to return to the present day and identify first steps towards the vision. de Shazer (1998), one of Erickson’s students (as well as O’Hanlon), utilised this concept in order to develop the Miracle Question, described later within this chapter. Erickson was also one of the first to consider that brevity was a possibility in psychotherapy, dissenting from the more psychoanalytic, long-term engagements of Freudian endeavour. Quoted in the works of Rossi et al (1983:71) he said, “You see, if illness can occur suddenly, then therapy can occur quite as suddenly.”
3.2.2 Solution-Oriented and Possibility Therapy

O’Hanlon, a former student of Erickson, and Weiner-Davies collaborated to develop an approach known as Solution-Oriented therapy (O’Hanlon and Weiner-Davies, 1989). The approach embraces the work of Erickson whilst also emphasising the importance of the client feeling heard and understood by the therapist. It is also an approach which unashamedly “taps into other therapeutic perspectives in an effort to find what works with clients” (Bertolino, 2000:46). In a further development, O’Hanlon continued to allow his solution-oriented approach to evolve into what has been termed Possibility Therapy (O’Hanlon, 1998) offering the following principles listed by Bertolino (2000:12-17):

1. Therapy is a collaborative endeavour…
2. Multiple realities, stories and truths are respected…
3. The therapist and each member of the client system are co-creators of the reality within the therapeutic context…
4. The construction of meaning and the taking of action are essential considerations…
5. The therapist and the members of the therapeutic system have expertise…
6. Emphasis is on making the most of each session…
7. Orientation is toward the present and the future…
8. Adolescents and their families define desired goals…
9. It is not necessary to know a great deal about a complaint or the cause or function of it to resolve it…
10. Therapy takes as long as it does.

Table 3.2.1 – Solution Oriented Assumptions
(Adapted from Bertolino, 2000:12-17)

3.2.3 Narrative Therapy

The influence of Michael White (1997) has been instrumental in the development of the Narrative Therapy approach, a model whereby the therapy process is largely divided into two phases. The first stage is the process of externalising the problem, aiming to separate the problem from the person and to loosen its hold on the client’s life. The process of externalising the problem has been described as:
They (clients) are introduced to ways of speaking about their lives that don’t implicate their relationship with the problem. These externalising conversations are a powerful antidote to contemporary ‘problem speak’ and to the modern problem-identity practices’ (White, 1995:57).

The second phase is about building the solution, in particular, building (authoring) an alternative and compelling story of the client’s life, which centres on their goals, strengths and exceptions to the problem narrative. The use of story telling is key to the Narrative approach, with the themes of re-writing and co-authoring troubled pasts as tenets of the approach. Freeman et al (1997) explained the process as thinning the dominant plot and then to ‘thicken’ and make rich the counter plot of the solution story. Narrative therapists are seen, therefore, to be working with their clients towards ‘unique outcomes’, rather than the ‘preferred futures’ or ‘exceptions’ described in SFBT (White, 1993; de Shazer, 1988). The narrative worker demonstrates a strong social constructionist stance, emphasising the meaning that their client has constructed through interaction with others thus inviting the client to challenge their own social construction:

Stories are full of gaps which persons must fill in order for the stories to be performed. These gaps recruit the lived experience and the imagination of persons. With every performance, persons are re-authoring their lives. The evolution of lives is akin to their process of re-authoring, the process of persons entering stories, taking them over and making them their own (White and Epston, 1990:13).

At the end of therapy, the narrative therapist would commonly provide a document as artefact or testimony of the experience, to facilitate what Prochaska et al (1992) refers to as the ‘maintenance’ stage of change. Elsewhere, Rees (2001) described a child’s experience of SFBT as a day at a ‘Solution World’, a virtual park of therapy within which they had access to therapy artefacts, such documents and certificates at the ‘merchandise shop,’ stating “I like to think of merchandises as something tangible, something which gives an account of the day at Solution World and of any new intentions arising from its comments” (p.210). White (1995) refers to such documents as bringing and providing hope:

These documents are grounded in hope; for example, they often include details about personal qualities and other characteristics…These documents can also include details about any recent developments in the person’s problem-solving skills (p.143).
3.2.4 Collaborative Therapy

The work of Anderson and Goolishian (1988, 1992) is based on the premise that therapeutic ends can be achieved by language and conversation means of a collaborative nature. Again, as is common with the other therapies outlined within this section, the approach is underpinned by social constructionism, with meaning being understood as a product of the conversation and interaction process. Anderson comments more fully by saying:

...we live and understand our lives through socially constructed narrative realities, that is, that we give meaning and organization to our experiences and to our self-identity in the course of these transactions (1993:324).

It should be stated that from the literature comes the suggestion that communication of a collaborative nature is not restricted to the spoken word, indeed language in its widest sense includes the communication between participants in other, non-verbal ways allowing for “active engagement with full phenomenology – emotional, cognitive, somatic and behavioural, conscious and unconscious” (Ecker and Hulley, 1996:3). Anderson and Goolishian (1988) from their observations, study and practice were able, therefore, to determine a number of features demonstrated by the collaborative therapist during such interaction:

1. The therapist keeps the inquiry within the parameters of the problem as described by the clients.
2. The therapist entertains multiple and contradictory ideas simultaneously.
3. The therapist chooses cooperative rather than uncooperative language.
4. The therapist learns, understands, and converses in the client’s language.
5. The therapist is a respectful listener who does not understand too quickly (if ever).
6. The therapist asks questions, the answers to which require new questions.
7. The therapist takes the responsibility for the creation of a conversational context that allows for mutual collaboration in the problem-defining process.
8. The therapist maintains a dialogical conversation with himself or herself.

Table 3.2.2 – Features of the Collaborative Therapist

(Adapted from Anderson and Goolishian, 1988:382-383)
3.2.5 Reflecting Teams

Within the literature, often amidst references to constructive and strategic therapies, an approach termed Reflective Teams is discussed (Hoyt, 1998). The approach serves to do away with the one-way mirror technique used to involve an audience in the therapy process, rendering the experience as more collaborative and essentially more pragmatic within non-clinical contexts such as schools (Rees, in press). By inviting multiple viewpoints and narratives into the problem-solving arena, the process is inclusive of social constructivist perspectives. Smith et al (1993), through their qualitative investigation, investigated client perceptions regarding the reflective team process indicating that the process was considered helpful, specifically in relation to receiving multiple perspectives. Further, separate work conducted by Friedman (1995) and Bertolino (1998) demonstrate the reflective team model as a method that may go toward challenging traditional therapeutic practice protocol exemplified in the doing away of the frequently used one-way mirror. However, it is suggested that work of this nature need be conducted carefully, particularly with child and adolescent populations where they might feel vulnerable when invited to participate ‘openly’ within the reflective team process (Selekman, 1993; Bertolino, 2000). Anderson’s (1991) work strived toward achieving successful ‘openness’ as part of the intervention, ensuring the removal of all unnecessary barriers such as the one-way mirror from the therapeutic environment. Hoffman (1995) explains what is said to take place within the Anderson model (1991) of reflective team procedure and also notes the departure it marks from what was perceived as more ‘traditional’, one-way mirror methods of working with clients:

This method asked a team to share comments on the conversation between the therapist and family while the family watched and listened. The family would then comment on the team’s ideas in turn. This innovation proved to be a great leveller, modifying the concealment that the use of the one-way mirror had so long imposed (p. xi).

Rees (in press) guides the therapist in the steps considered helpful to undertake reflective teamwork within the non-clinical setting, suggesting the following:
School Based Reflective Team Practice
Team member guide to practice

1. Address all remarks to other team members. Talk about the pupil in the third person.
2. Language should reflect the pace, ability and general style of the pupil.
3. Frame comments positively. Praise and compliment from what you have heard only.
4. Moreover, relate everything you comment upon, to something you heard or noticed.
5. Emphasise both-and stories rather than either – or stories.
6. Be hypothetical and speculative.
7. Invite a new or alternative view. Talk about the talk.
8. Introduce something from your own experience if appropriate and helpful.
9. Engage in healthy conflict with other team members in the deconstruction of meanings.
10. Refrain from eye contact with the pupil when you are speaking. This frees him/her to listen.
11. Do not criticize or judge the pupil.
12. Keep what you have to say to the minimum. Choose the essential – then halve it.

Table 3.2.3 – School-Based Reflective Team Practice

3.3 Solution Focused Brief Therapy

SFBT is regarded as a constructivist and post modern approach, in which therapist and client co-create alternative realities to the problem-saturated narratives that trouble people (de Shazer and Berg, 1997). Therefore, such proponents view the process of problem solving not simply as a matter of building solutions but also as a reformulation of new or different constructs, usually social. The therapeutic process is purposeful (Lipchik, 1987) by virtue of the interview being semi-structured around questions such as the Miracle Question and scaling – the intention being to “influence the clients’ view of the problem in a manner that leads to solution” (Berg and Miller, 1992:70). However, comments from some quarters of related therapy models suggest that this may also be a weakness within the SFBT approach, that of being unnecessarily formulaic (Bertolino, 2000). In his comments, Bertolino (2000) suggested that, within SFBT, the therapist may be imposing his or her model from the beginning by pursing solutions early on in the work, contrasting with the approach he
favours, namely, Solution-Oriented, whereby clients are invited to spend as much time as is necessary discussing their concerns. This hitherto omission from the SFBT model is considered an important inclusion within many of the other constructive models discussed such as Narrative, Ericksonian, Solution-Oriented and Possibility and serves to significantly distinguish SFBT in that way (Rees, 2002). Lawson et al (1997) puts forward the reason for including the client problem, contrary to the permission provided within SFBT for omitting it. Even within the single session work of some constructive and strategic brief therapies, Lawson et al (1997) state that “research indicates that for many clients, the most valuable aspect of the therapy session is the opportunity to tell their story and be heard” (p.15) which follows from Rogers’ (1961) assertion that people need to feel heard and understood. Bertolino (2000) concludes by saying:

Clients should have the opportunity to verbalize themselves in whatever way necessary, devoid of a therapist’s theoretical interruptions (p.37).

Bertolino (2000) criticises SFBT for having made a contribution toward maintaining the myth that brief therapies are “shallow” (p.37) by virtue of the fact that it is seen by many as focusing on solutions at the expense of listening to the client. In defence of other models, such as oriented, possibility and collaborative-competency approaches, he contends that this is not the case and that receiving problem narratives plays a crucial role within the brief therapy change process. The notable absence of extensive problem narrative discussion within SFBT might suggest that more time is spent on solution building, and that this can begin at the earliest opportunity during therapy. McKeel (1996) investigating the ‘brief’ feature of SFBT, noted that positive outcome emerged on average from between three and five sessions. This rate of sudden change was attributable to a number of key factors appertaining to the model itself, namely:

- SFBT establishes its solution-focus early, eliminating much of the time associated with problem talk and diagnosis. A tight focus for intervention is generally established in the first session, based upon the individual's stated goals.

- SFBT views its objective as initiating change, rather than seeing clients through an entire change process. People are seen as continually changing,
and capable of change. Once they have established a useful direction and an appreciation for what they are already doing, that brings them closer to their goals and they can sustain change efforts independently.

- SFBT stresses client definitions of goals and, hence, places little time and emphasis upon resistances and work to overcome these.

- In SFBT, the worker is active from the outset, helping to structure the solution talk. SFBT also emphasises client activity between sessions, with direct suggestions of 'doing something different' if current strategies are not working, and doing more of what works.

Elsewhere, Steenbarger (1994) proposed that a brief therapy such as SFBT achieves much of its brevity by generating novel experiences under conditions of heightened emotions. It is argued that despite not actively seeking problem narratives, that through the use of interpretation, in-session exercises and/or homework tasks, the techniques of SFBT can serve to bring individuals closer to the anxieties, resentments and losses that trouble them. Then, in the context of this experience, SFBT introduces new ways of viewing problems, new skills for coping and/or new experiences of oneself. It is claimed by Steenbarger (1994) that just as experiences during periods of trauma tend to imprint themselves on people, the novel experiences of a brief therapy like SFBT tend to “stick” in emotionally charged circumstances. However, despite the novelty of SFBT being considered as providing positive effect, its reported brevity (McKell, 1996) has raised concern in some quarters that perhaps the work is becoming altogether too brief and seen as “solution-forced” counselling (Ray, 2001). Reference is made to the fact that little work has been conducted to date that includes long-term follow up in order to determine possible rates of relapse, with findings concentrated rather on its short-term impact. Therefore, it is not unsurprising that alternative therapies demonstrate a better record of effecting long-term changes (Steenbarger, 1994), raising the question about the appropriateness of three to five SFBT for clients experiencing complex problems. Further, adolescent clients hoping or expecting longer term support and ongoing engagement with their EP may be disappointed with any brief modality, SFBT or otherwise.
3.4 The Effectiveness of SFBT

A small but growing literature documents SFBT as an effective therapy. Outcome studies generally presume that clients come to therapy with real problems, which then can be followed over time to assess objective improvement. If the improvement demonstrated by therapy clients significantly exceeds that of persons receiving a placebo intervention, an alternate therapy or no help whatsoever, the therapy can be said to have been effective. Many practitioners of SFBT rebel against such outcome assessment because of its grounding in epistemological realism. The constructivist bent of SFBT questions the entire presumption that people enter therapy with objective, diagnosable problems and illnesses. Change, they insist, comes from recognising that there was no real problem, not from the quasi-cure of a quasi-disease.

As Held (1996) has suggested, however, clients do make real changes in their life as a result of SFBT. Recognition and measurement of these changes need not diminish a EPs commitment to explore and expand existing adaptive efforts. As a result, we are now seeing studies, not only of SFBT outcomes, but also of the component processes that may be contributing to success in SFBT. Gingerich and Eisengart (2000) offer a review of the SFBT outcome research, dividing studies into three categories: well controlled, moderately controlled and poorly controlled. The authors located fifteen controlled outcome studies of SFBT, five of which met the criteria of well-controlled research. These five studies supported the efficacy of SFBT in areas of depression, parenting, rehabilitation of orthopaedic patients, recidivism of prisoners, and challenging adolescent behaviour and can be viewed in Tables 3.4.1- 3.4.3. However, one of the five studies directly compared SFBT to another therapeutic approach and found no significant difference between the two. Thus, while “these five studies provide initial support for the efficacy of SFBT” (p.493); they do not establish that SFBT is an uniquely effective relative to other brief forms of therapy. This not only serves to qualify earlier conclusions reported within this chapter but also supports the theory proposed by Lambert (1992) relating to Common Factors between models, rendering all psychotherapies equally efficacious when administered with competence (see Chapter 4).
The review findings undertaken by Gingerich and Eisengart (2000) regarding SFBT outcome studies provides a useful reference guide to the studies conducted. By using guidelines provided by the American Psychological Association, Task Force on Promotion and Dissemination of Psychological Procedures (1995), they decided to categorise the studies, as mentioned earlier, into strongly, moderately and poorly-controlled. The strongly controlled studies (see Table 3.4.1) were said to demonstrate adequate experimental control yielding relatively high levels of confidence in terms of internal validity yet, due to their clinical setting, uncertainty exists regarding their applicability to field practice. Moderately controlled studies (see Table 3.4.2), on the other hand, whilst being more applicable to reflecting every day practice, offer less in terms of internal validity. Finally, the weakly controlled studies (see Table 3.4.3), although providing similar results to more controlled research attempts and are also more of a reflection of what the practitioner might expect to find in the field, were reported not to be rigorous in their experimental design.

Reference within tables 3.4.1-3.4.3 to ‘SFBT Core Conditions’ (Gingerich and Eisengart, 2000), refer to number of the following components being utilised within the interventions used:

1. A search for pre-session change
2. Goal-setting
3. Use of the miracle question
4. Use of scaling questions
5. A search for exceptions
6. A consulting break message including compliments and tasks (p.479).

Furthermore, “s’s” represents subject’s and “tmt” treatment.
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<td>58% male; ave age: 37</td>
<td>all male; age 16-19</td>
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<td></td>
<td></td>
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<td>Trainers; newly trained in SFBT</td>
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<td>Advanced student</td>
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<td>pre/post-test control group</td>
<td>Solomon 4 group</td>
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<td>pre/post-test control group</td>
<td>pre/post-test comparison group</td>
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<td>standard counselling groups</td>
<td>wait-list</td>
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<td>standard institutional services</td>
<td>standard therapy</td>
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<td>Outcomes/Results</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>Measures used</td>
<td>Beck Depr. Inv.; Depr. Adjust; Checklist Rosenberg Self-Esteem Scale</td>
<td>Index of Personality Chara. – sig. between group differences on 3 of 8 scales; Counsellor reports – 81% achieved goals</td>
<td>Parenting Skills Inventory – sig. between group differences on 4 of 8 scales; Family Strengths Assess. – no sig. between group diffs.</td>
<td>F-COPES – sig. between group differences on all 5 scales; PAIS-R – sig between group differences on 4 of 5 scales</td>
<td>recidivism (new offence with return to probation or prison)</td>
<td>multiple (Jesness; Coopersmith; Carlson; SF Quest) – tmt's had sig. lower chem. abuse tend., higher empathy, greater prob. solving, higher optimism</td>
<td>Beck Depr. Inventory; Nowotny Hope Scale – tmt's improved sig. more on Hope; no sig. diff. on Beck Depr.</td>
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<tr>
<td>Follow up</td>
<td>7-10 days – both groups sig. improved on BDI and DAC; no sig. between group differences on any measures</td>
<td>none</td>
<td>none</td>
<td>7 &amp; 60 days – 68% tmt s's vs. 4% control s's returned to work in less than 7 days</td>
<td>12 months – 53% tmt s's vs. 76% control s's recidivated; 16 months – 60% tmt vs. 86% control recidivated</td>
<td>6 months – 20% tmt vs. 42% control recidivated</td>
<td>none</td>
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Table 3.4.1 – Strongly Controlled SFBT Outcome Studies (Adapted from Gingerich and Eisengart, 2000:482)
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<td>12</td>
<td>36 couples</td>
<td>27 plus compar. s’s</td>
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<td>Problem</td>
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<td>marital relat.</td>
<td>depression, sub abuse..</td>
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<td>no</td>
<td>No</td>
<td>no</td>
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<td>male &amp; female age 10-14</td>
<td>marr. couples; age: most in 30’s</td>
<td>14 male, 13 female; age 22-45</td>
<td>age 18-40; 5 Afr-Amer, 1 Nat. Amer,</td>
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<td>Outcomes/Results</td>
<td>Measures used – end of treatment outcome</td>
<td>Dyadic Adjustment Scale – sig. change in tmt group on all 5 scales; posttest scores approached pretest scores of non-distress group</td>
<td>Outcome Questionnaire – tmt s’s improved 21.3 points; 36% tmt s’s vs. 2% comp. s’s recovered after 2 sess.</td>
<td>Dyadic Adjustment Scale, Goal Attainment Scale</td>
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<td></td>
<td></td>
<td>self-ratings of problem severity, goal attainment, and intensity of feelings</td>
<td>serious incident reports (restraints, police, hosp.; medication use</td>
<td>Dyadic Adjustment Scale</td>
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<td>Followup</td>
<td>2 and 6 weeks – sig. positive change in all 3 scales; no between group differences, however</td>
<td>16 weeks – 65% tmt vs. 15% control reduction in incident rpts; tmt group decreased/ control incr. med use</td>
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<td>2-4 weeks – 6 couples appeared to show some change</td>
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Table 3.4.2 – Moderately Controlled SFBT Outcome Studies (Adapted from Gingerich and Eisengart, 2000:487)
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<td>2 males, 1 female; all adolescents</td>
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### Intervention

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</table>

### Outcomes/Results

| Measures used – end of treatment outcome | days abstinent – modest increase; days work attended – modest increase | Family Environment Scale – sig. change between group differences on 4 of 11 scales | self-anchored rating scales – sig. change in all 3 s’s FACES-III – all 3 s’s showed clinically sig. change | therapist & client completed questionnaire | CISSAR (trained obsvrs.) – 1 of 3 SFBT s’s improved; behav. s’s improved more on ave. | Hare Self-Esteem Scale – ES of .57 for tmt group; between group differences not sig |

Table 3.4.3 – Weakly Controlled SFBT Outcome Studies (Adapted from Gingerich and Eisengart, 2000:490)
McKeel (1996) notes that some of these outcome studies did compare the effects of SFBT to existing services within school and prison settings, establishing the effectiveness of SFBT above and beyond the normal services. Held (1996) also summarises process-oriented studies of SFBT, examining the effectiveness of such typical SFBT interventions as the Formula First Session Task (FFST). The FFST, which encourages clients to focus between sessions on what is happening in their life that they would like to continue was found to enhance client co-operation. Clients completing the FFST were also significantly more likely to report improvement and optimism than those not performing the task. McKeel (1996) also cites evidence that a majority of clients do report pre-treatment changes, improvements that have occurred between the time of calling for an appointment and attending that appointment. These changes are significantly more likely to emerge in therapy if targeted by the EP in the first session. This suggests that a focus on positive change can be viable for a majority of clients, if EPs think to ask the questions.

DeJong and Hopwood (1996) summarise outcome research at the Milwaukee Brief Family Therapy Center, finding that approximately 80% of clients report satisfaction with their therapy 7-9 months following their counselling. Moreover, at this follow-up period, 49% of clients reported that their therapy goals were fully met and another 37% indicated that they had made "some progress". These outcomes did not appear to vary as a function of client ethnic group or the gender mix of the therapeutic dyads. Interestingly, the clients only received an average of three sessions of therapy, suggesting that a high level of satisfaction with services and significant perceived success can be achieved and sustained in a time-effective manner. A series of studies reported by Beyebach et al (1996) examined the processes contributing to success in SFBT. Their investigations highlighted the role of communications between EPs and clients as an ingredient of success. Dyads that displayed what Beyebach et al (1996) call a competitive battle for control of session topics obtained less favourable outcomes than those without such control struggles. Interestingly, in the successful cases, EPs tended to be more directive, providing instructions, whereas an excessive amount of agreement among EPs and clients led to increased relapse. Sequential analyses found that controlling "one-up" and "one-down" communications in therapy tended to elicit subsequent controlling communications from the other party. "One-across", non-controlling communications, conversely, yielded further non-control.
Examining SFBT outcomes, Beyebach *et al* (1996) found that the sole significant predictor of success was client internal locus of control, which reflects the degree to which individuals perceive that they are in control of their lives. The internal locus was, in turn, positively correlated with favourable pre-treatment reports of change and subsequent goal formation in counselling. "These results show that locus of control is variable and becomes more internal over the course of successful therapy," the authors note. "This lends support to the notion that the task of solution-focused EPs is to foster situations in which clients experience a better sense of control over their own lives." (p.325).

Such an analysis suggests that SFBT may work for reasons other than those postulated in the theory. Specifically, the nature of client-EP communications and the ability to support and extend reports of pre-therapeutic change may be as important as the specific tasks initiated by EPs. This conclusion finds support in the qualitative research reported by Metcalf *et al* (1996), who found that clients and nursing professionals in SFBT view the events of therapy quite differently. In general, professionals tended to see themselves as relatively non-directive, while clients pointed to direction as a central helping element. Professionals were also likely to attribute success to goal-oriented interventions in therapy, whereas clients emphasised the role of the helping relationship. Given that non-specific factors tend to be of importance across psychotherapies, such findings are not surprising.

### 3.5 Component Parts of SFBT

SFBT has been referred to by Miller and Berg (1995:98) as the "model of questions". The questions, seen as important tenets of the approach, are many in number but share a commonality referred to by Berg (1991:14) as "expressions of an attitude, a posture and a philosophy" and that:

No amount of technique will disguise the therapist’s lack of listening skills, lack of faith in the client’s ability to know what is good for him, and miscomprehension of the philosophical thinking that generates questions.
Therefore, whilst questions that are asked provide a necessary structure and framework to undertake SFBT they must be seen only as technique. Metcalf et al. (1997:348) states “Techniques, even great ones like the miracle question, have no inherent value” when compared to the deeper, underlying assumptions of the approach:

To see people in terms of pathology or to see them in terms of competence is a matter of choice rather than truth (Durrant and Kowlaski, 1995:108).

The solution-focused EPs approach to transforming a problem situation is not based on the diagnosis of the individual with the problem. Any school that refers a child for psychological assessment in the hope of learning how to solve a problem knows that the diagnosis of the cause of the problem does not necessarily provide specific guidance about how to bring about change. Indeed, what tends to be the case is that when schools feel that the diagnosis does not provide a practical direction for action, they will apply ‘common sense’ tactics. Sometimes, these bring about positive outcomes. However, when common sense action does not do so, the school’s common sense view, and actions, become part of the problem. This occurs despite the good intentions of the school and their knowledge that their attempts at finding a solution are inadequate. In other words, “the solution has become the impossible problem” (Miller et al., 1997:10). According to the Mental Research Institute (MRI) (Weakland et al., 1974) for a difficulty to become a problem, only two conditions need to be met. Firstly, for the difficulty to be mishandled (the attempted solution fails) and, secondly, that when the difficulty proves intractable, more of the same ineffective solution is applied. This results in the worsening of the original difficulty. With the passage of time, a vicious cycle ensues with the original difficulty growing to be huge in importance and perceived as being an impossible problem to solve. Indeed, Miller et al. (1997:10) confirm that “...the problem, once perceived as a problem, embraces not only the original dilemma, but also the failed, repetitive efforts to find resolution.” For the EP to consider this form of intervention to be appropriate when resolving emotional/behavioural concerns within paediatric populations, then a view encompassing problem resolution in behavioural terms needs to be understood. It is the belief that is held about a child’s predicament that determines the implementation of SFBT as an intervention.
Bateson (1972, 1979) believes that in instances when a person holds differing views with regard to a situation, then it is the most generalisable view (the one which has been most valuable in the past) that will be adopted. In other words, if an EP has frequently worked with pupils who verbally assault others in school by interpreting that behaviour to mean that such children possess poor social skills, the EP is likely to respond to the next child referred with a similar difficulty in a way consistent with the belief that the child has poor social skills. This may be so even if the EP consciously recognises that there may be other explanations for the behaviour. Due to the way the EP may, in this example, perceive the situation if the problem behaviour persists, then the difficulty arises from the following choice:

- **Hypothesis A:**
  - Child continues to verbally assault another in school due to lack of social skills.

- **Hypothesis B:**
  - The child did not cease in his or her actions following social skill training, therefore, there must be some other explanation for the behaviour.

In considering Bateson's theory it would be predicted that the EP may choose to disregard hypothesis B. In other words, the success of hypothesis A as an explanation for continued verbal assaults acts as an obstacle, preventing new ideas from being considered. This results in the notion that the child does not respond to intervention as he or she is 'supposed to.' To continue the possible sequence of events to their logical conclusion would see the EP interpreting 'resistance' to 'effective' treatment on the child's behalf and the explanation for such action, as ascribing to the original theory of 'lack of social skills'. According to this analysis EPs find themselves operating from within a problem solving framework which is, at times, influenced not only by 'prior learning' factors as outlined above, but also a 'cause-effect reasoning' toward behaviour change. This type of reasoning or mindset also serves to create rigidity in individual perceptions within problematic situations. The difficulty arises in analysing or challenging the cause-effect belief about situations or relationships, as it is seen to be readily assumed. For example, in such a case, if a child is reported to behave inappropriately the EP will, in considering changing the behaviour, adopt the cause-effect belief as a mental rule. This would take the form of:

1. behaviour has a cause, therefore, is the effect of something else
2. cause comes first and, therefore, controls effect
3. to remove the effect, the cause must first be removed.

Whilst in many instances this may prove to be a useful logic it often leads to the problem behaviour being scrutinised in ever increasing detail in an attempt to find the cause. The logic therein being that ‘treatment’ can only follow once the cause has been identified. This process would necessitate efforts to remain focused upon the problem making it difficult for issues relating to context and other possible explanations to be considered. Chronic or intractable cases are characterised by stability and ‘stuckness’ due largely to perceptions held about the problem. The problematic past is seen to govern future possibilities. SFBT maintains the Buddhist concept of “the illusion of stability that change is happening all the time” (George et al. 1990:4). The intention of a solution focused practitioner is not to dismiss the benefits of an accurate diagnoses, rather to draw attention to the possible dangers which may arise from the act of diagnosis and, moreover, classification. The practitioner would seek to expand upon the diagnostic process in order to incorporate the assessment of clients’ competencies. It is the case, therefore, that more rigour is applied to the diagnosis of client strengths than to their deficiencies.

3.6 SFBT Principles

Each psychotherapeutic model has its own set of principles. The literature suggests that in the case of SFBT that the pragmatics of Erickson, the thinking of Bateson (de Shazer, 1985) and, problem-solving, strategic formulations of Haley (1987) and O’Hanlon, (1987) has influenced its principle base (Ray, 2001). Ray (2001) also reported that Weakland (1993) contributed toward the formulation of SFBT principles by contending that “familiarity and habit” in the use of language terms such as “therapy” and “psychotherapy” are too closely linked with the medical model of pathology investigation (Weakland,1993:142), suggesting a need for a less clinical view. The principles that belie SFBT appear non-pathological in nature by stressing its stance that successful intervention comes not from the diagnosis of problems, rather from expectations of change and solutions that are developed with the client. For the purpose of this study, investigating SFBT experiences, a review of theoretical
principles is considered important in order to appreciate the stance adopted by the participating EPs. Familiarity with the theoretical principles involved will prove useful, as later within the study I will attempt to explain and discuss the actions, experiences and perceptions of individuals participating in SFBT. Over a decade ago in the literature, O’Hanlon and Weiner-Davies (1989) four principles of which serve to underscore the theoretical orientation of SFBT practise, namely:

I. Clients have within them the necessary strengths, skills and resources to resolve their problems.

Central to de Shazer’s model for SFBT was a notion developed by Erickson of the ‘utilisation’ of client resources (O’Hanlon, 1987). Simon (1997:44) refers to de Shazer who was once asked:

...if he took it as an assumption that clients have the resources they need to solve their problems. He replied, ‘It isn’t an assumption; it’s absolute knowledge’.

In other words, the acknowledgement, validation and utilisation of client skills and strengths are seen as integral to the therapeutic process. Indeed, this basic assumption, among others, that clients already possess the resources necessary for bringing about a preferred future is central to the SFBT paradigm. Less emphasis, therefore, is placed upon the actual problem and its pathology. From this fundamental belief comes the notion that clients are experts on their own lives and that:

...interventions developed directly from the ideas, competencies and resources of clients typically are more effective and acceptable to them than interventions that are largely dictated by the practitioner and imposed on the clients (Murphy and Duncan 1997:129).

According to Duncan et al (1997:53) even with ‘veterans’ of therapy who have experienced many failed interventions, exploring and discovering resources is central, accomplished by:

- viewing the client as healthy, capable and competent
- recognising dependence on client resources and ideas for successful outcome
- making the client participation central to all therapeutic moves.
With young clients, such as children or the ‘reluctant’ adolescent, resources are far from obvious at times, but clients can be helped to find them. The search is exhaustive and there is a need to “search the past, or search areas not affected by the problem, and sometimes we may have to look to social or environmental resources” (O’Hanlon and Beadle 1996:14). However, this is not to say that the practitioner ignores clients’ pain or assumes a light-hearted attitude, rather the whole story needs to be heard, that is the chaos and the brightness, the anguish and the survival, the hopelessness and the hope, the misery and the courage.

II. Solutions are more likely to arise from conversation focusing on preferred futures rather than the problem past.

Conversations referred to by EPs as ‘problem-talk’ are not viewed as being particularly helpful in SFBT, whereas a ‘solution’ or ‘possibility’ orientated conversation is. However, more recent opinion, for example, Miller et al (1996), considers discussion about the problem acceptable as long as it provides an opportunity to validate and acknowledge the clients struggle in coping or bringing about change and resources. Dolan (1991) also suggests that it may be necessary in issues of trauma or abuse. The issue of how much ‘problem-talk’ is useful is considered by Nylund and Corsiglia (1994), purporting that there exists no rule rather that the worker should provide space for problem descriptions to be heard, whilst also being alert to statements touching on potential solution paths.

Clients who have experienced a long history of therapy, “therapy veterans” (Duncan et al, 1997:18), have had to explain, outline and measure their problem and presenting symptoms many times. SFBT, in pursuing new possibilities can offer an opportunity for ‘doing something different’ (O’Hanlon, 2000). Therefore, being able to discuss what life would be like ‘without the problem’ establishes not only re-kindled hope for the future but also salient goals. In the literature, hope and expectancy, which may be brought about by dialogue about the preferred future, is seen to offer clients a measurable advantage in many areas of life – academic achievement, managing major illness, and dealing with difficult occupational situations. The psychotherapy literature further illustrates that the nurturing of positive expectation for change may actually be a prerequisite for successful outcome (Snyder et al, 1991). Therefore,
rather than the EP employing the ‘if at first you don’t succeed’ adage and ‘doing more of the same’, SFBT encourages viewing the world from the client’s perspective and searching for multiple possibilities. The solution-focused model suggests that it is more productive to increase the frequency and intensity of existing successes, no matter how small, than it is to eliminate problems directly (Berg, 1991).

Inviting clients to ‘do more’ of what works in their lives by repeating or replicating non-problem behaviour or actions entails identification of exceptions to the problem. The problem is viewed, therefore, as the rule and solutions are found within exceptions to that rule. SFBT actively engages in the search for when the problem does not occur, occurs less often or affects the client’s life the least. Berg and Miller, (1992), de Shazer, (1994) and Miller et al (1997), all outline the “change-focused” nature of the EP in exposing exceptions. Miller et al (1996) consider the smallest of exceptions to be small pieces of the solution and as a result strongly recommend exploration of the client’s pre- and between-session changes. de Shazer (1985, 1988) refers to exceptions as entities that, by and large, go unnoticed by the client unless the EP draws them into the conversation. For example, small, out-of-therapy or extra-therapeutic factors that may seem unimportant to the client may provide a key to part of the solution. The exploration of previously attempted solutions according to Watzlawick et al (1974) not only provides the opportunity to avoid ‘doing more’ of what has not worked, but also an opportunity to amplify what has been useful to the client. Questions that serve to build upon exceptions lead toward solution possibilities, but most important is that the exception conversation occurs from the clients’ viewpoint and is ultimately salient. This offers the opportunity to discuss solutions that have worked in the past (solution-past), ones that are currently helping, or ones that the client may be actively considering (Heath and Atkinson, 1989). In most cases, exceptions are found, however, with certain problems such as loss or abuse, no exceptions exist, rather a ‘life situation’ is said to prevail, within which there may be exceptions in the form of ‘good’ days (George et al, 1990). In such cases, exceptions are sought around coping or survivor behaviour that the client may not consider him or herself as possessing.
III. If it works, do more of it: If it doesn’t work, do something different.

The assumption applies equally to the practitioner and client. It is stated in two parts and will be discussed as so, although they operate interchangeably in ‘real’ practice situations. ‘Doing something different’ if things aren’t working comes from the belief that persistent problems are often maintained by the very efforts intended to assuage them. To encourage clients to consider changes in the way they perform (do) or perceive (view) the problem is useful (Hayes and Melancon, 1989). Duncan et al (1997) suggest that practitioners should trust in their own and their client’s ability to discover new, alternative solutions. Noting the many roads that lead to solutions, they are advised to accommodate the unique pathways of clients with whom they work. For the practitioner too, being flexible and not “solution-forced” is important. This would suggest that if by the third session with the client there is no progress, then it is time to do something different (Nylund and Corsiglia, 1994).

Practice experience, therefore, can be a two-edged sword; what one gains in confidence and belief may be at the loss of flexibility and candour. Practitioners, who hold firm to a ‘one approach fits all’ belief, may ascribe to an adage similar to ‘if at first you don’t succeed, try, try again’. The alternative would be, ‘if at first you don’t succeed, consider doing something different,’ thus cultivating a ‘beginner’s mind.’ Moreover, the case is emphasised by Johnson (1995:223) with respect to the adolescent client:

Novelty, surprise, and entrancement appear essential in working with difficult adolescents... more than in the treatment of a trauma survivor or substance abuser.

Morrissette (1992) refers to the ‘treatment wise’ teen as having experienced EPs in the past who have promised more than they can deliver. Typically, adolescent clients learn to expect (perhaps from previous, failed interventions) a relationship based on insight from helping adults. They await comments such as, “Let me help you (a one up relationship) understand (you are ignorant and I am the expert) what is wrong with you (you are defective)”. In other words, in their view ‘more of the same’ rhetoric. Both Morrissette (1992) and Selckman (1993) support the need to ‘do something different’ and in so doing, surprise the adolescent. From this, expectations are altered
and a state of ‘beneficial uncertainty’ is created and the notion of a “therapeutic surprise” is born (Johnson, 1995:232).

IV. The collaborative ‘finding out’ of where the client wants to get to, is integral to the change process.

Walter and Peller (1997:18) explain that “using goal as a verb (goaling) highlights that we are talking about a process and about developing possibilities, not about an end point.” Berg and Miller (1992) note that accessing hope goes hand in hand with ‘goaling’ and, as the assumption suggests, the evolution of goals is a central phenomenon within the therapeutic journey. It is reported that well-formulated goals, that are detailed, salient and positively worded in behavioural terms, equate well with positive outcome (Bandura and Schunk, 1981; Miller, 1987). Beyebach et al (1996) discovered within their research findings that the existence of well-formed goals with such characteristics improved the chances of a successful outcome to therapy. The notion of ‘goaling’, therefore, does not reflect traditional expert advice being given clients, rather, it is viewed in SFBT as being “conversational and creational” (Walter and Peller, 1997:17). The collaborative ways in which goals evolve in SFBT illustrate the need to accommodate the clients’ own ‘theory of change.’ This notion, from the work of Bachelor (1991), purports that clients hold their own theory about the problem, its causes and about how intervention can best address their goals. The challenge in practice according to Duncan et al (1997:33) is, therefore, that “Clients want EPs to explore their theories.” This contrasts with traditional practice within theory-driven therapies where the theoretical beliefs of the practitioner are normally viewed as superior to that of the client’s own understanding of their situation. This belief leads Duncan et al (1997:33) to conclude that “the more theory-driven the approach, the more theory-directed the goals become.”

3.7 The Practice of a SFBT Session

From earlier days, de Shazer (1986) and his colleagues set about outlining the necessary steps that would constitute Solution Focused Brief Therapy. Latterly, he
has described, with his wife and colleague, an outline of what features within typical SFBT work:

Characteristic features of SFBT include:

1. at some point in the first interview, the therapist will ask the “ Miracle Question”.
2. At least once during the first interview and at subsequent ones, the client will be asked to rate something on a scale of “0 > 10” or “1 > 10.”
3. At some point during the interview, the therapist will take a break.
4. After this intermission, the therapist will give the client some compliments which will sometimes (frequently) be followed by a suggestion or homework task (frequently called an “experiment”) (de Shazer and Berg, 1997:123).

The stages of consultation are typically sequential and repeated during successive consultations. However, flexibility must exist in order to fully accommodate the client’s needs. The practice of SFBT can be described relatively straightforwardly and even mapped out (de Shazer, 1988; Walter and Peller, 1992) as de Shazer himself was interested in capturing the process by which people change in therapy and distilling this process to its essence. In so doing he suggested that problems and their discussion were not essential to change. What were essential rather were a goal and an idea of how to achieve that goal. As a result, de Shazer’s maps describe procedures for eliciting goals and either existing or hypothetical ways by which clients can pursue these. Certain specific techniques distinguish SFBT as a model. In their review, Gingerich and Eisengart (2000:486) set out seven distinctive criteria for SFBT:

- a search for pre-session change
- goal-setting
- use of the miracle question
- use of scaling questions
- a search for exceptions
- a consulting break
- a message including compliments and a task.

These seven criteria comprise the SFBT roadmap of change. The following provides detail in explaining the criteria outlined above.
3.7.1 Pre-Session Change

The solution-focused practitioner may view the initial call for an appointment as the actual start of SFBT. However, within educational psychology, it is not altogether likely that an adolescent will make the call. However, following the consultation model of practice outlined by Wagner and Gillies (2001), the referring teacher would make the appointment in conjunction with parents. During that call, the EP might encourage the teacher or parent to be on the lookout for changes that occur during the time intervening between the phone call and the first meeting. This subtly makes use of ‘regression to the mean’ as a therapeutic tool. Most clients call for their initial session when they are at their point of maximum discouragement, having failed in their prior attempts to solve their concerns. The natural ebb and flow of problems suggest that these might abate to some degree following the initial call, if only as a return to a normal baseline. Such variation becomes an opportunity for inquiring about what the client is doing differently when the problems abate, aiding the construction of potential solutions. Questions about pre-session change establish the solution-focus very early in therapy and quickly engage the client in the active process of thinking about solutions between sessions. The language in which the discussion of pre-session change proceeds is important; it frames such change as something the client is doing, rather than as something happening to the client. What is being constructed, as a result, is not only solution-talk, but also a greater sense of internal locus of control. Clients often feel out of control with respect to their problems; this is why they seek help from a professional. By pointing to those occasions when the individual is doing something that produces desired change, the EP highlights the control that clients may have, but not recognise.

3.7.2 Goal Setting

Walter and Peller (1992) indicate that goal setting occurs very early in SFBT and is distinguished by several characteristics adapted for use in educational psychology application:
- **Goals are collaboratively formed:** Goals are stated in the language of the adolescent and reflect desired ends. They do not emerge from analyses of the EP, which are then interpreted to an adolescent or recommended as a prescription of actions ‘to do’. According to Walter and Peller (1992), this process serves to lessen the likelihood of resistance by ensuring adolescent collaboration.

- **Goals should be positively worded:** Adolescents often describe their goals in negative terms, such as “I want to stop fighting.” Such statements, while a start in establishing a direction for therapy, say little about what the adolescent wants for him or herself. As a result, EPs might follow up with such questions as, “If you weren’t fighting what do you see yourself doing instead?” or “What will be different in your life if you’re not fighting?” A positively stated goal might then emerge, such as, “I will ignore instead of fight.”

- **Goals should include ‘doing’ statements:** Goals should be stated in observable terms of what the adolescent would like to be doing, rather than as some general description of being better. If the adolescent says, “I would like to be good in class,” the EP might reply by asking, “If you were, what do you think you might be doing differently?” The active framing of goals helps to translate general descriptions into more observable and clear targets. A goal stated in observable form could be, “I will be sitting and listening when being good in class.”

- **Goals should refer to the here-and-now:** Adolescent goals may be stated as a future state of circumstance, as in: “I would like to go back to school.” This can render the adolescent feeling ‘stuck’ as there exists no obvious bridge between their current state of affairs and their stated ideal. When this occurs, the EP may wish to solicit a reframing of the goal statement by asking, “If things were looking as though you were getting back into school, what do you think you might be doing at the moment to get ready?” This idea, referred to by Walter and Peller (1992) as being “on track”, serves to emphasise the bridge between real and ideal. Such a goal might be framed as “I might get in touch with some of my old friends to see what work I need to catch up on.”
- **Goals should be within a time frame:** Goals should be achievable within a reasonable and relatively short time frame. Particularly where adolescent clients are concerned, the goals agreed upon need to be considered possible within a time frame that the client can identify with, for example, “over the next half-term.” Extended terms for goals run the risk of their being forgotten or not sufficiently stimulating (Rees, 2004).

Clients at a stage of readiness for change (Prochaska and DiClemente, 1986) may find the active goal orientation of SFBT more helpful than those who are in the early phases and only just beginning to contemplate their commitment to change. The Miracle Question assists in the process of readiness and is one of the most common ways of elicting goals in SFBT. This is described by de Shazer (1988:5) as follows:

Suppose that one night, while you were asleep, there was a miracle and this problem was solved. How would you know? What would be different? How will others know without your saying a word to them about it?

The miracle question, de Shazer (1988) notes, is actually a series of questions designed to elicit descriptions of specific behaviours that can serve as useful goals for therapy. “Through the use of the miracle question,” de Shazer suggests that a worker and client can “have as clear a picture as possible of what a solution will look like even when the problem is vague, confused, or otherwise poorly described.” (p.6). The framing of the question as a “miracle” allows the client to view the problem as separate from their current state which may be serving to inhibit the search for solutions. For example, a male adolescent client may wish to make lots of new friends, but repeatedly states that he/she will not be able to, given his/her present lack of opportunity. The miracle question allows the adolescent to look beyond the disappointing number of opportunity and see beyond, to what might happen if he/she had more friends. The question is followed by questions which invite the adolescent to review the possible impact that this preferred scenario would have, not only to himself/herself but to others around. For example, the following might be asked, “If you had more friends who would know and notice, other than me and you? What friends/family would notice? How would you know they’d noticed? Who’d be the first and most surprised to notice? How would it make you feel that they’d noticed? An alternative ‘goaling’ question to the miracle question, formulated by Rees (2002a)
has been incorporated for use by EPs working with adolescents challenged to describe preferred futures and reads:

If, over the next few weeks, things were to get a little bit better for you; what do you think you might be doing differently perhaps?

In keeping with the stages of change outlined by Prochaska and Di Clemente (1986), the pre-contemplative client will respond in non-specific terms, for example “Maybe I’ll…”; “Perhaps I’ll…”; “I suppose I’ll…” . These are typically not statements of action, rather, possible intent and all that may be expected during the early stages of change.

### 3.7.3 Scaling Questions

The questions used in SFBT can seem formulaic at times, such as the scaling question. However, they are asked in the spirit of the constructive and strategic perspective, supporting the client in the discovery of new meanings and, therefore, possible actions (Haley, 1963). Questions lead clients, thus provide the therapist with great power, of which Weiner-Davies (1993:156) asks:

Since we cannot avoid leading, the question becomes, ‘where shall we lead our clients?’

Miller et al (1997:183) ponder the same question and suggests:

Solution-focused therapists...use their questions to construct mutually satisfactory conversations with clients. The questions are not designed to elicit information about words outside ongoing therapy conversations, but to elicit information in building new stories about clients’ lives. Within solution-focused brief therapy discourse, then, all questions are constructive. They are designed to define goals and to construct solutions that solution-focused therapists assume are already present in the clients’ lives.

In the context of the EPs work, the ‘scaling question’ in SFBT, as in behavioural work, is an invitation to the adolescent to reflect on their current predicament and future possibilities, therefore, worded:

On a scale of one to ten, when one as the time when things were at their worst for you in school and ten will be a time when things will be a whole lot better. Where would you say you are at the moment?
As Berg and de Shazer (1993:10) point out, the question serves to “motivate and encourage, and to elucidate the goals and anything else that is important.” Secondly, follow-up questions may include “If you are at 5 already, what are you currently doing that keeps you from sliding to a ‘1’ or a ‘2’?” The scaling question can be asked to introduce the notion of variability into the definition of problems and solutions. By asking about the “average” rating, the EP can then naturally inquire about those occasions that are above average and what makes these different. Such scaling may be conducted throughout therapy, both as a way of tracking progress and as a way of focusing on the specific actions that can account for improvements over time. The latter form the basis for between-session tasks in counselling.

3.7.4 Exceptions

Exception finding is perhaps the intervention most commonly associated with SFBT (George et al, 1990). Adolescent clients report with considerable concern their problems and describe them often as pervasive (Furman, 1998). For example, they may say that they are "always" bad or "never" like school. Such presentations may then be reinforced if the EP chooses to adopt a subsequent problem-focus. Alternatively, the search for exceptions serves to emphasise client strengths and competencies by eliciting instances when the problem has not been occurring. An EP might say, for example, "I imagine that there may have been a time in the past when you liked school, even in a little way, can you remember a time?" Then, to further explore these exception times by asking, "Tell me what were you or other people doing differently then that helped, do you think?" In addition, the adolescent client may recall an aspect of their life where the problem does not occur, for example, "I suppose I'm always well-behaved when I go to the swimming club, that's no problem. When I am at home, I'm good too." The EP can then respond with the inquiry, "So, tell me what you are doing differently in the club and at home that you haven't tried in school yet?" O'Hanlon (1987), in describing the work of Erickson, refers to the usefulness of 'utilisation', that is, utilising what the client already possesses and brings to therapy as in the form of existing competency. The concept of utilisation spawned the work of other competency-based models, including Solution-Focuses (de Shazer, 1982) and Possibility-Oriented (O'Hanlon, 1996).
3.7.5 The Therapeutic Break

At the Brief Therapy Family Center in Milwaukee, teams conduct collegial consultations during sessions to evaluate what has occurred and construct promising interventions (Berg, 1991); this is akin to reflective teamwork in Narrative Therapy (White and Epston, 1990). Not all EPs work in a school setting, however, and thus cannot make use of such consultation methods. Nonetheless, the notion of a therapeutic break has been considered by some (de Shazer, 2001) as the most important ‘technique’ within SFBT and the one least likely to be omitted due to its being considered to provide opportunity for client reflection upon the session. The break, taken toward the end of the session, is also said to require the EP to draft feedback for the adolescent regarding the work conducted. The EP may introduce the break as follows:

As mentioned earlier, I’d like now for us to take a five-minute break. This will give me a chance to think and make some notes so that I can feedback to you what we have been talking about today. If, during the break, you have some further ideas about what you may want to try out over the next week or so, that would be great, and if not, don’t worry (Rees and Selekman in press).

This results in the client adding to the EP’s observations, agreeing with them or otherwise reformulating them. Feedback is viewed then as serving to crystallise solution behaviours and a bridge to other sessions via between-session (de Shazer, 2001).

3.7.6 A Message Including Compliments and a Task

The solution-focused EP will conclude the session with compliments, affirming the strengths of the client. The compliments are evidence based, arising from the actual session (de Shazer, 1991), for instance:

I am really impressed with how you are still coming to school, and even on time, at that, when you have had such a difficult time recently. You must be a very strong person. (Rees and Selekman, in press).

In keeping with the goal-focus of SFBT, the compliment is followed by a reminder of the goals discussed and an invite for the adolescent to offer any new ideas which may
have emerged during the therapeutic break. The practical tasks that emerge are reported as ones that draw upon the exceptions/solutions noted during therapy (Bertolino, 1999). The task may include an instruction for a client to conduct a noticing homework, to see “what happens if...” (Berg, 1992) or to do more of what has worked for them recently (Miller et al., 1997) or to do something differently (O’Hanlon, 2000). Following the first meeting, the client is often assigned the Formula First Session Task, which de Shazer (1985:137) describes as:

Between now and next time we meet, I would like you to observe, so that you can describe to me next time what happens in your family that you want to continue to have happen.

This homework extends the therapy into a phase, outside of the meeting and invites the adolescent client to begin noticing events and people that are currently in existence which may have hitherto remained un-noticed due to the dominant nature of the problem. Crucially, the homework maintains a focus upon solutions and possibilities for the adolescent, between sessions, reinforcing an alternative way of thinking about problems (de Shazer, 1994).

3.8 Commonalities between SFBT and other Therapies

SFBT shares some key similarities with strategic therapy such as MRI (Mental Research Institute) Brief Therapy (Shoham et al., 1995). This is the case due to their both adopting an interactional, constructivist orientation that steers clear of diagnoses, deficit and dysfunction. They, like Ericksonian Therapy, also referred to as Utilisation Therapy, favour ‘minimal’ intervention and an interest in mobilizing the client’s existing competence. However, a distinction exists in that the MRI model considers interrupting problem behaviours in order to effect change, whereas SFBT believes that changes will result from the client’s construction or re-construction of alternative or new meanings (de Shazer, 1991), a difference explained as follows:

We focus primarily on attempted solutions that do not work and maintain the problem; de Shazer and his followers, in our view, have the inverse emphasis. The two are complementary (Weakland and Fisch, 1992:317).
There are also similarities between SFBT and Cognitive Behavioural Therapy (CBT) (Beck, 1988) despite the latter demonstrating more concern with the assessment of cognitive and behavioural failings and the teaching of new skills. However, what is in common is that both are concerned with how clients construct their own, unique realities and to invite them into a conversation about challenging and modifying their constructions for the better (Mahoney, 1991). SFBT shares common ground with another post modern approach, similar to that of the MRI model, namely that of Narrative Therapy. Both SFBT and Narrative Therapy greatly emphasize client-therapist collaboration (White and Epston, 1990) in order to host their therapeutic conversations. However, discrepant descriptions exist to portray altogether similar concepts, such as exceptions (SFBT) and sparkling moments (Narrative Therapy); preferred futures (SFBT) and unique outcomes (Narrative Therapy); solutions (SFBT) and re- or co-authoring life stories (Narrative Therapy) (Chang and Philips, 1993).

Whilst the literature demonstrates comparative points of interest between SFBT and other therapies, its main distinguishing feature is its overwhelming focus on positivity and solutions (de Shazer, 1985, 1988, 1991) serving to diminish narratives of the problem as relatively unimportant which, to some, is as much a weakness as a strength (Bertolino, 2000; O’Hanlon 1989). However, de Shazer’s (1996) three simple and basic rules of SFBT remain:
1. If it ain’t broke, don’t fix it.
2. Once you know what works, do more of it.
3. If it doesn’t work, don’t do it again; do something different (p. 68).

3.9 Summary

This chapter sought to highlight the essential tenets associated with Solution Focused Brief Therapy. Like other models within the brief therapies, it was noted that SFBT is underpinned by constructivism and social constructionism thinking, locating it as a post modern therapy alongside Narrative, Solution Oriented MRI and Ericksonian. Adopting a strategic, collaborative competency approach it moves to invite a greater degree of client-therapist egalitarianism than seen in many previous therapies, a reflection of its roots in Ericksonian principles (Friedman, 1993, 1997). SFBT emerged, therefore, as a therapy in its own right from the teachings and practice of
Erickson (Haley, 1973) and the early, Mental Research Institute team (Weakland et al 1974) to reach its current state of maturity – and is described as being applied widely beyond the clinical realm including within the field of educational psychology (Ajmal and Rees, 2001). Consideration was afforded to both the technical aspect of the model as well as the principles that served to support their execution (O’Hanlon and Weiner-Davies, 1989). The work of Gingerich and Eisengart (2000) provided information regarding the outcome research conducted upon the model, demonstrating not only its strengths and limitations in terms of being an effective therapeutic model but also to its widespread application, by virtue of the various studies included. It is hoped that by outlining the various aspects considered, in combination, to represent Solution Focused Brief Therapy that the reader will have a broad overview and understanding of the model which lies at the centre of this study. The next chapter will seek to highlight the ‘common factors’ reported to exist which contribute to effective therapy, whatever the model, broadening further the exploration of what is understood as being useful to adolescent clients.
Chapter 4 – The Common Factors of Effective Therapy

Introduction

Although outcome research relating specifically to the effectiveness of Solution Focused Brief Therapy is limited, early indications are promising. For example, Kiser and Nunnally (1990. Cited in McKeel, 1996) conducted a study at the Brief Therapy Family Center (BFTC) Milwaukee, discovering that 67% of clients achieved their goals. Of the remaining clients, 15% reported significant improvement. It is not the intention, however, of this research to argue that Solution Focused Brief Therapy is in any way superior to other approaches or models of psychotherapy. Indeed, forty years of outcome studies comparing one approach to another show they achieve relatively equivalent results (Lambert and Bergin, 1994; Jacobson and Addis, 1993 and Shadish et al, 1993).

All psychological interventions therefore are, in general, potentially beneficial as outcome research suggests that approximately two thirds of clients, across the age range, accomplish significant improvement (Rosenthal, 1983). Furthermore, studies that have compared the effectiveness of long versus short term (brief) therapy have found no difference in outcome (Koss and Shiang, 1994). Indications are that the average number of sessions with a client is between four and eight, with clustering around the sixth meeting (Garfield, 1994). Thus, if there is no quantifiable difference in the efficacy of different approaches and the average number of sessions is between four and eight, an inference that “almost all psychotherapy is brief” (Bergin and Garfield (1994:826) may be assumed in addition to the fact that all psychotherapy does some good.

The failure of some efforts to identify demonstrable superiority amongst differing approaches supports the significance of common factors that promote positive outcomes (Lambert, 1992). Historically, the origin of a 'common factors' argument can be traced back to Rosenzvig in 1936, writing in the Journal of Orthopsychiatry, cited by Goldfried and Newman (1992:48). Rosenzvig was interested in the therapeutic alliance and considered it to be the common factor between therapies. His
work was continued by Frank (1961, 1973) and latterly with his daughter (Frank and Frank, 1991) within the *Persuasion of Healing* series of works. Resulting from the works was the identification of four characteristics, shared by efficacious therapeutic approaches. They were:

1. there exists an "emotionally charged relationship"
2. a "healing setting"
3. a "rationale, conceptual scheme or myth that provides a plausible explanation for the patient's symptoms and prescribes a ritual or procedure for resolving them", and
4. a "ritual or procedure that requires the active participation of both patient and therapist and that is believed by both to be the means of restoring the patient's health" (Frank and Frank, 1991:40-43).

Lambert (1992), continued in the search for a further understanding about what contributed toward positive outcome, making use of over forty years of outcome research, concluding that four elements constitute fundamental ingredients of therapeutic efficacy, irrespective of approach. Lambert (1992) summarised his findings into four features and argued that the quantifiable evidence that existed to support the new description was extensive (1992:96-98). The four features were extra-therapeutic factors, relationship factors, placebo factors and technique factors. Evidence has also emerged from the qualitative field of study that has also contributed to a wider understanding of these factors (Rennie, 1994).

This chapter discusses the four features referred to by Lambert (1992) of client/extra-therapeutic factors; relationship factors; model/technique factors and placebo/hope and expectancy factors, reflecting upon a number of issues in doing so. An understanding of these factors, as derived from both quantitative and qualitative sources, is attempted. In addition, a review is included which serves to investigate implications for direct, psychological practice of the common factors, a feature which will be further discussed within the concluding chapters.
4.1 Common Factors that influence therapeutic outcome

The diagrammatic representation below indicates the extent to which the four features, known as the common factors, are considered to influence therapeutic outcome.

![Pie chart showing percentage distribution of common factors]

Figure 4.1.1 – Percentage of Variance in Therapy Outcome Attributed to Common factors (Lambert, 1992: 97)

Where the factors are defined as:

Client Factors: Improvement due in part to client (for example, strength, skill). Improvement due in part to environment (for example, social support).

Relationship Factors: Improvement due to (for example, warmth, empathy, acceptance).

Placebo Factors: Improvement due to clients having knowledge that they are being treated and their perceived credibility of the treatment.

Technique Factors: Improvement due to specific techniques related to specific therapy models (for example, hypnosis, EMDR hand movement).

Evidence from both quantitative and qualitative research methods were noted within the literature as having contributed to the formulation of Lambert’s (1992) model, now to be reviewed further within this chapter.
4.1.1 Extra-therapeutic (Client) Factors

Clients, the research makes abundantly clear, are the true masters of change in psychotherapy; they are always more powerful than their therapists (Miller et al, 1997:26).

As suggested by Miller et al (1997), support exists for the view that the most extensive contribution made to therapy outcome, irrespective of model, is made by the client not the therapist (Lambert, 1992). Further, that the variables which are most evident in empirical studies affirming client contribution relate to the severity of the problem, the motivation of the client toward change, their capacity to relate to the therapist, their internal resources (strengths and skills), their psychological stability and their ability to focus on a target problem (Lambert and Anderson, 1996; Lambert and Asay, 1984). However, acknowledgement is also forthcoming from the same researchers with regard to outcome being partly affected by both the nature of some problems experienced by some clients (for example, in cases of severe child abuse and some personality disorders). This presents an indication of the challenge some teenage clients may experience who attend therapy reluctantly, many of whom may have experienced lack of progress in past encounters and feel hostile toward the worker as a result. From the suggestions made by Lambert and Anderson (1996), it may be that in such cases less benefit may be derived from therapy than that experienced by a willing and motivated participant.

These factors, also referred to as Client Factors, are the greatest influence upon positive outcome, affecting improvement by up to 40%. These factors relate to who the clients are in terms of their strengths, skills and resources or as Milton Erickson would have it, what they are able to bring to therapy. Extra-therapeutic factors also refer to the client’s environment and any chance event that may be occurring or could occur to support or provide a catalyst for recovery. They are indeed issues that are entirely independent of the therapist and therapy process. In a series of studies Strupp, (1980a, 1980b, 1980c, 1980d), indicated the importance of client factors in therapy. The studies focused on providing the same therapist-conditions to two separate clients. Within each of the studies there was observed a positive and less positive outcome to the same model applied by the therapist. It was noted that in all cases where a positive outcome was observed the client was regarded as relating well
to the therapist, whereas in the client groups where less success was obtained they were found to be relating not so well. The difference, according to Strupp, was isolated to client factors and, moreover, the client’s personality, strengths and skills, maturity and motivation. Strupp (1980a: 602) drew the following conclusion about his findings and said that they:

...run counter to the view that “therapist provided conditions” are the necessary and sufficient conditions for therapeutic change. Instead, psychotherapy of the variety under discussion (time-limited) can be beneficial provided the patient is willing and able to avail himself of its essential ingredients. If these preconditions are not met, the experience is bound to be disappointing to the patient as well as the therapist. The fault for such outcomes may lie not with psychotherapy as such but rather with human failure to use it appropriately.

Another aspect, other than within-client factors that relate to the extra-therapeutic contribution, is the extent to which client environment is supportive of or conducive toward change occurring. This element is commented upon within the literature as one that can trigger spontaneous improvements. Significant empirical evidence is provided in support of this phenomenon that suggests that change can actually occur in the absence of any formal psychotherapeutic engagement. Studies which examined this phenomenon are well documented (Lambert and Bergin, 1994) and demonstrate that even within populations that receive minimal or no therapeutic support, change occurs spontaneously due to what is referred to as extra-therapeutic factors. Garfield (1994) comments that the client factors which affect outcome when participating or not within any therapy tradition fall into two categories, those that are susceptible to instant change and others that are more long term in effect. For example, client motivational states are cited as more transient features in comparison to personality type.

The spontaneous positive changes discussed above, attributed within the literature to be as a result of client or extra-therapeutic factors, are reported to occur at differing rates in relation to a number of influencing factors. These reported factors serve to impinge upon the phenomenon that is spontaneous change, also referred to as remission in clinical texts, and go beyond client motivation and inherent personality
type. These additional factors have been studied and commented upon by Lambert (1976) who suggested the following influences:

- duration of the problem (how long has it persisted?)
- the absence or presence of a psychiatric condition
- the extent of available, social support
- the robustness of available, social support
- the quality of available, social support.

These findings, derived from the empirical bank of evidence are in support of extra-therapeutic factors as being a discrete entity in shaping change. The environmental considerations outlined above are of particular resonance for educational psychologists, where school would constitute a large proportion of such opportunity. Rees (2004b) outlined a model for ensuring systemic, environmental support for adolescents within the educational setting by means of a whole school programme, referred to as Solution Oriented Schools Programme. Such programmes within educational psychology align strongly with the findings on client factors, seeking to establish the optimal conditions for promotion and maintenance of change to occur. Research conducted by Howard et al (1986) attributed 15% of the variance in client outcome to occur even before any formal therapeutic intervention had taken place, indicating the potency of extra-therapeutic factors at play within the client and the environment in which they operate, factors which hitherto might be dismissed by others as unimportant in comparison to the influence direct involvement offers.

Little qualitative research has specifically sought to investigate client/extra-therapeutic factors influence over outcome. Of the studies conducted, however, Rennie (1990, 1992, 1994) has provided illuminating commentary. Rennie utilised two qualitative methods in his studies, first, that of interpersonal process recall (IPR) whereby clients’ perceptions of therapy were gathered following the listening of, or watching therapy extracts (Angus and Rennie, 1989). It was the intention of (Angus and Rennie, 1989) to invite clients to recall the emotional and physical experience of the encounter as a result of watching or listening to it after the event. The second method used, similar to that adopted within this study, was that of applying Grounded Theory to the data collected from transcribed interviews following therapeutic encounters (Glaser and Strauss, 1967). In his 1994 work, Rennie also investigated
'storytelling' as something clients might use in coming to better understand their predicament, yet noted that such a narrative tactic might serve to avoid 'telling the true facts.'

Rennie (1992) concluded from his qualitative analysis that the client participation in the process of therapy was not only desirable but also conducive to positive outcome. What he meant by this was that the clients who actively engaged in the therapeutic process by thinking and reflecting on a continual basis were more likely to derive positive results from it. He referred to this as the clients' ability to be and remain reflexive by means of "self-awareness and self-control" (1992:224). During the engagement of the client in the therapeutic process, possibly as a result of their storytelling, an additional extra-therapeutic consideration emerges from the qualitative literature. According to Buttny and Cohen (1991), the degree to which the client tends toward assigning blame to self or others as a factor can affect outcome, occurring frequently within younger populations. These accounts would serve to impact upon the therapy in relation to the way in which a therapist might be seen to deal with them, for example, fairly or not. Such crucial responses it is argued would possibly influence further client levels of participation and outcome.

One indication of client factors at play during therapy is in relation to finding evidence of their reflexivity in action. One such method is reported to lie in the use made by the client of tag questions for example, "It might work if I ask my mother to help me, do you think?" The tag question is the short question at the end of a statement. In their study of the phenomenon, Winefield et al (1989) concluded that the increasing emergence of tag questions used by clients during therapy would suggest a growing independence. They argued that client willingness to invite the therapist's view on a particular issue revealed an increasing confidence about change. This, they stated, stands counter to the immediate and possible implication that tag questions may be manifestations of a decreasing level of independence and increasing dependence upon the therapist and their supportive view.
4.1.2 Relationship Factors

Orlinsky et al (1994) asserted that the motivational aspect of client factors discussed in the previous section, together with the degree to which the therapist was motivated, combined to co-create the therapeutic relationship based upon the active participation of both parties. According to Lambert (1992), this feature, known as the relationship factor within common factors literature, is reported to account for up to 30% of outcome variance observed in therapy. These findings support the conclusion drawn by Garfield (1989) that:

Without question, a positive therapeutic relationship is an important requirement for a successful outcome in psychotherapy, and this applies to all forms of psychotherapy (Garfield, 1989:25).

The definition of such factors relates to the quality of therapeutic relationship that exists between parties. As early as 1961, Carl Rogers was outlining the importance of humanistic conditions necessary to facilitate a good relationship, namely empathy, respect and genuineness. Horvath and Luborsky (1993) refer to these as ‘core conditions’ within therapy, required to be experienced by the client. Further, more recent studies have concluded that client perceptions of the quality of the relationship constitute the most accurate predictor of outcome, even over that of the therapists’ (Orlinsky et al, 1994). From empirical findings, importance is levelled toward the therapist attempting to approximate with their clients’ perceptions of what constitutes ‘therapeutic conditions’. Within empirical studies, despite the fact that clients are said to report more positively on the therapeutic relationship than do observers, a greater degree of correlation is seen between client self or process report ratings with outcome, than from those between outcome and observer feedback of any kind (Howard and Orlinsky, 1986). This is reflected in my decision to utilise participant reports within the study reported here.

One such study that contributed toward the understanding of the role played by the relationship factor in outcome and its value in general was conducted by Najavits and Strupp (1994). By utilizing the perceptions provided by therapist and client about their therapy, in addition to employing external observers, they set about to discover features which were associated with “more effective” and “less effective” therapists. These categories of effectiveness arose as a result of questionnaires that collated
information regarding length of intervention and current state of client. Their findings revealed that the “more effective” therapists were found to demonstrate more positive, Rogerian type behaviours of warmth, empathy and respect. In contrast were those therapists categorised as “less effective” who had demonstrated more negative behaviours of blaming and attacking. Najavits and Strupp (1994) found, therefore, that relationship factors such as these, rather than specific other factors such as technique, accounted for almost all differences observed between the two groups. They concluded that perceptions regarding the quality of relationship, therefore, far outweighed the importance of other factors in predicting outcome, such as technique and, moreover, that client perceptions of these factors were most accurate.

A further and notable research study conducted within the popular therapeutic model of Cognitive Behavioural Therapy was conducted by Castonguay et al. (1996). By, once more, utilising client ratings it was revealed what variables influenced outcome and two emerged as significant. Castonguay et al. (1996) referred to the first as the therapeutic alliance and the second as the client’s emotional experiencing of the process. In pursuit of a deeper understanding of what was also termed by Lorr (1965) as the therapeutic alliance, a large scale study undertook to factor analyse data collated from over 500 clients to produce five key categories in describing therapist behaviours. They were:

1. understanding
2. accepting
3. critically hostile
4. authoritarian
5. independence encouraging.

Ratings of successful outcome scores were correlated with each of these variables and the most highly correlated were (1) understanding and (2) accepting. The alternative description of the relationship as alliance did not begin with Lorr (1965), as it can be traced back to the earlier time of Freud (1912) and the importance assigned to the collaborative struggle between client and therapist within the field of psychoanalysis. Over the ensuing years continued interest has resulted in a large amount of data emerging in relation to the alliance and its understanding (Bowlby, 1988; Greenson, 1965). A movement towards integrating the emerging information about the alliance
became apparent in the work of Bordin (1976) who simplified the findings, arguing that the alliance was constructed of three entities:

- **Tasks**: Understood as referring to the ways in which the process of therapy is conducted. It is suggested that these tasks need to be seen as appropriate, relevant and important by both parties for them to be meaningful and contribute toward a strong alliance.

- **Bonds**: Referring to the emotional attachment between therapist and client reflecting warmth, respect, acceptance and trust.

- **Goals**: Understood as referring to the agreed and valued purpose and aim of the therapy.

More recently, Gaston (1990) proposed a more detailed account of the integration of the alliance data and confirms what should be included within acceptable measures of the therapeutic alliance; Gaston suggests the following four features:

I. the client’s emotional relationship to the therapist
II. the client’s ability to work constructively within therapy
III. the therapist’s empathic understanding and involvement
IV. the client-therapist agreement on therapy tasks and goals.

As can be seen, the empirical evidence relating to the importance and value of the therapeutic relationship or alliance is significant within the psychotherapy literature. The phenomenon of the therapeutic relationship is further explored within this research study in Chapter 5.

Within the qualitative literature there are also much data in support of the importance and relevance of the therapeutic relationship when discussing it as a factor that is correlated highly with positive outcome. What is evident is the similarity that exists between the findings of quantitative and qualitative research methods, for example, in what emerges as an outline of what best describes a therapeutic relationship.

Continued references to familiar themes arise, with comments pointing towards the following as indicators of the alliance: empathy shown by the therapist (Bischoff and McBride, 1996), mutual engagement during the process of therapy, an understanding of what is occurring and that of being understood (Howe, 1996). Also, additional therapist features that contribute toward the alliance are: being able to provide
acceptance, caring, competence in their work, support and being generally human (Kuehl et al, 1990).

Bischoff, in another study of the same year (Bischoff et al, 1996), was interested in enhancing what was known to constitute a good therapeutic relationship. They discovered that by employing what they termed as therapist-conducted-consultation (TCC) the relationship was promoted to a level of open discussion and improvements could result from this. The TCC offered an opportunity for the client and therapist to discuss freely the process of the therapy and the relationship therein as a two-way feedback process. A similar procedure is observed in relation to the consultation model outlined by Wagner and Gillies (2001), which applies to the educational psychologist and teacher relationship. Here, as is in the TCC model developed by Bischoff et al (1996), any power differential that may exist between the therapist and client is mediated by discussing the collaborative process at hand, as both parties share equal voice in the conversation.

A straightforward attempt to improve the quality of the relationship was conducted by Todd et al (1990) who decided to utilise the power of the ethnographic interview in accessing rich descriptions of experiences with families who were participating in therapy. Providing an opportunity for narrative to be received about their experiences in ‘real time’, in parallel with the therapeutic work, proved to enhance perceptions of the relationship. A study, later conducted by Shilts et al (1997), bears resemblance to this ethnographic exploration by virtue of the fact that client perspectives were sought about the process of therapy by means of interview and that this information served to directly inform therapist behaviour in subsequent sessions. The research suggested that by attempting to embrace and respond promptly to the client’s changing needs it was possible to salvage, maintain or improve relationships.

A further qualitative study that set out to investigate whether the therapeutic relationship could be improved was conducted by Joanides et al (1997). Here a technique was utilised which was used within the current study following the interview phase of data collection, that of de-briefing. In the Joanides et al (1997) study, however, de-briefing was introduced at the end of the therapy session. The researchers found that client perceptions of the value and quality of the therapeutic
relationship were better when the de-briefing procedure was undertaken in comparison to when it was absent. Further, it was noted that the perceptions were improved once more if the de-briefing experience took place between the therapist and the client rather than between the client and a third party.

The work conducted by Bachelor (1995, 1998) has contributed much to the understanding of the therapeutic relationship as a common factor, using qualitative methods. She proposes that clients view the nature of each therapeutic relationship differently and idiosyncratically. Her phenomenological study conducted with clients undergoing different phases of therapy, beginning, mid-term and post, revealed three broad categories which distinguished views of the relationship from each other. They were referred to as the nurturant alliance, the insight oriented alliance and the collaborative alliance (Bachelor, 1995). Resulting from this qualitative exploration is Bachelor’s assertion that therapists should adapt their style of working in order to accommodate the client’s perception of what constitutes a good therapeutic relationship accordingly, in a flexible and ongoing fashion (Bachelor, 1995).

In addition to the categories which Bachelor (1995) outlined were the earlier findings which were made available by the same researcher in relation to the varying perceptions afforded by clients toward a crucial aspect of the relationship, notably its empathic capacity (Bachelor, 1988). Four distinct forms were described which resulted in the assertion that empathy is not a static and uni-dimensional concept. Rather, as exemplified by Bachelor (1988), empathy has many faces and the therapist requires an awareness of the clients’ view in order that appropriate modification occurs to their practice to match the expectation. The four forms of empathy described by clients were cognitive, affective (emotional), therapist sharing and therapist nurturant.

The study of therapeutic impasse or “stuckness” has resulted in information about the therapeutic alliance and its role in contributing as a common factor to positive outcome. Diamond and Liddle (1996), in a study concerning adolescents and their parents, discovered that experiences perceived by the therapist as unresolved impasses were found to impact negatively upon the therapeutic relationship, suggesting the need for immediate or early resolution as and when they arise during therapy. This is
not an altogether distant field of study to that of the impact ‘misunderstandings’ might have upon the relationship. Rhodes et al (1994) explored the consequences of resolved and unresolved misunderstandings between therapist and clients, discovering that within dyads where there was reluctance on the part of either party to discuss the matter, deterioration in the relationship was commonly observed. Conversely, within therapeutic dyads where there was willingness by both parties to engage in discussion to clear the misunderstanding and work toward either a compromise or reconciliation, the relationship was seen to strengthen.

In a similar way to which an impasse or misunderstanding might influence the relationship within the therapeutic experience, it is contended from the qualitative literature that therapist self-disclosure may also bear such influence. This finding emerged from a study conducted by Knox et al (1997), who interviewed clients about the ways in which they had perceived their respective therapists to have disclosed information about themselves during the course of therapy. Self-disclosure on the part of the therapist was noticed as most often occurring following the client relating or sharing an important piece of information. It was concluded that therapist self-disclosures in response to such client comments were intended, consciously or otherwise, to normalise or reassure the client at that moment in time. In whatever way the self-disclosure spontaneously occurred, the study concluded that their importance to the client was what they revealed about what the therapist thought of the therapeutic relationship. Clients, therefore, considered the self-disclosure to reflect the therapist holding the relationship in high esteem, entrusting it with the information disclosed. This finding supported earlier evidence provided by Bachelor (1988), that the act of therapist sharing response is perceived by the client as an act of empathy toward his or her, inherently present in a strong therapeutic relationship.

Finally, Bergin and Garfield (1994) debated the role professional accreditation and that of therapist experience played in the relationship and turn outcome. Their findings make for sobering reading for anyone who believes that accreditation schemes, degrees, years of experience or particulars of theoretical orientation offer any assurance at all of therapeutic effectiveness. Empirical evidence fails to offer any clear support for these beliefs (Beutler et al, 1994 and Lambert and Bergin, 1994) and few could argue that the evidence about the effectiveness of therapy and
psychotherapy is still evolving but, nonetheless, this finding serves to cast a harsh light on the claims of partisans of accreditation and exponents of particular schools of therapy thought. Given the available evidence, I propose that such claims are best understood as expressions of faith, not statements grounded in the empirical substance of science. Debate over the merits of accreditation-type schemes is exceedingly heated, with views in favour of regulation (Syme, 1994) and strong views against (Mowbray, 1995).

4.1.3 Placebo (Hope and Expectancy) Factors

Shapiro (1971) suggests that medicine, up to the sixteenth century, can be described as the varying effect of placebo, where the researcher wishes to isolate the impact of, say, a drug as opposed to psychosomatic features involved in the change (Abramowitz, 1997). Within the context of psychotherapy, acknowledgement of a possible placebo effect by inclusion of placebo groups within studies, allows investigation of the observed additional client improvement attributable to the therapeutic approach (Frank and Frank, 1991). Commonly referred to by psychologists as the ‘waiting-list effect’ the placebo is best described as improvement that occurs in the client’s condition as a result of anticipating imminent change; quantitative studies demonstrate that the degree of change observed correlates positively with a client’s positive expectation (Friedman, 1993). In reviewing the literature relating to placebo, it becomes evident that there is both acknowledgment of a power referred to as placebo, but also recognition of how difficult it is to disentangle its forces from that of any other form of treatment. It is suggested that, to a certain degree, attempts to investigate placebo, when a drug or medicine is included in the equation of change, may present as more straightforward within studies that rely solely on psychological intervention (Lambert and Bergin, 1994). For example, in the study of depression with treatment drugs, it has been found that the effect of placebo, as measured by non-drug taking groups, approaches the levels reached by the psychoactive drug itself (Greenberg and Fisher, 1997). At this point it is worth noting that the vast majority of literature discussing the phenomenon of placebo, hope and expectancy refers to studies of a quantitative nature, reflected in the absence of any
well documented phenomenological or broadly qualitative analysis accounts of the subject.

The research of Frank and Frank (1991) demonstrates that the expectation of a pending therapeutic consultation in itself is effective in three respects. Firstly, it is found to counter demoralising feelings which the client may hold in relation to his/her predicament. Secondly, it provides impetus for conscious hope to emerge in the client's mind and, thirdly, it adds momentum to the direction of any positive changes which may already be occurring in the client's life. This, it is said, offers opportunity for the therapist to capitalise upon the reported 15% contribution made by the placebo toward outcome variance, by establishing pre-session contact, instilling the belief that the possibility of a better future may be near. However, an admonition is also sounded from the same research, namely not to ignore or down-play the client's suffering, even at this early stage, and validation of the problem provides further hope for a positive therapeutic encounter.

Barker et al (1988), when investigating the influence of hope and expectancy in therapy, looked at three sample groups, those who received therapy that took account of the common factors research, those who did not but were told they would be receiving such intervention and those that received no intervention whatsoever. What Barker and colleagues found was that the group who was about to receive the common factors intervention demonstrated greater improvement than the group who received no intervention. It was explained that the data revealed a far higher degree of client expectation about change in the former group, pointing toward a link between placebo and outcome. Interestingly, the placebo group did not experience greater improvement than the group who received the common factors intervention, despite the two groups indicating equal levels of positive expectancy prior to the intervention.

Therefore, it is understood from the literature that a client may hold expectations about the therapy which lies ahead that can act as a positive or negative force as placebo in influencing the effectiveness of the engagement. Sprenkle et al (1999:338) refer to the client possessing one or more of the following types of expectation:
a) what they hope to get out of therapy
b) whether therapy is likely to help
c) what they hope the therapist will do
d) whether they have the strength or capacity to change.

In addition to the client having expectation of the therapy experience ahead and its possible effect, it has also been suggested that the therapist is also affected in a similar way, dependent upon both their professional or personal expectation of the work to be conducted. For example, Snyder et al (1991) recommend that therapists should set aside any feelings of hopelessness they may harbour toward a client or case prior to engaging in therapy as it was found to have a negative influence upon outcome success. A further study concluded that when therapists predicted that their client would not undergo improvement, in the main, the perceptions held by the client would be more favourable (Beck and Jones, 1973). Moreover, even in relation to the therapy conducted with whole families, children, adolescents and adults alike, similar findings are reported. The conclusions reached by Patterson and Forgatch (1985) have been adapted diagrammatically below in order to illustrate the potential ‘knock on effect’ hope and expectation may have upon outcome:

<table>
<thead>
<tr>
<th>The child defeats the parent in their attempts to manage the child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent conveys expectation of failure to therapist</td>
</tr>
<tr>
<td>Therapist feels defeated</td>
</tr>
<tr>
<td>The parents defeat therapist in their attempt to manage them</td>
</tr>
<tr>
<td>The therapist blames the parents for being non-responsive to therapy</td>
</tr>
<tr>
<td>Family drops out</td>
</tr>
</tbody>
</table>

Figure 4.1.2 – Potential Effect of Hope and Expectation upon Outcome
Placebo, hope and expectancy factors are therefore documented within the literature as making a potentially sizeable contribution toward the effectiveness of therapy, irrespective of which model is adopted (Lambert, 1992). Finally, Frank and Frank’s (1991) research suggest that the degree to which both the client and therapist believe in the curative potential of their treatment beforehand has a demonstrable effect upon the outcome of their collaborative, therapeutic effort.

### 4.1.4 Technique Factors

Although professional practitioners are keen to enhance and discover a variety of techniques, even attributing great importance to them as factors in bringing about change, Lambert’s (1992) research suggests that they hold no more value in influencing effective therapy than does placebo. His research findings on the role that technique plays in outcome indicate that despite the many comparative studies undertaken, very little evidence exists that elevates a single model of therapy to a position of superiority in terms of its effectiveness over the others. Whilst yielding information, research into the success of approach-based therapies as contended by Jones et al (1988) tends to avoid the potential contribution made to outcome by placebo and other non-technique oriented features such as the therapeutic alliance. Such studies tend, therefore, to report on a single method as influencing outcome and draw direct comparisons with other studies using alternative therapeutic approaches.

An area of importance, therefore, is to bear witness to client perceptions about the role technique plays in enabling positive therapy. Perceptions of this nature are commonly sought within the qualitative method of study, for example, in research conducted by Stith et al (1996) with clients across the age range. Here, narratives received from interviewing young children (5-9 years), teenagers and parents yielded rich data about what techniques were thought of as being helpful. Whilst a wide array of theoretical applications were actually administered by the respective therapists, respondents commented on only a few, notably the activities that were provided in order to encourage child participation in therapy. Moreover, it appeared that a greater emphasis was placed upon the importance of the therapist’s personality to the success of the overall experience. The reported weightings documented from the accounts of
participants, between therapeutic relationship and techniques employed, appeared to be in general support of the proportions suggested by Lambert (1992) between the common factors in their effect upon outcome.

There are a number of features related to technique that clients refer to as particularly helpful, which are considered common to many therapies (Lambert, 1992). However, despite there being a plentiful supply of evidence describing the usefulness of model and technique factors from both quantitative and qualitative sources from the therapist perspective, very little is available which describes the client view. However, following a review of existing studies, Peryot (1995) summarises client perceptions of helpfulness in what was described as ‘preliminaries.’ These are to do with the way the therapist explains the transitions from one phase of therapy to another. Although not included in the study conducted by Peryot (1995), the therapeutic break observed within the solution-oriented model is one such transition that may be susceptible therefore to client appreciation (de Shazer, 1991).

A client who underwent therapy was incorporated as part of a detailed study conducted by Madill and Markham (1997). Here, the client was reported to find the experience discovering new interpretations to their problem narratives as helpful – and that this usually came about as a result of the direct or indirect support of their therapist. In another qualitative research study, this time, utilising an ethnographic interview as opposed to discourse analysis as used by Madill and Barkham (1997), researchers O’Connor et al (1997) explored client responses within the model of Narrative Therapy (White and Epston, 1990). Themes that emerged in relation to the technique that were noticed by clients included externalising the problem, developing an alternative narrative to the problem story and the use of reflective teams. These techniques were considered helpful by clients as they demonstrated the therapist’s willingness and ability to listen, acknowledge and exercise a no-blame approach whilst also treating the family members as experts on their own lives.

Finally, despite Solution Focused Brief Therapy being a relatively young therapy in comparison to other, more historically established models such as Cognitive Behavioural Therapy (Rees, 2003b), qualitative studies have already emerged investigating client perceptions about factors influencing outcome. For example, Gale
and Newfield (1992) explored therapeutic work conducted by de Shazer with clients in an attempt to gain further insight into the events unique to SFBT. Analysis revealed the usefulness of de Shazer’s technique of posing a question, listening to the response and providing his thoughts relating to the client response. Although identified as a helpful technique within the process of SFBT and, moreover, change itself, Gale and Newfield (1992) reported de Shazer’s total unawareness of the question lines he had used, yet noticed by client and observer alike.

A related study, which appertains to the feature of technique within Solution Focused Brief Therapy, was conducted by Metcalf and Thomas (1994) who investigated the perceptions held by six heterosexual couples. They discovered some discrepancy between the comments made by clients and therapist about what had helped during the process of Solution Focused Brief Therapy. For example, clients referred to “listening, amplifying strengths, reinforcing, praising, noticing differences and questions that pointed out what worked” (Metcalf and Thomas, 1994:62). This is in contrast to that noted by the therapist as being helpful about the model in terms of technique which included acts of “validation, empowering, finding resources…and helping to figure out goals” (Metcalf and Thomas, 1994:62). Metcalf et al (1996) undertook an additional exploration of a qualitative nature in order to discern any further differences in perceptions held by the therapist and client within Solution Oriented Brief Therapy. She and her colleagues found that the client was more likely to attribute success in Solution Focused Brief Therapy as being influenced by the quality of the therapeutic relationship than by any other factor. Conversely, they found that the therapists involved in the same study were more likely to attribute distinctive technique or model factors to do with Solution Focused Brief Therapy as the prime forces in influencing a positive outcome of the therapy. Further, it was concluded that although the therapists considered that they had upheld the solution-focused principle of collaborative, non-directive goal forming (Rees, 2003b) during their work with their clients, their respective clients, however, considered their applications to be the opposite, namely prescriptive and directive.
4.2 Summary

Despite theorists and practitioners alike, demonstrating a certain defence of their own particular model of choice by conducting research to prove its worth, the evidence within the literature to do with effective practice tends to favour a theory appertaining to a set of common factors. The four common factors are reported to transcend the wide variety of psychotherapeutic models on offer, as factors that lead ultimately to successful outcomes (Lambert, 1992). This assertion, made following the collation of over forty years of outcome studies and supported by empirical and qualitative data alike, (Lambert, 1992) suggests that a continual and clear understanding of what the client is saying is effective in therapy is needed if the future generations of therapists and researchers are to keep pace with what works. The next chapter seeks to undertake an in-depth literature exploration of the therapeutic relationship, including what defines it, enhances it and how it is recognised and used within various, psychotherapeutic models.
Chapter Five – The Therapeutic Relationship

Introduction

The previous chapter presented literature in relation to the ‘common factors’ psychotherapy as (Lambert 1992). Of the four common factors reported to influence outcome, the relationship is regarded as the second most important, after client factors (Lambert and Bergin, 1994). As an aim of the current study is to investigate perceptions regarding the therapeutic relationship within Solution Focused Brief Therapy, this chapter will describe the literature appertaining to the psychotherapeutic relationship to provide a better understanding of its contribution toward the change process in its role as a ‘common factor.’ Within the chapter, ‘alliance’ will be used interchangeably with ‘relationship’ as a term to describe the human interaction that takes place during therapy. The use of one or the other of the terms will depend upon how the phenomenon is being described within the review literature at the time as both terms are used by therapists and researchers alike (Bachelor, 1995).

Freud (1958) introduced a psychodynamic concept of the relationship between client and therapist and this remained as the primary description until a significantly different view was introduced (Rogers, 1951). Rogers et al (1967) suggested that the therapist-offered “facilitative conditions” were necessary and indeed sufficient for psychological healing to occur. This was an extension of Freud’s (1958) earlier analysis that counter-transference by the therapist may serve to be a major obstacle in achieving effective, therapeutic outcomes. Heppner et al (1992), however, suggested that Rogers’ model focused exclusively on the therapist’s contribution to the relationship, which overemphasised the therapist’s quality of empathy, genuineness and unconditional positive regard. Developing a theory of a therapeutic relationship that emphasised client attributions, rather than therapist qualities, locating the alliance as something that was open to social influence, challenged the notion. Heppner et al (1992) also considered the value of client beliefs about their therapist, their trustworthiness and attractiveness. Behaviourists such as Skinner (1985) put forward an alternative notion that actual interpersonal aspects of the therapeutic encounter played a significant part in bringing about behaviour change.
From the early 1950's a debate was emerging comparing the efficacy of behavioural and non-behavioural therapy models which would later give way to the 'common factors' hypothesis (Lambert and Bergin, 1996). Eysenck (1952) provided strong empirical challenge to the value of non-behavioural (talk) therapies. A period followed discussing the quality of therapy research outside of the behavioural domain. The theme was that if psychotherapy was to satisfy public confidence then it should demonstrate its efficacy via scientific methods. What followed was a period within psychotherapy research which witnesses the effectiveness of approaches being empirically investigated resulting in researchers being able to investigate similarities and differences between models (Luborsky et al, 1975). It is possible that the most important finding was that while most therapies were beneficial, there appeared to be no obvious differences, in terms of outcome, between approaches based on diverse theories. This led to the conclusion that certain aspects of intervention were common to all non-behavioural therapies, thus accounting for the significant beneficial results recorded across models, known as the 'common factors' and outlined in the previous chapter (Lambert, 1992).

The factors that were described included that of the therapeutic relationship which served to raise questions about the process of therapy and what was considered important by the client (Orlinsky and Howard, 1975). Furthermore, these researchers were interested, as is this current study, to investigate which aspects of the relationship are most associated with positive outcome and to what extent can any such success be attributable to the therapeutic relationship. The concept of the 'alliance' emerged, contrasting with the earlier described views of Rogers et al (1967) and Heppner et al (1992) of the relationship being more to do with therapist attributes or social theory factors respectively. This alternative view presented an 'alliance' which was of a collaborative and interactive nature and present in successful therapy (Bordin, 1994). The alliance has been described in several ways, for example Henry and Strupp (1994), suggest the alliance as the interpersonal process of therapy, whilst Orlinsky et al (1994) describe it as a 'bond', 'binding' client and therapist together (Luborsky, 1976).
5.1 Therapist and Client Factors Relating to the Therapeutic Relationship

It is reported that whilst the therapist will endeavour to adapt his style of working to meet client need, investigation into such responses is not easy (Norcross, 1993). Dolan et al (1994) suggest that such adaptations, however whilst not consciously made perhaps, are important if the therapy is to be successful, resulting in the effective therapist being viewed as an ‘authentic chameleon’ (Lazarus, 1993). Such researchers suggest, for a therapist to conduct therapy effectively they need to adopt the appropriate ‘stance’, yet remain cognisant, that whilst one client may consider a particular stance as helpful, another may view it detrimental to their progress. For example, a therapist may find that a practical approach with emphasis on guidance toward action is considered helpful by the motivated client, as described by Prochaska and DiClemente (1986), whereas, ‘noticing’ style suggestions would be utilised more with a less motivated client, as proposed by de Shazer (1994). The therapist adopts, accommodating where the client ‘is at’ in terms of motivation and change has emerged as a recommendation (Horowitz et al, 1984 and Prochaska, 1995).

The concept of counter-transference refers to the feelings or attitudes in response to a client and, moreover, any unconscious reaction that may arise from within the therapist conflict with their own, unresolved personal issues (Van Wagoner et al, 1991). Further, it is suggested that behaviours associated with counter-transference such as avoidance of issues and withdrawal may arise in therapists according to their own particular emotional state or stance at the time with Bandura et al (1960) providing an example of this as the therapist’s requiring approval from his client at times of emotional uncertainty. Van Wagoner et al (1991) however, found that effective therapists were able to control counter-transference well, regardless of the therapy model used in a variety of ways, for example by use of self reflection, supervision and anxiety control techniques. Hayes et al (1991), supported the findings and proposed that indeed two factors were indeed particularly important in reducing the negative influence of any unconscious behaviour – self-integration and self-insight. Gelso and Carter (1994), on the other hand, in studying positive transference, whereby the client may interpret the therapist as being friendly or caring,
showed it this to contribute toward a stronger relationship and improved outcome. Conversely, from their findings, they found that negative transference was shown to adversely affect both relationship and outcome and that low levels of transference, of a positive or negative nature, served to have little effect upon relationship and outcome success.

In addition, within the area of the therapeutic relationship literature, it emerged that the factor of client ‘involvement’ within the relationship, and therapy in general, was a more potent one in predicting outcome than the influence of the therapeutic techniques used (Windholz and Silberschatz, 1988). Moreover, Gaston et al (1988) conclude from their findings that the involvement of the client in the change process, as measured by the extent to which they partook and from their work output, was found important irrespective of the therapist’s approach. As mentioned within the introduction to this chapter, the literature refers interchangeably to the relationship as a therapeutic alliance. Bachelor (1991) offers additional commentary on what the phenomenon may be termed, referring to the possibilities of a ‘working’ or ‘helping’ alliance existing – resulting, in turn, to variation in definitions about the therapeutic relationship entity. However, within this study, the relationship consistently relies upon the definition provided by Foreman and Marmar (1985) as:

the observable ability of the therapist and patient to work together in a realistic, collaborative relationship based on mutual respect, liking, trust and commitment to the work (p.922).

Horvath (1994), in suggesting that the predictive value of the alliance is relatively high across a range of approaches, for example, behavioural, eclectic and dynamic – also proposed that within cognitive-behavioural style therapies. Indeed, due to the strong emphasis placed on collaborative bonding within Solution Focused Brief Therapy, a cognitive therapy itself, it may be worth asking whether this might result in the relationship having an enhanced predictive capability. Within the current study, therefore, it is intended to explore the therapeutic relationship within SFBT and investigate whether its emphasis on strength and relationship (de Shazer, 1988), does indeed render the relationship as a reliable predictor of outcome.

Despite some commentators (Mallinckrodt and Nelson, 1991) suggest experienced professionals hold more closely matching perceptions about the quality of the alliance
to that of the client than would a less experienced colleague, Bachelor (1995) reports there to be no appreciable difference in the alliance formed with an experienced professional as compared to the novice worker. Further, she suggests that the quality of relationship is not determined by the experience of the worker, rather it is perceived by the client as a product of real-time interaction and is deemed to be present or not. This report is supported by the earlier claims made by Beutler et al (1994) following a large review of cross-study correlational data on therapist characteristics. They suggested, among other things, that levels of training and therapist experience are virtually irrelevant to therapeutic outcome; that therapist directiveness, while helpful in certain cases, is in the general case significantly counterproductive, that is, inhibits therapeutic outcome and that therapist's warmth and supportiveness facilitates therapeutic success. Christensen and Jacobson (1994) conclude that there is no evidence for significant differences in effectiveness between professionals and paraprofessionals providing psychotherapy. Moreover, empirical evidence fails to support the view that more experienced therapists are more effective. In a later study, Jacobson (1995) indicates no significant difference in terms of effectiveness at providing (couples) therapy between novice graduate students and fully-trained professionals.

Horvath (1994), in discussing the research conducted on the alliance suggests that the evidence points toward a strong therapeutic relationship being necessary, but not sufficient in itself, in bringing about positive outcome. Further, single session therapists claim that the early moments in therapy are crucial opportunities in which to establish strong bonds which may then give way over time to different, more challenging work and issues being tackled (Hoyt, 2000). A study conducted by Smyrnios and Kirkby (1993), comparing thirty children aged five to nine years old found that those given one to three sessions, a feedback session and a follow up session twelve weeks later, improved as much as those given longer and more frequent sessions. This study, along with others, such as Target and Fonagy (1994), demonstrate little evidence to suggest that age or discrepancy in age between therapist and client has a significant effect upon outcome, although Target and Fonagy (1994) considered children under twelve years as more likely to show more significant change as a result of participating in formal therapy. In addition to age as a factor within alliance formation, gender has also been investigated, with Hill (1975)
reporting little evidence to suggest any of the four gender combinations possible between client: therapist, as best suited to strong alliance formation. Subsequent studies have investigated the gender role further with Jones and Zoppel (1982) suggesting that, according to client reports, on the whole, female therapists are perceived to create the better alliance. Finally, Blumenthal et al (1985) suggests that whilst this might be the case it would appear that male therapists are observed to develop the alliance differently from their female counterparts.

5.2 Therapeutic Relationship and its Conceptual Development within Theoretical Traditions

An understanding of the therapeutic relationship exists due to its conceptual development within certain key areas of therapeutic endeavour namely, psychodynamic, humanistic, cognitive-behavioural and other traditions including social influence, interpersonal, family systems and experiential approaches. The following sections seek to outline the historical development of the relationship from each of these perspectives, providing a rounded picture of its place within related literature.

5.3 The Therapeutic Relationship in the Psychodynamic Tradition

The concept of the therapeutic alliance (Zetzel, 1958), referred to also as the helping alliance (Luborsky, 1976) or the working alliance (Greenson, 1967), remains controversial in terms of its exact definition. As mentioned earlier, descriptions of the therapeutic relationship originated from two slightly different perspectives offered by Freud (1958), with the first being an acknowledgement of the possibility and potential impact of a beneficial attachment grounded in "reality" (Freud, 1958:105). The second perspective being in relation to the concept of transference or the clients’ expectations of, attitudes and feelings toward their therapist. This was a function of the client’s history of relationships with significant others, thought to shape the clients’ world view, according to Henry and Strupp (1994). Also, it was considered a function of the therapists’ experience and their projection or unresolved prior
experiences (Gelso and Carter, 1994). Freud also regarded transference as potentially beneficial, for example, as Rutan (1985) suggests when it enables the client to have meaningful contact with the therapist from which they can ‘grow’. Zetzel (1956) also viewed the alliance as a stable, co-operative, realistic aspect of the therapeutic relationship which helped the client step-back to deal with past relationships from the position of being in a ‘real’ relationship with the therapist.

Building on earlier contributions, Greenson (1965) differentiated between three components of the therapeutic relationship: transference, the working alliance and the real relationship (Gelso and Carter, 1985). The working alliance was defined as the joining of the clients' "reasonable" self with the therapist for the purpose of the work (Gelso and Carter, 1994) and transference was linked to the internal misperceptions of the client and therapist. These two dimensions were considered to be sufficiently distinct, that a client may hold hostile feelings toward the therapist but for there to still exist an effective working relationship (Gaston, 1990). Lastly, the real relationship was concerned with those features of the relationship that were free from transference (Gelso and Carter, 1994) and thus were based on accurate perceptions. These features were primarily described as perceptions of genuineness – being open, authentic and honest and, according to Gelso and Carter (1994), experienced on a continuum of feelings from positive to negative. Thus Greenson’s (1965) division of the therapeutic relationship offered a structure under which most of the subsequent, psychoanalytic research followed. However, there were other notions regarding the relationship that did not ally comfortably with this categorisation. For example, object-theorists such as Bowlby (1988) proposed that the therapeutic relationship and, moreover, the attachment it created, was different from attachments previously experienced, for example, in childhood. As a new experience it was considered a ‘new-object relationship’ (Horvath and Luborsky, 1993). Other commentators such as Curtis (1979) argue that the concept of the alliance was neither useful nor valid and that all aspects of the therapeutic relationship were actually attempts to gain approval from a parental figure or as covert competition with the therapist for insight and, as a result, should be dealt with as a resistance. From this, therefore, the literature suggests a debate exists about the extent to which the relationship is based on the quality of the interpersonal experience between client and therapist and upon its
predestination due to client unconscious projections based on their past experiences (Bordin, 1994).

Following Greenson's (1965) formulation of three distinct aspects of the relationship, subsequent writers have seemed to focus on one of these domains in their work. For example, Gill (1982), in referring to the 'real relationship', reported that a sense of satisfaction occurred when the 'positive transference' equated with the 'analytic alliance' (Schlesinger and Robbins, 1983). In other words, the client experiences satisfaction as a result of receiving their therapist's (analyst's) attention and concern and the therapist (analyst) takes satisfaction in the client's seriousness of purpose and commitment to the goals of intervention. Experiences of such a gratifying relationship have also been regarded crucial to the success of the therapy (Fields, 1985). Other writers have also explored the nature of the 'working' alliance, such as Luborsky (1984), who considered the alliance as the client's perceived bonding with and perceived helpfulness of the therapist, both of which are features that are extensively explored within the current study. Further, Luborsky (1984) distinguished between alliances according to the extent the client perceived the therapist as helpful and supportive and found that the more successful interventions would be more inclined to be of the helping type. The feature of helping, referred at times by researchers has demonstrated active collaboration's to rest at the centre of the distinction that they describe – that of between the therapeutic alliance and the working alliance (Frieswyk et al, 1986). Gaston (1990) also argued of the same distinction, explaining that the therapeutic alliance encompassed the emotional (affective) aspects of the client's collaboration with the therapist. This was in contrast with the working alliance which was believed to refer more skilful aspects of the client's collaboration with intervention tasks.

Similar to the division considered between the therapeutic and working alliance, there also emerged a descriptive difference in what was meant by the therapeutic relationship referred to by Hartley and Strupp (1983) as either a real relationship or a working alliance. The real relationship referred to the reaction of participants to each other, including liking, trust and respect, while the working alliance definition was concerned with the ability of the partners to work constructively together. Hartley (1985) contended that the development of the latter seemed to go somewhat toward
removing the aura of mystery and authority with which the therapist is initially endowed – with a collaborative partnership, within which participants assume roles and responsibilities. Bordin (1994) suggested that collaboration between participants within the working alliance was dependent upon three features:

I. the emotional bond between therapist and client (manifested in their positive personal attachments, and characterised by trust, acceptance and confidence)

II. the extent to which they agree on the relevance and importance both behavioural and cognitive tasks, and

III. the degree of concordance between them on the purpose of the therapy, agree on aims through negotiation.

The emotional bond referred to within this definition and explored further as part of the current study, echoes what was described earlier as the more affective (emotional) features of the relationship, reflecting further contributions made to the debate by theorists such as Horowitz et al (1984). The emergence of the concept of the working alliance and its emphasis on the collaborative feature of the relationship, to include goal formation, has served also as a bridge between the psychodynamic and other traditions, according to Hill and Corbett (1993).

5.4 The Therapeutic Relationship in the Humanistic Tradition

The early impact of Rogers (1951) upon this school of thought has been pervasive and profound ever since, particularly in relation to the understanding of the therapeutic relationship (Hill and Corbett, 1993). The relationship is a core underpinning of the theoretical tradition, with Barak and LaCrosse (1977) suggesting that a main assumption associated with humanistic therapies is that the effectiveness of therapy, often referred to as counselling, is determined to a large extent by the client's perception and experience also of the therapist’s (counsellor's) behaviour. Much like analytic, psychodynamic theorists, client-centred, humanistic theorists have spoken of qualities in the therapist that might promote the formation and maintenance of a therapeutic relationship; however, analytic therapists tend to maintain their role as
expert healers, whereas client-centred therapists stress equality in the relationship (Hartley and Strupp, 1983).

Moreover, Rogers (1942), from an early stage, emphasised two aspects of the therapist's role: responding to feelings expressed by the client (rather than the content of their story) and accepting whatever feelings the client expressed (Zimring and Raskin, 1992). Then, Rogers (1951) later shifted from his focus on specific therapist techniques to a more global outlook, whereby the therapist could have a belief about the client's ability to deal effectively with their reality which relied on the therapist attending unconditionally to the client's view of things. Rogers also accentuated the here-and-now of the therapeutic relationship (Hill and Corbett, 1993), in contrast to the psychodynamic stress on transference and/or past relationships. However, the subsequent Rogerian concepts related to therapeutic conditions (1957) focused on therapist rather than relationship factors, although they had to be perceived by the client. Within the conditions outlined, the therapist was required to provide unconditional positive regard (warmth and respect), empathy (accurate understanding) and congruence (genuineness or openness) (Truax and Carkhuff, 1967) for clients to fully accept themselves and their experiences. Truax (1971) later contended that provision of Rogerian, therapeutic conditions, whatever the theoretical orientation of the therapist, was a primary force in achieving successful outcomes.

The by-product of this activity in relation to the therapeutic conditions (Rogers, 1957), was observed in the field of counsellor and therapist training. The professional development programme produced by Carkhuff (1969) in the sphere of human resource proposed that client self-exploration was made possible by therapist empathy. Therapists were guided to use direct guidance skills such as problem-solving and behavioural techniques to ground the emerging client insights in action statements. Therapist techniques, often referred to as behaviours, such as closed questions and sympathy were regarded as detrimental to the relationship and to client change. In a similar vein, other trainings included Ivey's micro-counselling model (Ivey, 1971), highlighting non-verbal attention and reflection, interpersonal process recall (Hill and Corbett, 1993) that invited therapists to attend effectively to feelings, thoughts and goals of the client and use 'awareness' to facilitate outcome. These and other skills training programmes, for example, Egan (1990) and his 'helping skills'
invested in the belief that the delivery of a common core of skills was necessary and, possibly, for positive therapeutic outcomes. In looking at each of the Rogerian conditions in more detail, the construct of empathy has been elaborated and refined by Barrett-Lennard (1986), who proposed three central features:

i. the therapist must feel empathic

ii. the therapist must convey this understanding to the client, and

iii. the client must feel understood.

Bachelor (1988) underscored the central importance of client perceptions of what therapists think they are offering in study where she indicated significant variation between clients in terms of what is perceived as meaningful therapist empathy. Around 44% of clients specifically valued a cognitive type of empathic response, whereby the therapist indicates an understanding of the client's subjective state or motivation. About 30% valued an affective-style response, whereby the therapist indicates they are themselves participating in the same feeling the client is expressing. Finally, about one quarter took empathy to be either a sharing of personal information via relevant self-disclosure or the offering of a particularly nurturing or supportive response. Bottom line: there is no one form of empathy and what is an effective style of empathic response for one client may not be empathy at all for another client.

Specifically, therefore, empathic understanding has been defined as being:

...an active process of desiring to know the full and present changing awareness of another person, and of reaching out to receive the other's communication and meaning. This involves translating his words and signs into experienced meaning which matches at least those aspects of his awareness that are most important to him at the moment. All this is an experiencing of the consciousness behind another's outward communication, but with continuous awareness that this consciousness is originating and proceeding in the other (Barrett-Lennard, 1986:441-442).

Others, such as Horvath and Greenberg (1994), however, suggested that empathy as a condition may be more multi-faceted than originally considered. The true nature and complexity of empathy and other constructs about facilitative conditions have continued to be debated amidst theorists in order to find an ever-clearer understanding of the phenomenon (Hill and Corbett, 1993). Further to empathy, the unconditional nature of regard, proposed by Rogerian conditions, focuses upon the extent and consistency of emotional response offered by the therapist, experienced when:
The regarding person is said to be conditional to the extent that (their) response experientially implies that the recipient is more or less pleasing, worthy, valued, trusted, liked or disliked if (they) manifest certain self-attributes than if or when (they) manifest others (Barrett-Lennard, 1986:43).

Also, the concept of congruence in relation to the relationship was regarded as the degree to which the therapist and client saw 'eye to eye,' rendering conflict unnecessary between the two (Barrett-Lennard, 1962). Despite client-centred therapy being regarded as humanistic, greatly emphasising the relationship, much of the related research did not pursue the client's ability and motivation to respond to the therapeutic conditions (Carkhuff, 1969). Horvath and Greenberg, (1986) contended that within any model the psychotherapist should not be seen as the major variable influencing process and outcome and care should be taken to include client view within research. Therefore, in its focus on the attitudes offered by the therapist, the model may have failed to capture the interpersonal nature of the therapeutic relationship (Horvath and Greenberg, 1994). This indeed, therefore, may be the case, and despite resistance from some quarters (Rogers, 1980) to the movement, the call for a set of pre-determined responses to attitudes emerged (Hill and Corbett, 1993). It may be that future developments may benefit from attempting to overcome the uniformity argument (Paul, 1967) by attending to individual differences, client contributions and the therapist-client interaction. However, Hill (1994) went on to propose a categorisation of process variables within which the relationship was defined as the feelings and attitudes that participants hold toward each other – including the real relationship, the working alliance and transference/countertransference considerations. This framework suggests that the real relationship is equated with genuineness and the working alliance with client-therapist interaction, adopting Bordin's (1979) earlier definition. The therapist was said to contribute by use of type (for example, modes of response), manner (for example, providing empathy and warmth) and competence of interventions, as well as experiences within sessions (for example, intentions, reactions, psychological hypotheses and formulations.) Hill (1994) proposed that client contributions, on the other hand, included presenting and working on problems and client in-session experiences. Her definition of interaction was defined as the relationship and the communication pattern between participants and her framework, involved for the relationship
involved accounting for feelings and attitudes between participants, in contrast to feelings and attitudes about self.

5.5 The Therapeutic Relationship in the Behavioural and Strategic Traditions

Glass and Arnkoff (1992) comment upon the behavioural approach as placing emphasis upon solving problems that have arisen due to incorrect, poor or maladaptive learning experiences. Therapies associated with the approach have been criticised somewhat within the literature for paying scant attention to the therapeutic relationship, focusing rather upon the rigour of applied techniques (Hadley and Strupp, 1976). The associated therapeutic ideas and formulations have also been described as narrow in breadth and as somewhat unrelated to issues that really trouble clients (Eagle, 1989). McCullough (1984) suggests that the lack of attention given to the relationship and its role within the behavioural therapies may be due to attention being sidelined toward a focus on responses or stimuli that could be explained as behavioural phenomenon necessary as a precursor to the application of behaviour modification techniques. Indeed, such has been the relative disinterest in the relationship and its value that the interpersonal element has, in some examples, led to the complete removal of the human therapist. For example, an automated therapeutic process, using tape-recorded instructions, was introduced by Lang et al (1970), known as DAD (Device for Automated Desensitisation). The authors reported that such a computer-programmed therapy set-up was as effective as a human therapist in certain contexts, for example, in assisting clients overcome fear complaints. The research proposed that the role of the therapist was simply to offer reinforcement and that other interpersonal relationship factors were actually unimportant in determining outcome. The Lang et al (1970) study served to contribute toward the earlier debate described, namely of the behavioural therapist acting as either 'social reinforcement machines' (Ullmann and Krasner, 1965) or 'behavioural engineers' (Ayllon and Michael, 1959 cited in Wilson and Evans, 1977).

Indeed, this mechanistic approach was reflected in the type of research conducted by behaviourists, often involving the manipulation of the social behaviour of the therapist.
to study the effect on change in the client. In other words, as Goldfried and Davison, (1976) explained, the model of interpersonal dynamics between therapist and client was taken by behavioural therapists to involve an expert who directed therapy and makes decisions to be carried out by the client. However, Morris and Suckerman (1976) broke with the tradition somewhat and considered a factor they believed important, namely the tone and manner of therapist voice and the impact this may have as a factor influencing attraction which, in turn, was thought to affect outcome. They reported the finding that in both live and recorded desensitisation therapy, 'warm' therapist – with a soft, melodic and pleasant voice – achieved better results to a 'cold' therapist - using a harsh, impersonal and business-like voice. As behaviourists, the researchers were interested to piece together a comprehensive picture of significant features of therapist behaviour, which may have overlooked the fundamental nature of the therapeutic relationship as an interactive, two-way experience between therapist and client (Bachelor, 1995).

Logical positivism has remained deeply rooted in the behaviourist approach since its introduction by Kendler and Spence (1971). Extending upon the focus on social learning processes within the therapeutic relationship, they placed particular emphasis on matching therapist and client – for optimal, behavioural experiences to occur, such as modelling and imitation which essentially served to reduce the importance of the relationship to either a level of complete disregard or considered as subsumable within the social reinforcement hypotheses, mentioned earlier. However, in some instances, particularly when clients presented with complex problems, the potential of the therapeutic relationship was recognised (Morris and Suckerman, 1974). For example, Patterson and Forgatch (1985) studied the two-way effect of client: therapist behaviours, finding that they each altered the other's behaviour in a number of ways, whilst others have even ventured into studying the nature of the interpersonal bond (Raue and Goldfried, 1994).

Within the strategic therapies that abound, the focus of this review will be upon ones considered of a strategic and interactional nature and, moreover, brief (Hoyt, 2000). Brief strategic therapies are mostly considered as reflecting competency-based phemenology, resulting in the use of approach names such as collaborative-
competency therapy (Bertolino and O’Hanlon, 2002). The name serves in itself as an indication of the centrality the therapist might place upon how clients should be perceived – as competent partners in change. Psychotherapeutic models, such as the collaborative-competency approach, attempt to identify client strengths and actively create personal and environmental situations where success can be achieved through conversations (Goolishian and Anderson, 1987). Anderson (1993) explained that language, and its important role in social construction, is an integral consideration within the approach, suggesting:

Human action takes place in reality of understanding that is created through social construction and dialogue... we live and understand our lives through socially constructed narrative realities, that is, that we give meaning and organization to our experiences and to our self-identity in the course of these transactions (p.324).

The therapies of a brief strategic orientation, therefore, focus greatly upon client strengths rather than pathology, and the relationship as a vehicle for achieving this is viewed as essential as Hoyt (2000:222) states:

Remembering that the client-therapist alliance is the vehicle and not the destination, however, we do not necessarily focus on discussion on the therapeutic relationship unless something seems amiss. If we do not experience the client as experiencing us as helpful and supportive or if there is not movement in the direction of the client’s goals, we may inquire:

- are we working on what you want to work on?
- I seem to have missed something you said. What can I do to be more helpful now?

Although many different theoretical approaches have strategic or interactional roots, they are distinguishable from each other, in part, primarily by the different emphasis and value they place on components of the change process, including the relationship (Cade and O’Hanlon, 1993). The different therapeutic approaches within the brief tradition are reviewed within Chapter Three of this study. It can be said that all of the brief strategic models stem, in part, from the work of Milton Erickson (1954) who created the term strategic therapy to describe an approach in which the therapist takes responsibility for finding new and effective strategies to help clients in distress (O’Hanlon, 1987). Jay Haley, John Weakland, Don Jackson, Gregory Bateson and other theorists of the Mental Research Institute (MRI) consulted with Erickson as they expanded on his theoretical approach, giving rise to what came to be called MRI brief
therapy (Shoham et al, 1995). Both O’Hanlon and de Shazer were students of the MRI and Erickson combination and were influenced by the strategic emphasis of the approach, shifting focus from treatment of problems to a search for solutions, calling their modalities solution-oriented and solution-focused therapy respectively (O’Hanlon and Weiner-Davies, 1989; de Shazer, 1982). Strategic therapies are a form of interactional therapy, as they do not focus on the root causes of client problems rather attempt to increase competency and develop problem-solving skills that will help the client in their interactions with others. For the purpose of this review of literature, however, the combined term strategic/interactional therapy is used which allows for the inclusion of solution-focused therapy, which does indeed demonstrate qualities of an interactional nature (Rees, 2002), to be included in this section.

Also considered as a constructive therapy, SFBT reflects the features emphasised within that frame of reference with particular emphasis placed upon the relationship (Hoyt, 2000), for example, constructive therapists pay special attention to "collaboration, co-participation, inter-subjectivity and co-creation" (p.57). Other commentators have suggested that the constructive therapist meets the client in the ‘middle,’ in terms of the therapeutic relationship (Griffith, 1997) and that the approach is perceived as ‘mutalistc', where the therapist is a ‘true participant’ (Cantwell and Holmes, 1994). As a feature of constructive and strategic therapies, SFBT pays scrupulous attention to identifying and working with clients regarding their goals. Indeed, de Shazer and Berg (1997) suggest that the goal aspect of the therapy is the key to a true therapeutic relation with the client. Moreover, that ‘resistance’ can be dissipated if relationships reflect the client as a ‘customer’ for change. Goolishian and Anderson (1992) go as far as to say that the client is indeed the ‘expert’ on his/her own life and the goal process. The centrality of the goals within this psychotherapy tradition as vehicle for relationship building is evident in the attention afforded the accommodation of client change states in the whole process. In other words, the therapist responds to the client’s motivational state in terms of adapting goal process that, in turn, is aimed toward improving motivation and to achieve movement toward the stated goal (Rees in press). The work of Prochaska and DiClemente et al (1992) has outlined the way in which the therapist: client relationship, within constructive therapies such as SFBT, and therapist response to client states of change are crucial to successful outcomes through goal setting.
However, the model proposed by Prochaska and DiClemente (1992) is reflected in different terminology by de Shazer when referring to his original ‘customer’ metaphor (de Shazer, 1988).

‘Resistance’ within a therapeutic relationship was first cited as a possible concept by Freud (1904) and has since been the subject of considerable research scrutiny in order to fully describe it as a phenomenon and also to find ways of overcoming it. Following his large scale exploration of the subject, Mahoney (1991:18) refers to resistance as “one of the most important points of convergence across contemporary schools of thought in psychotherapy.” If this be the case, then diverse therapeutic models would have required focusing upon how they intended to circumnavigate the phenomenon in practice, ensuring the therapeutic relationship is provided with the conditions within which to flourish (Sifneos, 1992). Strategic and constructive therapies, such as SFBT, as mentioned earlier, place a great deal of importance upon the interplay between client and therapist in relation to goals. It is within this key area that SFBT theorists see the opportunity for warding ‘resistance’ by ensuring that co-operation is implicit to the process by attending closely to the stages of change model, conceived by Prochaska and DiClemente (1992). Before outlining the stages that so influenced co-operation within the relationship, it is worth noting a consideration in relation to the method advocated by de Shazer (1988). In this approach, clients were described as one or other of the following, dependent upon the therapist’s perception of their willingness or readiness to change (Berg and Miller 1992):

- **Customer:** a client willing and ready to do something in order to resolve his/her problem.
- **Visitor:** a client who is reluctantly attending therapy or does not perceive that he/she have a problem.
- **Complainant:** a client that is concerned about someone else’s behaviour, but are not willing to do anything about it.

de Shazer (1988) drew upon earlier resistance-based framework research in formulating his simple outline (Fisch et al, 1982), which sets out to work with the client’s stage of change in an attempt to ‘dissolve’ any resistance. Taking the view that clients who present as ‘resistant’ are merely communicating with the therapist their state of motivation, referred to by Tomm (1993) as more of a power struggle with the therapist
than anything else. The conceptualisation of working ‘with’, within the therapeutic relationship is also described elsewhere as the “fit”:

Here the distinction between customer, complainant, and visitor-type relationship offers guidelines for therapeutic co-operation or “fit” (de Shazer, 1988; Berg and Miller, 1992). If the therapist cannot define a clear complaint or goal, cooperation involves nothing more than sympathy, politeness and compliments for whatever the clients are successfully doing (with no tasks or requests for change). In a relationship where clients present with a but appear unwilling to take action or want someone else to change, the therapist cooperates by accepting their views, giving compliments and sometimes prescribing new observational tasks (e.g., to notice exceptions to the complaint pattern). Finally, with customers who want to do something about a complaint, the principle of fit allows the therapist to be more direct in guiding them towards solutions (Shoham et al., 1995:153).

Whilst de Shazer (1988) contends that the intention of the SFBT therapist should be, therefore, to move visitors and complainants into a customer state, O’Hanlon and Bertolino (2002) consider the methodology to be possibly counterproductive on two counts. First, they consider that the process outlined serves to incur an additional label to describe client and, second, that the ‘retail’ metaphor suggests the therapist requires salesman skills in order to ‘convert’ their clients. The outline proposed by de Shazer (1988) is reported implies also that some clients are unmotivated, a condition that other strategic theorists contend:

There is no such thing as an unmotivated client. Clients may not, as we have found all too often, share ours, but they certainly hold strong motivations of their own. An unproductive and futile therapy can come about by mistaking or overlooking what the client wants to accomplish, misapprehending the client’s readiness for change, or pursuing a personal motivation (Duncan et al., 1997:11).

The view presented by Duncan et al (1997) aligns with the theoretical inclination of Prochaska (1993) and Prochaska et al (1994) and, moreover, the ‘stages of change’ model proposed by these researchers, based on a wealth of empirical data (Miller et al, 1999). The stages of change also reflected the spontaneous nature in which people were observed as changing outside of any therapeutic conversation. This, Prochaska (1999) found, from studies conducted, was indeed:

...A phenomenon that was not contained within any of the learning theories of therapy. Ordinary people taught us that change involves progress through a series of stages. At different stages people apply particular processes to progress to the next stage (p.228).
The model of change outlines steps that people tend to advance through, not necessarily in a linear fashion but as, possibly, a ‘two steps forward – one step back’ nature. Five of the six stages of change observed have been described as follows:

*Precontemplation* is the stage of change at which there is no intention to change behaviour in the foreseeable future…

*Contemplation* is the stage in which people are aware that a problem exists and are seriously thinking about overcoming it but have not yet made a commitment to take action…

*Preparation* is a stage that combines intention and behavioural criteria. Individuals in this stage are intending to take action immediately and report some small behavioural changes…

*Action* is the stage in which individuals modify their behaviour, experiences and/or environment in order to overcome their problems…

*Maintenance* is the final stage in which people work to prevent relapse and consolidate the gains attained during their action… (Norcross and Beutler, 1997:48-49).

The sixth and last stage of change, termed Termination, is said to have been achieved when the client is 100% confident that he/she will not be engaging in the original problem behaviour and that there exists zero temptation to do so. However, whilst this would constitute success, it is also recognised as the ideal state to achieve and not always realistic or indeed possible. In such cases, clients would remain functioning within the Maintenance stage and “continue to be mindful of possible threats to this desired change and monitor what they need to do to keep the change in place” (Miller *et al*, 1997:104). From the work conducted in this field, therefore, it would appear that attempts to describe a way in which the strategic therapist can work with the client’s stage of change has contributed toward a further understanding of this feature within the relationship. Moreover, it has been shown that by tailoring therapy to ‘fit’ with the client stage of change, whereby stage features are discernable within the therapeutic relationship, not only improves the chances of successful outcome but that the person’s stage of change has a greater predictive power regarding outcome than factors such as age, sociometric status, problem severity, self esteem and existing social support network (Beitman *et al*, 1994; Prochaska *et al*, 1992). Finally, de Shazer (1991) wrote on the relationship:

The therapeutic relationship is a negotiated, consensual, and cooperative endeavour in which the solution-focused therapist and client jointly produce various language games focused on (a) exceptions, (b) goals, and (c) solutions. All of these are negotiated and produced as therapists and clients misunderstand together, make sense of, and give meaning to otherwise
ambiguous events, feelings, and relationships. In doing so, therapists and clients jointly assign meaning to aspects of clients’ lives and justify actions intended to develop a solution (1991:74).

5.6 Other Contributions Toward an Understanding of the Therapeutic Relationship

In the following section, reference is made to concepts about and models of the therapeutic relationship that have origins in therapeutic traditions beyond the three main schools reviewed so far. The intention is not to provide an exhaustive list, rather to highlight contributions toward the understanding of the therapeutic relationship by social influence theory, interpersonal theory and experiential therapy.

5.6.1 Social Influence Theory

Within the sociological research field (Patterson, 1985) three therapist characteristics – as perceived by the client – have been purported to impact on the therapeutic relationship, namely:

i. the therapist as a credible, competent expert (who knows how to deal with the client's problems)

ii) the therapist as an attractive person (with a warm, friendly, accepting attitude) and

iii) the therapist as trustworthy (and genuinely trying to help.)

The extent to which these qualities were perceived as important was thought to affect client motivation and expectancy of the work, in turn, providing the therapist with leverage or social influence to promote change (Heppner and Dixon, 1981). This second influence was reported by Strong (1968) to occur in two phases, the first whereby the therapist concentrates on client involvement and perceptions of the therapist; the second, where the therapist communicates new information, which may generate disagreement for the client that can be resolved through possible attitude change. While this model focuses on therapist behaviour, in principle, the relationship was regarded as an interaction of mutual social influence and dependent on a number of complex factors for example, the characteristics of both participants.
5.6.2 Interpersonal Theory

Greenberg and Pinsof (1986) suggested that the theoretical and empirical views of the therapeutic relationship had primarily focused on individual therapy, with scant attention to the interpersonal context, which contrasted with the interpersonal theories which attempted to address the dynamic interaction between participants. Interpersonal theorists, such as Sullivan (1953) and Leary (1957), classified interpersonal behaviours on two axes of power (dominance-submission) and affiliation (love-hate) and proposed that behaviours opposed on the power axis yet similar on the affiliation axis – would be effective in maintaining healthy interpersonal relationships. Further, Cashdan (1988) suggested that interpersonal therapists actually demonstrate complementary behaviours in order to engage clients and establish the working relationship and then shift to using non-complementary behaviours in order to challenge the client. The intention of the interpersonal approach is, therefore, to bring about therapeutic change by means of the client acquiring more flexible behaviours and that, during the process, the therapist gradually returns to a complementary style of work. It has been claimed elsewhere that complementary transactions early in therapy, for example, where participants agree about aims of therapy, may indeed be crucial in the creation and maintenance of an effective therapeutic relationship (Sexton and Whiston, 1994). Kiesler (1998) suggested that therapists may become 'hooked' into providing a complementary response to the client's confrontational behaviour, something considered as possibly necessary before an empathic understanding of the client's state can be achieved and for the establishment of a working, therapeutic alliance.

5.6.3 Experiential Therapies

Process-experiential therapists such as Watson and Greenberg (1994) built on a number of earlier works including Bordin's (1979) conceptualisations of the working alliance, Roger's (1959) therapeutic conditions and the work of Rennie (1992) on clients' preoccupation with the therapeutic relationship. The objective of experiential therapy, which is considered conducive toward the development of the therapeutic alliance, includes the clear stating of agreed goals and an intervention tailored to the
client (Greenberg et al, 1993). Experiential therapists also emphasise the importance of the safe working environment (Elliott et al, 1990), established by observing the following two aspects of the therapeutic relationship:

i. the client's own experience of 'being' in relation with the therapist, and

ii. the client's response to the other.

The subjective appreciation of one's own experiences as client may include having awareness of such feelings as being understood, supported and safe; with the client's emotional response to these as possibly experiencing a closeness to the therapist, feeling friendly or trusting toward them (Watson and Greenberg, 1994). Lietaer (1992) found that clients valued therapist warmth, interest, involvement, empathy, acceptance, respect and patience in a study concerning the perceived helpful and hindering processes experiential therapies. It was also found that clients felt helped by therapists who demonstrated genuiness and valued them as people.

5.7 Summary

This chapter has sought to outline the centrality of the therapeutic relationship to the process of change as it has emerged from the historical perspective of a number of therapeutic traditions. Its aim has also been to unpick respective concepts associated with the therapeutic relationship in its position as one of the four, recognised 'common factors' (Lambert, 1992). The apparent necessity of a therapeutic alliance as a precondition of an effective helping relationship is one of the few undisputed conclusions from outcome research, emerged over many years (Bergin and Garfield, 1994). Psychodynamic theorists, prolific in their study of the alliance, highlighted several components of therapeutic relationships, namely the therapeutic alliance or the emotional aspect of client experience; the working alliance, the capacity demonstrated by the client to work constructively; client-therapist agreement on tasks, goals and aims of therapy; transference and therapist contributions toward the alliance (Horvath and Luborsky, 1993). However, in addition to these areas of study there was also debate about their inter-play and, in particular, disagreement on the theoretical and practical difference between a working and therapeutic alliance (Horvath and Symonds, 1991). Models within the humanistic tradition, namely of the facilitative
conditions, including empathy and levels of regard, bear similarity with the emotional
domain of the psychodynamic alliance or the 'real relationship.' This is despite the
observation that conceptual ideas stemming from work on the facilitative conditions
have had more in common with the area of psychodynamic 'working alliance' (Hill
and Corbett, 1993). Further, Hill (1994), in defining the relationship as being
governed by participant feelings and attitudes, served to include all three concepts of a
real relationship (genuineness), a working alliance (client-therapist interaction) and of
transference.

The contribution of the brief, strategic tradition to the study of therapeutic relationship
may be seen as allying with all other person-centred therapies in exploring the belief it
holds that there exists a self-healing capacity within all people (Rogers, 1961).
Further, that the process of therapy is about providing the right conditions, notably an
empathic and therapeutic relationship, for this healing potential to be utilised and
mobilised (O'Hanlon, 1987). Prochaska et al's (1994) research involving the stages
of change, demonstrated the requirement of the therapist to be with or fit with their
client revealed that “in fact, in can be argued that all change is self-change, and that
therapy is simply professionally coached self-change” (p.17). However, possibly the
strongest endorsement of the importance attributed to the collaborative nature of the
relationship and acknowledgement of client as expert within the strength-based
literature is that when, as therapists, “we have depended more upon the client’s
resources, more change seems to occur” (Bergin and Garfield, 1994:826). Research
in interpersonal interaction was seen to have contributed toward a further
understanding of the therapeutic relationship within therapy, aligned with social
influence theory. An importance was indicated as to the value of the reciprocal and
interactive nature of the relationship, serving to supersede earlier assumptions of the
client as being relatively passive in therapy (Sexton and Whiston, 1994).

What has become evident during the review conducted of the literature is that, despite
the diverse nature of studies and work conducted on the therapeutic relationship,
similarities can be observed between various traditions, highlighting some core
constructs. These similarities, encompassing a paradigm shift away from therapist-
centred perspectives toward a more client-inclusive and collaborative perspective,
were in keeping with the simultaneous endeavour of coming to understand the role of
the relationship as a common factor (Lambert 1992). However, also emerging from
the literature is an indication that some conceptual considerations appear to slow
down the rate theorists and practitioners alike are coming to understand the
therapeutic relationship and its part in successful therapeutic outcomes; considerations
seem to transcend, like the common factors, the traditions. First, the boundaries
between relational and technical aspects of the therapeutic process have varied within
and across the traditions, reflecting — generally unspoken — disagreement about
overlap between the two constructs, which perhaps stems from the debates about
specific-common factors. Frieswyk et al (1986) for example, have advocated that
therapist activity should not be subsumed under the umbrella of the therapeutic
alliance, but regarded as an independent factor that influences the development of the
alliance.

Second, the literature reflects the controversy and confusion about the precise nature
of the relationship as an interpersonal or intrapersonal phenomenon (Horvath, Gaston
and Luborsky, 1993). One of the implications of this debate is that the therapist's skill
may play a central role in shaping the alliance — seen as an interpersonal phenomenon
— or that the quality of the alliance may be primarily determined by the client's history
and capacity — if to be regarded as an intrapersonal phenomenon (Henry and Strupp,
1994). The historical construction of the relationship may have confused, neglected
or inadequately emphasised the properties of a relationship that do not solely depend
on either participant, rather, influenced by both of them. Third, it appears that the
scientific study of relationships has been hampered from the outset by assumptions
about our intuitive knowledge of what a relationship is, side by side with the belief
that relationships involve intangible properties, not accessible to scientific scrutiny
(Hinde, 1979). This phenomenon may, in part, serve to explain the challenge of
adequately articulating specific concepts within and to offer a comprehensive but not
over-inclusive definition of, the term relationship.
Chapter 6 – Methodology I: Design and Development

Introduction

A trend in psychotherapy research currently favours the view that a complete understanding of the therapy process requires a multiplicity of empirical research methods (Howard, 1983; Polkinghorne, 1984; Sexton and Whiston, 1994). There is a general consensus that both process and outcome are interdependent and can be understood better when studied in the total context of therapy (Hill, Nutt and Jackson, 1994).

In the present study, the aim was to capture both the complexity and simplicity of therapeutic interaction, providing a more complete understanding of the phenomenon of change within educational psychology. The present study employed qualitative methods to investigate the experience of SFBT and the phenomena of the therapy process, relationship and outcome. One of my aims was to conduct an in-depth focus regarding adolescent perceptions of SFBT in particular, due to the approach being relatively new within UK mainstream, educational psychology practice (twelve years). Secondly, quantitative methods have tended to dominate in the area of psychotherapeutic study at the expense of more qualitative, discovery-oriented methods.

The methodological steps taken in this study had to fit its core purpose namely to investigate adolescent and psychologist experiences of SFBT in order to contribute to a clearer understanding of the perceptions held by both participants of the process of therapy and the therapeutic relationship involved. The regular re-stating of this purpose throughout the thesis is considered a useful reminder of study focus. The challenge posed, therefore, was to develop the most appropriate methodological framework within which to explore and describe the actual and perceived experiences of SFBT. Consideration led to the decision that this challenge could be best met by the use of qualitative data collection methods that arise from a systematic inquiry into participant processes during SFBT encounters. Qualitative data were considered as more appropriate for providing specific information about the experience of SFBT by
preserving the narrative flavour and richness of participants’ perceptions of the therapy (Hill and Corbett, 1993). As the goal of the present study was to explore and describe the phenomenon of SFBT as perceived by EPs and adolescents it was more important to investigate the meaningfulness of therapeutic experiences than the frequency of certain phenomena.

6.1 Direction of Research Lens

Within this study certain choices were important regarding the direction of the research ‘lens’. Of these choices one in particular served to determine the methodological nature of the overall research. The decision was with regard to whose voice was to be privileged and thus regarded as the more important; that of the adolescent or EP, or both, and if so, in what ratio? From my own professional therapeutic knowledge and experience it was considered that often within the field of psychology practice, an assumption abounds that it is the psychologist’s behaviour or, moreover, ‘expertise’ that has the impact on client change behaviour, rather than both participants mutually influencing each other or the client “taking the glory”.

In the psychotherapy research literature, client processes are usually studied in isolation from psychologists’ behaviours, and vice versa, and each participant’s behaviour is often separately related to outcome. Some research (as well as professional experience) has indicated that client and psychologist (counsellor) behaviours are not independent of each other and there is a mutuality of influence (Mark, 1971; Shoham-Salomon, 1990). Both client and psychologist or counsellor contribute to the therapeutic relationship and the therapy process has effects on both of them (Derlega et al, 1992). A smaller body of research in the field focuses on the exploration of client and therapist in-session experiences (Gardner-Reandeau and Wampold, 1991).

In my research both adolescent client and EP experiences were explored. Much previous research has been concerned with the qualities of psychologist performance,
with the involvement of the clients being their perceptions of that performance. At the outset, I strongly believed that the client’s contribution needed to be examined in more depth and believed that therapy is an interactive phenomenon. Resulting from this argument is that emerging findings should reflect perspectives (adolescent or EP), rather than any single, participant experience. The voice of the dyad as a whole was considered, at times, as a single (third) voice, representing the construct of a shared experience. All three voices were privileged within this study, therefore, and afforded equal status with regard to their contribution towards a greater understanding of SFBT. Another decision to be made was whether to focus entirely upon the data to be collected from SFBT participants and non-participants. After consideration it was decided to utilise only participant perspectives on SFBT, although non-participant voices were of indirect use by virtue of the use of multi-disciplinary colleagues from education, health and social work sectors in the form of focus group contribution to my thinking and reflection. Justification of this decision comes from the dearth of research suggesting that both client and psychologist have the sole right to access the privileged store of personal and shared information about their own, momentary private experiences during therapeutic encounters (Elliott and Shapiro, 1992).

Participants’ views of the therapeutic process also represent the most direct source of information about interaction and their accounts inevitably, therefore, provide for the best understanding of what happens in therapy, including SFBT (Llewelyn and Hume, 1979; Gelso et al, 1988). In addition, the phenomenological focus of this study meant that non-participant observers were not considered as an appropriate source of direct information, as they did not offer access to the participant experiences so necessary to hear in order to gain further understanding of SFBT.

6.2  Philosophical and Theoretical Parameters of the Qualitative Study

There are a number of established traditions in psychotherapy research, covering a spectrum of quantitative and qualitative research techniques. As this study is conducted using the latter, my intention here is to highlight the unique features of the qualitative approach as it applies to the context of this particular piece of research.
The rationale and value of qualitative methodology is now widely accepted (Wolcott, 1990; Murphy and Dingwall, 2001) and the distinct advantages of such an approach in the present context can be highlighted. This includes the ability to get access to levels of subjective experiences, traditionally viewed as private or sensitive.

It is important for this study to be located within clear philosophical and theoretical parameters of qualitative research. The theoretical paradigm for the qualitative research design in this study reflects a phenomenological principle. The phenomenological basis stems from emphasis on and respect for each individual’s unique experiences and ways of attributing meaning to them. The analysis which follows from this approach searches for commonalities and differences in the perception of such experiences between participants (Patton, 1990). Within this particular study the interviewing procedure was phenomenologically recognised as a contextual snapshot of an interactive account of the participant’s earlier experience. Participant accounts were gathered as subjective reflections on experiences of a psychological phenomenon. The third-person perspective (i.e. mine as researcher) is limited by virtue of the fact that it cannot ‘capture’ participant experiences head-on, rather, merely to present an insider’s perspective on the participants’ world as reconstructed by myself.

The position of being an experienced psychologist with phenomenological attributes is helpful in applying such principles to the research interview, yet there is also an obligation to be alert to potential difficulties which may arise for psychologist turned researchers (Hunt, 1985, McCracken, 1988). One particular issue that arises is the extent to which my prior theoretical knowledge and experience is advantageous with regard to sensitising myself to the significance of participants’ experiences, attitudes and themes or whether this can act as a blinker so that such phenomena become more likely to be elicited and interpreted in accordance with the my existing world view. This dilemma about researchers’ prior knowledge of the field has been discussed extensively within qualitative research theory (McCracken, 1988). The original view of Glaser and Strauss (1967) was that it is broadly considered preferable for researchers to have little knowledge of the subject they are studying (to the extent of not reviewing the literature beforehand) to enable phenomena to be analysed in a way
uncumbered by prior knowledge, influences or expectations. However, McCracken (1988) noted the impossibility of being free from cultural influences and assumptions and stressed the advantages for researchers who have extensive knowledge and experience of the phenomena they are studying. Moreover, as outlined at the beginning of the study my stance is inevitably one of being on the ‘inside’, due to my position of professional interest not only in the field of educational psychology but SFBT as well.

In many qualitative studies, including this one, data are both presented and interpreted (Howe, 1989; Patton, 1990) indicating that at times researchers cannot avoid being the instrument via which observations are made (and not made) and, in the course of observational activity, data are pursued, perceived and interpreted (Hunt, 1989). I consider that psychologists-as-researchers are at an advantage in that their professional training and experience requires them to remain conscious regarding their potential biases when interpreting data. This is the core of the process of analytic induction, an iterative process of constant cycling between interpretation and observation (Stiles, 1993), culminating in the interpretations made by each researcher. A range of methods are outlined in the research literature against which to assess the validity of such interpretations and these are discussed later in this chapter in relation to the present study.

One of the characteristics of qualitative research is that the design develops as the study progresses in response to issues and questions presented by the emerging data, Hammersley and Atkinson (1995) call this ‘progressive focussing’. Consequently, whilst such research must fit within established qualitative research principles, the eventual process of any individual study is likely to have some unique characteristics (Tesch, 1990). Unlike much quantitative research, where design and testing criteria are specifically established before data collection commences few, if any, qualitative research projects are exactly replicable. Consequently, for the establishment of the validity of qualitative research it is necessary to document in some detail the process of the research as it developed in response to emerging data and other events. This information constitutes the ‘audit trail’ (Lincoln and Guba, 1985) which enables
methodological decisions made during the research to be critically examined.
However, a primary function of qualitative research is to gain understanding of the
ways in which participants understand their experiences rather than to measure the
representativeness of such experiences. This view is stated firmly by McCracken
(1988:17):

The purpose of the qualitative interview is not to discover how many, and
what kinds of people share a certain characteristic. It is to gain access to the
cultural categories and assumptions according to which one culture construes
the world. How many and what kinds of people hold these categories and
assumptions is not, in fact, the compelling issue. It is the categories and
assumptions, not those who hold them, that matter. In other words, qualitative
research does not survey the terrain, it mines it.

6.3 Justification of Research Instruments/Measures Employed

There are a large number of measuring instruments devised for the study of
psychotherapy (Lambert, 1992). This abundance of methods and measures available
portrays the enthusiasm of psychotherapy researchers to capture the essence of
therapy, but also the inadequacy of any one measure to capture the entire gestalt of
therapy. It has been suggested that one of the trade-offs of choosing only one
measure as a research device is that the research necessarily limits the data by
examining only one aspect of the counselling experience (Hill, 1982). An alternative
approach that has been recommended is to choose a number of methods to study the
therapy process, which also provides an important contribution toward the research
validity; this is termed triangulation (Denzin, 1994) and is discussed in more depth
later within this chapter. Thus, rather than any one measure attempting to be
comprehensive, it is the compilation of measures which provides the comprehensive
picture. In such an approach however, the danger is that it may be difficult to fit all
the pieces together into a meaningful whole – a challenge that has faced numerous
lone researchers and experienced teams of them (Hill, 1982).

In the present study the main principle that guided the selection of widely used
instruments was the notion that an awareness and use of previously developed
measures could facilitate comparison across studies and accumulation of knowledge
by building upon what has already been done (Lambert, 1989; Garfield, 1990; Hill,
Nutt and Jackson, 1994; Lambert and Hill, 1994). For example, the interview questions that were developed focused on participant’s experiences and their interpersonal communication during SFBT with each other. The interview guide of semi-structured questions, supplemented by additional probes, attempted to tap participant experiences of SFBT outcome and process. More information about the interviews is provided later in the chapter and in Chapter 7.

6.3.1 Data Collection

It is my intention to outline within this chapter the methods selected and developed for both the collection and analysis of the qualitative data. Firstly an outline of the methodological considerations involved in the collection of data by means of the interview, will be provided.

6.3.1.1 Principles of Interviewing

As has been described, the philosophical basis for the interviews was to follow a phenomenological and person-centred stance, reflected in the approach I use in my own professional practice. As in person-centred therapy, I sought to utilise within the relationship with each participant, attributes of genuineness, respect, positive regard and congruence. Care was taken to ensure that the relationship was non-exploitative; sensitive to issues of difference and similarity such as age, gender, ethnic origin, culture, class, sexual orientation etc. and that the participant was fully informed and prepared for the conversation on agreed topics. According to this model the researcher attempts to remain receptive to material generated, including possible ‘hidden’ material via sensitive probing, clarification and enquiry (McCracken, 1988; Spradley, 1989). It was intended that rapport and collaboration within the research relationship emerged as a dynamic of each personal encounter, with the challenge lying in the creation of a climate which facilitated moving from a position of apprehension to one of full participation (Spradley, 1989).
The interview method employed within this study needed to be alert to the opportunity to pursue subtle or overt incongruities within and between participant responses. Exploration of polarities, opposites, exceptions, contradictions, ambiguities and ambivalences were viewed as providing possible access to further thoughts and feelings beneath the participant's surface level awareness, an effect noted by Laslett and Rapoport (1975) and more recently by others working from a "depth" approach (Smith, 1995 and Kvale, 1996). Whilst any such experiences are by nature a by-product, not the outright aim of the research interview, they are valued, welcomed and considered important. Further, participants' comments such as these can provide feedback, discussed later as a validation strategy, constituting instances of catalytic validation (Stiles, 1993).

6.3.1.2 Development of Interview

It was considered that the interview was the best way possible to enable me to gain second person interaction with participants of therapy, for there to be a full interaction (discussion) of the interactive issues and to give a better reflection of the interpersonal context of the therapeutic process. The interview reflects the social constructivist stance “towards regarding knowledge as generated between humans, often through conversations” (Cohen et al, 2000:267). Kvale sees interviews as an interchange of views between two or more people on a topic of mutual interest based around a centrality of human interaction for knowledge production and with an emphasis on the social persuasion of the research data (Kvale, 1996 in Cohen et al, 2000: 267). This is most pertinent to the research question “what was the experience of SBT like for you?”

The nature of the interview as analysed by Gillham (2000: 2) is clarified as five types: medical, selection, therapeutic, market research and research. At first glance it might be obvious that the research type that aims “to obtain information and understanding of issues relevant to the general aims and specific questions of a research project” would be the most appropriate. The adoption of the grounded theory method (GTM) (Glaser and Strauss, 1969: 1-2) does tend to skew the interview style towards therapeutic style – “to enable the client [adolescent and EP] to develop a perception of
his or her difficulties [challenges] which leads to insight and changed behaviour”. It is not, however, the primary intention of this research to bring about change but to bring about a greater understanding. It is that understanding that needs to come from the participants; it is their experience and it is their behaviour that requires understanding. It is my role as researcher to bring order, structure and theory to those understandings. This is a central tenet of the grounded theory method (discussed later in this chapter).

Patton describes four types of interviews: informal conversation; guided; standardised open and closed. Each has both strengths and weaknesses and the evaluation of these determines the design decisions (Patton, 1980: 206). The guided interview approach has prescribed topics and issues to be covered and was selected for this research. With the outline specified in advance, I was then in a position to decide upon the sequence and working of the questions in the course of interview. The outline made the data collection systematic. Interviews were conversational and situational. However, the guide that was produced was designed to reduce the likelihood of important and salient topics being inadvertently omitted by means of my attempting to remain flexible in the sequence and wording of some questions.

The interview is the natural medium for the research process. However, there is much debate about the subjectiveness or objectiveness of the interview process. At one end of the spectrum there is the perception that the interview is a potential means of pure information transfer and collection (Cohen et al, 2000:265) and at the other an “encounter necessarily sharing many of the features of everyday life.” There is a need for questions, therefore, to ensure a sameness of experience between interviews. It outlines the topics from which I was free to choose from for the respondent to further elucidate and illuminate. Although the guide suggests the order on which to build the conversation, I assumed a degree of freedom in the order, for example in order to make best use of the limited time and to best reflect the interests and motivations of the interviewee.

The interview guide is structured upon a consideration of schedules suggested by Gillham (2000) and Lofland (1971). The format of the interviews conducted within this study were based, therefore, upon a clear structure of introduction, warm up, main
body, cool down and closure (Robson, 2002: 277). The introduction included explaining the purpose of the interview, assuring confidentiality by stating that any comments are not to be attributed to the respondent or the school/college, asking permission to tape record the interview. It was important to discuss at this point the ‘why’s’ of the research, to establish a frame of mind and to contextualise the research (Bell, 1999: 144). The warm up section was designed to be easy and non-threatening, to settle my nerves and those of the interviewee. After the main body of the interview there was a cool down period with a few straightforward questions at the end to defuse any tension. The closure is a thank you and goodbye. However, some interviewees will come out with a lot of interesting material at the end which has been commented upon. Robson (2002: 277) advises that researchers should “handle this session consistently – make notes.” These stages are further discussed within this chapter.

Prior to interview commencement, during the setting up period, a routine conversation format was sought: initial conversation about my ‘journey’, my enquiring about the participants’ levels of anxiety and whether they had done anything like this before. As equipment was unpacked and set up, participants were invited to ask any questions regarding the research or the reasons for undertaking it. This often led to some interesting exchanges. Many participants were interested in my professional and personal reason for this particular area of inquiry. When asked, I was able to respond with information regarding both domains. An impression was formed that the nature of these responses was very important for certain participants in providing the means by which they could test my ‘humanness’. Several commented on this in conversation at the end of the interview and many, who had not asked such questions at the beginning, did so at this point, illustrated by the following extract taken from my field work notes:

"Today again, a pupil was very interested in me as a person. At the end, during the kind of “cool-down/de-briefing” – I was asked quite a few questions. These included; why did I want to become an EP? What was the job like? And interestingly, did I have any children myself? As usual I was pleased to answer all the questions and noticed that they served to bring us together more as two people who knew things about each other, it seemed fair. I often wonder what difference having such conversations at the beginning of the interview would have upon the responses. I'll never know. My thinking is however, that they only become interested in you after and not before the
interview. Up to that point, I’m just ‘another naughty-boy worker’ maybe!” (Excerpt taken from my own filed work notes).

The issue of researcher self-disclosure in qualitative interviewing is a controversial one with strong argument in favour (Everhart, 1997) matched by reservations as to its worthiness (Hammersley, 1992). The same debate over psychologists’ self-disclosure to clients is mirrored, interestingly, within the field of professional psychology (Stricker and Fisher, 1990). During the introductory conversations a checklist of items was presented before the interview formally commenced. This included:

- receiving completed Interview Consent and Confidentiality Forms
- a reminder to participants of the areas that the interview would focus on and a reminder about confidentiality
- an explanation that although the interview was structured, there were no right or wrong answers expected, only participant views
- an explanation that, as participants, they were under no obligation to answer every question, and that they could take a break or terminate the interview for any reason, at any time
- a sound check. Recording was made using a Sony desktop recorder attached to two, tie-clip microphones by means of long-length leads.

The ‘warm-up’ section of the interview began with a simple, general, open-ended ‘grand tour’ type question (Spradley, 1989) intended to settle participants and introduce them gently to the overarching area of exploration in the study. The questions used were:

I. to the adolescent participant:

   Please tell me, what was it like working with the EP?

II. to the EP:

   Please tell me, what was it like working with your adolescent client?

The subsequent, main body of the interview was guided by semi-structured questions, which explored the main focus areas of the study, derived from the literature. In response to these, participants were encouraged to describe their experiences in narrative style. My aim throughout was to encourage, clarify, probe and explore
without causing a loss of interest, rhythm or respect. All interviews formally ended within twenty minutes, all lasting the full length of time allocated. The final question was regarded as the ‘cool-down’ section and was in relation to the participants’ experience of being interviewed. This focus had initially emerged spontaneously from the earlier pilot interviews and was integrated fully within all interview conversations thereafter.

The design of the questions and probes, which constitute the semi-structured interview as adopted within this study were not conducted spontaneously. Rather they were an outcome of reflection upon a number of factors including pilot interview experiences and my own professional knowledge. In the case of this study, collegial discussion at this important stage also contributed toward the development of a well-formed structure, which provided a clear interview focus. This process of interview formulation consistently referred to key guidelines in maintaining an emphasis on appropriate methodology. The adapted guidelines from the work of Smith (1995) served this important purpose. I was mindful at all times, therefore, that the emerging, semi-structured interview was to:

1. be an attempt to establish rapport with each participant
   (where the interview was understood as interaction; I intended always to remain sensitive to the participant reaction)

2. not unduly emphasise the importance of question order
   (although a movement from general to particular questioning is observed and potentially sensitive issues may be introduced gradually)

3. allow a degree of freedom to probe/prompt further discussion on interesting issues that may arise (e.g. 'How did that make you feel?')

4. allow me to follow the participant interest or concern (e.g. 'Can you tell more about that?')

5. provide open-ended, rather than closed questions (e.g. not 'Do you want to come to school?' but 'How do you feel about coming to school?')

6. provide neutral rather than leading questions (e.g. not 'Do you think coming to school is important?' but 'Why do you think school may be important?')

7. provide questions that were worded in the language and terms of the participant.
Guidelines such as these make possible the move toward the process of interview formulation and consider the progressive stages inherent in establishing appropriate questions and probes within the guide. Drawn from the work of Smith (1995), the following representation illustrates diagrammatically the stages taken:

![Diagram of interview guide stages]

**Figure 6.3.1 – Developmental Stages of the Interview Guide**

**6.3.1.3 Interview Feedback**

Following the formal interview procedure each participant was invited to provide feedback as to the interview experience itself. In addition, some provided views at a later date, by letter and e-mail. All responses were positive in nature and referred to how good it was to have a “chance to think” (Marc) and “reflect on good practice” (Mr Ash). As mentioned earlier, such reported positive effects constitute examples of catalytic validation.
Initially, it was considered within this study that participant validation would be sought by means of follow up post-interviews with a questionnaire. The intended purpose of this was to collect some quantifiable data regarding the interview experiences. With this in mind, participants were asked if they would be prepared to be contacted in a later questionnaire stage of the study. All but one client agreed to this. Subsequently, however, I took the decision not to proceed with the questionnaire stage of the project due to the amount and quality of the data generated from the interviews and other sources and a growing confidence in the validity of qualitative research by virtue of the interview feedback conversations. It was considered that the theoretical saturation of the data achieved following ten dyad interviews suggested little or no additional methodological benefit would result from conducting further interviews or questionnaires. All participants were contacted in order to inform them of the decision and simultaneously updated regarding the progress of the research, particularly as several had asked to be kept informed, including parents (Appendix 1-3).

6.3.2 Methods of Data Analysis

The method used within this study for the analysis of data was developed in keeping with principles outlined in key texts on the analysis of qualitative data (e.g. Denzin and Lincoln, 1994; Miles and Huberman, 1984; Patton, 1990; Rennie, 1992; Strauss and Corbin, 1990; Tesch, 1990; Coffey and Atkinson, 1996). These works have emerged from a long tradition of qualitative inquiry stemming from the seminal influences of Glaser and Strauss (1967).

According to Bogdan and Taylor (1975:79) the task of analysis of qualitative data involves:

a process, which entails an effort to formally identify themes and to construct hypotheses (ideas) as they are suggested by data and an attempt to demonstrate support for those themes and hypotheses. By hypotheses, we mean nothing more than propositional statements.
Writers (McCacken, 1988; Miles and Huberman, 1984; Neimeyer and Resnikoff, 1982; Tesch, 1990) in the field have noted that there can be no prior, set, exact formula for the analysis of data in qualitative studies and that each researcher must develop a method appropriate to each particular project. Such methods involve a process of inductive analysis, concurrent with data collection, which systematically reduces the mass of detail in the data as a whole by a constant comparison of similarities and differences, the identification of themes and patterns, through to the emergence or construction of concepts or categories, which contain the distilled essence of the data. In Bulmer’s (1979) terms, the goal is to maintain ‘faithfulness’ to the data whilst abstracting and generalising.

The approach to analysis needed to take account of the fact that the study was interested in comparisons between pairs of participants as well as across the entire sample. A compare and contrast method to analysis utilised this idea – that themes represented within text are either similar or different from each other. Glazer and Strauss (1967:101) refer to this as the "constant comparison method." In this study, I was keen to undertake detailed, line-by-line analysis and comparisons in order to keep focused on the data themselves rather than on theoretical flights of fancy (Charmaz 1990). Indeed, grounded theorists begin by conducting a careful line-by-line analysis such as this and, when reading each sentence or phrase of transcript asking themselves, "What is this about?" and "How does it differ from the preceding or following statements?"

This approach is like interviewing the text and is similar to the ethnographic interviewing style that Spradley talks about using with his informants (1979:160). I compared pairs of texts by asking "How is this text different from the preceding text?" and "What kinds of things are mentioned in both?" Hypothetical questions are posed, such as "What if the participant who produced this text had been a boy instead of a girl?" and "How similar is this text to my own (researcher) experiences?" Bogdan and Biklen (1992:153) recommend reading through passages of text and asking, "What does this remind me of?" Like a good journalist, investigators compare answers to questions across people, space and time. Over the entire duration of the interviews taking place (eight months) I conducted such an exercise, termed as coding of
transcripts which enabled a preliminary analysis of categories to be developed and, in this way, developing categories were further explored with subsequent participants. As Janesick (1994) notes, such theoretical sampling is at the heart of the grounded theory method (Glaser and Strauss, 1967), facilitating the constant comparative method in the collection and analysis of data.

6.3.2.1 Grounded Theory (GT): Overview of Process

Grounded Theory encourages the emergence of theory from the basis of general research questions posed. The process of themes emerging from the data is a result of the iterative nature of GT, that is to say, stages of data collection, analysis (data reduction and display) and theory formulation are overlapping.

![Diagram of Data Analysis Process](image)

**Figure 6.3.2 – Components of Data Analysis: An Interactive Model (Adapted from Miles and Huberman, 1994)**
6.3.2.2 Developmental Analysis

Moving beyond the initial, raw, qualitative data, it was possible to observe the regularly occurring, emerging themes and patterns. This involved the formulation of tentative categories. Units of meaning, which did not ‘fit’ into any of the initial categories, were kept separately and allowed to accumulate until the same process of comparison and contrasting enabled new categories to be developed which included the previously unclassified material.

The amount of raw data amassed from the interview phase was large. It was calculated that for every thirty minutes of interview recording a further three to four hours of transcription and initial coding was involved. It is not an altogether unfamiliar feeling for researchers to begin viewing the transcript pages and to find themselves intimidated by them and for them to feel unmanageable (Riley, 1990). However, despite the manual approach adopted being more labour intensive than other, possibly computer assisted methods to the sorting and refinement of the data, it was deemed the best way me to fully immerse and familiarise him/herself with participant responses. Through the combined logical and intuitive process of analytic induction the data eventually emerge as making some sense. Some degree of control over the data is gradually achieved by the development of an initial data organisation system by means of preliminary categorisation. Further, the final categorisation system is developed through the constant revision of the initial system by the ongoing impact of the analysis of subsequent data.

The process of reviewing the content and organisation of each code file was repeated after the analysis, after every five transcripts. Each code file was examined in this way so that each occurrence of units of meaning could be reviewed as a whole group. It is by means of this code file analysis that patterns of similarity and difference were generated from the data – and key themes from the study emerged. McLeod (1994) refers to this as 'phenomenological reduction' – a process of continually reviewing and interrogating the developing categories. Incoming data therefore allowed for the constant review of the impact on the analytic categories. Repeated several times, this
resulted in the 'saturation' of categories (Glaser and Strauss, 1967). It is at this point that the incoming data no longer generate new theoretical material, only similar information regarding concepts already developed. The categorisation matures further by means of clarification of sub-sections within categories leading to the eventual 'collapse' of the categorisation structure, as major categories logically subsume minor ones.

Having completed such an analysis, researchers have commented on the value of a review of the data by means of listening to the audiotapes of the interviews (Brannen and Collard, 1982). Analysis involves a long period and process of immersion in the data by means of the written transcript. Attending to the data via a different perspective of listening to the conversations provides the opportunity to review whether each aspect of the developing analysis corresponds with the original form of the data, especially the subtleties within the nuances of the spoken word which are lost in the written transcripts.

6.4 Strategies to Safeguard Methodological Quality

Table 6.4.1 illustrates the ways in which the methodological quality of the qualitative study conducted was preserved.
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<th>Main Areas of Qualitative Research</th>
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<td>Continuous gathering of multiple perspectives from colleagues. Field notes / reflections.</td>
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6.4.1  Reliability Strategies

Reliability refers to consistency and reproducibility of the study. While appearing deceptively simple, there are many dimensions to reliability: inter-observer reliability, intra-observer reliability and test-retest reliability are just some of the different aspects. "Qualitative research does not pretend to be replicable" (Marshall and Rossman, 1989:148). The nature of this study, as described earlier, sees elements of people, places and events change across time and can, therefore, not be precisely replicated. However, efforts were made and procedures put in place that, where possible, similar experiences and opportunities were provided participants. Also, there was consistency in the way the data was analysed.

Such methodological features of reliability are important and whilst collection analysis of data from interviews may appear less than rigorous, I attempted to follow acknowledged guidelines during the entire process, elaborated further within this chapter. A detailed research note kept throughout the duration of the project was of value in providing a memo system to aid reliability. For example, the rationale for collegial discussions to alter the interview guide and focus were well documented (Marshall and Rossman, 1989). From these artefacts, I was in a position to piece together a coherent raison d'etre for the choices made throughout the study, essential preparation and evidence in responding to well-intentioned challenges regarding such choices.

6.4.2  Validation Strategies

Comment has already been made on issues of validation in qualitative research where it is impossible to work with statistically representative samples of populations. Validation of qualitative research is fundamentally based on the credibility of the description analysis and theory presented (Janesick, 1994). Validation strategies have been discussed extensively in the research methods literature (Altheide and Johnson, 1994; McLeod, 1994; Stiles, 1993; Strauss and Corbin, 1990). These sources offer a range of established validation strategies utilised to support the interpretations drawn
from the data and the analysis. From a methodological perspective, validation is
enhanced by the utilisation of theoretical sampling and analytic induction procedures
already outlined. The implementations of additional validation strategies are
described below.

6.4.2.1 Triangulation

Denzin (1994) identifies several types of triangulation involving the convergence of
multiple data sources; methodological triangulation, involving the convergence of
data from multiple data collection sources and researcher triangulation, with multiple
perspectives involved in an investigation. Through the application of a pilot study and
the resulting emergence of semi-structured interviews as the main data collection
method, it is possible to argue that multiple sources and methods have been utilised in
exploring the single phenomenon of the therapeutic encounter. Furthermore,
attaining a number of perspectives in relation to the phenomenon is also deemed
important in triangulation (Neimeyer and Resnikoff, 1982). During the conduct of
this study, regular and careful use of multi-disciplinary professional focus group
meetings was used to discuss and consider emerging data. The involvement of
professionals provided a helpful “sound board” and alerted me to issues and matters
embedded in the interview data. The focus group members were from the sectors of
education, health and social and had varying professional interests and experience.
None considered themselves to use SFBT within their practice in any formal sense
and, therefore, were able to provide an ‘outsider’ perspective.

6.4.2.2 Participant Validation

Participant validation strategies involve obtaining feedback from participants in
relation to the developing or the completed analysis. Stiles (1993) refers to this
process as ‘testimonial validation.’ Commonly, this involves asking for comments
from participants on transcripts of interviews or summaries of these or re-interviewing
participants at a later stage. I actively encouraged client feedback at the end of each interview that served to provide considerable insight into not only general perceptions of working to overcome difficulty but also of the data collection experience from the participant perspective. This, in turn, served to inform future researcher action, particularly in relation to physical conditions of the interview environment. Sending transcripts of interview to participants for comment was carefully considered and dismissed, for three main reasons encompassing important practical and ethical reasons.

1. The transcribing of the interviews was a major undertaking and, in some cases, was not complete for up to a couple of months after the interview itself. During this delay, inevitably, the essence of the interview and memory of what was said would have eroded and as a result confusion arise when reading the transcripts, with participants asking themselves “Did I really say that?” followed by the instinct to want to change, amend or correct the original version.

2. Whilst I found the transcripts fully comprehensible, considerable further editing would have been necessary to remove transcribing errors prior to distribution for comment and other minor (yet many in number) comments deemed as ‘asides’. This would have taken an overwhelming amount of time, and would have resulted in an ‘inaccurate’ version of the conversation.

3. Reservations from an ethical perspective included whether or not it was fair to expect a response from adolescent pupils, most of whom had difficulties in concentrating or participating in a focused way upon a literacy activity that was being proposed. Arising from this, the question of fairness and equality arose. Was it fair to give entitlement to the EP group to transcripts on the basis that they could understand whilst the adolescent group would undoubtedly be less successful? The possible solution also required careful consideration and was dismissed, that of providing readers to those who required support with the reading. However, this introduced a further
participant into the equation, absent from the original encounter and possibly influencing the adolescent view of the transcription. This too was, therefore, not pursued as a plan of action.

4. Fairness was a concern in asking participants to play any further part in the study. It is likely that some would have been unwilling participants in a follow-up of any kind. Therefore, the decision was made, which aligns with the view expressed by Branner and Collard (1982) that participants’ ability and willingness to be candid were possibly influenced by the fact that this was a single contact with a stranger who would not see or contact them again.

There was also a need to consider the possible emotional impact on participants of receiving the transcripts. Firstly, whilst attending each interview in the researcher role, I was also able to acknowledge my understanding of client well-being from my trained EP position. Finally, the important issue of information security and confidentiality was present if, for whatever reasons, transcripts came into the hands of others. There was no way of controlling copying or distribution of material well into the future.

I may, to the reader, appear to have exercised a significant degree of caution, yet all points are in keeping with the generic practice Code of Ethical Conduct for Chartered Psychologists, maintained by the British Psychological Society. I do not believe it possible to divorce myself as researcher from the duty of care I am asked to demonstrate toward others as chartered psychologist and that such strict and rigorous practice guidelines expected of me serve only to enhance the quality of this study. All such considerations are reflected in the literature in support of cautious, professional behaviour toward participant well-being with a particular view of affording as much protection to vulnerable participants from others (Hammersley and Atkinson, 1995; Lee, 1993; McCracken, 1988). Retrospectively, I consider that to have asked each participant whether he or she wished to receive a copy of the transcript may have been a compromise, provided to them on an un-conditional basis – of them not having to be
further involved. In view of these important considerations, a vigilant approach to participant validation was adopted throughout the research study.

6.4.2.3 Catalytic Validity

According to Stiles (1993) catalytic validity “refers to the degree to which the research process reorients, focuses, and energises participants” (p.611). This notion touches upon dilemmas about remaining in contact with participants to obtain feedback not only about the developing analysis, but also about the effect on them as a direct or indirect result of participating in the process. As McLeod (1994) noted, it is implicit within this notion that the validity of the research is enhanced by reports of positive effects upon participants. In ways which can be reminiscent of a therapeutic context, participants can indeed experience effects of research interviews as beneficial:

I am writing to let you know how much I valued the meeting we had the other day regarding my work as EP and the SFBT application in particular. Despite receiving annual appraisal as part of our work, we rarely receive opportunity to ‘actually’ reflect on the psychology of our endeavours. This was a developmental experience for me and one, which I believe, should be integrated more regularly and fully into our common practice…Thank you for assisting me, for considering what I did and why I did it; it was illuminating in a very constructive way (Mr Ash Follow-up note on card received by post.)

The following excerpt is from the transcript of David. It provides an insight of how the interview experience was perceived in a positive light by an adolescent also:

I was dead nervous before…I’m OK now, it wasn’t bad…I always like talking, so this was great. (David Feedback after interview).

The quotes from Mr Ash and David are also illustrative of reports from a number of participants either at the end of interviews or, in subsequent contacts, about positive impacts on their perspectives from the experience of the interviews. Participants also reported catalytic effects actually during interview, mostly to do with remembering a significant feature of an experience or establishing a meaningful connection. For example, one young person talked about the sense of unease about ‘naughty’ as a
description of themselves in a previous school and illustrated that interviews may promote recall of events and experiences:

No. I didn’t stay in that school long, because I was just seen as a ‘naughty’ person there, that’s all. I suppose...thinking about it now, they don’t see me like that here (*in this school*), and the psychologist doesn’t too.

6.4.2.4 Reflexive Validity

The validity of qualitative studies is also affected by the credibility of my position as researcher. One way in which this can be evident is in consideration of my professional training and experiences in the field (Patton, 1990). Lincoln and Guba (1985) advocated the maintenance of personal and methodological logs throughout the research process. The keeping of a personal log was a valuable means of continuing reflexive activity in the course of this research endeavour.

Reflexive validity occurs by means of illustration of my personal reflections on the research process (Stiles, 1993). At times this can present a contradictory dilemma which I discovered to be a constant challenge throughout the study, on the one hand, that of ‘keeping a healthy distance’ so that bias was kept at a minimum, yet maintaining consistent reflexive thinking and practice and its potential, recursive impact upon the research and myself at a personal and theoretical level. As the study unfolded and the writing phase commenced in earnest, meeting the challenge of reflexive practice and its boundaries became more relaxed in nature and somewhat clearer. It was considered that the ‘distances’ maintained when in direct contact with participants (interview and focus group members, referred to earlier) could give way to a more relaxed approach, yielding what was hoped to be equal reflexivity.
6.5 Writing Strategy

The task of writing was an unexpected stress involved in undertaking the research. Despite being an experienced writer in other contexts, having authored two masters degree theses, one book and co-edited another, I was intrigued at the challenge the study presented and proposed reasons as to the important aspects of this phenomenon. First was the relative difficulty of presenting multidimensional concepts in written, linear form. Writing chapters concerned with data involves several simultaneous demands: selecting, describing, illustrating, paraphrasing and summarising experiences; developing the analysis (for, as noted by Richardson (1994), writing itself is a method of inquiry); providing analytical commentary; leaving a sufficient ‘audit trail’ and reflexive commentary to enable verification of the analysis, as well as relating the description and analysis to existing theory. Despite having to write along similar paths within professional psychological report writing and having completed two master degrees, nothing seemed to have fully prepared me for the scale of the study. Delamont (2002) and Salisbury (1994) have described challenges for PhD thesis writers and the tasks of “taming the chaos” of qualitative data.

A simultaneous challenge also exists with regard to the interaction between theory and data, which is also multidimensional and recursive. This is particularly complex in relation to this study, the background of which includes extensive amounts of theory covering two quite separate major domains: educational psychology and the therapeutic relationship. Whilst many of the themes and categories emerging in this study can be linked to existing theory and research, to attempt to do so at every opportunity would not only be impossible but would risk creating an over-complex thesis of unmanageable length, in which the voices of the participants would be submerged.
Wolcott (1990) discusses issues regarding the relation between data and theory highlighted above, including the concern as to whether to weave description and interpretation or to keep them apart as 'description' and 'interpretation' are considered by some researchers to be one of the same (Coffey and Atkinson, 1996). In this study, therefore, a writing strategy needed to be selected which would afford a balance and compromise between the importance of giving voice to participants, illustrating process and development of analysis, relating analysis to existing theory, providing reflexive illustration, offering theoretical development and discussing the professional implications of the research. The complexity of this task required that I ensured careful organisation of each stage and of the materials used and collected was as efficient and as effective as possible. For this purpose, the theme of 'weaving' was regularly discussed within focus groups with non-SFBT professionals who could challenge assumptions and strategies and propose improvements and adjustments as part of the methodological development of the study.

It was recognised that data collection and analysis overlap and in part take place simultaneously. Thus through analytic induction, theoretical sampling and participant validation the influence of data and analysis is recursive, I concluded that it would be more representative of the methods employed to include description and interpretation of data together. To divorce them from each other as separate entities in discrete chapters would not serve to reflect the true spirit of the evolution of understanding within the study, the process followed from my personal, researcher relationship with the data. A number of other specific dilemmas have been encountered which, on consideration, have resulted in decisions being made about the written format of this thesis. These are discussed below.

6.6 Length

Careful consideration was given in relation to the discussion chapter and the most appropriate way to highlight the extent, diversity and significance of the core category of the therapeutic experience which, in turn, leads to length. Excerpts of participant
comments are integrated throughout, serving a number of distinct but important purposes:

i. to emphasise and value the unique contributions made by each participant to the research material. Their individual voices speak out in the excerpts, reflecting upon the simplicity and complexity of their experiences, whilst also providing a vehicle for discussion of the main analytic points. Woods (1986) refers to the inclusion of such narratives as being the ‘rich tapestry of data’, which provides the opportunity for readers to make their own decisions on the validity of the interpretations offered and which will stand as one of the major validation strategies of this qualitative piece of research.

ii. The marriage between participant voice and theoretical connections of relevance provides a clear developmental framework for interpretation and understanding of the data to take place. Also, and of significant importance, is that the participants’ voices are seen to directly support or challenge theory. Their use gives a structure to discussion which is a true reflection of the phenomenological reality of conducting the study.

Whilst this ‘marriage’ is achievable in order to allow for the constant link to existing theory, space precludes detailed theoretical explorations of certain issues. Emphasis is weighted toward the illustration and description of experience rather than a process oriented toward exhaustive theoretical analysis. This decision bears congruence with the principle of theoretical development as grounded in the raw data of participants’ experiences (Glaser and Strauss, 1967). The overall intention, therefore, was for discussion to offer a perspective on the issues arising from therapeutic relations and encounters described as experiences.

6.7 Inclusion of Material

Issues appertaining to length also have significant impact on what data material from the entire study should be included in the thesis and that to be omitted. The absolute
maximum of 90,000-100,000 words decided upon was not enough to include all of the data gathered and analysis conducted. Aside from the raw transcripts being omitted which ran to many tens of thousands of words; it was also decided to omit other material. All data and its analysis appertains to the six pilot interviews were taken out, due mainly to the quality of responses obtained (previously discussed) from the open interview framework (Appendix 4). I made this decision following a focus group meeting to discuss the pilot interviews and the interview style, subsequently revised (see Appendix 5 for a copy of the Focus Group meeting notes). This led to the main study, semi-structured interview guide (see Tables 7.4.1- 7.48). These six interviews were not included either in the interview sample group for the main study, which comprised of ten, altogether new participant dyads (twenty interviews in total).

A decision was also made to omit the material gathered and used arising from all of the collegial conversations and focus groups undertaken. The fieldwork notes that I took after these important conversations were voluminous in proportion, growing to fill nearly three, medium sized A4 note pads. Although these notes were an integral part of the study they were made for the purpose of reflection and synthesis of material. Much was written in either idiosyncratic shorthand and at other times in quite the opposite style of lengthy, flowery prose sometimes verging on the poetic. It was never my intention to make these notes available for thesis publication rather to utilise them in the quest for refinement.

6.8 Quantitative Aspects within the Data: Counting Instances

Despite semi-structured interviews being more useful than unstructured interviews for the purpose of gathering quantitative evidence from participant transcripts, such as instant counts, it was decided not to conduct such a statistical exercise of data gathering and analysis within this qualitative study. Writers of qualitative research are faced with such decisions – as to the extent of including a statistical record for recorded experiences within discussion or whether general indications of frequency are noted instead. In this study, I decided upon the latter as most appropriate.
Approximations of frequency, as indicated by adjectives such as ‘many’, ‘some’ and ‘a few’ appear rather than numerical scores. Including statistical counting of instances from transcripts was discounted as not being desirable due to the view I held that this sample was intended as theoretical not statistical. The clear intention of the research was to explore participant perceptions and their possible meanings appertaining to SFBT. Then to postulate upon what professional understanding one could gain in practice terms from these. The overall intention was not to arrive at statistically supported conclusions that could be generalised to a wider population.

The interview guide was refined significantly in terms of shape, sequence and themes into its final, semi-structured format from the pilot lessons. The intention was, from the outset to place emphasis on conversations and the rich narratives that emerged. This focused intention further supported the decision not to include a statistical emphasis or ‘counts’ of any kind.

6.9 Methodological Considerations

The design of this research study was an effort to examine in a systematic way the experience of partaking in SFBT by means of the perceptions of the adolescent and educational psychologist. The methodological design of my research attempted to reflect the centrality of client voice to the understanding of the therapeutic process as highlighted in the literature (Miller et al, 1997). The aim of the study was to provide information relevant to the practising EP and promote a better understanding about SFBT and its place in mainstream educational psychology. The qualitative data offered a rich expression of participant experience of SFBT within education, a non-clinical context and may have contributed to a better understanding of the simplicity and complexity of the therapeutic phenomenon and its potential impact upon the way participants perceive its effect. However, it is of some importance to consider that the findings arising from this study are based on the moments that each participant was willing and prepared to reflect upon. The conclusions and understandings generated are, therefore, only in relation to those instances of experience. This led to the
assumption that served to guide the study, that experience could become knowledge only if participants could express it (Rahilly, 1993).

Supplementary to this assumption is that the quality of study findings depends on the degree to which the research design implemented in the study abided by a number of underlying criteria and procedures, considered representative of ‘good research practice’. I assumed that such criteria and procedures represent methodological ‘tactics’ rather than ‘strict rules’ for assessing the ‘quality’ of the study. Viewed as guides to maintaining acceptable levels of validity and confidence, they were essential to responding effectively to the research questions under investigation. This view of procedure, consistently enquiring as to ‘How good is this piece of work?’ reflects the perspective proposed by a number of qualitative writers (Stiles, 1993; Polkinghorne, 1994; Miles and Huberman, 1994; Smith, 1996). I am in agreement with Miles and Huberman (1994:277) regarding the realism necessary for conducting effective qualitative work:

The fact is that some accounts are better than others, and although we may acknowledge that ‘getting it all right’ is an unworkable aim, we should suggest not to try ‘to get it all wrong’.

Table 6.4.1 shows the main validation criteria of good research practice along with the specific methodological procedures used in the present study in an attempt to meet them. A more detailed account of these criteria has been presented elsewhere in this chapter and by several commentators (Polkinghorne, 1991; 4; Stiles, 1993; Miles and Huberman, 1994). In what is to follow, I seek to outline the main methodological strengths and weaknesses of the current study. Whilst I fully acknowledge that it does not presume to be an exhaustive list, it does provide an attempt to evaluate the ‘quality’, ‘soundness’ and ‘trustworthiness’ of the study in a critical way. The methodological strengths and limitations outlined are derivations from a critical evaluation both of the practices and procedures that were followed and the extent which these gave rise to ‘strong’ data (Miles and Huberman, 1994) or, alternatively, threatened the validity of the study to an unacceptable degree.

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6.9.1 Potential Methodological Strengths

The potential methodological strengths of the study seek to contribute towards and support the criteria described in Table 6.4.1. They are discussed here in an attempt to render visible the particular gains of the chosen approach.

1. The research attempted to study SFBT as an interactive phenomenon between two people rather than as a static tool for bringing about change. This was reflected in the methodology for investigating the simple and complex interactive experiences which took place between adolescent and EP, illustrated in Chapter 8 by looking respective dyads. Concepts of ‘effective SFBT’ and of ‘therapeutic relationship’ were both explored within the context of ‘real’ work and not in isolation from actual events that took place. For example, neither EP nor adolescent was requested to comment in general terms regarding SFBT, therapy or change and variations in thematic perceptions both between individual participants and within dyad pairs were examined.

2. The research study created, and was successful in encoding very large amounts of recorded data which was subjected to a practical and systematic analysis. The processing of such complex data proved productive, transforming them into meaningful, in both psychological and educational terms, units of analysis. These units, referred to as themes, are presented in straightforward language for the reader to assimilate and provide a platform to build upon for future research, professional development in the form of training and/or direct practice reflection in educational psychology and SFBT.

3. The research design offered a welcomed convergence between research and practice (Stiles and Shapiro, 1989) by emphasising the importance of gathering both the adolescent and educational psychologist’s perspective of SFBT interaction. The close focus on the interpersonal experiences between adolescent and EP, and their understandings of their feelings and actions during and after SFBT were a reflection of how hard it would have been to have explored the research questions within a study which kept perspectives in
isolation and unrelated. The methodological structure provided access to both participants’ experience during the same moments of SFBT and contributed to as close to a complete picture of SFBT as possible in the process.

4. Integrating post-interview conversations were important inclusions and allowed participants to talk about any external event in relation to the topic. These promoted, at times, insights and facilitated clients’ reflexive self-examination and evaluation of their experiences (Watson and Rennie, 1994). In addition, this activity contributed toward some positive inferences being made, which may have influenced the change process for some clients in a constructive way (Cummings et al, 1994).

5. End-of-interview feedback was sought in relation to participants’ experience of the research process itself and its possible impact on outcome. These data made a further contribution toward the ‘validity’ of concluding discussion and the appropriateness of these in informing educational psychology practice in the field.

6. The research also brought equality to a hitherto ‘expert’ biased field. From my own professional experience, the EP is often viewed as expert and held in high professional esteem. SFBT itself seeks through its person-centred approach to redress this focus and align expertise either with client resource or with the client: adolescent partnership proving successful. This study successfully sought to replicate this balance by providing a methodological framework, which elevated both voices to an equal, privileged status. Both were dependent upon the other. The study went one step further and represented the moments of congruence in SFBT between EP and adolescent, reflecting the ‘ideal’ therapeutic relationship.

7. Consistent attention throughout the research methodology was focused upon emphasising the phenomenological experience of participants. The semi-structured invited participants to describe experiences in their own words and in their own idiosyncratic way, providing rich information about the concepts under study regarding SFBT. The research design permitted participants to be
active agents in creating the meanings of their experiences and offered them
the opportunity to affect the way their experience was constructed and
presented in the written reports produced in the study. Thus, participants and,
especially clients, could have been empowered by the research process.

8. Individual differences between participants were expected and welcomed
within the study, in the spirit of SFBT itself. These were viewed as such,
rather than as possible ‘methodological error’ (Sexton and Whiston, 1994:69).
All participants were represented in discussion and no experiential description
or reference were dismissed or invalidated for being unusual or deemed
strange. A concerted effort was made to acknowledge all perceptions shared,
either in writing, appearing in the final thesis, in my field notes or discussed
within the one of the professional focus groups. Throughout the study I was
intent on celebrating diversity of perceptions between participants as much as
any commonalities arising. At no point therefore, during the collection,
analysis or discussion of material did I take deliberate steps toward selecting
what I considered as ‘true’ versions (Elliott and Shapiro, 1992) of SFBT
experience from my insider position. In this way, my attempt was to maintain
impartiality toward the ‘truth’ (not to say that lying was welcomed; rather
accounts were sought that were truthful to the participant themselves,
whatever they were) and fairness by treating all accounts as equally reliable.

6.9.2 Potential Methodological Limitations

It is acknowledged that the design of this study was not without its flaws. Criteria
presented in Table 6.4.1 were threatened to a degree by shortcomings/restrictions
associated with the methodological practices employed within this study. Although a
concerted effort mentioned throughout the study towards eliminating potential
negative influences upon the quality of material and analysis, it is still acknowledged
that it was not always possible. The following section seeks to describe the
limitations that I, as researcher, am aware of within this study and invites readers to
maintain a healthy consideration of these whilst drawing their own conclusions from
the interpretations posed by that I make and shared as part of the study conducted. Potential limitations were seen as follows:

1. The decision taken to work within a single event experience (SFBT intervention) and then to focus on relatively brief, although significant aspects and experiences of SFBT as identified by the participants can be seen a problematic. This assumption that I made in so doing, placed considerable, potential limitations and pressures on the data collection aspect of the study. I am conscious of the fact that I subscribed to the view that specific events and experiences could be detached from the process of SFBT experience (Yardley, 1990) and that these, in turn, could be identified and described as part of SFBT process. However, it was likely that experiences did not possess specific boundaries in any of many dimension, time, meaning, and conceptualisation and therefore start and end points of these may have been blurred. This may have resulted in information being collected with regard to an experience which was unrelated and in the same way, data were missed. The fragmentation of participant experience in this way may not have been appropriate and it might have led to the erroneous gathering of hitherto ‘truthful’ accounts. Thus, by harvesting mostly abstract information about moments in SFBT, I may have denied participants the opportunity of having their full and accurate descriptions heard.

2. Due to the real possibility that participants may have experienced difficulty in recalling actions, reactions, feelings and thoughts related to the SFBT work in question, potentially, both reliability and validity of the study might be viewed as threatened. Biggs (1980) suggests that the time lapse between work and interview may affect the important constructions that participants assign to experiences of reality and, although participants were invited to speak of what they recalled experiencing during SFBT, they might well have confused interpretation of what happened with what actually happened (Rennie, 1990; Rennie, 1992). It must be noted, therefore, that the difficulty rested in knowing the extent to which the narrative provided by each participant during interview was a fair and true account of their experience or whether they were
constructions of their experiences formed after SFBT or during the interview itself.

3. The experience of being interviewed about SFBT may have seemed to some participants as ‘over-cooking the dish’. That is to say, up until the interview participants may not have reflected upon and considered the experience of SFBT at all. Whilst this may be the case for all interviews, it remains that they focused on detail; detail that participants may not have known existed prior to being asked. Indeed, the items discussed may have appeared relatively insignificant to the client that may have led to confusion when they were subsequently presented with questions that could last longer than the actual therapy experience being discussed. This may lead to alteration in participant perceptions of an event and in turn affect their perception of the whole intervention. Therein lies the potential limitation that the research process may have highlighted the significance of specific events or experiences that occurred during SFBT more than they were perceived or considered important by the participant.

4. My bias toward the use of SFBT is considered as a potential limitation. Being an exponent of the approach it could be argued that I was unable to adopt a position of neutrality and was indeed in a position of being an ‘insider’. Unwanted bias was ameliorated by constant reflection on the data in the presence of non-SFBT, multi-disciplinary professionals from education, health and social work sectors in the study focus group, none of whom subscribed to the SFBT approach as their main way of working. Their position was not only to provide their own reflections on the data, but to also challenge any SFBT or EP bias that I was demonstrating as researcher.

5. A limitation arising from what was considered to be an ethical decision may also have potentially constrained the study. The decision was in relation to the selection of participants, specifically the adolescent group. As the language skills of expression and comprehension are essential in an interview situation, the interview inevitably becomes less productive with diminishing linguistic abilities. The adolescents required for this study were selected on the basis of
several criteria, among which was that they had been referred to the EP for having experienced Social, Emotional and/or Behavioural Difficulties (SEBD). Among this cohort of participants, the majority experienced additional learning difficulties and, whilst none of them had a diagnosed speech and/or language difficulty, and as an EP myself, I noted that most were challenged either in comprehension or expression or both. The study, therefore, had little choice but to collect data from participants, most of whom had considerable and wide-ranging difficulties. Nevertheless, I considered it important to work with this group as I felt they were representative of ‘real’ field cases, where SFBT is being used and, as a result, required methodical investigation. Furthermore, I concluded that it would not have been appropriate to have selected the participants on the basis of their learning and/or linguistic ability of the sample, not only as it would not have been a representative, but also on ethical grounds.

6. My own presence as researcher, in conducting interviews with both members of a dyad may have contaminated the work between them, particularly if the work was ongoing. For example, providing the opportunity to adolescents to reflect on their work with the EP may have had the effect of speeding up or slowing down change. Further, there is a possibility that adolescents participating in the research may have achieved a desired outcome faster than the average client. Therefore, despite the fact that the research design may have empowered participants, it may also have served to ‘contaminate’ them by not taking into sufficient consideration the possible change participants made that were indirect, through their participation in the study and not a consequence of SFBT. Although inquiry of participant experience of the research process was included at the end of each interview I realise that this may not have served to eradicate the potential impact of the research on outcome, it just took it into account (and may even have exacerbated) any contamination already present. Also the relationship between the participant and I was viewed as important and all attempts were made to secure it as ‘constructive’. However, an undesirable product of this relationship will be that it served change the dynamics of SFBT and the therapeutic relationship between adolescent and EP, for example, by diluting it (Hill, 1989).
7. Inevitably, this study emerges from a set of cultural values and influences, those possessed by myself and also participants. Not only is reference being made to ethnicity and race here but also age, gender and socio-economic status (Corey, 1991). An assumption that potentially limits the study is that the cultural identity of those involved – mine and others – served to influence the entire work and expressions of it. I remain mindful, therefore, that within this study a white, middle class male conducted interviews with twenty white individuals, of which all the adults were middle class. It follows, that it is not possible for the study to offer a cross-cultural, multi-ethnic perspective in relation to the research questions posed.

8. It was recognised that my own professional background as EP and as a practitioner of SFBT may serve to contaminate the lens of my own researcher operation, influencing me in such a way as to become ‘therapist’ during interviews. This awareness influenced my attempt to provide clear expression to all participants during the introduction of myself regarding my precise role in conversation with them. It was not to interfere, contribute or change any aspect of the SFBT work conducted, rather to ‘hear’ about the work.

9. The Grounded Theory approach as methodological framework for the understanding data relied upon me as researcher allowing the free emergence and development of any and all concepts as opposed to hypotheses testing. It was therefore important for me to acknowledge the inevitable expectations I held regarding outcomes (as outlined on page 185) as an ‘insider’ to SFBT. In turn, this necessitated further, conscious reflexivity in order to ameliorate any potential interference in the direction of my anticipations.

It is observed, therefore, that potentially limiting methodological considerations arise from within the research. To a degree, some of these are unavoidable and reside within the qualitative enquiry methodology. Some of these limitations, paradoxically, I consider as belonging to the list of potential strengths as well, for example, where the study is in my view justified to up-hold an ethical stance which, in turn, leads to an adolescent group being selected, that is more likely to be ‘challenged’ by ability. It
is hoped that this research succeeds to balance itself between the need to remain conscious regarding its own methodological limitations, vigilant against their effects and determined with regard to finding ways of accommodating, ameliorating or overcoming them. The interpretations and discussions which follow demonstrate healthy respect toward the limitations described above and ponder new knowledge with due caution.

6.10 Summary

The qualitative methods developed for this study were tailored to meet its unique needs. The uses of existing (mainly quantitative) approaches were not deemed appropriate for providing access to the experiences of SFBT that were sought. The main principle that guided the selection of strategies from the three areas of SFBT process, relationship and outcome was that they could provide useful information about the total context of the therapeutic situation in relation to both adolescent and EP. The research design implemented was representative of the effort to systematically examine the perceptions of SFBT provided following the experience. Use of approaches and procedures that could provide information relevant to the practising psychologist was selected in order to promote a better understanding of SFBT and its place in the educational psychology.

Multiple case studies were presented in the form of dyad interviews (EP: adolescent) for the study of SFBT and the guiding methodological assumption that only by accommodating the voices of all participants in all their simplicity and complexity could the research begin to understand SFBT therapeutic interaction. Both participants’ perspectives were gathered in order to explore the full, phenomenological experience of SFBT. Analysis was based on what participants experienced as moments of congruence/incongruence, rather than on judgements or ratings made by non-participant observers. The main assumption that guided the decision to use participants’ versus non-participants’ perspective about the phenomenon of congruence was based on the notion that outside observers could
detect the delivery of congruence/incongruence, but they could not be able to observe participants’ internal experiences of congruence.

A multi-dimensional approach to congruence was adopted within the event paradigm tradition. Personal narrative accounts of both participants during the most helpful and the most hindering events (for the client) were the main source of data. These accounts permitted in-depth investigation of participants’ momentary experiences of congruence/incongruence. At the same time they provided useful information about the ‘microcosm’ of therapy interaction as it was captured in these impact events. This chapter set out to outline the theoretical and methodological considerations, with the inherent methodological strengths and weaknesses as they applied to the qualitative study. The thesis now moves into consideration of the empirical materials.
Chapter 7 – Methodology II: Procedure

Introduction

Qualitative research methods were used within this research and this chapter provides an explanation as to the nature of the procedures and methods adopted in relation to four parts – the pilot study, the sample, data collection methods and analysis of data including a brief overview of the steps followed in the analysis of the data. The qualitative part of the study was divided into two phases, both of which involved pairs of participants, an educational psychologist and his or her respective adolescent client. Aged 12-15 years, each adolescent client was or had been seen by the EP because of a concern relating to a social, emotional and/or behavioural difficulty (SEBD). Solution Focused Brief Therapy constituted the work conducted between both parties in all cases. Table 7.1.1 summarises at a glance the two phases that took place including an indication as the nature of investigation conducted.

7.1 Phase I: The Pilot Study

The table below indicates the pilot study as the first of two phases of inquiry within the current study.

<table>
<thead>
<tr>
<th>Research Method</th>
<th>Nature</th>
<th>Sample Number</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1</td>
<td>Un-structured, pilot study interviews</td>
<td>3 dyads* (n=6)</td>
<td>1. Test proposed interview design.</td>
</tr>
<tr>
<td>Qualitative</td>
<td></td>
<td></td>
<td>2. Elicit categories for main study questions.</td>
</tr>
<tr>
<td>Phase 2</td>
<td>Semi-structured, main study interviews</td>
<td>10 dyads (n=20)</td>
<td>1. Compare perceptions and explore emerging themes.</td>
</tr>
<tr>
<td>Qualitative</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Dyad refers to an Educational Psychologist: Adolescent Client pair

Table 7.1.1 – Qualitative Phases of Current Study
7.1.1 Sample

A pilot study was conducted locally to assess the feasibility of the ethnographic interview and to perfect the methodology for data gathering for the planned study. Six interviews involving three adolescents and their respective educational psychologist constituted a pilot investigation into the usefulness of the interview approach in addressing the research questions posed. Dyad gender distribution was as follows (F= Female; M=Male):

<table>
<thead>
<tr>
<th>Dyad #</th>
<th>EP</th>
<th>Adolescent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>2</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>3</td>
<td>M</td>
<td>M</td>
</tr>
</tbody>
</table>

Table 7.1.2 – Pilot Sample

The three EPs taking part in the sample were known to me as indirect professional colleagues and were approached in the first place by telephone followed by a meeting to explain fully the study and seek permission. The selection of the pilot sample was based on the identification of psychologists who had received training in and who practised solution focused brief therapy (SFBT). Three volunteering psychologists then selected an adolescent with whom they had worked using SFBT to resolve social, emotional and/or behavioural difficulties during the preceding three months.

Prior to commencement, permission was sought from the Local Education Authority of each psychologist and adolescent (Appendix 6). Authorisation for conducting interviews was also gained from each Psychological Service Manager and school headteacher affected (Appendix 7-8). Parents also provided permission for their adolescent to be interviewed for the purpose of research (Appendix 9). Explicit reference was made to all that the anonymity of all participants would be guaranteed. Participants were asked to counter-sign a form outlining the confidentiality surrounding the interview procedure and limitations to the data being made available to others (Appendix 10-11). This form was read, explained and signed by the
adolescent and their respective parent or care provider. This procedure sought to conform to the ethical code of conduct guiding the work of chartered psychologists, stipulated by the British Psychological Society.

### 7.1.2 Data Collection

Interviews with psychologists were conducted at a location convenient to them, either at their adolescents’ school or at their office. All adolescents were interviewed at their respective schools. Interview pairs (psychologist: adolescent) were seen on the same day so as to limit the likelihood of discussion between parties taking place regarding the interview experience. Pilot interviews were relatively unstructured as the intention was to encourage conversation on themes derived from the literature review. I focused participants on the topic with a ‘grand tour’ question (Spradley, 1979) and then intended to allow them to ‘go’ (McCracken, 1988) (Appendix 4).

Upon reflection and during analysis however, it was realised that a far greater degree of structure would be necessary for the main study interviews in order to make more productive the precious interview experience by providing an even clearer direction and focus, particularly for the adolescent participants. The pilot experience demonstrated that for all three participating adolescents, the relatively unstructured framework was confusing and led to a large degree of explanation on my behalf as researcher regarding the questions (which the EP participants found hitherto straightforward). Indeed, a feature of validity in qualitative research includes reference to the quality of responses a study yields (Field and Morse, 1985), deemed an “important process in the structure of ethnographic construction” (Newfield et al, 1991:285). This being the case, responses forthcoming from engaging in open-ended dialogue with adolescent called into question the validity of the data and served to inform the main study interview structure.

During pilot interviews I attempted to follow probes and focus progressively upon perceptions of the shared SFBT therapeutic encounter. One strength of the approach was that it provided an opportunity for constant comparison, whereby issues of interest arising from a previous interview could be raised with the partner of the dyad during subsequent interview for exploration, illustration and discussion. End of
interview, 'off the record' feedback was also invited from participants as to the experience of being interviewed so as to inform any necessary changes to the main study procedure. This was elicited in an informal "How was that for you?" way. Comments were collated and were found to relate to three main issues. First, to ensure that all interviews (particularly those conducted with the adolescent) were best kept brief, up to a maximum of twenty minutes duration. Second, to ensure that the timing of an interview did not coincide with a 'more enjoyable' activity for the adolescent for example, this was commonly found to be free-time or a physical education lesson. Third, that the physical environment in which the interview was to be conducted was appropriate for that activity, for example, comfortable chairs, refreshment and a light and tidy room.

7.2 Analysis of Data

The interviews were audio-taped and then transcribed for analysis according to the stages of Grounded Theory (Glaser and Strauss, 1967) described in the previous chapter and later within this chapter. The model allows for "constant comparison" during analysis to further category development. Emerging themes are then drawn from these categories and were intended to inform the fields of exploration for the main study. The analysis of the pilot material was deemed of importance for this purpose and for the purpose of trialling interview structure. Examination of both reliability and validity was initiated with the pilot study. Reliability was established in the research by asking participants to evaluate (mentioned to participants as 'offering feedback') my interpretation of their perceptions and descriptions (Taylor and Bogdan, 1984). Within qualitative studies such as this, the data are gathered by me as researcher, bringing into question bias and competency when considering the reliability of that being gathered and analysed. Whilst, according to Taylor and Bogdan (1984:7), "it is not possible to achieve perfect reliability" in the real world, I remain mindful that "in the analysis phase the reliability of the coding system must be defended," (Field and Morse, 1985:116). The pilot study prepared the way for commencement of the main study interviews and for the continued linking of categories between participating pairs and the testing of links in order to generate themes relating to experiences of SFBT and in response to the research questions.
7.3 Phase II: Main Study

A similar sample selection procedure to that employed to the pilot study was administered in the main study. Experienced psychologists from across the UK, who had received professional training in SFBT were approached and invited to participate and asked to identify an adolescent whom they had worked with (during the preceding months) or were working with at present, using the SFBT approach to resolve a SEBD (Appendix 12). All participating EPs were known to me as professional colleagues although I had not at any time worked directly with any of them for example, as part of the same service.

Furthermore, it was necessary that research interviews took place when EP involvement with the adolescent had either terminated or was in the process of termination for one reason or another. The intention in stressing this criterion was to ensure that the dyad relationship was not altogether ‘new’ and that work had been conducted to a sufficient degree that would allow for reflection on the therapeutic process and relationship. Interviews were conducted with each dyad pair within ten working days of the SFBT session being conducted between EP and adolescent.

7.3.1 Research Participants

Responses gathered from the pilot sample adolescents were not considered of suitable quality to be included in the main study group. This, in turn, also rendered the responses of their EP counterparts exempt from inclusion within the main study, though transcripts helped foreshadow key themes.

It was not considered that there was any special factor at play within the pilot adolescents’ group which served to produce such results. Had this been the case such a factor would have undoubtedly informed the selection procedure for the main study adolescent sample. Rather, it was the nature of the interview model itself and the open-ended nature of the questioning which was considered as being the greatest attributing factor to the quality of response. With this in mind, no changes were
called upon in the sampling procedure to mitigate against this finding, rather adjustment to the interview model itself.

Therefore a similar sample selection procedure was used in the main study as was in the pilot with permission and sharing of information with regard to issues of confidentiality directly transferable. Permission was sought from each Local Education Authority, psychologist and adolescent. Authorisation for the conducting interviews was also gained from each Psychological Service Manager and school headteacher affected (Appendix 7-8). Parents also provided permission for their adolescent to be interviewed for the purpose of research (Appendix 9). Explicit reference was made to all that the anonymity of all participants would be guaranteed. Participants were asked to counter-sign a form outlining the confidentiality surrounding the interview procedure and limitations to the data being made available to others (Appendix 10-11). This form was read, explained and signed by each adolescent and their respective parent or care provider.

<table>
<thead>
<tr>
<th>Dyad #</th>
<th>EP Gender</th>
<th>Adolescent Gender</th>
<th>Age (yrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>M</td>
<td>M</td>
<td>14</td>
</tr>
<tr>
<td>2</td>
<td>M</td>
<td>M</td>
<td>14</td>
</tr>
<tr>
<td>3</td>
<td>M</td>
<td>M</td>
<td>12</td>
</tr>
<tr>
<td>4</td>
<td>F</td>
<td>M</td>
<td>14</td>
</tr>
<tr>
<td>5</td>
<td>F</td>
<td>M</td>
<td>13</td>
</tr>
<tr>
<td>6</td>
<td>F</td>
<td>F</td>
<td>12</td>
</tr>
<tr>
<td>7</td>
<td>F</td>
<td>F</td>
<td>13</td>
</tr>
<tr>
<td>8</td>
<td>M</td>
<td>F</td>
<td>13</td>
</tr>
<tr>
<td>9</td>
<td>F</td>
<td>M</td>
<td>15</td>
</tr>
<tr>
<td>10</td>
<td>F</td>
<td>M</td>
<td>12</td>
</tr>
</tbody>
</table>

Table 7.3.1 – Main Study Sample
7.3.1.1 Adolescent Clients

The ten adolescents who participated in the study were approached initially by the EP who was working with them. Following a provisional interest in participating I was able to provide them with further information, via the EP. Parent/carers were also provided also with such information. The age requirement for participation was for them to be of secondary school-age (11-18 years). The sample comprised seven male and three female adolescents, who ranged in age from 12-15 years (mean=13.2) and white, British. From my experience the gender balance observed within the sample reflects that observed in practise terms of working with secondary aged SEBD. Each adolescent attended a different mainstream school, spread UK wide (see Tables 7.3.2-7.3.11 for more detail regarding each school). Most presented with a variety of difficulties which were regarded as Social Emotional Behavioural in nature by the EP. Six adolescents experienced general learning difficulty and two adolescents a specific learning difficulty affecting literacy, referred to as Dyslexia by the EPs. Pseudonym is provided in the discussion chapter for each adolescent with the last letter corresponding alphabetically with their respective EP to aid presentation (see Table 8.3.1). Tables 7.3.2 – 7.3.11 provide further information regarding the dyads involved in the study.

7.3.1.2 The Multi-disciplinary Non- SFBT, Focus Group

A total of fifteen (15) professionals, eight male and 7 female, took part in regular focus group meetings (Appendix 13 for Tables 7.3.2-7.3.16). The meetings were usually attended by between 4 and ten colleagues. However, due to busy diaries it was important to have ‘enough’ volunteers so that a small group was always achievable. I was fortunate enough to be part of a team that shared a large civic office building with health and social disciplines. All were invited to take part and volunteered to give up lunch or twilight half-hours with advanced notice. All
participants were invited on the initial understanding that their modus opernadi was not SFBT. A total of twelve meetings were conducted during the study and spread across the period as follows:

- Preliminary meetings (2)
- Pilot preparation (2)
- Pilot review (2)
- Main interview phase (3)
- Post interview phase (2)
- De-brief (1)

Focus group identities were protected by pseudonym use in my filed work note books within which I kept notes and summaries of every group or individual conversation with any combination of the members. The purpose of the focus group was to support in the exercise of triangulation in securing greater research validity by virtue of inviting multiple perceptions and narratives regarding the methodology and emerging data. The group also assisted me as researcher to draw my own research guide notes (see page 275). The group made an invaluable contribution not only in shaping small but significant direction changes in my methodological approach (for example, by suggesting greater structure to the post pilot interviews), but also in highlighting ‘unique’ and ‘interesting’ aspects noticed within the data that I may have hitherto missed.

7.3.1.3 The Educational Psychologists

Ten EPs participated in this research. Each worked for a Local Education Authority Educational Psychology Service. No two EPs worked for the same LEA. They had all received formal, recognised training in SFBT and had practised SFBT for a minimum of one year. There were four males and six female EPs. All of them were white, British. Their EP experience varied from one to 17 years (mean=8.3). All of them knew me professionally and volunteered to participate following an initial telephone call and subsequent letter. Pseudonym is provided in the discussion chapter
for each adolescent with the last letter corresponding alphabetically with their respective EP to aid presentation (see Table 8.3.1). The following tables provide further information regarding the dyads involved in the study.

### Dyad 1

**History of Prior Therapy**
No previous therapeutic experiences reported.

**Referral Concern**
(as reported by EP)

**Poor School attendance**

**Current Intervention**
(from same referral prior to SFBT session)
Home visit.

<table>
<thead>
<tr>
<th>EP Pseudonym - Mr Bala</th>
<th>Adolescent Pseudonym - Adda</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Years as EP</strong></td>
<td><strong>Age</strong></td>
</tr>
<tr>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td><strong>Preferred Model</strong></td>
<td><strong>Gender</strong></td>
</tr>
<tr>
<td>SFBT</td>
<td>Male</td>
</tr>
<tr>
<td><strong>SFBT use</strong></td>
<td></td>
</tr>
<tr>
<td>SEBD, Parent and Teacher work</td>
<td></td>
</tr>
</tbody>
</table>

**Comprehensive School**
Relatively small school with 480 pupils on roll during the period in which the research was conducted. The school serves a catchment area within a region of high unemployment and is classified as an economically disadvantaged area. Close working links exist between the school and the local community with many of the facilities being used after school hours.

<sup>+</sup> Refers to general results from previous cognitive (IQ) and attainment tests assessment

Table 7.3.17 – Dyad 1
**Dyad 2**

**History of Prior Therapy**
No previous therapeutic experiences reported.

**Referral Concern**
(as reported by EP)
Insolence toward adults.

**Current Intervention**
(from same referral prior to SFBT session)
Interview with parents and teachers.

<table>
<thead>
<tr>
<th>EP</th>
<th>Adolescent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pseudonym - Mr Clubb</td>
<td>Pseudonym - Jeb</td>
</tr>
<tr>
<td>Years as EP</td>
<td>Age - 14</td>
</tr>
<tr>
<td>6</td>
<td>Gender - Male</td>
</tr>
<tr>
<td>Preferred Model</td>
<td>Known ability*</td>
</tr>
<tr>
<td>SFBT</td>
<td>Average</td>
</tr>
<tr>
<td>SFBT use</td>
<td></td>
</tr>
<tr>
<td>SEBD, Teacher consultation</td>
<td></td>
</tr>
</tbody>
</table>

**High School**
A large, inner-city High School with 1,397 pupils on roll during the period in which the research was conducted. The school is reported to draw pupils from a relatively small geographical region of the study and eastern outskirts. The Headteacher reported that seven different languages are represented within the school community, in addition to English, indicating what she referred to as the “rich ethnic diversity” of the learning environment.

*Refers to general results from previous cognitive (IQ) and attainment tests assessment

Table 7.3.18 – Dyad 2
Dyad 3

History of Prior Therapy
Previous, person-centred therapeutic experiences reported as helpful.

Referral Concern
(as reported by EP)
Insolence toward adults.

Current Intervention
(from same referral prior to SFBT session)
Interview with teachers. Meeting with parents.

<table>
<thead>
<tr>
<th>EP</th>
<th>Adolescent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pseudonym - Mr Brac</td>
<td>Pseudonym - Marc</td>
</tr>
<tr>
<td>Years as EP</td>
<td>Age - 12</td>
</tr>
<tr>
<td>Preferred</td>
<td>Gender - Male</td>
</tr>
<tr>
<td>Model</td>
<td>Known ability*</td>
</tr>
<tr>
<td>SFBT use</td>
<td>Low average &amp; language difficulty</td>
</tr>
<tr>
<td>With all SEBD, Meetings</td>
<td></td>
</tr>
</tbody>
</table>

High School
A large school located on the fringes of city with 1,230 pupils on roll during the period in which the research was conducted. The school is reported to contain pupils' from a “mix” of backgrounds, with some coming from economically disadvantaged homes and a smaller number attending from “relatively prosperous” homes. The deputy headteacher also mentioned that the school saw a sizeable proportion of pupils as experiencing learning difficulties.

* Refers to general results from previous cognitive (IQ) and attainment tests assessment

Table 7.3.19– Dyad 3
**Dyad 4**

**History of Prior Therapy**

No previous therapeutic experiences reported.

**Referral Concern**  
(as reported by EP)

Aggressive toward peers/Poor School attendance.

**Current Intervention**  
(from same referral prior to SFBT session)

Home visit. Interview with teachers. Circle of Friends.

<table>
<thead>
<tr>
<th>EP</th>
<th>Adolescent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pseudonym – Ms Mead</strong></td>
<td><strong>Pseudonym - David</strong></td>
</tr>
<tr>
<td><strong>Years as EP</strong></td>
<td><strong>Age - 14</strong></td>
</tr>
<tr>
<td>8</td>
<td><strong>Gender - Male</strong></td>
</tr>
<tr>
<td><strong>Preferred Model</strong></td>
<td><strong>Known ability</strong></td>
</tr>
<tr>
<td>SFBT</td>
<td>Specific Learning Difficulty (Spld)</td>
</tr>
<tr>
<td><strong>SFBT use</strong></td>
<td><strong>Comprehensive School</strong></td>
</tr>
<tr>
<td>SEBD, Consultation, Supervision model, Report Writing</td>
<td></td>
</tr>
</tbody>
</table>

A school with 755 pupils on roll during the period in which the research was conducted which is located with a market town. The pupils who attend come from the town and also from the neighbouring villages and farmsteads. Ability amidst the pupils is described as “generally high” with the school achieving good standards in examination results. The school headteacher further reported that it is supported well by the parent body and is relatively well-funded as a result.

* Refers to general results from previous cognitive (IQ) and attainment tests assessment

**Table 7.3.20 – Dyad 4**
Dyad 5

History of Prior Therapy
No previous therapeutic experiences reported.

Referral Concern
(as reported by EP)
General, anti-social behaviour.

Current Intervention
(from same referral prior to SFBT session)
Home visit. Classroom observation. Interview with teachers.

<table>
<thead>
<tr>
<th>EP</th>
<th>Adolescent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pseudonym – Mr Drake</td>
<td>Pseudonym - Abe</td>
</tr>
<tr>
<td>Years as EP</td>
<td>Age – 13</td>
</tr>
<tr>
<td>First</td>
<td>Gender - Male</td>
</tr>
<tr>
<td>Preferred Model</td>
<td>Known ability*</td>
</tr>
<tr>
<td>SFBT</td>
<td>Low Average</td>
</tr>
</tbody>
</table>

All Boys School
This large, All Boys Secondary School had 1,245 boys on roll during the period in which the research was conducted. Located 10 miles outside of a major city, the school is served by a large seaside region. The catchment is described as “mixed” by the deputy headteacher stating that the area experiences both, high unemployment and a growth in out-of-town, expensive property. The school is said to be “challenged” by a number of issues particularly a high incidence of learning difficulties in “most” of the classes.

* Refers to general results from previous cognitive (IQ) and attainment tests assessment

Table 7.3.21 – Dyad 5
Dyad 6

History of Prior Therapy
Previous therapeutic experience reported with CAMHs.

Referral Concern
(as reported by EP)
Aggressive toward adults and peers.

Current Intervention
(from same referral prior to SFBT session)
Interview with parents. Multi-disciplinary meeting.

<table>
<thead>
<tr>
<th>EP</th>
<th>Adolescent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pseudonym – Ms Cliff</td>
<td>Pseudonym - Steff</td>
</tr>
<tr>
<td>Years as EP</td>
<td>Age - 12</td>
</tr>
<tr>
<td>Preferred Model</td>
<td>Gender - Female</td>
</tr>
<tr>
<td>SFBT use</td>
<td>Known ability*</td>
</tr>
<tr>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>SFBT</td>
<td>Female</td>
</tr>
<tr>
<td>All the time.</td>
<td>Below average</td>
</tr>
</tbody>
</table>

Grant Maintained School
Situated geographically within a former mining village, pupils attend from other small villages and semi-rural catchment. Relatively small with 433 pupils on roll during the period in which the research was conducted. The school became Grant Maintained in 1994 and is reported to have experience annual improvement in attainment levels achieved by the pupils

* Refers to general results from previous cognitive (IQ) and attainment tests assessment

Table 7.3.22 – Dyad 6
Dyad 7

History of Prior Therapy
No previous therapeutic experiences reported.

Referral Concern
(as reported by EP)
Friendship difficulties/Victim of bullying campaign.

Current Intervention
(from same referral prior to SFBT session)
Interview with teachers. Social observation.

<table>
<thead>
<tr>
<th>EP Pseudonym – Mrs Brigg</th>
<th>Adolescent Pseudonym – Meg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years as EP</td>
<td>Age – 13</td>
</tr>
<tr>
<td>12</td>
<td>Gender - Female</td>
</tr>
<tr>
<td>Preferred Model</td>
<td>Spld</td>
</tr>
<tr>
<td>SFBT</td>
<td></td>
</tr>
<tr>
<td>Model</td>
<td></td>
</tr>
<tr>
<td>SFBT use</td>
<td></td>
</tr>
<tr>
<td>SEBD, Early-years</td>
<td></td>
</tr>
<tr>
<td>work with parents.</td>
<td></td>
</tr>
</tbody>
</table>

Comprehensive School
A rural and small school with 495 pupils on roll during the period in which the research was conducted. The nearest town to the school is approximately 15 miles distance away that is served by a separate school. This school therefore, serves the children of the local farming community. Pupils are reported to be of good ability and the school headteacher considers his school as not being “faced with any ill-discipline.” Close community links exists and the local educational psychologist visits the school regularly as a result of living close-by.

* Refers to general results from previous cognitive (IQ) and attainment tests assessment

Table 7.3.23 – Dyad 7
Dyad 8

History of Prior Therapy
No previous therapeutic experiences reported.

Referral Concern
(as reported by EP)
Low self esteem/Withdrawal.

Current Intervention
(from same referral prior to SFBT session)

<table>
<thead>
<tr>
<th>EP Pseudonym - Mr Ash</th>
<th>Adolescent Pseudonym – Hannah</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years as EP</td>
<td>3</td>
</tr>
<tr>
<td>Preferred Model</td>
<td>SFBT and Narrative Therapy.</td>
</tr>
<tr>
<td>SFBT use</td>
<td>In most things I do.</td>
</tr>
<tr>
<td>Age</td>
<td>13</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
</tr>
<tr>
<td>Known ability*</td>
<td>Low average and language difficulty</td>
</tr>
</tbody>
</table>

Comprehensive School

One of four comprehensive schools serving a city famed for its university with 1,375 pupils on roll during the period in which the research was conducted. Regarded locally as the school that takes its pupils from the more affluent quarter of the region, the school experiences high levels of academic achievement. Within the school there is a resident school counsellor who supports both pupils and staff with any concern they wish to share. The school headteacher reported that support is an important consideration with pupils not only receiving “open-door” counselling but also “round-the-clock access” to learning support and “mentoring”, “as and when” they require.

* Refers to general results from previous cognitive (IQ) and attainment tests assessment

Table 7.3.24 – Dyad 8
Dyad 9

History of Prior Therapy

No previous therapeutic experiences reported.

Referral Concern
(As reported by EP)

Reported bullying campaigner.

Current Intervention
(from same referral prior to SFBT session)

Interview with parents and teachers.

<table>
<thead>
<tr>
<th>EP Pseudonym – Mrs Tori</th>
<th>Adolescent Pseudonym - Bobi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years as EP</td>
<td>Age – 15</td>
</tr>
<tr>
<td>17</td>
<td>Gender - Male</td>
</tr>
<tr>
<td>Preferred Model</td>
<td>Known ability*</td>
</tr>
<tr>
<td>SFBT and Webster-Stratton.</td>
<td>Below average</td>
</tr>
<tr>
<td>SFBT use</td>
<td></td>
</tr>
<tr>
<td>Early years and most SEBD.</td>
<td></td>
</tr>
</tbody>
</table>

Comprehensive School

This school is located within a small town that at one time provided an important agriculture market to the region. 660 pupils were on roll during the period in which the research was conducted and attending from both rural and town homes. The town is now a popular commuter location, on a main line train route to a nearby city. Housing is expensive therefore and a significant proportion of the pupils are from economically prosperous homes. The school is locally regarded as one of excellence in the field of physical education (PE) with the main hall containing a huge number of trophies and framed pictures of ex-pupils, now famed athletes. The headteacher considers the “excellent” PE teaching facility as providing a “great opportunity to the less academic pupil” and reports “little” in the form of behavioural and/or learning challenges within his school.

* Refers to general results from previous cognitive (IQ) and attainment tests assessment

Table 7.3.25– Dyad 9
Dyad 10

History of Prior Therapy

Previous SFBT experience reported as helpful.

Referral Concern
(as reported by EP)

Insolence toward adults.

Current Intervention
(from same referral prior to SFBT session)

Interview with parents. Class and social observation. Teacher consultation.

<table>
<thead>
<tr>
<th>EP Pseudonym – Mrs Raj</th>
<th>Adolescent Pseudonym - JJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years as EP</td>
<td>Age – 12</td>
</tr>
<tr>
<td>15</td>
<td>Gender - Female</td>
</tr>
<tr>
<td>Preferred Model</td>
<td></td>
</tr>
<tr>
<td>SFBT and Personal Construct Theory.</td>
<td>Gender - Female</td>
</tr>
<tr>
<td>SFBT use</td>
<td>Known ability*</td>
</tr>
<tr>
<td>SEBD and Supervision.</td>
<td>Average</td>
</tr>
</tbody>
</table>

Roman Catholic Secondary School

There were 880 pupils on roll during the period in which the research was conducted within this school. Located on the outskirts of a major city and sandwiched between two towns, one with high unemployment the being other more affluent, the region is economically diverse. Most of the pupils have previously attended local, Catholic Primary provision before attending this particular school that is reported to “strongly believe” in the “value of ethos.” The headteacher also describes the school as being “embracing” of “all abilities” with all classes being of mixed ability.

* Refers to general results from previous cognitive (IQ) and attainment tests assessment

Table 7.3.26– Dyad 10
7.3.1.4 The Researcher

At the time interviews were conducted I was 37 years old. I am a white British male, with a BSc in Biology and Movement Studies; Post Graduate Certificate of Education in Secondary Science teaching; MEd in Psychology of Education and professional MSc in Educational Psychology. I am a Chartered Psychologist with the British Psychological Society and have practised educational psychology for twelve years within an eclectic framework. During my professional development my interest has been drawn toward meeting the needs of the adolescent pupils that experience SEBD. As a result, this same interest led me to train in the area of SFBT. Subsequently, I have published a book (Rees, 2001a) and have co-edited another (Ajmal and Rees, 2001) in the area of SFBT and Education. I have written numerous conference papers and presented internationally on the subject and am currently in the process of producing two new publications on the subject (Rees and Moray Council, in press; Rees and Seleman, in press).

During the last few years I have worked full time as a psychologist for an organisation that I have founded, focusing specifically upon the applications of the Solution Oriented approach. Most recently I have co-written a programme that is being implemented by the Scottish Executive Government across Scotland called the Solution Oriented School Programme (Rees and Moray Council, in press). I am fully aware that within this study it was crucial to address any possible biases that might contaminate the coding and analysis of the data (Stiles, 1993; Rhodes et al, 1994) and attempt, therefore, to articulate such potential biases from the outset as one methodological weakness within the current study. The following bold statements reflect not only my expectations regarding the study prior to any investigation but also my ‘stance’ as an ‘insider’ to SFBT. With consciousness toward reflexivity, the following points are presented therefore, from my own ‘ethnic perspective’.

1. It was expected that both adolescent and EP participants of SFBT would find the approach pleasurable and effective in bringing about positive change.
2. It was expected that during SFBT the relationship between participants was perceived as important and, moreover, as a factor which may directly affect outcome.

3. It was expected that adolescents would not be able to articulate as well as the EPs the precise reasons as to why SFBT worked well (or did not) and may require support to comprehend my questions.

4. It was expected that SFBT would present as a novel way of working for the adolescent in comparison with traditional methods they might have previously experienced and that this factor contributed to their perceptions of usefulness.

5. It was expected that the adolescent would view the entire experience of SFBT in a simpler and more straightforward way to that of the EP and that both their descriptions would reflect this.

6. It was expected that, on the whole, adolescent and EP views would be congruent about the SFBT being helpful, useful, novel and enjoyable or not.

7. It was expected that adolescent and EP perceptions regarding the quality of their relationship would be congruent.

8. It was expected that within the dyads where congruence was high, that positive outcome would be more likely.

7.4 Data Collection

As explained earlier in the chapter, the pilot study experience indicated that the more unstructured model of interview seemed to lead to responses from participating adolescent that needed extensive explanation and support from me. This made for a disjointed and uncomfortable experience for all and did not appear to accommodate the receptive or expressive language skills of the youngsters involved.

It was decided therefore, on the basis of experiences gained during the pilot study, that the main study interview questions would need to be clear, unambiguous, focused and simple in order to stand any chance of overcoming participants’ difficulty in engaging with the process for any or all of the reasons previously mentioned. Such
mitigation reduced the risk of confusion and misunderstanding on behalf of the adolescent participants. As the nature of the study is in relation to a comparative analysis of perceptions appertaining to shared experiences it was considered necessary to be consistent in the both interview question structure and content for both parties, adolescent and EP. It followed, therefore, that the EP would be asked the same semi-structured questions as were asked their respective adolescent counterparts, even though they could have participated in a more unstructured form, as was originally intended.

Following on from the pilot study a series of focused questions were developed for use within the main study interview which served to focus upon the emerging themes and investigate in a simple yet as thorough a way as possible perceptions – without becoming too demanding upon the receptive and expressive language skills of the participating adolescents. Questions were prepared as void of theoretical or therapeutic terminology in an attempt to obtain new descriptions of the change process.

7.4.1 Formulation of the Interview Guide

For the interviews a guide was developed to maintain focus on themes and a consistent structure. However, I was keen to elicit as much of the participants’ own thoughts and use of language as possible and, therefore, followed up most questions with probes, thus making for some degree of flexibility in response. A variety of question styles was utilised, as recommended by Cohen and Manion (1980: 246-251). I was also interested in minimising the risk of the participant trying “to be unduly helpful” or “anticipate what the interviewer wants to hear” (Cohen and Manion, 1980: 253). In reaching the final Interview Guide, general, thematic areas were decided upon. These emerged mainly from the literature and, also, from the pilot study and from discussion with the multi-disciplinary focus group of colleagues, who presented alternative ideas to my ‘insider’ postulations. Developed themes for exploration included:
<table>
<thead>
<tr>
<th>Theme</th>
<th>Area of Exploration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Overriding memory of the SFBT experience</td>
</tr>
<tr>
<td>2</td>
<td>Comparison with past experiences</td>
</tr>
<tr>
<td>3</td>
<td>Exploration of enjoyment value</td>
</tr>
<tr>
<td>4</td>
<td>Exploration of helpfulness</td>
</tr>
<tr>
<td>5</td>
<td>Exploration of what worked</td>
</tr>
<tr>
<td>6</td>
<td>Quality of the relationship</td>
</tr>
<tr>
<td>7</td>
<td>Value of the relationship</td>
</tr>
</tbody>
</table>

Table 7.4.1 – Thematic Areas of Main, Semi-Structured Interview

From this outline of thematic areas and broad question areas the guide of semi-structured questions were then formulated and, as mentioned, it was important to utilise a variety of styles. A final, important stage of testing the questions and probes for understanding and coherence on colleagues and willing teenagers within the family took place. This resulted in additional feedback, revision of questions and their re-writing and re-testing. Finally, the interview guide for use within the main study emerged, presented below in Tables 7.4.2 -7.4.7.
7.4.2 Interview Guide to Questions and Probes

<table>
<thead>
<tr>
<th>Theme 1</th>
<th>Adolescent</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overriding memory of the SFBT experience</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 1</th>
<th>Adolescent</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please tell me what it was like working with the EP?</td>
<td>Please tell me what was it like working with your adolescent client?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Affirmative Probe 1.1</th>
<th>Adolescent</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good – why?</td>
<td>Good – why?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Negative Probe 1.2</th>
<th>Adolescent</th>
<th>EP</th>
</tr>
</thead>
</table>

Table 7.4.2 – Interview Theme One: Guide to Questions and Probes

<table>
<thead>
<tr>
<th>Theme 2</th>
<th>Adolescent</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comparison with past experiences</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 2</th>
<th>Adolescent</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was this a new way of sorting out your problems for you?</td>
<td>Do you think this way of working was new to your client?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Affirmative Probe 2.1</th>
<th>Adolescent</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>In what way was it different? Are you glad it was different or would you have liked it to have been the same?</td>
<td>In what way was it the same do you think? Was this a good or bad thing?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Negative Probe 2.2</th>
<th>Adolescent</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>In what way was it the same as before? Are you glad it was the same or would you have liked it to have been different?</td>
<td>In what way was it different do you think? Was this a good or bad thing?</td>
<td></td>
</tr>
</tbody>
</table>

Table 7.4.3 – Interview Theme Two: Guide to Questions and Probes
<table>
<thead>
<tr>
<th>Theme 3</th>
<th>Adolescent</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exploration of enjoyment value</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 3</th>
<th>Say you were to describe what you went through with EP to a friend, would you say that it was enjoyable?</th>
<th>Do you think the experience was an enjoyable one for you and the client?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affirmative Probe 3.1</td>
<td>What did you enjoy, like, feel was nice?</td>
<td>What was enjoyable? Liked by you or them?</td>
</tr>
<tr>
<td>Negative Probe 3.2</td>
<td>Why do you say it was not enjoyable?</td>
<td>Why do you think it was not enjoyable?</td>
</tr>
</tbody>
</table>

**Table 7.4.4 – Interview Theme Three: Guide to Questions and Probes**

<table>
<thead>
<tr>
<th>Theme 4</th>
<th>Adolescent</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exploration of helpfulness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 4</th>
<th>Has the work you have done with the EP helped you in any way OR do you think it will help you?</th>
<th>Do you believe that the work conducted has helped your client OR will help your client?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affirmative Probe 4.1</td>
<td>In what ways do you think it has helped/will help?</td>
<td>In what ways do you think it has helped/will help?</td>
</tr>
<tr>
<td>Negative Probe 4.2</td>
<td>Why do you think it has not/will not help?</td>
<td>Why do you think it has not/will not help?</td>
</tr>
</tbody>
</table>

**Table 7.4.5 – Interview Theme Four: Guide to Questions and Probes**

<table>
<thead>
<tr>
<th>Theme 5</th>
<th>Adolescent</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exploration of what worked</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 5</th>
<th>Were there things you’d say that worked well in your work with the EP?</th>
<th>Were there things you’d say that worked well in your work with your client?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affirmative Probe 5.1</td>
<td>Why do you think it/they worked?</td>
<td>Why do you think it/they worked?</td>
</tr>
<tr>
<td>Negative Probe 5.2</td>
<td>Why do you think only a little or nothing at all worked?</td>
<td>Why do you think only a little or nothing at all worked?</td>
</tr>
</tbody>
</table>

**Table 7.4.6 – Interview Theme Five: Guide to Questions and Probes**
<table>
<thead>
<tr>
<th>Theme 6</th>
<th>Adolescent</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 6</td>
<td>How well did you and the EP get on together?</td>
<td>How well did you and your client get on together?</td>
</tr>
<tr>
<td>Affirmative Probe 6.1</td>
<td>If I’d have been a ‘fly on the wall’ during your meetings, how would I have known that you were getting on well together? What would I have seen you or the EP doing exactly?</td>
<td>What were the signs to you that you were getting on well together? What were you or your client doing that told you so?</td>
</tr>
<tr>
<td>Negative Probe 6.2</td>
<td>Why do you think you did not get on well with the EP?</td>
<td>Why do you think you did not get on well with your client?</td>
</tr>
</tbody>
</table>

**Table 7.4.7 – Interview Theme Six: Guide to Questions and Probes**

<table>
<thead>
<tr>
<th>Theme 7</th>
<th>Adolescent</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 7</td>
<td>How important do you think it is that EP’s get on with teenager’s like you, if they are to help you?</td>
<td>If you are to work best with an adolescent client what importance to you afford to the relationship between you?</td>
</tr>
<tr>
<td>Affirmative Probe 7.1</td>
<td>Why do you think it is important? What difference can it make?</td>
<td>Why do you think it is important? What difference can it make?</td>
</tr>
<tr>
<td>Negative Probe 7.2</td>
<td>Why do you think it’s not so important?</td>
<td>Why do you think it’s not so important?</td>
</tr>
</tbody>
</table>

**Table 7.4.8 - Interview Theme Seven: Guide to Questions and Probes**

### 7.5 Interview Duration

Revising the length of interview was discovered to be an important consideration following the experiences of the pilot study adolescent interviews. Reflective conversations were found to be best kept to a maximum of twenty minutes to better accommodate the possibility of relatively short attention and concentration spans.
possessed by some of the adolescents. In addition, advanced notice of intended interview duration of each interview was provided by telephone for the following reasons.

Advanced notice enabled participants to prepare themselves for the conversation, which allowed for some to plan contact with a friend to coincide with the arranged ending time. Attention to timescales in this manner was an aspect of my professional experience as an EP as it applied to the structure of the research interview, reflecting the belief in the importance of clear agreements in therapeutic work. My impression was that attention to relevant boundaries in the planning and structure of the interviews gave confidence to participants. This was particularly significant for those who had experienced unsatisfactory therapeutic relationships or who felt uneasy with male psychologists.

Another reason for advanced notice of duration was that by offering a clear time boundary the interview was perceived as one that would not ‘delve’ too deeply, and cause distressful thoughts beforehand. It was also shared at this pre-interview opportunity that all participants would be welcome to offer me their feedback about the experience at the end of each session. There are also strong practical reasons for working within a specified time frame which serves me as researcher well as much as the participants. Pacing and tempo of interviews can be considered beforehand allowing for a more ‘punchy’ and novel rhythm with adolescent interviews. The duration also allowed for the careful consideration of how many and what kind of questions should be included. To save time I travelled to each interview location, with each psychologist being interviewed at either their office or at their adolescent client’s school. Each of the ten adolescent participants was interviewed at his or her respective school. It was requested that no contact should occur between participating pairs until both interviews were completed. All participants complied fully with the procedure set out.
7.6 Analysis of Data

Since the qualitative aspect of the study was concerned with the analysis of similarities and differences between two perspectives, that of the psychologist and of their adolescent, a Grounded Theory approach was employed (Strauss and Corbin, 1990). This analytical approach was sufficiently flexible to accommodate identification of themes (categories) whilst comparisons were being made between psychologist and adolescent responses. Category development and identification of themes was possible by means of continuously comparing responses within and across interview pairs. Immediately after each interview, a summary sheet was completed (Appendix 14). This outlined the main issues covered, their relevance to the research questions and implications for subsequent data collection. The recording of each interview was then transcribed in full followed by conducting an ‘open coding’ procedure (Strauss and Corbin, 1990). This method is concerned with segmentation of data to identify key themes (categories) in the transcripts. Essentially, each line, sentence and paragraph was read in search of the answer to the repeated question "what is this about? What is being referenced here?" Also, part of the analytic process was to identify the more general categories that these phenomena represented. Codes were then attached to these segments of data to aid organisation, retrieval and later interpretation (Coffey and Atkinson, 1996). I began by coding the transcripts, followed by the study for categories representing the emerging themes. When a category was discovered in the transcript, that segment of text was underlined and marked with a coded abbreviation (a full list of research codes are included in Appendix 15 (Tables 7.6.2-7.6.9). In addition, part of a coded transcript is included in Appendix 16).

Data were then re-organised in two ways. Analytic files were created for each category (Lofland and Lofland, 1995) involving the cutting up of photocopies of coded data segments and grouping those that represented the same category together. An index system was developed by the simple use of index cards which provided a helpful storage system for the large amounts of data (Appendix 17). Transcripts were re-read and the full list of categories and sub-categories emerged (see Table 7.6.11 below)
7.6.1 Emerging Codes, Categories and Themes

All interviews were transcribed for analysis purposes. The audio-tapes were then erased as was agreed with the participants, protecting their confidentiality further. My decision was to analyse the data gathered from the interviews with individual colleagues of the professional focus group in the first place, conducting open discussion regarding any striking or noticeable comments, themes or ideas. This was helpful as I benefited for the immediate value of having a number of views and perspectives regarding the transcriptions. This aided understanding and provided a multi-view of the data, rather than only that afforded by myself.

Simple, diagrammatic representations were made of the ‘mind-map’ (Buzan, 1991) to sort, clarify and highlight initial thoughts on themes (Appendix 18). This is emerging as a popular method within educational psychology by which EPs express their thoughts on paper which is easily accessible to others yet maintains individual patterns and connections. Prior to constructing the mind-map, I read and re-read the interview transcripts, highlighting those phrases which seemed important, some of which almost ‘jumped off the page’ in terms of thematic relevance and resonance with previously read literature. The mind-map was a simple, useful tool to organise thoughts and elicit initial ideas: the mind-map constructed after reading through the transcripts of the interviews several times can be found in Appendix 18.

Eight categories emerged from 31 coded sub-categories resulting in the formulation of two broad themes (‘the Core Features of SFBT’ and ‘Key Elements of the SFBT therapeutic relationship within’). Themes were already emerging during the mind-map construction process, which continued to mature in depth as the interview coding became complete. Careful inspection revealed the categories and the themes represented in the following table.
## THEMES

<table>
<thead>
<tr>
<th>Key Elements of the SFBT, Therapeutic Relationship (TR)</th>
<th>Core Features of SFBT (CF)</th>
</tr>
</thead>
</table>

## CATEGORIES

<table>
<thead>
<tr>
<th>Appeal</th>
<th>Acceptance</th>
<th>Goals &amp; Tasks</th>
<th>Relationship</th>
<th>Novelty</th>
<th>Technique</th>
<th>Comfort</th>
<th>Effectiveness</th>
</tr>
</thead>
</table>

## SUB-CATEGORIES

<table>
<thead>
<tr>
<th>Trusted</th>
<th>Understood</th>
<th>Important</th>
<th>Mine, owning</th>
<th>See again</th>
<th>New</th>
<th>Scaling</th>
<th>Good</th>
<th>Useful</th>
<th>Sincere</th>
<th>Acknowledged</th>
<th>Only one</th>
<th>Interesting</th>
<th>Questions</th>
<th>Relaxing</th>
<th>New ideas</th>
<th>Liked</th>
<th>Heard</th>
<th>Possible</th>
<th>Break</th>
<th>Odour</th>
<th>Helpful</th>
<th>Honest</th>
<th>Safe</th>
<th>Negotiated</th>
<th>Duration</th>
<th>Tidy</th>
<th>Hopeful</th>
<th>Funny</th>
<th>Private</th>
<th>Positive</th>
</tr>
</thead>
</table>

**Table 7.6.11** – Themes, Analytic Categories and Sub-Categories of the Study

### 7.7 Summary

This chapter has outlined the methodological procedures of the study including the participant samples, the data gathering and data analysis approaches employed. The following chapter is devoted to the full analysis and discussion of the emerging data, followed by the drawing together of the findings in Chapter 9 – Conclusions.
Chapter 8 – Analysis and Discussion

Introduction

In response to the research questions posed at the beginning of this study, this chapter presents an analysis and discussion of the qualitative findings arising from the interviews conducted. Discussion of a constant comparison nature addresses the proposed research questions, stated previously as:

I. how do the educational psychologist and adolescent describe their experience of SFBT? To what extent are their perceptions about the experience similar?

II. What constitutes a therapeutic relationship between educational psychologist and adolescent, within SFBT? Do the educational psychologist and adolescent hold similar perceptions regarding their therapeutic relationship within SFBT?

During the process of addressing these original questions, two main thematic areas of interest emerged. These also served to influence the way in which the discussion is presented, seeking to reflect their development by exploring the gathered client perceptions. The two main thematic areas emerged as:

I. Core Features of SFBT (CF)

II. Key Elements of the SFBT, Therapeutic Relationship (TR).

During the analysis and discussion of both thematic areas outlined above, their respective categories and subcategories are printed in bold, whilst concepts that contributed toward category and subcategory maturation are underlined. Numbers shown in brackets refer to the number of responses falling within a particular category, observed where I refer to a general finding between individual participants for example, numbers are seen to follow ‘few’, ‘most’, several’. Information provided within the chapter is provided in the form of coded segments of direct transcript quotations. In many instances, therefore, quotations are not grammatically correct, as they are the actual words of the interview participants, particularly in the case of the adolescent sample. It is important to present real and authentic utterances.
My quotations as researcher are preceded by ‘R’ with respondents referred to by pseudonym, where the last letter represents the dyad match, for example Marc and Mr Brac (see Table 8.3.1). The overall intention in the data analysis section is to illustrate the key analytic themes emerging from the vast amount of empirical material gathered in the interviews.

The initial section within the chapter explores descriptions of SFBT in response to the first research question. Perceptions regarding general experiences of SFBT highlight similarities and differences between adolescent and EP, revealing the emergence of the first, key thematic area, Core Features of SFBT (CF). Concepts in relation to the perceived efficacy of SFBT also emerge and are explored, highlighting those aspects considered productive by the participants.

Resulting from this discussion, the emerging concepts and themes unfold in response to the second research question. Here, particular attention is afforded the perceptions of ‘therapeutic relationship,’ its perceived importance within SFBT and its possible impact upon outcome. The constant comparison method of analysis provides for the emergence of the second main theme to arise from the study namely, Key Elements of the SFBT, Therapeutic Relationship (KER). Four, central analytical categories emerge from the rich data as key elements of the relationship and are discussed fully. Finally, each dyad is taken in turn in order to compare how the educational psychologist and their respective adolescent client perceive the key elements of the therapeutic relationship – highlighting similar and differing views.

8.1 The Emergence of Thematic Labels (Names)

At this stage it is considered important to explain the method by which the naming or labelling of the emerging themes occurred during analysis and discussion. To illustrate this issue, the naming of the category, novelty is commented upon.

Repeated mention of concepts were noted by participants as to whether or not SFBT was perceived as an altogether new way of working, different to other ways, similar to other ways or very familiar. These perceptions eventually came to constitute a category referred to as novelty.
Whilst any one participant did not use this word during the course of the interviews it was considered an appropriate and representative description of the phenomena that were discussed. Alternatively, I considered naming the category ‘experience of SFBT’. However, my view was that this would not have been a true representation of what the participants had intended as meaning for their perceptions and would have led to confusion about the theme being related to the level of EP ‘expertise’ in SFBT. Similarly, the naming of the category as ‘experience of SFBT’ may have served to refer to any past encounter that the adolescent may have had in relation to SFBT.

Considering the final descriptive label for the emerging categories and themes was not, therefore, a straightforward task. Whilst all attempts were made to adopt and utilise the language used by the participants from their original responses, it was not always possible. The ‘novelty’ category is a good example of this. One factor above all others complicated what otherwise might have been a fairly simple naming process, resulting in me having to look closely at providing an appropriate thematic label himself, which would serve to best represent intended meaning of participant perceptions. This factor was in relation to differences between the two participant groups in terms of linguistic aptitude and their verbal representations during interview. The EPs were able to describe experiences in fine detail, using refined language skills. They were not short of vocabulary nor did they struggle with word finding, they were able to utilize professional knowledge, knowing that I was a psychologist, all of which provided for exceptionally sophisticated accounts of their experiences. In considerable contrast were the much shorter, simpler accounts received from the adolescents. Despite the interview being semi-structured, rather than un-structured as was trialled in the pilot study, with questions that had been developed with adolescent access in mind, most adolescents found the interview linguistically challenging.

From the my own professional experience as psychologist, it was perceived that the challenge presented by the interview to each adolescent was that of comprehending questions and concepts being discussed and then providing appropriate descriptions based upon accurate memory recall. The complexity of such a challenge was further exacerbated by the combined influence of any immaturity in receptive and/or expressive language skills, the presence of a general learning difficulty and any
attentional difficulty that the adolescent experienced. Resultant descriptions were understandably different to those received from the EPs, even to identical questions.

Due to the observed discrepancies between EP and adolescent groups in language ability it was not always possible to identify common vocabulary to describe the same phenomena. As a concept evolved in thematic importance it was important that it assumed an appropriate identity by virtue of a name. Had interviews only have been conducted with a single population, EP or adolescent, then the naming of themes would have been more straightforward, the utilization of a single population terminology. However, this was not the case in this study and I was careful in attempting to maintain equal status to both population voices and not select one above the other when choosing vocabulary for the naming of a theme. The decision was arrived at therefore that wherever the language used by both groups to describe perceptions regarding a shared experience was the same or similar, then these words would be reflected in the emergent, thematic labels. However, where there was significant variation in vocabulary used to formulate descriptions, due to the reasons outlined above, I decided, rather than choose the ‘best’ description (EP or adolescent), to consider a ‘neutral’ and altogether new wording to best describe the theme.

8.2 Emergence versus Prediction

It is of importance to remain mindful of the fact that all of the categories and sub-categories described within the following commentary, emerged entirely as a result of the analysis and discussion within which they appear. The analysis and discussion of the data, as were the actual interview questions, were only influenced by the research questions posed at the beginning of the study. All data were continually viewed with the research questions in mind and the themes that emerged were in relation to these. It would not have been possible, therefore, nor methodologically desirable to have attempted to predict any of the themes that emerged prior to the analysis and discussion.
8.3 Core Features of SFBT (CF)

A constant comparison of emerging categories, subcategories and concepts from the data, in response to the first research question posed, appeared to weave together to construct the main theme Core Features of SFBT which is shown and summarized as ‘CF’ (see Figure 8.3.1). Exploring the analytic categories that emerged also captured the question of similarity and difference in dyad perceptions of the experience of SFBT held by participants. The analytic categories which combined to form the theme of Core Features of SFBT were novelty of experience, techniques used, physical comfort of the environment and effectiveness of the work.

<table>
<thead>
<tr>
<th>Dyad #</th>
<th>EP</th>
<th>Gender</th>
<th>Pseudonym</th>
<th>Adolescent</th>
<th>Gender</th>
<th>Age (yrs)</th>
<th>Pseudonym</th>
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<tr>
<td>1</td>
<td>1</td>
<td>M</td>
<td>Mr Bala</td>
<td>M</td>
<td>14</td>
<td>Adda</td>
<td></td>
</tr>
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<td>2</td>
<td>1</td>
<td>M</td>
<td>Mr Clabb</td>
<td>M</td>
<td>14</td>
<td>Jeb</td>
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<td>3</td>
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<td>Mr Brac</td>
<td>M</td>
<td>12</td>
<td>Marc</td>
<td></td>
</tr>
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<td>4</td>
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<td>F</td>
<td>Ms Mead</td>
<td>M</td>
<td>14</td>
<td>David</td>
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<td>Mrs Tori</td>
<td>M</td>
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<td>Bobi</td>
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<td>1</td>
<td>F</td>
<td>Mrs Raj</td>
<td>M</td>
<td>12</td>
<td>JJ</td>
<td></td>
</tr>
</tbody>
</table>

Table 8.3.1 Dyad Member Gender, Pseudonym and Age (adolescent only)
Figure 8.31: Organization of Analytic Categories. Subcategories and Concepts within the Main Theme of Core Features of SFBT.
8.3.1 Novelty

Category

Novelty

Concepts
different; good; better;
nothing helping; liked.

Subcategories

New

Interesting

real change
surprise/shock
new way of looking
lots of things
focus on strengths

Figure 8.3.2 – Organisation of Concepts and Subcategories within the Analytic Category of Novelty

The experience of SFBT for nine of the ten adolescent participants was new (n=9). This was reflected in the similarity which existed between comments made, mainly in response to the researcher question:

*R: Was this a new way of sorting out problems for you?*

In response, Marc commented upon how he perceived the experience SBFT as being different despite having received the ‘same kind of work’ in the past. His comments regarding the difference were as follows:

Marc: *When I was eleven I saw someone like Mr Brac before, did the same kind of work – helping kids and stuff, but it was a little bit different this time."

*When asked if this was a good or bad thing the response was:*

201
Marc: Good. I like the way Mr. Brac wasn't pushing me to come up with loads of answers, that's what happened last time I think.

Referring to 'liking' the difference SFBT offered in comparison to another approach suggests that the adolescent views the difference as a factor that helped him in the process of change. The subcategory of what participants liked and appreciated about SFBT also emerged as a later theme, within the concepts related to how SFBT was seen to be effective.

Mr Brac reported that he was made aware of Marc's previous experience and decided to use the SFBT model in order that it served the purpose of offering a different experience to the adolescent:

Mr Brac: There was no way I was going to walk into that. I'd read the file and picked up on the fact that the last sessions he'd had weren't good. They even had a no-show from him, which is pretty bad really. Anyway, I actually asked around - his teachers and parents, and found out that it was the sort of heavy, questioning approach that upset him. All I tried to do then, was to make sure that this piece of work was 'gentler'......in my view I think it was different for him in this sense, hope so.

Both Mr Brac and Marc recognised the approach as being a new way of working and both considered this to be of value in the process of change in that it offered an opportunity to explore alternative untried strategies. In addition, responsive and diagnostic action taken by the EP in this case demonstrated the value in researching which model had or had not previously worked well in the past with a client so as to select the appropriate form of intervention. At this early stage the category of novelty was emerging as to represent what participants perceived as useful in adopting a different approach, in this case SFBT.
JJ commented:

JJ: I think it's a really good way of working because you do lots of things, not just talk all the time.

This response suggests not only did JJ find the approach good but also interesting in the variety it offered to other ways of working. The emerging subcategory of SFBT being perceived as interesting was supported repeatedly by Adolescents and EPs alike. For example, Mrs Raj provided an indication regarding the variety SFBT could offer, commenting:

Mrs Raj: We mixed it up a bit and did a few different things really. I tried a new version of the Miracle Question, more in the form of ‘Magic Crystal Ball’ question this time. I actually asked him if he’d been asked this before and he said he hadn’t. That worked quite well actually, got a lot out which helped. We also drew the scale rather than just talked about, so that might have been different, and the break we took, he hadn’t had before. So, I suppose there was a lot that was different...

Again, it was observed that commentary on the difference SFBT offered in terms of novelty was associated with that it also made a contribution toward what worked and helped the client. Most of the adolescent clients (n=8) commented on the experience of SFBT in terms of it being different and there was general recognition that this newness was as a result of several distinctions when comparisons were drawn to other methods of working.

For example, when Adda was asked by R:

R: What made it different do you think?

He responded:

Adda: ...it was a real change from being shouted at and, erm, the sorts of things that the teachers say to you all the time like “why don’t you just behave Adda”. Gets on my nerves when they say that.
Similarly, Steff commented upon the fact that SFBT was actually a more interesting way of working than she’d previously experienced through her involvement with a local Child and Mental Health Service (CAMHs). She explained:

**Steff:** ...in the other place...you had to tell ‘em all about everything. That took ages it did...where I was born, what I did all through Primary...questions about how I think other people see me and stuff like that...loads...then, sometimes you had to tell 'em all of it again when they asked...like they didn’t know what to do with me really...we only talked like that really, wasn’t much else...in this we did lots of things, not just talk...

Steff elaborated particularly about how she liked the more positive focus in contrast to her earlier experiences, saying:

**Steff:** I didn’t know what this was called (SFBT) ‘till you told me just now, but it’s definitely better...you don’t have to say anything you don’t have to....it’s really positive, I like that because I hate it when stuff is gettin’ me down and things...

It was observed that the experience of SFBT was a better experience for Steff than that of her previous therapeutic encounter. She suggested that this difference was due in part to her liking the positive nature of SFBT.

Perceptions held by every EP to a varying degree mirrored adolescent commentary in relation to SFBT being considered a different and novel way of working. The approach was described by EPs as providing a new experience for an adolescent client that contrasted with the traditional methods to which they were likely to have been exposed. Reference was made to the continued and relatively dominant use of more traditional “deficit models” (Mrs Drake). This proposition that such models remained popular within education and educational psychology, led to the suggestion that it would serve to:

**Mrs Drake:** ...increase the chances of SFBT being a new thing for pupils.
Moreover, comments made Mr Bala and Hannah were representative of every participating EP in the study (n=10) who all considered that despite SFBT not being new to them as practising professionals, it was of high probability, therefore, that it was new to most adolescents. Further, by virtue of it being new, different or interesting, it presented as novel, which was regarded as a healthy concept to be embraced and not discounted by the practitioner.

Mr Bala: I don’t think, in all my years as an EP I’ve ever come across anything quite as new to the client, or potentially new at least...I suppose it offers them a new way of looking at things...positive instead of negative outlook, and it adopts the ‘glass half full’ scenario, which I really like and I think they must do to...So, yes, I do think it is different to most of the other approaches...I bet actually it must be a bit of a surprise to some of them (clients), or even a shock (laugh), I mean to actually have such an affirming experience when they might have been expecting something less positive.

The notion of novelty and interest was elaborated by Mr Ash, above who demonstrated in terms of one particular female whose initial encounter with SFBT was memorable.

Mr Ash: For this particular child everything about the approach I used was probably interesting. Because she’d been in and out of a PRU (Pupil Referral Unit) she’d had quite a bit of straight behavioural work done with her, erm, lots of contracting, IBP’s (Individual Behaviour Plans) and things like that. Not knowing her, but knowing of her I was interested to see how the SFBT would go down, as it turned out not too good...she wasn’t used to the focus on strengths for definite and I’m not sure that she didn’t find that uncomfortable even. The Brief Therapy Centre scaling was a new technique to her, she hadn’t done that either...but like I say I think she was really holding back...she wanted to let go ‘cos she seemed genuinely interested, but not this time.
It was noted that despite Mr Ash holding the view that Hannah was interested in the work and was introduced to a new way of working including some new techniques, this was not considered sufficient (as a novelty factor) in helping her to “let go”. Mr Ash went on to suggest, as did a number of other EPs (n=5), that the unfamiliarity that SFBT offered could actually result in adolescent uncertainty that could result in a “holding back” (Mr Ash), in fear of the unknown. A practice consideration arising from such reflections might suggest a ‘go slow’ approach to introducing SFBT techniques, where different aspects of SFBT were set amidst more familiar “deficit model” (Mrs Drake) techniques. Following on from this, Mr Ash implied by virtue of the comment “not this time” regarding the success of the work that with increased exposure to and familiarity with SFBT, the client may indeed become more receptive to the opportunities on offer. Also, to consider taking steps to allaying any fears or concerns client may possess prior to intervention, yet striving to maintain the novelty that the new approach may offer.

Both Jeb and Hannah were the only members of the client group reported as not having benefited positively from participating in SFBT experience by their respective EPs in comparison to the remainder of the adolescent sample (n=8) that did. Although both believed and noticed SFBT as being an experience altogether different to what they had previously come across, they reported rather fatalistically however:

Jeb: Nothing helps...I’ve heard them tell my mum that...they’ve tried everything.

And, in a similar vein, Hannah alludes to the lack of positive outcomes:

Hannah: I’ve seen loads of people...’dunno who...all ’ave been alright with me, but I don’t see nothing ever ‘appening.

I was particularly interested to discover whether both adolescents, despite holding views about the disappointing effectiveness of the interventions they had experienced, considered that to try something new and different, such as SFBT was perceived as worthwhile. They were asked:

R: Do you think it was worth trying something different then, like you did with X?
There was disparity in response between Jeb and Hannah to the question posed, as to whether there was value in trying something new with Jeb revealing that there was little point in trying anything at all, new or otherwise, commenting:

*Jeb:* To be honest I don't think anything is going to help, whatever you do. I just hate school...nothing has worked before...can't see those questions working...talk, talk, talk that's all...

In contrast to this and more positively, Hannah offered a less negative view:

*Hannah:* Anything is worth a try I suppose.

From these and the other comments revealed, it emerged that perceptions of SFBT as being new and different were prevalent and that such perceived difference to the approach was potentially beneficial by acting to positively help the client in a novelty capacity. The perceptions shared by both adolescent and EP groups supported the emergence of this theme.

However, this said, it also emerged within the same theme of novelty that no matter how interesting or different SFBT may be to an adolescent in relation to other approaches, if previous therapeutic experiences have not been successful, then such experience may serve to influence the expectancy of and actual outcome of SFBT interventions despite its novelty.

In summary, the theme of novelty emerged from the analysis of the data when investigating the first research question to do with the similarities and differences in perceptions with regard to the core features of SFBT. It was discovered that both EP and adolescent share common perceptions of SFBT as being quite different to other forms of intervention. This reported difference was viewed positively as it resulted in interesting work, which in turn served to help the adolescent. Some perceptions, however, suggested that new and interesting work approaches would not in themselves prove sufficient in bringing about positive outcome. This latter discovery served also to inform a response to the second research related to what factors are perceived as influencing successful outcome. It is postulated that a positive outcome was promoted as a result in part to the contribution made by the newness, difference
and interest that the SFBT experience provided, perceived by both EP and adolescent as aspects they liked, were good and helpful.

8.3.2 Technique

Technique was a theme to emerge in analysis of the data in response to the research questions. In terms of the embedded techniques generally utilized in SFBT, adolescent clients and EPs had a range of views. The EP mentioned techniques they had used whilst the adolescent referred to techniques they had noticed during their respective recollections of the SFBT experience. Naturally, EPs as practitioners, possessed an awareness that they were speaking of ‘technique’ when making such references, whereas the adolescents did not posses the same professional knowledge and awareness of whether an event was an actual technique or not. From investigating the adolescent responses received, techniques were not described as learned, therapeutic methods used by the EP, rather as things the EP ‘did’, which was either deemed, good, useful, helpful or not. As a result and, as in the case of novelty, not one of the adolescent group used the word technique, as they demonstrated no awareness of the concept in the therapeutic context, rather referred to instances of technique in the main as ‘things’ the EP did’. Within these descriptions of what the EP did they referred directly to specific questions, question lines, visual strategies adopted and sequence of events, considered by SFBT practitioners of course as techniques. In light of these findings, it was my decision to name the emerging theme as technique as it best represented the perceptions provided of the SFBT experience with regard to what was happened, was done or the EP did.

In the context of the data analysis and discussion, reference to technique related to the SFBT therapeutic methods outlined in Chapter 3 and employed by the EP. They are learned not inherent, as they are specific to the therapeutic model at play. However, as with all techniques the success of application is in part determined by the skill of the practitioner. Adolescent perceptions indicated that SFBT techniques were noticed by most (n=8) as being part of the SFBT experience. The majority of referenced experience to do with technique occurred in response to researcher questions investigating what had happened within SFBT. Interview questions asking
what participants perceived as **helpful, working** and/or enjoyable also provide to be a rich source of data within the subcategory of **technique**.
Figure 8.3.3 – Organisation of Concepts and Subcategories within the Analytic Category of Technique
The following question was posed in interview to each adolescent by R:

R:  What would I have seen you or/and the EP doing (together) exactly?

Leading on from this question was the presentation of subsequent, supplementary probes giving rise to much material in relation to perceptions regarding technique:

David:  ...the scale was good, I liked that...well cool, what she did was draw a line on a piece of paper like this (demonstration) and asked me to say where I was, like between one and ten...then I had to say where I wanted to be...we tried sorting out how I was goin’ to do it...yeah, that was good...the other thing was when she went out of the room. She went out to have a think and do some notes and then come back in like after a couple of minutes...it was good because it gave me a chance to think a bit and chill...yeah, it was a bit scary to hear what she was goin’ to say, but you get used to it, and it’s good really, like she told me stuff that I do, like the fishin’ and karate, that was cool...she asked me some more questions too, like what I was gonna try.

In turn, related segments from the comments made by Ms Mead, the therapeutic partner to David, reflected congruency in relation to the importance of certain techniques experienced, such as the scale, stating:

Ms Mead:  Of all the things we did together maybe it was the scaling which he (client) would have noticed the most. I seemed to really go for it and it seemed a really new concept for him in thinking about things. Actually, erm, if I remember correctly erm (checking notes), he scored himself on a half point once, yes, here look, he scored himself as 7.5, amazing...for something to be so meaningful, and I think it really was for him because of how detailed his score was yeah(?), must have been really a nice feeling for him you know...Sometimes I get kids and they give me any answer, or even worse either the answer they think you want to hear or an answer just as a wind up, like a ten (laugh)...he really took it seriously though, and I’m
wondering whether it’s to do with the visual aspect of it, you know. The fact that it’s so simple, visual...mm, I do think, yeah.

The psychologist noted how important the technique of scaling was to the client by virtue of the serious response received from the adolescent. The EP was correct in suggesting that David would have noticed the technique as positive (nice) experience of SFBT, a view supported by David in describing how he’d liked the exercise.

Ms Mead suggested that the potential appeal of this particular technique for the adolescent was related to its visual nature, a view shared by two other EPs:

Mrs Tori:  It’s got to be something to do with the fact that the scale is an easy way of conceptualising something quite complex, in a visual way...most of the pupils I work with tend to work well with it because most of them have some form of learning difficulty, general learning difficulties I would say, and so this a great way to engage them in that discussion...sometimes though you’ll get the odd one who doesn’t understand.

Mrs Tori referred to the technique as being a vehicle for engaging the client in the experience of SFBT that may bear implication as to the perceived role of such a technique in the development of the therapeutic relationship. Similarly, Mrs Brigg considered the value and importance of this particular technique, albeit for a different reason namely it gave opportunity to her client to utilise visual strengths, thus “relieving” (Mrs Brigg) demand upon linguistic aptitude, stating:

Mrs Brigg: There is no way that Brigg would have been able to talk about the things we talked about the scale, that’s a cert. Not that she maybe couldn’t, maybe she could, but in the session we did, the scale definitely got her to say things that she wouldn’t have said otherwise...I can’t underestimate how important it is...it relieved her of having to find the words and expressive skills altogether really, you know, just a couple of numbers said it all...they say a picture is worth a thousand words, that kind of thing with Meg.
This commentary, together with the earlier commentary documented from the transcripts of Ms Mead served to suggest that the meaningfulness and importance attributed to scaling as a technique, locates it as noticeably positive element within the experience of SFBT for both client and EP alike. Implications arise from this finding in relation to the concept of effectiveness.

I was interested in the commonly emerging concept of the scale technique as being seen as useful due to its visual nature. Indeed, the scale constitutes the only technique within SFBT that is visual. By contrasting comments, therefore, made in relation to the scale with the remaining verbal techniques of SFBT it was attempted to explore whether its visual emphasis played an important part in its perceived usefulness. Further comment from the adolescent perspective regarding perceptions of the scale as a specific technique was of importance at this point so as to enable such comparison with the more non-visual or verbal, technique descriptions. Whilst conducting this exploration it transpired that the subcategory of scale showed strong links with the category of novelty, with both concepts being commented upon together as associations within responses throughout both EP an adolescent interviews. The scale was considered as a new, different and altogether interesting experience and, therefore, of potential positive influence on outcome. One main reason that emerged as a reason to explain its novelty and impact was in relation to the unique visual opportunity it offered within a hitherto verbal SFBT experience.

For example:

_Abe:_ Yeah, that line was _good_, _that helped_. When I saw it I thought, yeah, maybe things aren’t as bad as that you know...it made me _feel a bit better_ a bit then...I don’t know really if it was the drawing or if it was the numbers really that did it, _erm, suppose both really._

The scale as a technique, evidently provided Abe with a visual representation of his problem and, in doing so, a new and welcomed, alternative perspective. This was referred to as being a useful aspect of the scale and reported to directly affect his outlook in a positive way. These perceptions, together with commentary from the transcript of Mrs Brigg reported earlier, provided further evidence in the collation of a response to the effectiveness of SFBT. Further related commentary was evident in
responses from Adda, with him referring in a similar fashion to the **scale** as being a positively received **experience within SFBT**:

**Adda:** ...oh yeah, forgot about that, he did it on a piece of paper, yeah. Can’t remember exactly what he said 'cos he did it a long time ago, in our first time I think. He like drew a line and put numbers on and I had to say where I thought I was, one was **good** and ten wad bad I think. I was in the middle...then drew it like a train over the top of the numbers...**good**.

Reference to the scale as being **cool** arose once more following the response provided in an earlier interview by David, this time by Steff who considered it as so due to it being a **new** experience:

**Steff:** We did a thing with a kind of scale...**hadn’t seen that before**...**cool**...still got it at home and I look at it sometimes to see where I am yeah...

Comments provided by Steff were interesting in an additional sense, being the only participant to have mentioned her use of the **scale** after the actual, **SFBT experience** itself, at home. Her ongoing use of the **scale** at home served to demonstrate the **meaningfulness** of the **technique** to Steff, already referred to by others, and of its actual **importance** in maintaining change, in the absence of the EP.

A difference was observed between client and EP response in relation to perceptions about **questions** and **question lines** as **technique**. When exploring the findings with the first research question in mind I endeavoured to pay careful attention to the emerging differences as well as similarities reported between **experiences of SFBT** for both groups. This exploration revealed that, in general, EPs were aware of specific **questions** and **question lines** within their **experience of SFBT** as **technique** whereas the adolescents did not. In addition, the EPs considered the **verbal** element of the approach as being **central** to its character whereas the adolescents commented upon how the **experience of SFBT** represented a reduction in use of language for them in comparison to previous approaches, which were perceived as more heavily reliant upon questions. These findings arose from a variety of responses across both groups:
Adda: I suppose it was like we were having a chat about things...not too many questions...good...made me think.

The perception of the SFBT experience being a chat was supported by other adolescents, but never once by an EP:

Marc: ...like when I’m talkin’ to a friend or somethin’... a chat.

In contrast to such perceptions of the a core feature were reflections provided by a number of EPs (4) who referred to the language element as a technique unto itself. Further, the subcategory of questions was described as being guided and, therefore, characterised by the concept of principles and that the language used reflected such principles. This concept emerged as one that formalized EP understanding of the use and role of language and, moreover questions as independent SFBT technique. Interestingly, both Mr Bala and Mr Brac shared such perceptions relating to the verbal aspect of SFBT, views that were significantly different to those expressed by their respective adolescent counterparts earlier:

Mr Bala: The language used is so important in solution-focused work, because I think it reflects your thinking about the underlying principles involved. It’s a real challenge to find the right questions at the right time and to not ‘get lost’ yourself...for example, “if it works do more of it, and if it doesn’t do something different”, now that is a principle, for me which drives my exceptions question lines.

Mr Bala holds perceptions regarding the questions and question lines used during the experience of SFBT as underlying principle, something which of course the adolescent client would not perceive. Similarly, however, Mr Brac comments upon the importance of the questions, their structure and timing and how they serve to characterize the approach, distinguishing it from others:

Mr Brac: I’ve always seen SFBT as made up of different kinds of questions and these give it its unique character...miracle question, exception time questions and others more to do with goals. They need a fair deal of practice because they can sound contrived sometimes if you don’t get them right, but
when they do work, they really can make a difference. Like in this case with Marc, I think they really helped him without being too much, you know?

From the commentary it was observed that Mr Brac also related the potency of the questions asked to their making a ‘difference’ and ‘helping’. This being the case, Mr Brac not only considered questions as technique but also as being influential in affecting successful outcome. This serves to provide additional illumination to the what might make SFBT effective. However, on the same subject, alternative opinions about the usefulness of questions as being central in affecting outcome were suggested by Mr Clubb. It is of interest to note that the client within this dyad, Jeb, did not experience a positive outcome:

Mr Clubb: Yes, I do agree with those who say questions are an important part of SFBT. But what I am saying though, and you can see from my work with Jeb, is that I don’t think it’s a ‘central’ part. What I mean is, you just can’t depend on a question like the Miracle Question to get you through, it’s just not enough... I have to be honest, I go on courses and the impression they give is “ask this and you’ll be ok”, well I know that’s not true, because look...from my own personal experience, it doesn’t matter how good the question is on paper it still isn’t going to make a difference or whatever to the child if (a) it doesn’t make sense; (b) it’s too complicated or (c) you’ve over-relied on it.

Questions are viewed differently therefore, both as an important aspect of the SFBT experience which can influence the outcome centrally and, on the other hand, as not being crucial techniques that can influence positive outcome independent of other factors. Perceptions held regarding questions also emerged as different not only between EPs but also between EP and adolescent. Here it was observed that although EPs characterised the subcategory of questions as representing technique and that this is in theoretical terms actually is the case, the adolescent did not. The adolescent client experience of questions and question lines was described as more of conversations or of a chat nature, helpful in inviting them to think.
Two other aspects of technique were mentioned by both participants in relation to the SFBT experience, namely that of the therapeutic break and the duration of a SFBT session itself. However, a similar pattern emerged in terms of perceptions held as compared to the subcategory of questions. Investigation revealed that EPs considered both the inclusion of the therapeutic break and the relatively short duration of session to represent characteristic elements of commonly acknowledged SFBT technique. In contrast, was the fact that although adolescents did refer to both experiences they stopped short of suggesting an awareness of this representing SFBT technique. Here, Meg refers to the therapeutic break merely as a rest, but an important one, which instilled in her a hopeful outlook regarding her later actions:

Meg: *She went out and I had time to think a bit about what we talked about. It was good to have rest...after though, when she came back in and we talked about what I was goin’ to do, I really felt “can’t wait”. That rest in the middle helped me I think.*

The concept arose a number of times within both EP (3) and adolescent groups (6) as the break representing a rest. The adolescent group in some instances (2) perceived the break as a rest and as such referred to it as ‘the rest’. Reflection was concept that emerged from most of EP (7) responses, whereby they considered the opportunity to reflect as being one of the main functions of the break as technique, not only for themselves but also for their respective clients. Ms Mead commented:

Ms Mead: *The break is so important because it gives them a chance to reflect on the session and consider any ideas they might have. I think it was really useful for me too because as always, because it gave me a breather for one thing and a chance to do some reflecting myself.*

In contrast, no adolescent referred to the break as opportunity to reflect; yet rather as an opportunity to engage in what they described as thinking. Exploration of this concept by use of interview probes revealed the intended meaning of the term thinking as concept was much the same as that intended by EP when mentioning reflection. Reference made by adolescents to thinking in relation to the technique of the break was coded, therefore, along with reflection. Excerpt examples of how the adolescent viewed the break as an opportunity to think are included as follows:
Adda: When I was sitting there I was thinking about the kind of things I've done all in the past and what I was gonna do next.

and:

Hannah: It did make me think, there wasn't nothing else to do really...about stuff like we talked about...had drink most times.

Mr Brac demonstrated full appreciation of the break as technique by referencing de Shazer's view of the concept, by saying:

Mr Brac: ...it worked well I feel (the break)... no longer than 3 or 4 minutes and I could look through the small window in the door and saw him having a drink and a little rest. I read somewhere that de Shazer said that he break was the one thing he wouldn't leave out of his sessions, technique wise, so who am I?

Few (2) responses emerged from the interviews that could have been considered as providing a contribution to the exploration of the first part of the second research question to do with whether the break contributed to successful outcome. There was reference made to its perceived usefulness and importance but this was in specific terms to the reflective process rather than in relation to the outcome of SFBT in general.

This latter point is in contrast with perceptions shared regarding a concept which emerged as being influential in the positive outcome being sought, that of the duration of the SFBT and in particular its shortness. Nearly all participants, nine EPs and eight adolescents, commented upon the duration of the SFBT session as short and that this was a good thing which led to a greater likelihood of success. Again, however, the adolescent group seemed wholly unaware of the short duration of the sessions as being intentional whereas the nine EPs referred to such durations applied to sessions as a common technique in SFBT practice:

Mrs Raj: It was a short session, all of them were. That's a common feature of it...I think it keeps it to a sensible and realistic time frame for them, because you can't expect to hold it for much longer really.
Further, Mr Bala also shares a similar perception of the duration as a technique and comments on whether or not it is actually reflected in the title of the approach, by saying:

*Mr Bala:* The time element was crucial, it had to be short and crisp...Historically of course it is called solution focused brief therapy, I’m not sure it is called because of the length of the sessions or the whole intervention, it is short though, in duration I mean.

With regard to the duration having direct influence upon outcome, Mrs Brigg concluded that:

*Mrs Brigg:* ...and she was working at her optimum for that time, any longer and I ran the risk of over-doing it with her. I think it’s a definite plus of the approach for getting results with these pupils – it’s length.

Adolescent comments were similar to that made by the EPs in relation to the perceived duration and appropriateness of the short length. However, the client group referred to this not as a technique in itself rather as something they noticed as being a general aspect of the experience of SFBT. For example, comments included:

*Abe:* ...it was sort of short, all of it. Like, I only think I was out for a lesson, erm and that’s 40 minutes I think...definitely right, because I think I can concentrate then.

Adolescent references to the concept of duration suggested it as being a factor that positively contributed toward successful outcome. For example:

*Bobi:* ...when I think about it I think because it was short, that helped because it wasn’t hard...(if it was longer) I think it wouldn’t have worked so well if it took longer.

In summary, therefore, perceptions emerged in relation to the core feature of techniques used during the experience of SFBT. By and large, EPs viewed subcategories that emerged in relation to technique namely, scale, questions, the
break and duration in a similar way to each other. This was found to be in contrast to the way in which adolescents perceived them. Exploration revealed, that whilst the EP referred to these emerging subcategories as techniques of SFBT, having learned them in the first place, the adolescents did not. Adolescents on the other hand described these subcategories in terms of experiences which took place during SFBT that were of sufficient importance for them to be recalled. All subcategories were deemed useful to participants in varying degree by providing positive experience and, in the case of the EP – bearing influence over outcome. However, it was suggested that technique in itself was not a sufficient factor in bringing about successful results and that, therefore, an over-reliance upon technique needed to be guarded against. Whilst adolescent members also referred to technique subcategories as having proven to be helpful, good and useful it was noted that only in relation to the subcategory of duration was comment made which related to the second part of the second research question to do with influence upon outcome.
8.3.3 Comfort

Category

Comfort

Concepts
environment; respect; prepared;
effective; choice of room; feel special;
easy to do.

Subcategories

Good

Relaxing

Odour

Tidy

best room soft chairs not stuffy neat
furniture quiet fresh air organised
food no one see perfume roomy
drinks
tissues

Figure 8.3.4 – Organisation of Concepts and Subcategories within the Analytic Category of Comfort

Emerging from the data as an entirely unexpected category and core feature of SFBT was comfort. For both the EP and adolescent group, the experience of SFBT was affected by the comfort of the environment in which the SFBT took place. I was able to explore the emerging, related subcategories and concepts, highlighting along the way perceptions provided which related to the physical environment and reference made about how conducive it was for the work of SFBT to take place.

Upon full exploration of the comfort theme, I acknowledge that its emergence was unexpected, due to the fact that usually no time or room is provided in feedback
within day-to-day professional practice to hear of such views. Further, the comfort category became important within the data for what appeared particular reasons which lay at the heart of the context within which the SFBT was conducted within this study, specifically schools.

It was postulated for the analysis of the findings that for many children and adults, particularly those with unpleasant experiences of schooling, the environment of school can prove a hostile one. For example, it might be the case that the best facilities are kept for the ‘best’ pupils and/or that behavioural incidences are discussed and worked upon within remote and secluded corners of the school so as to ‘protect’ others. If this is the case and, from my own experience it commonly is, then it is not altogether surprising that a pleasant and appealing environment in which to conduct SFBT would not go unnoticed by participants who have hitherto been exposed to only less favourable physical conditions. Both EPs and adolescents, therefore, commented upon the environment within which the therapeutic encounters took place. The EPs in particular (7) suggested that the more pleasant the environment was, the better it would be for conducting effective SFBT, suggesting implications for the response to the first part of the second research question.

The first subcategory to emerge was in relation to the general quality of the physical surroundings and the comfort that was afforded within, this was coded as good. A number of the participants (six EPs and five Adolescents) commented upon concepts categorized within this area, which fell into two broad themes, one was in relation to general comments (best room, furniture) and the other in relation to comments regarding specific provisions (food, drinks and tissues). The following are representative of commentary in relation to the data that emerged to form the subcategory of good.

*Jeb:* ...bit of a change to have the best room in the school, I usually get to go to one of the rooms down the bottom or over there (pointing out of window and across yard)... I had a drink and biscuit yeah... not bad.

Here the adolescent mentions the room as having been the “best” and that it was far superior to that previously experienced. In addition he recalled having food and drink
which his respective EP worker also recalled and attributed it to demonstrating respect for his client:

*Mr Clubb:*  
*I think it is important to show respect and one way of doing that is with getting organised beforehand and insisting on a choice of rooms. It doesn’t take much effort on my part and I think it pays off, they do notice I think.*

Despite the SFBT experience being reported to have not turned out positive with Jeb, the psychologist still considers the choice of rooms as having a possible influence on outcome, by stating that his clients “notice” it and that it may indeed “pay-off” in the work. Between Meg and Mrs Brigg more similarity was noted to exist in relation to core feature of comfort:

*Meg:*  
*I got a bit upset and she had tissues, they were there already. I was embarrassed a bit, but that made me feel a bit better you know.*

Mrs Brigg on the subject commented:

*Mrs Brigg:*  
*I always have a box of tissues handy, for noses as much as tears (laugh). I don’t think there could be anything worse than to have to sit with a strange adult and having to keep wiping your nose or eyes all the time. It must feel terrible, I wouldn’t like it, so that’s why I always bring them – “be prepared” as they say.*

Other participants also attributed positive value to the concepts emerging within the subcategory of good, for example in relation to the providing of beverage and snack in addition to the furniture and room:

*Bobi:*  
*I had a cake, don’t know who made it. I was allowed to eat it in the break bit and that was good, I liked that... room was next to the staff room where they hold meetings and stuff...nice furniture in there, not like in the classes...chairs are more like this (pointing to own low chair).*

Also same dyad members shared similar perceptions about the experience in relation to the subcategory:
JJ: ...drink was good...always squash though...still nice.

The adolescent refers to the beverage as being welcome despite it being of a predictable kind, “squash”. The respective EP commented that the presence of food and drink was a good thing and mentioned an additional measure she adopts in relation to the furniture:

Mrs Raj: ...appreciated by the pupil...biscuit and a drink. I sometimes, if I can, allow them to actually ‘catch’ me arranging the furniture in a sort of meticulous way, as if you know, I’m taking real care, I am.

Relaxing was the second subcategory to emerge from the interview data as mention of the physical environment. This subcategory was more often than not intertwined with the two other remaining subcategories of odour and tidy. This was observed mostly to result from being asked a question within the third theme of investigation within the interviews conducted, appertaining to perceptions of enjoyment within recalled experiences of SFBT. The main question posed was:

R: What did you enjoy about the session(s), like, feel was nice?

Responses included commonality and difference both within and across groups. For example:

Adda: The chairs were great, soft and all, and I remember that everything was really tidy in the room...I really liked it that no one else knew or could see us, ‘cos that’s the worst, when you get ribbed and stuff.

This view regarding privacy was shared by two other adolescent participants, suggesting that it was of some importance:

Abe: ...you don’t want to be seen, not really a cool thing.

Hannah: ...don’t really care, but I’d rather if no one knew, so I was happy when it was in that room.
Six EPs mentioned the fact that it was possible to arrange the room beforehand quite easily and that this was a **good** idea if at all possible in that it made the adolescent **feel** special:

**Mrs Drake:** I think she liked lots of things not only about the session but about the actual arrangements too. I remember saying to myself "it's **easy to do**, so just do it"...open the windows, get some **fresh air** in, get the place looking a bit **neater** maybe.

**Mr Ash:** I think it says a fair bit about what you think of them, there is no doubt it can all make them **feel really special**, especially if they are not used to it; Hannah wasn't...not let the place get **stuffy**, that's a killer, keep it fresh and **roomy**, not claustrophobic. She didn't say anything, but I'd say she'd have noticed, basically because it's not the run of the mill in schools is it?

I was particularly interested to note the detail with which some adolescents recounted their experience of SFBT, right down to the perfume worn by the EP. This was mentioned twice by two different adolescents in two very different ways:

**Meg:** I can remember the perfume she wore, I liked that, 'cos some of the teachers in the school really **smell**. Not bein' rude or nothin' but they've got b.o. and I don't think that's nice really...only got to use some deodorant that's all.

**Jeb:** ...he needed to brush his teeth or something 'cos his breath didn't **smell great** and he **smelled** like an ashtray.

In summary, whilst comments such as these provide some humour, it is interesting to note that despite the overwhelming nature and seriousness presented by some of the problems faced by the adolescents within the study, they were still able to notice small details regarding their **SFBT experiences**, **good** and bad. The concepts that emerged may have been individually dismissed as unimportant, insignificant and quite irrelevant in themselves. However, when analysed using a constant comparison method in relation to their respective subcategories, it became evident that such
perceptions warrant due acknowledgement. The **core features** of **comfort** included perceptions of demonstrating **respect** for the client, a concept that was related to another concept, notably in the client **feeling special**. Whilst perceptions differed as to what participants precisely noticed in terms of **comfort** from their own **experience of SFBT**, nearly all commented upon something that suggested strongly that EPs and adolescents alike noticed physical and/or environmental conditions, with the client group demonstrating great attention to detail. In relation to the first part of the second research question, no reference was made as to the impact concepts relating to **comfort** may have made directly upon successful outcome. However, one comment from the transcript of Mr Clubb was in relation to the subject whereby he commented that demonstrating "**respect**" of the **comfort** kind "pays off".
8.3.4 Effectiveness

**Category**

Effects

**Concepts**
techniques; novelty; comfort; worked

**Subcategories**

- **Useful**
  - Duration
  - break
  - questions
  - reflecting
  - thinking
  - scale
  - little things
  - see what I had to do

- **New ideas**
  - notice
  - perspective
  - short
  - talking
  - not bottle up
  - tell story
  - I'm OK
  - not worry
  - empower

- **Helpful**
  - newness
  - interesting
  - short
  - talking
  - not bottle up
  - tell story
  - I'm OK
  - not worry
  - empower

- **Hopeful**
  - glass half full
  - can't wait
  - no hope

**Positive**
good
focus on strengths
cool
going wrong
sharing possibilities

Figure 8.3.5 – Organisation of Concepts and Subcategories within the Analytic Category of Effectiveness
8.3.4 Effectiveness

**Category**: Effectiveness

**Concepts**: techniques; novelty; comfort; worked

**Subcategories**

- **Useful**
  - Duration
  - break
  - questions
  - reflecting
  - thinking
  - scale
  - little things
  - see what I had to do

- **New ideas**
  -:

- **Helpful**
  - newness
  - interesting
  - perspective
  - short
  - talking
  - not bottle up
  - tell story
  - I'm OK

- **Hopeful**
  - glass half full
  - can't wait
  - no hope

**Positive**

- good
- focus on strengths
- cool
- going wrong
- sharing possibilities

---

Figure 8.3.5 – Organisation of Concepts and Subcategories within the Analytic Category of Effectiveness
Effectiveness emerged as a core features of SFBT when participants described what had worked well or was helpful in bringing about positive change. The theme emerged from participant responses provided in two distinct ways. First, in a spontaneous fashion where the participant described an experience voluntarily, without prompt and, second in response to a researcher question regarding specific perceptions of their experience of SFBT. In the main following questions provided the principal sources of data:

- to the adolescent participants:
  
  R: Has the work you have done with the EP helped you in any way OR do you think it will help you?
  
  R: Were there things you’d say that worked well in your work with the EP? In other words, were there things you found useful or good?

- To the EP participants:
  
  R: Do you believe that the work conducted has helped your client OR will help your client?
  
  R: Were there things you’d say that worked well in your work with your client? In other words, things they found useful or good?

As was already identified throughout this section appertaining to the discussion of subcategories emerging from concepts related to SFBT experiences, participants referred to the core features of effectiveness of SFBT in a number of different ways. Of these, subcategories emerged as follows and were supported by a wealth of data that supported their emergence from a conceptual perspective. Participants referred to the usefulness and helpfulness of certain aspects that the experience offered, also the hope that they instilled and their positive nature. Finally, comments regarding the experience of SFBT as being effective concerned the generation of new ideas.
8.3.4.1 Summary of ‘effective’ category development from non-specific question

The analysis and discussion conducted thus far within the chapter has utilised participant responses that arose spontaneously during interview in relation to effectiveness from non-specific questions. The following series of tables summarise these comments and, also, reflect the comparative analysis method used.

<table>
<thead>
<tr>
<th>Category: Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subcategory: Useful</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Educational Psychologist Perceptions</th>
<th>Adolescent Perceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associated Concepts:</td>
<td>Associated Concepts:</td>
</tr>
<tr>
<td>All types of techniques commented upon to a varying degree.</td>
<td>Adolescents did not make any spontaneous, un-prompted and specific reference to that which they found useful within the experience of SFBT.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Notable examples:</th>
<th>Notable examples:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The therapeutic break as a “breather” (Ms Mead) and the array of SFBT questions available to use (Ms Mead).</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Table 8.3.6 – Spontaneously Arising Concepts to do with ‘Usefulness’ within the Category of ‘Effectiveness’ (Not arising in response to interview theme questions 4 and 5. Tables 7.4.4 and 7.4.5.)
**Category:** Effectiveness

**Subcategory:** Helpful

<table>
<thead>
<tr>
<th>Educational Psychologist Perceptions</th>
<th>Adolescent Perceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associated Concepts:</td>
<td>Associated Concepts:</td>
</tr>
<tr>
<td><strong>Novelty, technique and comfort</strong></td>
<td><strong>Novelty and technique</strong></td>
</tr>
</tbody>
</table>

**Notable examples:**

- The *newness* of SFBT as a working experience and the *difference* it offered in comparison to other methods (Mr Bala). *Questions* that provided space for *thinking* (Mr Brac). The scale that allowed the adolescent to “get a lot out” (Mrs Raj). In making the client feel “really special” (Mr Ash), by making ensuring a conducive *environment* to SFBT.

- A *real change* from other ways of working (Adda). The *scale* in offering new *perspective* on the problem (Abe). Short *duration* of session (Bobi).

*Table 8.3.7 – Spontaneously Arising Concepts to do with ‘Helpful’ within the Category of ‘Effectiveness’ (Not arising in response to interview theme questions 4 and 5. Tables 7.4.4 and 7.4.5.)*
<table>
<thead>
<tr>
<th>Category:</th>
<th>Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subcategory:</td>
<td>Hope</td>
</tr>
<tr>
<td>Educational Psychologist Perceptions</td>
<td>Adolescent Perceptions</td>
</tr>
<tr>
<td>Associated Concepts:</td>
<td>Associated Concepts:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Technique</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Notable examples:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scale</strong> presented a “glass half full” perspective (Mr Bala)</td>
</tr>
<tr>
<td><strong>“Can’t wait” concept emerged from Meg, following the break regarding future action.</strong></td>
</tr>
</tbody>
</table>

Table 8.3.8 – Spontaneously Arising Concepts to do with ‘Hope’ within the Category of ‘Effectiveness’ (Not arising in response to interview theme questions 4 and 5. Tables 7.4.4 and 7.4.5.)
**Category:** Effectiveness  
**Subcategory:** Positive  

<table>
<thead>
<tr>
<th>Educational Psychologist Perceptions</th>
<th>Adolescent Perceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associated Concepts:</td>
<td>Associated Concepts:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Novelty and technique</strong></td>
<td><strong>Technique and comfort</strong></td>
</tr>
<tr>
<td>Notable examples:</td>
<td>Notable examples:</td>
</tr>
<tr>
<td>The experience was considered <strong>positive</strong> as a result of it being <strong>different</strong> and <strong>interesting</strong> to the client (Mr Bala). Provided a &quot;focus on strengths&quot; (Mr Ash). The <strong>scale</strong> as it was deemed particularly &quot;meaningful&quot; (Ms Mead).</td>
<td></td>
</tr>
<tr>
<td>The <strong>scale</strong> (Adda). Focused on &quot;what I can do&quot; (David). “<strong>Cool</strong>” to be asked about “stuff that I do”. Not too many <strong>questions</strong> (Bobi), the <strong>scale</strong> (David) and being provided a <strong>drink</strong> (Bobi) were <strong>good</strong>.</td>
<td></td>
</tr>
</tbody>
</table>

Table 8.3.9 – Spontaneously Arising Concepts to do with being ‘Positive’ within the Category of ‘Effectiveness’ (Not arising in response to interview theme questions 4 and 5. Tables 7.4.4 and 7.4.5.)
<table>
<thead>
<tr>
<th>Category: Effectiveness</th>
<th>Educational Psychologist Perceptions</th>
<th>Adolescent Perceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subcategory: <strong>New ideas</strong></td>
<td>Associated Concepts:</td>
<td>Associated Concepts:</td>
</tr>
</tbody>
</table>

**Technique**

<table>
<thead>
<tr>
<th>Notable examples:</th>
<th>Notable examples:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scale and break both offered opportunity to reflect (Ms Mead).</td>
<td>During the break, thinking about what going to do next (Adda).</td>
</tr>
</tbody>
</table>

Table 8.3.10 – Spontaneously Arising Concepts to do with ‘New Ideas’ within the Category of ‘Effectiveness’ (Not arising in response to interview theme questions 4 and 5. Tables 7.4.4 and 7.4.5.)
8.3.4.2 ‘Effectiveness’ category development from specific questions

Analysis and discussion of the emergence of the effectiveness category continues within the next section, focusing upon responses that arose from asking two specific questions, namely:

- to the adolescent participants:
  
  R:  *Has the work you have done with the EP helped you in any way OR do you think it will help you?*
  
  R:  *Were there things you’d say that worked well in your work with the EP? In other words, were there things you found useful or good?*

- to the EP participants:
  
  R:  *Do you believe that the work conducted has helped your client OR will help your client?*
  
  R:  *Were there things you’d say that worked well in your work with your client? In other words, things they found useful or good?*

The questions were posed in order to further explore the similarities and differences between perceptions about the effectiveness of SFBT in relation to what worked and what helped. Analysis of the data revealed that both groups of participants reiterated much of what they had mentioned elsewhere in the interview as being helpful and as having worked. These concepts and themes have already been compared and discussed at some length and it was my intention to focus on the alternative or new themes and concepts that had emerged as a direct product of the two question lines. In relation to what helped the following comments provided additional concepts to those already explored:

First, only two of the ten adolescents (Hannah and Jeb) referred to the SFBT experience as being not helpful by commenting:
Hannah: No it didn’t help really ’cos nothing ever does... they’ve all tried everything.

This portrays a picture of the client perceiving no hope in their own situation due to having had previous experiences of failure. The same theme arose with the second of these two participants, commenting as follows:

Jeb: ...I’m just a no hoper

The remaining eight adolescents within the interview group all reported the SFBT as helping when asked directly. Additional concepts emerged to those received spontaneously which included talking:

Adda: I think talking about things helped, let’s you tell it like it is and stuff.

This theme of talking resonated within other concepts to do with not bottling up and not worrying:

Meg: ...it helped just talking bit so that I don’t feel that I’m not bottling up inside about my problems, get it out... then it helps you not be worrying all the time.

JJ spoke of telling his side of the story, as being helpful and that such an occurrence was very much appreciated within the experience of SFBT:

JJ: When I got a chance to tell my side of the story that helped. Don’t get to do that my head of year, he’s not interested in that.

When asked, it was perceived as being helpful to be told that they were OK, despite being challenged by difficulty. This seemingly, unconditional message of acceptance was noticed and referred to by Bobi as:

Bobi: When she told me that I’m OK, that helped me a lot, ‘cos there’s so much going on the moment, see it was good to hear that.

In relation to how the adolescent group perceived SFBT as being helpful in terms of
future action or intention when asked directly, one common theme emerged shared by a number of adolescents (7); that SFBT had, or will help them to do the right things, for example, help them stay calm, exemplified in the response provided by David:

David: I know it’s helped me in some situations already, like to do the right thing...walks away...ignore...basically stay calm.

By comparing the adolescent comments with those received from the EPs in response to the same questions it was possible to observe the similarities and differences present in relation to concepts focusing on what helped in SFBT. Mr Ash mentioned the giving permission to clients for having (bad) feelings, akin to the adolescent perceptions of not bottling up and I’m OK as follows:

Mr Ash: For me I think one thing that stands out as being something that helped her was to give her the permission to feel angry. She really has come to believe it is a bad feeling to have and hadn’t thought of it as one we all have. So permission. I think what she got from that was maybe a sense of relief for once...

Educational Psychologists also described the concept of doing the right things as a helpful product of the SFBT experience for their adolescent clients, but in slightly different terms referring to “clarity about actions” instead, for example:

Mrs Briggs: I think she found it helpful because it probably, erm, gave her direction. She’s probably got clarity about the actions she’ll do or at least think about now, whereas before she definitely didn’t, I’d say.

The theme of the adolescent viewing the experience as helpful due to the EP telling them that they were “OK” was also mirrored in responses provided by the EP themselves. Three EP comments stated that it was helpful for the client to hear that their problems were not pervasive. In other words, these EPs considered it helpful to share a view of client problems as specific (for example, rude to teacher) rather than as widespread, affecting all walks of client life. This action was also considered to empower their clients so that they felt they can move on rather than remain “stuck”:

Mrs Raj: He was quite stuck love him, so those exceptions to the problem we looked at really helped I think. Yes he had a problem, but it
was manageable, didn’t go across the board, only in school and he saw this...empowered by this to get going I’m sure.

Last, were the perceptions that emerged about what worked in SFBT. Once more it was possible to conduct a specific analysis following the asking of the same questions to both groups (theme 5 questions in the interview). Exploration of what was perceived to have worked within the core feature of effectiveness revealed notable differences in between the responses made by EP and client. These differences, as mentioned earlier within the chapter were largely in relation to the fact that despite both groups describing the same or similar phenomena, the language utilised was different. This was due in the main as a result of the EPs professional knowledge and understanding of the process undertaken and having the vocabulary to make relatively sophisticated descriptions in comparison to their adolescent counterparts.

New concepts to have emerged in consideration of what worked, from the responses included from the adolescents:

Marc: What worked for me is that it really showed me where I was going wrong... all the cheek and stuff. I could work out a way of changing that then.

Also, David mentioned something very similar when asked about what he had perceived as having worked from his experience of SFBT, namely that:

David: ...writing things down, so that I could see exactly what I had to do to change, I could see then that they were actually only little things.

In contrast was the language used by the EP group to describe similar themes that emerged from their responses. For example:

Mr Clube: What I think did work, only a little bit though, was that I felt that we managed to share possibilities, are you with me? What I mean is we worked together and he did see that there were possibilities out there. That comes across as something that worked.
The concept of sharing also emerged later in the analysis when exploration focused on negotiated goals and is discussed, therefore, in the next section. The EPs perceived the concept of noting the client as having or doing something right as being something that worked, bearing resemblance to the concept which emerged as where I was going wrong.

Ms Cliff: ...for the child to see that they were actually doing some things that were right and to point these out and what as going ok, you know.

In summary, therefore, and bearing cognizance to earlier analysis, adolescents and EPs perceived a wide range of concepts from their experiences of SFBT that worked, forming the core features of effectiveness. This was by virtue of them being viewed as helpful, useful and positive which in turn served to provide new ideas and hope. Without having fully included discussion with regard to the importance of relationship as yet, it was observed that overall there exists more similarities than differences in how participants view factors that effect good SFBT work.

Moreover and, a similar pattern emerged of the entire experience of SFBT. In other words, despite some differences as a result of language and knowledge on the subject, the similarity in perceptions outweighed the differences shown to exist, as exemplified in the emergence of the core features. For example, within the core feature of effectiveness, that the EP and adolescent client share a similar understanding of their experience, its value, strengths and limitations in assisting the adolescent overcome adversity.

8.4 Key Elements of the SFBT Therapeutic Relationship (KER)

Within this section of the chapter, it was my intention to pay particular attention to the second research question involving exploration of the therapeutic relationship.

The research question pertaining to this theme was stated as follows:

(ii) What constitutes a therapeutic relationship between educational psychologist and adolescent, within SFBT? Do the educational
psychologist and adolescent hold similar perceptions regarding their therapeutic relationship within SFBT?

The data that emerged provided rich information in response to the research question and a greater amount of material was found to be forthcoming than was previously anticipated by myself. This provided me with a strong indication of the phenomena being perceived as important by participants of SFBT. Following this initial ‘feel’ for the data, I was able to conduct an analysis of participant responses which gave rise to four analytic categories that combined to form the core theme of key elements of the therapeutic relationship.

The key elements theme matured by working with the data within the four emerging analytic categories. Relationship data were discussed in two ways. First, by means of a comparative analysis between all participants and second, by investigating the perception regarding the relationship within each EP: Adolescent dyad.

The semi-structured interview posed two sets of questions in relation to investigating the relationship which I found to assist me in focusing upon the research question under scrutiny. The questions were as follows:

- How well did you get on?
- If I’d have been a fly on the wall what would I have noticed/seen about how you were getting on?

And:

- How important do you think it is that you get on, if SFBT is to work/help?
- Why do you think it is important?
The Key Elements of the Therapeutic Relationship in SFET

Figure 8.4.1 - Organization of Analytic Categories, Subcategories and Concepts Within the Main Theme of Key Elements of the Therapeutic Relationship in SFET.
8.4.1  Appeal

\[ \textbf{Category} \hspace{1cm} \textbf{Appeal} \]

\[ \textbf{Concepts} \hspace{1cm} \text{best interest; privileged position;}
\]
\[ \hspace{1cm} \text{open; humour; laugh;}
\]
\[ \hspace{1cm} \text{at ease; genuine; young approach; tell everything.} \]

\[ \textbf{Subcategories} \]

\[ \textbf{Trusted} \hspace{1cm} \textbf{Sincere} \hspace{1cm} \textbf{Liked} \hspace{1cm} \textbf{Honest} \]

\[ \text{do a good job straight cool lying}
\]
\[ \text{experienced normal smart whole story}
\]
\[ \text{caring not posh personality vulnerable}
\]
\[ \text{be self} \]

\[ \textbf{Funny} \]

\[ \text{jokes} \]
\[ \text{not too serious} \]
\[ \text{light} \]

\[ \text{Figure 8.4.2 – Organisation of Concepts and Subcategories within the}
\]
\[ \text{Analytic Category of Appeal} \]
The category of appeal emerged as a result of prompts used to investigate what each participant liked or appreciated about each other. Most adolescents (9) said they liked their EP counterpart with the remaining one unsure. Some differences existed in the way participants spoke of each other. For example, adolescents referred to trust as more to do with the EP having their best interest at heart by referring to the EP “doing his best for me” (Adda):

*Adda:* I'm pretty sure he did it for my own good; it seemed that way because he kept asking and checking with me all the time that I was understanding what he was saying.

David also commented upon his psychologist as demonstrating concern about her welfare and ‘checked’ at intervals to see that she was alright, stating:

*David:* ...when he was asking me about things he was also asking me if I was ok all the time. I think he cared.

These perceptions are in some contrast to what the educational psychologists were commenting upon in relation to how they believed trust to play a part. Six psychologists referred to the concept, for example, as follows:

*Ms Cliff:* All I can say is that from my experience of working I hope she felt that she could trust me. I’ve worked with a lot of kids over the years and I think it’s an important part of the relationship. I think it comes with experience.

Mrs Brigg referenced others trusting their aptitude in “doing a good job” as an element of trust, commenting:

*Mrs Brigg:* ...their mums, dads, teachers and everybody else trust me to do a good job. The pupil also trusts me to do a good job because sometimes they only get one crack at the whip. Delivering results is what it’s all about and basically I’m in a privileged position to be able to do this and be trusted with it by all parties.
The subcategory of **sincere** emerged from comments provided by participants in relation to them feeling that they could be themselves and **open**. EPs spoke of their ability to allow their client to feel sufficiently **at ease** and that this would allow them to be **them self** and not adopt a false persona. In addition to this the EP referred to the fact that they too wanted to come across as being **them self** and this involved **sincerity**. Six EP comments referred to the concept of encouraging participants to be **open** as follows:

**Mr Brac:** ...I'm always concerned with allowing the person I'm working with to be **them self**. I just want them to feel that they can relax in my company and act, as they would do **normally**, not to put on pretence or any bravado.

In commenting about **them self** Mr Brac, deemed that there was a need to be **genuine** in their own approach in order to model this for the youngster, stated as follows:

**Mr Brac:** I suppose if I come across as **genuine** then I have more of a chance for them to come across as **genuine**, it stands to reason. If I pretend to be something that I am not, somebody really powerful or whatever, then I can't expect them to be **open** and **straight** back with me.

Presenting as **straight**, **honest** and **genuine** overlapped within the concept of **honesty**. On three occasions being **straight** arose from responses, on two occasions from EPs and once from an adolescent. It seemed that by being **sincere** and **genuine** participants suggested they could be **straight** with each other. For example:

**Mrs Raj:** It was important for me to be **straight** at all times with JJ. I think this is the only way to be, the only way I know and it says a lot about how well we **get on** with each other.

One of the two participants (Jeb) who did not benefit positively from the experience of SFBT commented that being **straight** was something he could do with his educational psychologist counterpart:

**Jeb:** **It was dead important that I spoke straight** with him. I told him everything, not that it will work, but I did, I was **straight**. That's important like.
A great deal of information emerged with regard to what each participant particularly 
liked about each other within the experience of Solution Focused Brief Therapy. 
Some of the adolescent participants (3) considered their psychologist cool for one 
reason or another, stating:

*Abe:* He was **cool**. We talked about loads of things and he knows a lot about music and dance, that’s **cool**.

It was evident that being perceived by the client of having knowledge of the 
adolescent world, in terms of interests was cool. None of the psychologists mentioned 
being cool as something they had considered, however, eight did suggest that it was 
likely their adolescent client would notice personalities in a favourable way. 
Comments were as follows:

*Mrs Brigg:* I think she would have noticed and liked the fact that I was quite bubbly, you know not heavy. I think that a personality definitely comes across in sessions like these and that can work for you or against you. I hope the Meg liked mine because I think it’s quite important in the long run. It does not make any difference to us really because we are meant to have disregard towards those sorts of things as professionals.

In addition Mr Ash stated:

*Mr Ash:* I would imagine that she liked my personality, the fact that I’m quite young in my approach to everything. I think this counts for a fair bit.

Lastly, Adda commented upon liking what the psychologist was wearing and 
described it as being **smart**. Such attention to detail reminded me of comments within 
the previous section regarding **odour**. Adda stated:

*Adda:* I liked his clothes and stuff. Teachers usually dress really boring but he was dead **smart** and I liked that. You don’t have to be like old fashioned you can be dead **smart**.
Again, what is observed from the data is that adolescent clients notice many things that the EP may take for granted and presume superfluous to the process of change. Both EPs and adolescent clients appreciated within and across dyad the fact that they could be **honest** with each other. It seemed from analysing the respondent data that frankness and **honesty** emerged as both a result of a good **relationship** and also as something that contributed towards a healthy **relationship**. The adolescent group described two main concepts in relation to **honesty** namely that of not having to lie and being able to tell the whole story. This was in contrast to the sentiments shared by the educational psychologists who commented upon the fact that in being **honest** the adolescent might become exposed to emotions of **vulnerability**. This presented the concept as a double-edged sword requiring awareness on behalf of the educational psychologist as to the importance of keeping safe **privileged information**. Comments included:

**Hannah:** I liked the fact that I could tell the whole story as it was and that I did not have to lie. Usually you have to do some lying because it gets you into trouble otherwise. But with Mr. Ash I didn’t have to and that was really good, I liked that.

Similarly, Marc told of their appreciation of being able to tell their story:

**Marc:** Like when I had this kind of thing before I liked it when he asked me to tell him what all the problems were. I liked it because he made me feel I could tell him anything and that I did not have to hide anything.

Despite the fact that adolescent and EPs both commented upon **honesty** and **openness** the EP saw things slightly differently referring to the fact that the adolescent in being **honest** might have felt exposed, for example:

**Mr Brac:** It’s quite possible that Marc feels a sense of vulnerability when telling their story about things or opening up. I guess this is only natural I had to take care that with Marc how mature he felt that he could trust me with the information he was giving and respect the fact that the was being really honest about things. It’s a bit of a ‘chicken and the egg’.

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The last concept within the subcategory of **appeal** to have emerged from the data was to do with **humour**. Three adolescents noticed anything **hilarious** had occurred within their sessions and it was not possible to ascertain whether the remaining seven had not noticed anything similar or just did not find anything funny. However, in contrast nine out of the ten EPs interviewed commented on the importance of **humour**. They commented that this feature would be something that would be appreciated by adolescents. The following represent examples of the concept as described by the participants:

**Adda:** He’s not funny like cracking jokes, but he made me laugh.

Also, Bobi commented upon the psychologist as being light hearted as follows:

**Bobi:** You would have seen us laugh a bit if you were there, she told me some funny things that had happened to her and I told her some funny things about the holiday that happened to me, it was good to have a laugh.

EPs described the concept of **humour** slightly differently to that of adolescent in the sense that they used and perceived much like the relationship itself, as more of a conscious “technique” than anything else for example:

**Ms Mead:** It’s about striking a balance. I tried to not appear too serious but also not be dismissive of comments that she made. ...Not too serious in a sense that I wasn’t open to having a laugh or let her tell some jokes. I think this breaks the ice and I did it early on in the session to help her feel at ease and less nervous.

Ms Cliff also referred to the concept of being light. He perceived that his female client welcomed such **lightness** having had previous experiences that were described as being quite serious in nature:

**Ms Cliff:** ...you would have seen a lightness of touch. A kind of “go slow” yet in a sort of respectful and light hearted way that I think helped to build up our relationship a lot. Had I gone for it in a more serious and clinical way I don’t think she would have liked that about it and it would have harmed our relationship, maybe in the long term even.
8.4.2 Acceptance

Category

Acceptance

Concepts

be myself; normal; get on;
interested in person; protecting.

Subcategories

Understood Acknowledged Heard Safe

knows me that's fine listened to confidential
worked it out unconditional a right

Private

away from friends
respect feelings
public

Figure 8.4.3 – Organisation of Concepts and Subcategories within the Analytic Category of Acceptance

The theme of acceptance emerged from within the data and related to the client perceiving that they were being treated as someone normal and the EPs perceptions of being able to do this and recognise it as a valuable contribution to relationship building. During interview a number of the adolescent clients referred to the fact that there were known within their school community for experiencing problems of a behavioural or emotional nature. Therefore, it may have been an altogether new and welcomed experience to be seen by an important adult as normal. The first subcategory to be discussed was in relation to the EP understanding what the client was saying and the client feeling understood. For example:

Steff: I got on well with the psychologist because she really tried to get to know me...how I was feeling...thinking.
Jeb who although did not experience a positive outcome to the SFBT did feel as though the psychologist had made an attempt to understand him revealed similar perceptions:

Jeb:  ...cause the things aren’t easy to understand it was really good when he was asking a question to me...he kind of worked it out by listening to me...really understand.

It would appear that from the adolescent perception of the concept relating to them feeling understood that the EP was most effective when practically “struggling” to understand what was going on. This message to the client was important in that it was perceived as an indicator that the educational psychologist wanted to get on with the adolescent. The educational psychologist also referred to the concept of understanding stressing a similar point, for example:

Ms Mead: You would have seen me trying hard to understand what he was trying to say. I was doing this by asking questions, taking careful notes and checking for clarity every now and again. I think it does affect the relationship because it lets them know that you are really interested in them as a person.

Within the last excerpt provided by Ms Mead, related to the subcategory of acknowledged, they refer to the client feeling acknowledged when their position, predicament or perception has been acknowledged. References to this concept arose from within both adolescent and EP groups. Further, adolescent comments centred upon the acknowledgement affording a sense of acceptance and normalisation. For example:

Adda: He told me that I was fine. That was really important because everybody else says that I’m not. He even said that after hearing my story which made me feel like it must be fine.

The psychologist that worked with Adda, namely Mr Bala was very much aware of having acknowledged the Adda position, commenting:

Mr Bala: He told me a really tough story about how he’d been a victim as much as a bully in the school...I thought it was important for me to tell him that how he felt was fine and that it wouldn’t
make a difference to how we worked together. For me, this is like the old Rogers work of unconditional positive regard for your client. This is central in SFBT I believe.

Most of the adolescent clients referred to the fact they felt heard during the SFBT experience that they had. All of the educational psychologist refer to the fact that they had listened throughout the SFBT experience. Both group identified this key concept as important bedrock of the process of change and as an indication that they get on well together. It was interesting to note that one of the adolescent group, Meg, referred to listening and being heard was not only a positive experience which indicated a good relationship but also more than that:

Meg: ...Definitely listened to. I read somewhere that it’s one of those rights, like you have to listen to kids. I think that’s good because it makes adults find out things that are worrying us.

Similarities, therefore, were evident in responses relating to the concept of feeling heard. Despite the fact that none of the adolescent clients referred to the term confidential they referred to it by virtue of the term safe. Conversely, EPs refer directly to confidentiality as a concept. The following examples provide an indication of perceptions:

Hannah: He was taking notes, lots of them. I did think who is going to see and read those notes but looking back I think I feel quite safe that he won’t give them to just anybody.

The actual word “safe” emerged from the text within the responses of Adda as follows:

Adda: ...a good sign is if somebody feels safe. Because we got on I felt safe...

The Mr Clubb in discussing the relationship included reference to confidentiality than any emotional safety. Comments included:

Mr Clubb: ...to keep the notes I took confidential and told him this. He was interested in knowing where they would go and I stressed that it was an important part of our relationship that I
respected the confidentiality of his work. This was definitely important for him to hear.

The concept appertaining to privacy was found to be somewhat related to safety in that it noted emerging comments to do with the educational psychologists protecting the interests of their adolescent client. The location within which the SFBT took a place was found to be of importance and regarded by the adolescent as a reflection of what the educational psychologist thought of them. For example:

David: ...respected my feelings because I heard her asking the deputy about where we would have our meeting. He wanted us to go somewhere quiet so that I wouldn’t get embarrassed I suppose.
Yeah, he definitely thought of my feelings.

Another adolescent client referred to the fact that it was important for them that they were away from their friends during the SFBT so they could continue with the work without distraction. However, there was no need for them to explain this to the educational psychologist as all attempts were seemingly made to ensure this privacy as standard:

JJ: ...because I was in the library annex I was away from my friends. She took me there because she thought we’d get more done that way. I liked that because if I’d have been somewhere where my friends would have seen me all the time then I definitely wouldn’t have concentrated on stuff.

The educational psychologist also referred to this aspect of acceptance by virtue of comments such as:

Mrs Drake: ...right from the start it is important that I chose the right place to conduct the SFBT, that it wasn’t a public place, somewhere private had to be found.

In summary, therefore, both client and adolescent noted the importance of acceptance within the relationship. They considered elements of the category in different ways however, although related to similar concepts. The educational psychologist was predominantly concerned with ensuring that they were embracing of the adolescent predicament by ensuring that emotional (safe), cognitive (understood,
acknowledged and heard) and physical (privacy) dimensions were taken care of. The adolescent, on the other hand, perceived acceptance as effort made by the educational psychologist, both physical and in conversation that allowed them to “be myself” (Marc). What is of particular interest is the fact that the hitherto, automatic decisions that educational psychologists made, for example in relation to venue of SFBT was not going un-noticed by the adolescent and that these factors influenced and contributed toward the quality of therapeutic relationship.
8.4.3 Goals and Tasks

**Category**

Goals and Tasks

**Concepts**
salient; owned; targets; together; goaling; ethical; realistic; prescribe.

**Subcategories**

![Diagram showing subcategories: Important, Mine, Possible, Negotiated]

- Important: right ones, will work, central, vision
- Mine: fit, unique, secret
- Possible: can do, easy, few
- Negotiated: agreed, asked

Figure 8.4.4 – Organisation of Concepts and Subcategories within the Analytic Category of Goals and Tasks

**Goals and tasks** were discussed by both educational psychologists and adolescent alike and were related to the relationship by the participants. Both sets of participants referred to agreement upon the goals and tasks that arose from the SFBT as an indication of the extent to which they got on. Within SFBT, working toward a common understanding of direction and action is sought and typically takes up a significant proportion of any given session. The first two concepts highlighted were in relation to the importance and saliency or ownership of the goals:

*Mrs Tori:* ...you'd have seen me working really hard to get a hold of their vision for what they wanted. I did this by asking the miracle
question which always provides a lot of information from your client about where they want to go to.

From their client counterpart, Bobi also commented upon the concept as:

Bobi: We talked a bit about the targets I was going to do and which I had to work out which were the right ones for me to try out...we took a lot of time doing this.

The emphasis placed by Bobi on the centrality of the goals within the SFBT was also mentioned by another Abe as follows:

Abe: ...he kept saying, “do you think it will work” every time we talked about a target. He kept asking me about how I would do things...good.

Despite eight of the educational psychologists suggesting in their responses that ownership of the goals discussed were that of their respective clients only one of the adolescent group confirmed this assertion. The adolescent commented:

Jeb: I think you would have seen us talking about the things I was going to try doing like behave better. I’ve done this before and he wanted to know what ideas I had about the targets, that’s different from other ways. Afterwards, he wrote them down and I thought, “Yeah, those are mine”.

As was mentioned above, this was the only reference made by an adolescent with regard to the ownership of the goals discussed. The psychologists on the other hand placed a relatively large degree of emphasis upon the opportunity to collaborative goal form and of what this offered in terms of relationship building. For example:

Mrs Brigg: ...the relationship was definitely improved when the “goaling” took place. What I mean is I had to find the perfect fit for her with her targets and goals. We struggled a bit together but in the end we came up with a really nice set of tasks that were unique to her. For example, she said that if she was happier in school then she’d come to school with a ‘skip in her step’.

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It was considered that the process of achieving bespoke goals contributed toward relationship building. Two other psychologists also comment upon the goals and tasks, this time as being a secret challenge. In other words, the goals and tasks might only have been knowledge to the EP and their client and, therefore, provided the relationship with a unique and secret bond. For example:

Ms Cliff: Because she’d worked with CAMHS before and I knew that the targets that she’d had from them were distributed to everybody, I thought that it would be more important this time that we sought of came to an agreement about goals that we could work on together without the knowledge of everybody around. I think this proved an exciting consideration for her and she liked the idea that we’d be working on something together...an issue about confidentiality and making these goals known to other people...I needed to make sure that they were ethical.

It became apparent from exploring the comments made in relation to the goals being “secret” that this raised implications for keeping information away from possible, important others for example, parents. However, the psychologists who mentioned this as a concept were also aware of these implications and were clear about having to ensure that the goals were ethically sound in all cases.

Five adolescent clients appreciated the fact that the goals and tasks were appearing to be ones that they could do. It emerged that the process of discussing realistic goals was noticed by three adolescent clients as a factor which reflected the understanding they had with the educational psychologist and, moreover, a reflection upon the relationship itself. For example:

Bobi: I think she knew me because when we talked about the targets I was going to try they weren’t too big and I thought, “Yes I can do these”.

Therefore, it emerged that the adolescent perceived a link between discussing realistic goals with the psychologist “knowing” them. Further appreciation of the possible
nature of the goals discussed became evident from the responses received from Adda in saying:

Adda: He didn’t make it too hard for me. I think the targets were sort of easy. That’s good ‘cos if they were too hard I don’t think I would bother, I haven’t in the past.

The above response demonstrates the relative importance of the psychologist considering the challenge which the goals pose and that if this challenge is too great then it may affect the perception of the relationship as one of little common understanding and the goals may not as a result be attempted. The EP comments in relation to the goals outline concepts similar to those raised by the adolescent group in terms of making them realistic and possible to do. Another concept introduced by the educational psychologists was in relation to the number of goals that was set and that this also served to contribute towards a good relationship being that it was not asking too much of a client:

Mr Brac: ...because I’d heard that he’d had a similar experience to SFBT in the past and that from the notes I had read, a lot to do, goal wise – I thought this time I’d keep them to a minimum. I think this helped our relationship, you know only to have a few goals rather than loads of them.

The final concept within the subcategory of goals and tasks was in relation to the goals discussed being negotiated. There was a discrepancy between the perceptions demonstrated by the educational psychologists and those demonstrated by the adolescent client group. In basic terms, the educational psychologists perceived the process of goal formation as a negotiated one and referred to it as such, for example:

Mr Brac: ...definitely...it helped that the goals were negotiated and I would never prescribe goals when it comes to behaviour it’s just not worth it, I had to find common ground so that we could agree together on what we were going to be looking for.

In keeping with this perception of the goals being collaboratively formed were comments provided by Mrs Raj. She stated:
Mrs Raj:  ...the relationship in the sessions does depend on me as the psychologist being prepared to step down from my position of “power” and be prepared to thrash out the goals that the pupil wants to work towards. I know that he was expecting me to tell him what to do and I reckon he was pleased that I didn’t.

Of interest was the different perceptions provided by the adolescent group in relation to this concept of negotiation. Adolescents did not report the goals as having been a product of negotiation and although referring to them as being agreeable to both parties they broadly (7) viewed them as prescribed items of behaviours provided by the educational psychologist. For example:

Hannah:  ...talking about the targets. He told me what I should do next and then asked me if this was OK.

From this perception it is possible to observe that the adolescent perceived the goal as being prescribed and that also the EP did check with them that the goal was acceptable. Further evidence to support the view that adolescents perceived the goals as prescribed came from Jeb who commented:

Jeb:  ...like a list of things I had to do. He told me I should really think about doing them because they’d worked for other kids.

Whilst the difference exists between EPs and adolescents in relation to the origin of the goal, in other words negotiated or prescribed it is more difficult to ascertain why such a difference in observation are perception existed. It may be that the perceived meaningfulness of the goals, their saliency and fit with that which the adolescent required leads the adolescent to believe that they are actually prescribed rather than formulated as of process of negotiation.
8.4.4 Relationship

Category

Relationship

Concepts
get on; process; respect;
human; technical.

Subcategories

See again

Only one

keep working future reference way of working
See EP again reliance dependence

Figure 8.4.5 – Organisation of Concepts and Subcategories within the Analytic Category of Relationship

Perceptions regarding the relationship emerged from within the data at many points. Within the last section of this chapter specific reference has been made all along to how a number of concepts emerged that were deemed by both adolescent and educational psychologist, at varying degrees – to contribute towards an understanding of the relationship within SFBT. These concepts included the extent to which both participants liked each other (appeal), the extent to which a client felt understood and acknowledged and the EP was able to provide such understanding and acknowledgement (acceptance) and the importance of signed to the process through which goals and tasks were formed. This is the last section sought to tease out more
specific responses in relation to the relationship and, moreover, the importance which participants are signed to the relationship. Participants were asked:

_R:_ How important do you think it is that you get on, if SFBT is to work/help?

And:

_R:_ Why do you think it is important?

Both these questions were asked of the adolescent and EP groups and yielded much information with the regard to the importance of the relationship.

All participants (20) commented that it was important to get on if SFBT was to be successful. However, what emerged from the data was that the educational psychologists perceived the development and maintenance of the relationship as a largely technique driven phenomena, allowing them to remain relatively dispassionate and to not be tied emotionally. In other words, they perceived the development and existence of the relationship as apart of a process. Having said this, all psychologists (10) commented upon the importance of respect, ensuring that the relationship presented as human and not technical to the client. Examples of these perceptions are provided as follows:

_Ms Mead:_ The relationship was incredibly important. I had to make sure that I got this right and if I didn’t then there wouldn’t be much point in doing anything else. I view it as a part of the process: building the relationship, during the work and getting the outcome.

Similar perceptions were also shared by Ms Cliff who commented:

_Ms Cliff:_ We did get on well together. She was a very pleasant girl and I think that our relationship was good. That was important to her and me. I must say though, that whilst there was a great deal of respect involved in our relationship for me, there was a technical element to it as well...you know what I mean, it’s also a technique, a technique that you have to make sure you remain human when perfecting...otherwise you can come across as pretty much ruthless.

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Such awareness of the relationship as a technical facet and a process driven phenomena is in stark contrast to those perceptions held by the adolescent client. The adolescent client only perceives the relationship as something that the EP is genuinely interested in and holds no view whatsoever with regard to it being a technical experience. This is reflected in comments such as:

JJ: ...yes, I think it's dead important because if like you don't know get on then you'll just fall out. I would definitely be happy to carry on working with Mrs Raj because I like her.

Another adolescent, Meg, also shared this view:

Meg: It was a good way of workin...the way we got on together was important and yeah, I suppose I would see her again if I had to. I don't think I'd mind.

Comments about working together and the future were noted from both groups. All educational psychologists (10) were prepared and willing to continue work with an adolescent client in the future, using SFBT if it was deemed necessary. Not one of the educational psychologists associated the quality of importance of the relationship with a desire to keep working. However, it appeared that four of the adolescent client group mentioned a good relationship as reason for continuing to work suggesting possible dependence or reliance. For example:

Adda: We got on well and I'd like to see Mr Bala again because I think he's cool. I don't think I'd want to see anybody else, because I know he can help and I get on with him.

Marc also conveyed this perception as follows:

Marc: If I was having problems again I think I'd want to see Mr Brac again because I really got on well with him and he sort of helped me and listened to me a lot.

Therefore, it emerged that whilst both groups acknowledged the importance of the therapeutic relationship it also suggested that a degree of dependence on the behalf of the client toward the educational psychologist was established regarding future work. It emerged that once a good relationship had been established through the experiences of SFBT there was a likelihood that the adolescent client would wish to
make use of the already established relationship again. The educational psychologists reported however that they would work with their client again mostly out of a professional sense of responsibility rather that due to there being a good relationship.

In summary, therefore, both adolescent and psychologist perceived the relationship as being an important factor within SFBT alike. However, the psychologist was more likely to perceive the good relationship as technique and its formation, a means to an end. After conducting SFBT with a client, the educational psychologist reported being able to move on, having viewed the relationship as mostly technique rather than personal. However, in the case of the adolescent client, the emotion of the SFBT experience coupled with the establishment of a good relationship appeared a more personal event, resulting at times in a degree of dependency shown toward the EP.

Whilst the importance of the relationship appears to be significant for the adolescent client group it was also revealed that having access to the same relationship in future was also important, suggesting the relationship was perceived as a potentially long term one, extending beyond the activities of SFBT.

8.5 Within-Dyad Perceptions of the Therapeutic Relationship

Both participants’ perspectives were gathered in order to explore the full descriptions about their unique SFBT therapeutic relationship. As before, analysis was centred on the recollections and reflections of moments in SFBT by participants, rather than by non-participant observers. I considered this to be the best alternative with respect to the data being sought to highlight the phenomenon of congruence/incongruence. Personal narrative accounts of both participants, when recalling and remembering the therapeutic relationship, permitted in-depth investigation of participants’ congruence/incongruence.

Within this section I decided to represent the findings in tabular form having firstly written the following comparative analysis data in loose, narrative form. This resulted in a very lengthy presentation of the data, taking the study close to the ceiling word
count. More importantly, I found the layout, for the purpose it was meant to serve, confusing and hard to follow and, when reading it, kept losing track of what comparisons were being made and between whom. Following a re-reading I decided to re-present the data in this section in a revised, tabular format that allows for a clearer viewing of each dyad and their perceptions of the relationship. The ‘side-by-side’ format of all the data not only allows the reader freedom to see the information regarding each dyad relationship at a glance, but also the freedom to achieve any cross-dyad comparison. As a final justification for the method strategy used, I was comfortable with the idea that the presentation of data in this section was different from the findings presented previously within the chapter. My view is that this can go toward indicating the change in comparative emphasis from a general, cross-dyad to a specific, within-dyad focus.
<table>
<thead>
<tr>
<th>Dyad 1</th>
<th></th>
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<tbody>
<tr>
<td><strong>Focus</strong></td>
<td>Mr Bala</td>
<td>Adda</td>
</tr>
<tr>
<td>Analytic categories referenced</td>
<td>Acceptance</td>
<td>Acceptance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Appeal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relationship</td>
</tr>
</tbody>
</table>
| Similar perceptions | **Acceptance:**  Mr Bala said that he “felt he listened” to Adda and that this had helped seal the relationship. He considered this to have been of importance to Adda.  

Adda also mentioned the fact that Mr Bala had listened, saying that he had made him feel as though “I was fine.” He also commented that he appreciated that Mr Bala kept checking that he “understood” and that this helped make him feel safe. |  |
| Unique and/or Differing perceptions | **Appeal:**  Adda said that he liked the fact that Mr Bala was “smart” in his appearance and not “old-fashioned,” which may be related to the fact that he later described Mr Bala as “cool” (Relationship) and would like to “see him again.” Adda also commented that he liked the fact that Mr Bala was able to make him “laugh.” |  |
| Summary | Both Mr Bala and Adda viewed the relationship in a positive light. Mr Bala focused on the fact that the listening he conducted was, in itself, the most important feature of their relationship. Conversely, Adda mentioned other features in addition to listening, which he appreciated. He included comments to do with being ‘cool’ and ‘funny’ as important in giving him the feeling of being accepted and ‘safe’ in the knowledge that his story was being respected. The outcome of this SFBT session was reported by both participants as helpful for the future. |  |

**Table 8.5.1 – Dyad 1: Comparative Analysis of Perceptions regarding Key Elements of the SFBT, Therapeutic Relationship**
<table>
<thead>
<tr>
<th>Focus</th>
<th>Mr Clubb</th>
<th>Jeb</th>
</tr>
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</table>
| Analytic categories referenced | Relationship | Appeal  
Acceptance  
Goals and Tasks |
| Similar perceptions | Mr Clubb and Jeb mentioned several of the concepts related to the analytic categories above regarding their relationship. However, no congruence in their perceptions was observed from the data. | |
| Unique and/or Differing perceptions | Appeal:  
Mr Clubb was unsure as to whether Jeb “liked” him, saying, “that’s tricky, one minute he was there, with me and the next – phew...gone.” Jeb however, appreciated the fact that he could be “straight” with Mr Clubb. Acceptance:  
Although Mr Clubb believing that Jeb had “held back throughout” the work they conducted together, Jeb commented that he believed Mr Clubb to be “really” trying to “understand” him by virtue of the fact that he was “listening.” This indicated the importance of being accepted by Jeb. Interestingly, Jeb indicated in his responses that he valued being challenged on issues by Mr Clubb stating that it “was really good when he was asking a question.” It is also noteworthy that Jeb is reported to be of average ability (from previous assessment) and questions as to whether he valued being challenged is an indication of his participating well at a cognitive level in the therapy process.  
Goals and Tasks:  
Mr Clubb considered that the goals had been well negotiated, and referred to Jeb as having been pleased with this at the time, “yeah he was quite proud of them.” This view is at odds with what Jeb reported to me in interview where, by that time, he considered the goals to be relatively prescriptive, saying that they were “things I had to do.” | |
| Summary | Mr Clubb and Jeb referred to similar features of their relationship (concepts to do with acceptance, goals and tasks.) However, by the time of interview, Jeb is noted as having a less favourable view of these features, despite having given the impression to Mr Clubb during their work together that the relationship was fine. The value Jeb placed on being ‘challenged’ was not picked up by Mr Clubb and would have been interesting to explore further. The outcome of the SFBT session was reported “disappointing” by Mr Clubb and “not great” by Jeb. | |

Table 8.5.2 – Dyad 2: Comparative Analysis of Perceptions regarding Key Elements of the SFBT, Therapeutic Relationship
<table>
<thead>
<tr>
<th>Focus</th>
<th>Mr Brac</th>
<th>Marc</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Analytic categories referenced</strong></td>
<td>Appeal</td>
<td>Acceptance</td>
</tr>
<tr>
<td></td>
<td>Goals and Tasks</td>
<td>Relationship</td>
</tr>
<tr>
<td><strong>Similar perceptions</strong></td>
<td><strong>Appeal:</strong> Mr Brac commented that he felt it was important to convey to Marc that he could be “trusted.” This did not go unnoticed by Marc as he mentioned that he felt that he trusted Mr Brac enough to “tell him my story,” and Marc “liked” that feature of the relationship.</td>
<td><strong>Acceptance:</strong> Marc referred to how good it was to “be myself” with Mr Brac and that this allowed him to be open and tell his story. He felt that Mr Brac did “listen” to him.</td>
</tr>
<tr>
<td><strong>Unique and/or Differing perceptions</strong></td>
<td><strong>Appeal:</strong> Mr Brac commented positively but in a different way in relation to this key feature to emerge from the data. He mentioned how important it was that he ensured Marc was ‘relaxed’ and could be ‘himself’ in his company – “normal.” He also commented as being important how he considered being “genuine” himself, as well as allowing Marc to be “normal.” This allowed them to be “open and straight” in their relationship. Mr Brac also acknowledged the fact that with ‘openness’ comes “vulnerability” and whilst he was keen for Marc to feel as though he could “open-up” he also let him know that the information he was providing was safe.</td>
<td><strong>Goals and Tasks:</strong> Mr Brac also mentioned that the activities around the goals helped the relationship, in that they were “few” and realistic in number, which “helped.” Also, the opportunity to “negotiate” and “agree,” in the process of reaching “common ground” was viewed by Mr Brac as helpful in relationship building. <strong>Relationship:</strong> Marc commented that because Mr Brac had “helped” he would be happy to “see him again.” This was an indication that, from his viewpoint, a ‘helping relationship’ had been established.</td>
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<tr>
<td><strong>Summary</strong></td>
<td>Marc had experienced similar therapy previously and referred to this during the interview. He commented upon what he liked then as what he also appreciated in SFBT – being listened to. Marc said they “got on well” due to a combination of this and feeling “helped.” Both participants perceived the outcome as helpful for the future.</td>
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Table 8.5.3 – Dyad 3: Comparative Analysis of Perceptions regarding Key Elements of the SFBT, Therapeutic Relationship
<table>
<thead>
<tr>
<th>Focus</th>
<th>Ms Mead</th>
<th>David</th>
</tr>
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<tbody>
<tr>
<td>Analytic categories referenced</td>
<td>Appeal</td>
<td>Appeal</td>
</tr>
<tr>
<td></td>
<td>Acceptance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Relationship</td>
<td></td>
</tr>
<tr>
<td>Similar perceptions</td>
<td>Appeal:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>David believed the relationship to be a 'caring' one in that Ms Mead kept enquiring whether he was “OK” which to him, was an indication that she “cared.”</td>
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<td></td>
<td>David also mentioned that Ms Mead was a “nice” lady, who was quite “easy” to get on with.</td>
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<td></td>
<td>This ‘easy-going’ theme was also referred to by Ms Mead when speaking about the importance she attributed to “not being too serious” in the relationship, yet being careful not for the relationship to be “dismissive” of the problem by being too “light.”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acceptance:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Both Ms Mead and David commented regarding the concepts that emerged from this analytic category. Ms Mead suggested that attempting to “understand him” was important by ensuring that she conducted a regular “check for clarity.”</td>
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<tr>
<td></td>
<td>This, she believed, “does affect the relationship because it lets them know that you are really interested in them as a person.”</td>
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<tr>
<td></td>
<td>This level of ‘understanding’ was noticed and interpreted by David and Ms Mead, demonstrating that she “respected feelings” and was not intent on causing “embarrassment.”</td>
<td></td>
</tr>
<tr>
<td>Unique and/or Differing perceptions</td>
<td>Relationship:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Despite Ms Mead suggesting that the ‘human’ factor is imperative, as illustrated in her comments relating to Appeal and Acceptance, she also viewed the relationship as a “process.” This ‘technical’ phenomenon was important to “get right,” she suggests, and that I would have seen her “trying hard” to achieve this had I been observing.</td>
<td></td>
</tr>
<tr>
<td>Summary</td>
<td>Both Ms Mead and David valued their relationship as a mutually respectful and caring one. However, despite this being the only level of appreciation David demonstrated for the relationship, Ms Mead also considered it to be important professionally as a technical ‘process’ to “get right.” The outcome was reported as helpful for the future.</td>
<td></td>
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</tbody>
</table>

Table 8.5.4 – Dyad 4: Comparative Analysis of Perceptions regarding Key Elements of the SFBT, Therapeutic Relationship
Dyad 5

<table>
<thead>
<tr>
<th>Focus</th>
<th>Mr Drake</th>
<th>Abe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analytic categories referenced</td>
<td><strong>Acceptance</strong></td>
<td><strong>Appeal</strong></td>
</tr>
<tr>
<td>Similar perceptions</td>
<td>Mr Drake said that he was concerned to help Abe feel “normal” and that he would achieve this by “talking to him informally about things.” Abe was able to confirm that informality was achieved within their relationship by saying that Mr Drake did not “pressure” him “like some others” and that it was “easy.”</td>
<td></td>
</tr>
<tr>
<td>Appeal:</td>
<td>Mr Drake commented that Abe presented as quite “street-wise” and a “nice rogue.” He liked the fact that they could “get on” and suggested that this might have been in part due to his allowing him to “act out” his “image” and not “cramp his style.”</td>
<td></td>
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<tr>
<td>Abe made similar references - suggesting that Mr Drake had “allowed” him to talk about lots of things and that this was indeed a “cool” thing. These topics included “music and dance.”</td>
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</tr>
<tr>
<td>Unique and/or Differing perceptions</td>
<td><strong>Goals and Tasks:</strong> Abe welcomed the fact that Mr Drake “kept asking” whether the “targets” they were working on were acceptable to him. The collaborative nature of the relationship provided by Mr Drake was reported by Abe to be one that he did “like.” Mr Drake did not mention this aspect of the relationship.</td>
<td></td>
</tr>
<tr>
<td>Summary</td>
<td>Mr Drake was in his first year as an EP, and commented upon the recency of his SFBT training by describing himself as a “novice.” However, he also commented that this could work in his favour in that he brought “little technical baggage” to the process and could “concentrate more” on the relationship building. He and Abe both perceived the relationship in the same way, Abe viewing it as “easy,” probably as a result of Mr Drake not ‘cramping’ his “style.” The work was considered by both as helpful for the future.</td>
<td></td>
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</tbody>
</table>

Table 8.5.5 – Dyad 5: Comparative Analysis of Perceptions regarding Key Elements of the SFBT, Therapeutic Relationship
Dyad 6

<table>
<thead>
<tr>
<th>Focus</th>
<th>Ms Cliff</th>
<th>Steff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analytic categories referenced</td>
<td>Appeal</td>
<td>Appeal</td>
</tr>
<tr>
<td></td>
<td>Goals and Targets</td>
<td>Acceptance</td>
</tr>
<tr>
<td>Relationship</td>
<td></td>
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</tr>
</tbody>
</table>

**Similar perceptions**

**Appeal:**
Ms Cliff noted the effort needed to ensure this relationship was “good,” in the light of previous CAMHs experiences. She believed that being “light” and light-hearted” would “build” the relationship. Steff interpreted the relationship with Ms Cliff as “good,” commenting that she “liked” the EP because she “cared and “listened” to her.

**Acceptance:**
Steff felt Ms Cliff wanted to “get to know her” and made her feel “close.” She said Ms Cliff was sensitive toward her, wanting to know what she was “feeling and “thinking.” Ms Cliff commented that this was a reflection of her wanting “agreement”, particularly about “targets.”

**Unique and/or Differing perceptions**

**Appeal:**
Ms Cliff referred to “trust” as an “important part of the relationship” and one that she “hoped” Steff could value within theirs. She noted that this element of the relationship could be honed as if it were a “skill” by saying that it “comes with experience.”

**Goals and Targets:**
As it was reported that the previous therapeutic involvement by CAMHs had not been particularly positive, Ms Cliff was keen to avoid making the same mistakes. She identified that working on ‘private’ goals may serve to regain Steff’s trust and prove that content could be kept “confidential.”

**Relationship:**
Ms Cliff perceived the therapeutic relationship between her and Steff to be “good” and that it was respectful. However, she referred a number of times that “perfecting” the “human” relationship within SFBT required “technical” ability.

**Summary**
This dyad relationship was interesting as Ms Cliff was acting on knowledge regarding previous, less favourable therapeutic experiences had by Steff and wishing, as a result, to avoid repetition of such events. She sought to ensure “care” respect through being “light” and “going-slow.” The result was a session both participants saw as helpful for the future.

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Table 8.5.6 – Dyad 6: Comparative Analysis of Perceptions regarding Key Elements of the SFBT, Therapeutic Relationship
### Dyad 7

<table>
<thead>
<tr>
<th>Focus</th>
<th>Mrs Brigg</th>
<th>Meg</th>
</tr>
</thead>
</table>
| Analytic categories referenced | Appeal  
Goal and Tasks  
Relationship | Acceptance  
Relationship |

#### Similar perceptions

**Appeal:**
As Mrs Brigg spoke fondly of Meg, Meg too stated that she "liked" Mrs Brigg. This was due to the fact that she was "listened" to so that Mrs Brigg could hear what was "worrying" her. Mrs Brigg perceived that listening to Meg’s story was an important "starting point" of the session as she continued to see herself as a “victim.”

#### Unique and/or Differing perceptions

**Appeal:**
Mrs Brigg felt that the relationship with Meg was a "privileged” one, and one that important others entrusted her with. She also commented upon how important she believed it was that Meg did “like” her, and that she believed her "bubbly” personality would go a long way toward achieving this. Meg did not refer to Mrs Brigg as “bubbly,” rather; she was sometimes “boring.”

**Goal and Tasks:**
Mrs Brigg commented that the therapeutic relationship was enhanced by the process of “goaling” and in particular the “struggle” of finding a “perfect fit” for Meg.

**Relationship:**
Despite Mrs Brigg admitting that she had a fondness for Meg – commenting, “really sweet girl!”, she also said it was inappropriate for her to engage in such emotion “professionally speaking” because, “all the time,” she was conscious about “leaving” Meg. Meg on the other hand did not see this as a problem and viewed the prospect of a continuing relationship together, based on the positive therapeutic experience with Mrs Brigg, as something good - “we got on”, “it was important” and “I would see her again.”

#### Summary

Meg and Mrs Brigg on the whole viewed their relationship as a good one, both reporting to “like” each other. Mrs Brigg brought a sense of duty to the work both in terms of “doing well” for Meg and others and also in not allowing herself to become too emotionally attached. Meg on the other hand viewed the experience of being “listened” to by Mrs Brigg as one that she would readily repeat in future, suggesting a degree of attachment. Both participants reported the session to be helpful for the future.

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Table 8.5.7 – Dyad 7: Comparative Analysis of Perceptions regarding Key Elements of the SFBT, Therapeutic Relationship
<table>
<thead>
<tr>
<th>Focus</th>
<th>Mr Ash</th>
<th>Hannah</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Analytic categories referenced</strong></td>
<td>Appeal</td>
<td>Appeal</td>
</tr>
<tr>
<td></td>
<td>Acceptance</td>
<td>Acceptance</td>
</tr>
<tr>
<td></td>
<td>Goals and Targets</td>
<td></td>
</tr>
<tr>
<td><strong>Similar perceptions</strong></td>
<td>Appeal:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mr Ash mentioned his “young approach” having been an EP for only a relatively short time (3 years.) He considered this as something that would have appealed to Hannah. This was not shown to appeal to Hannah, or at least she did not mention it. Hannah stated that Mr Ash had made her “think” during the session and that she “liked that,” which was referred to by Mr Ash as offering her “relief from anger.” Here he said that he offered her a “new” way of thinking about “anger” which would have made her think.</td>
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<tr>
<td></td>
<td><strong>Acceptance:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Both Mr Ash and Hannah referred to difficulties in the relationship. Mr Ash felt that Hannah “held back” and did not “let go” during the session. He believed this was not as a result of a poor session, rather, that Hannah had “given-up” even before it had begun.</td>
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<td></td>
<td>Hannah, on the other hand, whilst confirming that “nothing helped” said that she’d been “let down in the past” and that, although she had “tried everything,” she was prepared to “give it a go,” stating that it was “worth trying.”</td>
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<td></td>
<td>Hannah said at one point that she did not “care” about getting “better,” which may have led to Mr Ash concluding that she had “given-up.”</td>
<td></td>
</tr>
<tr>
<td><strong>Unique and/or Differing perceptions</strong></td>
<td><strong>Goals and Targets:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hannah perceived these as prescriptive and said that Mr Ash had “told” her “what to do.” This contradicts what Mr Ash says about Hannah being “genuinely interested in the scale” as a “new” approach. Furthermore, Mr Ash was aware that despite the “scale” being of interest to Hannah, she was said to find the whole experience of talking about “strengths as uncomfortable.” Mr Ash pointed out that her discomfort at this central aspect of SFBT caused some general discomfort “between” them.</td>
<td></td>
</tr>
<tr>
<td><strong>Summary</strong></td>
<td>Hannah did not view the session as generally helpful “at all”, despite reporting that she valued Mr Ash making her think. Mr Ash also felt that the session had not gone well and was disappointed that his efforts at making her “feel really special with his young approach” was insufficient in “rescuing” what he considered was Hannah’s pre-session decision, to “hold back.”</td>
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</tbody>
</table>

Table 8.5.8 – Dyad 8: Comparative Analysis of Perceptions regarding Key Elements of the SFBT, Therapeutic Relationship
<table>
<thead>
<tr>
<th>Dyad 9</th>
<th>Mrs Tori</th>
<th>Bobi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus</td>
<td>Appeal</td>
<td>Appeal</td>
</tr>
<tr>
<td>Analytic categories referenced</td>
<td>Acceptance</td>
<td>Acceptance</td>
</tr>
<tr>
<td></td>
<td>Goals and Task</td>
<td>Goals and Task</td>
</tr>
<tr>
<td>Similar perceptions</td>
<td>Appeal: Mrs Tori and Bobi both appreciated that laughing was helpful during the session, with Mrs Tori commenting, &quot;I know humour is important and I try and use this to good effect,&quot; and Bobi saying, she was &quot;funny&quot; and, it was &quot;good&quot; to laugh.&quot;</td>
<td>Acceptance: Bobi reported that Mrs Tori managed to make him feel &quot;I can&quot; by not asking too many &quot;questions.&quot; This was also commented upon in the same vein by Mrs Tori who said that &quot;it was very important to keep everything brief and simple, that way I could be understood and we could have the relationship. Had I been otherwise, there would have been no relationship between us – working or otherwise.&quot;</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Unique and/or Differing perceptions</td>
<td>Acceptance: Bobi made an important reference suggesting he felt accepted by Mrs Tori in saying he was made to feel &quot;OK,&quot; and this was &quot;good to hear.&quot;</td>
<td></td>
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<tr>
<td></td>
<td>Goals and Task: Mrs Tori referred to the scale as an “easy” way of “engaging” with pupils who experienced “general learning difficulty” (such as Bobi.) Interestingly, Bobi said they took “a lot of time” over this, and also Mrs Tori said the Miracle Question was useful too. Bobi also mentioned that the overall session was “short.” This would suggest that a significant proportion of time was spent on engaging activities.</td>
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<td></td>
<td>Relationship: Resulting from the positive light in which Bobi viewed his relationship with Mrs Tori, he commented that he would like to see Mrs Tori again in order to “carry on, cos’ I like her.”</td>
<td></td>
</tr>
<tr>
<td>Summary</td>
<td>Mrs Tori seemed to view the relationship as a phenomenon that required technical awareness – as a “working relationship.” The affective element was deemed important to her, but referred to in terms of “positive engagement.” The consequence of this relationship was that Mrs Tori was quite analytical regarding the phenomenon; whilst Bobi on the other hand very much appreciated her affection and the message it provided him – that he was “OK.” Bobi was keen therefore to continue with the relationship, whilst it is likely that Mrs Tori, from her comments, would “make herself available.” Both participants reported the session as helpful for the future.</td>
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Table 8.5.9 – Dyad 9: Comparative Analysis of Perceptions regarding Key Elements of the SFBT, Therapeutic Relationship
### Dyad 10

<table>
<thead>
<tr>
<th>Focus</th>
<th>Mrs Raj</th>
<th>JJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analytic categories referenced</td>
<td><strong>Appeal</strong>&lt;br&gt;<strong>Acceptance</strong>&lt;br&gt;<strong>Goals and Task</strong></td>
<td><strong>Appeal</strong>&lt;br&gt;<strong>Acceptance</strong>&lt;br&gt;<strong>Goals and Task</strong>&lt;br&gt;<strong>Relationship</strong></td>
</tr>
</tbody>
</table>

**Similar perceptions**

**Appeal:**
Mrs Raj suggested that her deliberate taking “care” within the relationship, in a “meticulous” way was in her view “appreciated” by JJ. In return, JJ noticed detail about the arrangements of the room and the refreshments that suggested that he did appreciate her effort in this area. Furthermore, Mrs Raj felt that a sure sign to her they were getting “on with each other” was the fact that she could be “straight at all times” with JJ, suggesting an open and honest relationship was present.

**Acceptance:**
Mrs Raj perceived that her pointing out to JJ that his “problems” were “not across the board” (pervasive) was “empowering” for him. JJ commented that being invited to tell his “story” suggested to him that Mrs Raj was “interested” in him and, in so doing, made him feel “good.”

**Goals and Task:**

Mrs Raj saw the goal aspect of the work as an opportunity to ensure that JJ perceived an equality of power within their relationship by saying that she “stepped down” at this point and did not “prescribe,” thinking that JJ might be “expecting her to.” JJ saw the goal-work to have enhanced the relationship in a different way, referring to the fact that they were “doing lots of things” and that Mrs Raj was “interesting,” suggesting he appreciated the pace and variety she offered.

**Relationship:**
JJ noted that he and Mrs Raj did not “fall out,” suggesting to him a good relationship, particularly in respect of the fact that his reported difficulty was in getting along with adults. He indicated that he was “definitely happy” to continue working with Mrs Raj as someone he “liked” as a result of his experience of being with her.

**Summary**
JJ and Mrs Raj saw the relationship as being a good one. Mrs Raj commented on her attention to detail, and interest in JJ. He in turn, valued the interest and effort by noticing many of her actions within their relationship. He liked the fact that she made him feel good and was certain that he’d like to see her again in future. Both participants reported the session as helpful for the future.

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Table 8.5.10 – Dyad 10: Comparative Analysis of Perceptions regarding Key Elements of the SFBT, Therapeutic Relationship
8.6 Summary

Within this chapter, I have, through analysis and discussion, responded to both research questions posed. The voluminous interview material that was collected provided a rich source of data from which to observe emerging categories and themes. The SFBT experiences of both educational psychologists and adolescents were investigated and, through the analytic process of coding and refining of the data, provided themes of Core Features of SFBT and Key Elements of the relationship. Both themes, representing what SFBT means to these participants, contain perceptions that are similar and different from each other arranged around eight, core analytic categories.

Secondly, the therapeutic relationship as described by parallel participants was explored utilising a different methodological approach. Here, each dyad was taken in turn, allowing for the direct comparison, psychologist : client perceptions, pertaining to their unique relationship. Crucially, this comparative analysis exploration was enhanced by continued use of the relevant, core analytic categories that had emerged from the preceding analysis. The ‘Key Elements of the Relationship’ theme that had emerged from the initial analysis contained four relationship categories (Appeal, Acceptance, Goals and Tasks, Relationship) and these were constructively used as ‘vehicles’ for identifying similarities and differences in perceptions regarding each of the ten relationships. In the concluding chapter, I shall present what has been learned from conducting the research both in terms of the SFBT experience and the therapeutic relationship as it has been seen to apply to the EP and adolescent participants studied. Furthermore, direction is provided for further research in the field following a reiteration of the limitations of the current study.
Chapter 9 – Conclusions

Introduction

This chapter considers all the thematic data discussed in the previous chapter and draws these together against the issues presented within the earlier literature review chapters. The Grounded Theory methods used (Glaser and Strauss, 1967), have enabled me to work closely with the data in order to observe the concepts, analytic categories and themes that have emerged. My strong belief throughout has been that the “…building blocks of any theory (indeed, any scientific theory) are a set of concepts grounded in the data” (Strauss and Corbin, 1998), resulting in this chapter reflecting theory emerging from the current data, theory that was absent at the beginning of the research. The chapter will explore the descriptions provided by EPs and their adolescent clients regarding SFBT in two main ways;

1. In relation to the common factors literature (Lambert 1992).
2. In relation to the two research questions posed at the beginning of the study.

In so doing, I recognise that the “trustworthiness” of research depends on what counts as knowledge, with its general purpose defined as production, understanding and prediction (Lincoln and Guba, 1985). This study, however, has focused on the first two mentioned, namely, the production of an applied knowledge and to further understand the therapeutic process phenomenon of SFBT. Applied knowledge in the case of this study is context specific, useful for explaining what happened in the SFBT sessions under investigation, whilst process knowledge concerns the model of SFBT itself. Over the ten dyad cases, and the six pilot cases studied, I grew in my understanding of SFBT and wish to outline within this chapter that gained understanding in the form of conclusions. However, before doing so I believe it important to thoroughly examine key considerations which have impinged upon the process of conclusion drawing.
9.1 A Reflexive Stance

The enormous amount that I have learned about myself during the conduction of this study is partly due to the reflexive stance that I have attempted to sustain, encouraging me regularly to seek many forms of knowing in order to confirm or disconfirm personally and professionally held constructs. However, I have found it quite challenging to use the traditional scientific thesis form to clearly convey to the reader how my thinking has evolved over the course of the study. So much so, that if I could start all over again, then I would probably organise the thesis in a different manner, to include more of a diary-style presentation.

I continue to feel supported, even at the conclusion stage, by the concept of reflexivity which acts to persuade me to openly acknowledge numerous realisations I have experienced during the course of the study. As they influence the drawing of conclusions they are important to mention. First, in adopting a social constructivist worldview, the data showed me that multiple realities actually did exist within the SFBT context. Indeed realities were shown to exist that were cherished by the adolescent, the EP and myself, in addition to those held by the reader and, furthermore, that these multiple perspectives were reflected in the study. Second, I realise that I actively interacted with participants in order to minimise the ‘distance’ between me, as researcher and them as participants. Third, that my research was context-bound and fourth that the themes, theories and conclusions that would emerge, would do so from participant narratives and not from me. Lastly, I came to realise that the real goal was to uncover and discover patterns and theories that genuinely helped to explain the phenomenon of SFBT.

Within chapters 6 and 7, an in-depth empirical enquiry approach was outlined whereby methodology was critically examined as part of the reflexive exercise. Methodological reflexivity was demonstrated before each area of practical exploration in my attempt to consider the presenting pros and cons. In this way, it was hoped that the integrity of the data could be assessed prior to, during and after each methodological phase. It believed that this also allowed for future research in SFBT to have the benefit of this experience. Arriving at the phase of conclusion-drawing has involved ‘stepping-back’ to consider what the analysed data actually means and to
assess their implications in relation to the research questions. Verification is involved in this process and was integrally linked by the revisiting of the data as many times as I could to cross-check and 'verify' conclusions.

The meanings emerging from the data have to be tested for their plausibility, their sturdiness, their 'confirmability' - that is, their validity (Miles and Huberman, 1994: 11).

I have also realised that validity means something different in the context of this qualitative study as compared to its meaning within a quantitative evaluation. In the latter, it is a technical term that refers quite specifically to whether a given construct measures what it purports to measure. Here, however, validity encompasses a much broader concern – that the following conclusions are credible, defensible, warranted, and able to withstand alternative explanation. I find the rigour of this aspect of qualitative analysis especially appealing whilst at the same time acknowledging the same aspect would serve to discourage a quantitative researcher altogether. Once beyond the cautious analysis of data, a critic may wish to ask, what it is to guarantee that one does not engage in a speculative flight of fancy? Reflecting on this, I am of the belief that such concern is not entirely unfounded, as it would seem reasonable to warn against conclusion-drawing well beyond what data reasonably warrant or, to prematurely leap to a conclusion and draw implications without giving the data proper scrutiny.

Therefore, I have attempted to 'step back' and systematically examine and re-examine the data. This has been done for the sole purpose of developing a reasonably coherent explanation for the cross and within-dyad descriptions regarding SFBT and therapeutic relationship. Miles and Huberman (1994: 245-262) referred to the methods used as "tactics for generating meaning", within which I used some of the 13 tactics. These led a focus group meeting being given over to the drawing up of 'Ioan's Research Guide' that was later to be seen on the inside cover of every note book I used. My guide points were that:

- the true value of the study rests in my ability to keep the data, interpretations and resulting conclusions closely linked to the reality from which they came;

- I need to remain mindful that "validity" and "reliability" are notions of quantitative
research and my intent should be to ensure (as far as possible), that the analysis, interpretation and conclusions of the data are truthful (credible; plausible; believable) – therefore, addressing the equivalent quantitative notion of "internal validity”;

• I am not looking for ‘universals’ that exist free from the context of this study. In fact, the opposite – I am seeking theory that not only is context bound, but in fact, also describe the context;

• my analysis, interpretations and conclusions should strive to achieve as much consistency as possible. In other words, that each is dependable, rooted in and representative of the data. Within this, I should acknowledge that the replication of the study is not truly possible as human variation in both myself and participants would confound such effort. However, I need to appreciate that this is as close to the quantitative notion of "reliability" as this qualitative study can get.

I realised also that one issue of analytic validity that can cause concern is the need to weigh evidence drawn from multiple sources, based on different data collection modes. Triangulation, as it is called, of data sources and modes I came to view as important ensuring that information were gathered from interview, de-brief feedback, field notes and focus groups. However, I noted that data did not always corroborate each, and even conflicted at times. For example, my field note reflections differed significantly from the views of the focus group members on a number of occasions - a welcomed contrast in 'observation,' achieved by triangulation. A good example of this is provided by a focus group reflection that the practice of one particular EP was deemed to be solution-"forced." My view was opposed to this and it would be easy to brush off such contribution as having derived from group members with an incomplete understanding of SFBT or were not adequately trained in the approach. However, I would have done so at my peril, and this and several other instances were found to be analytically interesting, and most definitely contributed toward my achieving a more balanced viewpoint within the study.

The important point here is that analysis took account of multiple perspectives and that different types of data were not sought in order to decide upon who was right or,
which data was most accurate. Weighing the evidence was experienced as a far more subtle and delicate experience than that, and involved hearing each participant's viewpoint whilst recognising that perspectives were relative to that person's social experiences. I considered the views purported by the focus group were no less real than mine, the EPs' or the adolescents'. The conclusions are an attempt to weave these various 'voices' into a narrative that responds to the relevant research questions and, if seamlessly achieved, my hope is it will be simple in presentation and natural to read.

9.2 Deviances in the Data

Another related consideration in conclusion-drawing, is for me to acknowledge that the data demonstrated patterns of inter-connection that differed at times from what I had expected at the beginning of the journey. I discovered that one strength of qualitative methodology is its ability to manipulate such unexpected patterns or occurrences, that Miles and Huberman described as "surprises" (1994: 270), and representing them as informative. Unlike a quantitative researcher who may have needed to explain away these 'deviant' or exceptional concepts, I found myself able to delight in the 'twists' the data provided, viewing each as fresh analytic insights and challenges. Miles and Huberman (1994: 269-270) went on to describe this as "checking the meaning of outliers" in the effort of "using extreme cases." I channeled myself toward treating these deviant or exceptional cases as opportunities worthy of further elaboration and verification, in the hope that they would eventually shape my conclusions.

As explained, the data sources within the study were a blend of interview, multidisciplinary focus group and researcher field notes and a significant proportion of my time was spent carefully 'reducing' them by a process of 'refinement', particularly in relation to last two sources. During the many re-visits paid to these data I looked closely for contrasts and interesting comparisons that would lead me to a greater understanding of SFBT. I did not at any point deliberately sieve the data for rogue outliers and extreme instances. On the contrary, these received special pampering, for example, in my focus group notes I added a column to record unique features arising
during meetings as an easy reference method after the meeting (Appendix 5). This concludes the section that describes the influence that I felt important to mention that impinged upon the conclusions that are now described below.

9.3 Common Factor Reflections

Whilst it was not my intention in this research to provide support one way or the other to the common factors theory proposed by Lambert (1992), I, like others consider it a potentially a helpful alternative to the more traditional, model-biased theories concerning what worked and why in psychotherapy (Bertolino and O’Hanlon, 2002). The common factors literature (Lambert 1992) has been central to the line of enquiry throughout this research by providing an additional structure by which to consider the emergent findings. Rather than being confined to only responding to research questions I consider common factors postulations as offering an additional ‘layer’ to the conclusion pie. I hope that the inclusion of the common factors serves to cultivate a deeper understanding of SFBT and the therapeutic relationship. It is for this reason, therefore, that I am exploring concluding thoughts against the common factors backdrop first.

These factors are concerned with explaining positive outcomes and arose frequently within this study, irrespective of the conversation area subject at the time and were known as the SFBT core feature of effectiveness. Each educational psychologist and adolescent client indicated what influenced outcome from their unique standpoint allowing for conclusions to be drawn against the common factors literature. Below, conclusions begin by taking each of the four factors in turn.

9.3.1 Adolescent as Agent of Change

Responses indicated that the adolescent client’s contribution and involvement was perceived to play an important role in the success of the SFBT session – as gathered from specific, participant responses. In addition, the support afforded to the adolescent (or not) from others such as school was shown to be important, in line with
Lambert's (1992) suggestion of extra-therapeutic scaffolds. Conversely, the lack or absence of a significant social support was described as unhelpful and hindered therapeutic change, in some cases, even before SFBT had begun. This is illustrated in the cases of both Jeb and Hannah who, between them, frequently referred to historical failures that had led them to believe that the likelihood of failure again was high. Interestingly, none of the adolescent clients referred to peer or familial factors as impinging upon the work or its outcome, rather, all support that was described as school-related. Client involvement in Goals and Tasks was considered by both the adolescent and EP to be of importance within a collaborative goal-forming process. Here, engagements were described that had been facilitated by goaling techniques such as scaling, as reported by Mrs Tori. I am aware of the belief, however, that a more culturally diverse sample may have yielded an even broader collection of findings in this area, as it has been shown that the meaning of engaging in psychotherapy, and its very appropriateness as a source of improvement, differs across cultures (Sue, Zane, & Young, 1994).

Extra-therapeutic factors were not as tangible to adolescents as were therapeutic relationship or technique factors (discussed later). For example, adolescents were able to identify their relationship with the EP as helpful or not, as it was something they could reflect upon in concrete ways, drawing on specific momentary memories of in-session experiences. Conversely, having an awareness of their own contributions toward positive therapeutic change was not something that they readily did in comparison. More specifically, they did not consider that an important part of 'why' they were feeling better was because they had a particular strength, skill or resource, or had found a new friend, that were extra-therapeutic in nature. Adult clients, rather than adolescent ones, on the other hand have been shown in other studies to be far more able to attribute change to factors of their own doing (Metcalf et al, 1996).

9.3.2 EP : Adolescent Therapeutic Relationship

Lambert (1992) noted that relationship factors - as perceived by clients are central to positive and productive therapy and that emotional attunement between participants is as safe a predictor of outcome as is any. Whilst investigating any such congruence in
this study, I was also keen to listen to the ‘voice’ of the client, particularly as so little data are shown to exist regarding the adolescent view of SFBT. The emergent theme of **key relationship elements** served not only to provide information as to the central nature of the voice of the client, but also the perceived importance of emotional congruence, in keeping with Lambert’s (1992) earlier suggestion.

In this study, eight clients proposed aspects of their therapeutic relationship as the most helpful part of their therapy, suggesting that these adolescent participants agreed with the adult literature when reporting that good therapeutic relations are essential to successful therapy (Dunkle and Friedlander, 1996; Horvath and Luborsky, 1993; Gaston, 1990; Rogers, 1957). Howe (1996) found similar results in his qualitative investigation about clients’ perceptions of the therapeutic experience, where engagement with and being understood by the therapist, were areas of importance within their experience of the relationship. The present study also identifies similar findings, pointing to how important EP ability is considered to be in engaging the adolescent in collaborative goal forming. Other features were conceptualised through analytic coding, known as **key elements** of a good therapeutic relationship including, empathy, acceptance, listening, and a level of expressed commitment toward future work.

Findings indicate also that when there was seen to be within-dyad agreement regarding the quality of the therapeutic relationship then outcome was affected accordingly. For example, eight of the ten dyads considered their relationship to be good and important to them, these eight also reported positive outcomes. Conversely, within the two remaining dyads where less successful outcome was reported, responses showed that the EP and adolescent were in broad agreement as to the weaker state of their relationship. It was evident that clients from both these dyads perceived also their EPs as being directive or prescriptive, in contrast to the other adolescents who described the EP and their relationship in more collaborative terms. Jeb, as one who did not experience positive relationship nor outcome, indicated that he found the process and EP as prescriptive whilst also enjoying the fact that he was challenged. I conclude from this that in Jeb’s case there was a subtle difference between wanting to be ‘challenged’ about things and not being directed toward or away from things.
9.3.3 Value of Technique

It is interesting to note that within the study it seemed that techniques were a close second to the therapeutic relationship as a theme that adolescent clients considered most helpful within their SFBT experiences. Indeed, responses showed that adolescents were very aware of the actions that EPs took as part of the session and considered them to be very important. This conclusion is not supported by the research, indicating that the adolescent participants within this study ascribed greater value to technique than the widespread descriptions provided by adults (Lambert, 1992; Miller et al, 1997). One possible explanation for this is that technique was described by the adolescents as a concept that caught their ‘interest’ and therefore offered a ‘newness’ of experience to them, a ‘novelty’ perhaps and, maybe, even an exercise in finding or renewing hope. For example, techniques such as scaling questions, the therapeutic break and the miracle question were all considered ‘different’ by adolescents to that which they had previously encountered from school-based SEBD interventions. I conclude that the SFBT technique to the adolescents was, therefore, far more than strategies used by the EP and was appreciated more as ‘interesting’ opportunities for engagement with the EP. Technique therefore, was perceived as an emotional experience through it offering opportunities to build relationship. For the EP on the other hand, whilst demonstrating full knowledge and awareness of what they were executing in terms of therapeutic technique, they seemed only to appreciate their actions only, as such. That is to say, they did not come to experience technique in any form other than at the rational and professional level. Providing technique in SFBT therefore, was evidently a very different experience from receiving technique.

From these data a theory emerges that suggests whilst EPs in this study describe technique as specific actions useful to the client, the adolescents’ view of technique is far broader, more in line with that described by Hubble et al (1999) when they reported them as ‘healing rituals.’ Techniques defined in this way are not viewed in the traditional, technical or operational sense, rather as conceptual rationales for reviewing problem and constructing solutions. I can see how this theory, however, poses two potential challenges for psychotherapy theorists and researchers. First, that
it counters the clear distinction Lambert (1992) proposed between relationship and technique and second, that it calls for an acceptance that the adolescent “worldview” may give rise to a unique set of common factors. Although a considerable number of researchers suggest common factors are important influences in psychotherapeutic change, this last conclusion aligns more comfortably with the view held by those that disagree. For example, Strupp (1986) believed the distinction between common and specific factors such as technique, to be a non-issue and that common factor effect is built into the outcomes of specific techniques, as suggested in the conclusion drawn above.

9.3.4 Importance of Hope

Frank and Frank (1991) also viewed therapeutic change as occurring in a similar way as with the previously mentioned native healing rituals and referred also to the role of hope and expectancy, both of which are said to arise as a result of working within an approach accepted by both users. One can see why this is also termed the placebo factor, suggesting that if client and worker believe strongly enough in any given approach then it stands a good chance of working, whatever it may be. The proportion of attributable change here, therefore, is not due to specific or an easily identifiable procedure and action, as in the case of technique, rather it is due to an expectation and positively held hope for change. In this study, interesting narrative emerged related to this theme and specifically when an ‘absence’ of hope or ‘low expectation’ of change was being described. These were found to be strongly held beliefs on the part of the adolescent that stood between them and the restorative, healing, or curative effect of SFBT.

Conclusions from study findings suggest that the adolescent’s level of hopefulness and expectancy for positive change played a significant predictive role of outcome. While the importance of hope and expectancy to therapeutic outcome is supported by the literature (Snyder et al, 1991), the importance assigned to this factor in the current study seems to be higher than reported in the adult literature (Lambert and Bergin, 1994). On the opposite side of the same coin, responses showed that adolescent clients who held positive expectation of SFBT achieved more gains, also reported by
Lambert and Asay (1984). In these cases it was discovered that participants who held little or no hope of change, discovered their fate was sealed by this, despite ‘fighting’ against their own strongly held view, exemplified as follows, “anything is worth trying I suppose” (Hannah). From the adolescent perspective, I can see an interesting issue arise in the interplay between hope and relationship; to discern which comes first, hope or relationship? Did the facilitation of hope in the therapy interaction promote a positive therapeutic relationship, or did the establishment of a positive relationship facilitate hope and positive expectation for change? Whilst the answers to such questions may form the basis of future research quests, what is known, however, at this point is that the absence of hope before and in the early stages of SFBT, is seen to scupper even the best laid intentions for outcome and the mightiest of attempts at relationship building. A grounded theory emerges from the data suggesting that it is difficult to determine the “separateness” of both these factors, indicating that positive change and perceived therapy helpfulness are a product of their dynamic interaction and inter-relatedness.

9.3.5 Summary of Conclusions Drawn from Common Factors

From this qualitative study it was revealed that the therapeutic relationship was spontaneously indicated as the most mentioned of the common factors. Specifically, themes that housed concepts to do with being heard and understood, feeling liked and safe in addition to feeling included in negotiations and having a sense of future association, all emerged as key elements. Although this conclusion seems basic to the therapeutic field, it appears that adolescents gain more from SFBT when they are simply able to talk to someone and to be listened to, by someone who cares. This may signify to EPs that such a basic skill (of being a good listener) may deserve more attention than it is presently granted in busy, day to day practice. EPs and adolescents demonstrated similar perceptions as to the quality of their relationship, good when good, poor when poor. From the analysis, these concordant perceptions seem to hold a predictive value with regard to SFBT outcome. In so far as technique was concerned, this factor was viewed as crucially important from both participant standpoints despite being perceived altogether differently. The EP perception was that technique was a requisite of the SFBT model, to be applied in order to proceed
through the ‘treatment’ phases that punctuate progress (for example, problem free-
talk, to be followed by goaling, to be followed by scaling, to be followed by break
ending with compliment and task). The adolescent on the other hand reported a
personal and emotional association with the techniques that invited them to think
differently about their problem constructs.

The educational psychology literature includes scant reference to, or examination of,
SFBT applications. Furthermore, the common factors as an influence within
intervention success is in-frequently addressed. Reid (1997), in reviewing social work
application as another non-medical setting, arrived at similar conclusions to that of
this study - that technique was shown to be more important to clients than is indicated
to be the case for perceptions arising within the clinical, adult psychotherapy context.
Such a conclusion points toward the need for EPs, as major providers of a ‘mental
health service’, to explore and discuss research on psychotherapy, including meta-
analyses, more frequently. Whilst this study does provide support for educational
psychology emphasis on the importance of relationship within the therapeutic
endeavour, it also points to supporting efforts to enhance the school and its pastoral
support systems, in order to encourage hope that change is always possible.

9.4 Reflections on Research Questions

The research questions that helped focus the collection and analysis of qualitative data
within the study were;

I. How do the educational psychologist and adolescent describe their
   experience of SFBT? To what extent are their perceptions about the
   experience similar?

II. what constitutes a therapeutic relationship between educational
    psychologist and adolescent, within SFBT? Do the educational
    psychologist and adolescent hold similar perceptions regarding their
    therapeutic relationship within SFBT?

Within chapter 8, a full account was given, through analysis and discussion, regarding
the analytic categories and themes to have emerged from viewing the data with an eye
to both questions. Here, I shall present the main conclusions arising out of that
discussion, emphasising any theory shown to have evolved.
In relation to the first research question, a detailed presentation was provided, supplemented by participant excerpts, of SFBT experiences in chapter 8. Two thematic categories evolved from the analytic procedure from using Grounded Theory. They were;

I. Core Features of SFBT (CF)
II. Key Elements of the SFBT, Therapeutic Relationship (TR).

In order to avoid unnecessary repetition, I intend the focus within this section to be on the second part of this question – related to the similarities and differences observed in perceptions. Similar perceptions related firstly to how SFBT was seen as ‘different’, in comparison to other interventions. The EP and adolescent considered this difference as being helpful, suggesting SFBT provides for a novelty factor. Specifically, SFBT represented a shift away from behavioural intervention work for the EP, toward a more whole-child, therapeutic approach. For the adolescent it represented an opportunity to speak and be heard, aspects of intervention reported to be in short supply within their schools. Both EP and adolescent spoke favorably of technique as a core feature of their SFBT experience. However, as mentioned earlier, the adolescent responses differed with regard to the way in which they found technique to be useful, being viewed as more emotive events than just ‘matter of fact’ actions. Comfort as a key feature to have emerged from the data was one that I had considered previously in my own practice but had not imagined it to represent such importance to adolescents as indicated in the study. In this study the attention afforded to detail by the adolescents was impressive. They noticed details such as physical room arrangements, location, odour and body language. They also noticed humour and the lack of it, refreshment and the smartness of dress. EPs on the other hand spoke more fleetingly about these experiences and may have taken many of them for granted, as did I before the analysis of data. In relation to the references made to events that helped and worked in SFBT, there were many in number and they provided five emerging categories (useful, new ideas, helpful, hopeful and positive). Across participants there was similarity not only in the perceived usefulness of SFBT but also the features that were particularly important in this respect.

Response to the second of the two research question has already been presented in
two ways. First, from the detailed breakdown of across- and within-dyad comparisons outlined in chapter 8 and, also, by studying the data against the backdrop of the relationship as a common factor phenomenon. The category of key elements of the therapeutic relationship emerged, as it related to the context of this particular study. These suggest what the EP and adolescent client describe as the ingredients of a ‘good’ therapeutic relationship from their own SFBT experience. EPs and adolescents in agreeing about the quality of their respective relationships suggested they both knew whether it was good or poor. However, a surprise was exposed in the perceptions of Mr Clabb who thought the relationship to be “fine” whereas his adolescent client, Jeb, disagreed. Within this example and that of another dyad (Mr Ash and Hannah) where the relationship was not perceived as favourable, outcome was found to be poor. Although it is not possible to state that it was the ‘good’ relationship that ‘caused’ the positive outcome it is, however, possible to conclude that it contributed toward it, in light of participant comments. An unexpected by-product of the therapeutic relationship was that it left a number of the adolescent clients wanting more. The relationship formed was perceived as a close and special one in some cases, even to the extent that some clients preferred not to work with anyone else in future, other than the same EP. This ‘dependency’ went unnoticed by EPs who remained unaware of the impact that the emotional tie or bond established. They viewed interactions as professional only, that would continue as such in future. Despite the generalisability of the data being limited to similar dyads under similar conditions, it is possible to conclude the following grounded theory statements from the data to have emerged from this study:

1. that EPs and their respective adolescent clients describe SFBT as positive and effective when;
   a. SFBT is viewed as ‘different’,
   b. a shared and broadly similar understanding of when a good and mutual therapeutic relationship exists and,
   c. there is a preparedness to engage collaboratively with one another;

2. that EPs’ and clients’ view of the relationship are closely matched with a better chance of positive outcome arising when the relationship is regarded as ‘good’ by both, and less when only one or neither participant holds a positive view;

3. that an early, hopeful outlook for the treatment is important and that best therapeutic efforts may not reverse fateful views already held by participants.
In conclusion, therefore, this study seems to point strongly toward acknowledgement of the therapeutic relationship as being a central component in the effective work of an EP. Whilst the literature describes different therapies emphasising different aspects of the relationship as important, it would seem that SFBT is well positioned as a vehicle to foster therapeutic relations as a result of its collaborative, hopeful and client centered orientation and overall social constructionist stance.

Translated into practice, this implies EPs may wish to consider a lesser emphasis on technique and greater focus on the conditions under which a therapeutic relationship can flourish within SFBT. Furthermore, the research findings contribute new knowledge by highlighting the particular elements of the relationship perceived as valuable in SFBT, namely the existence of a common appeal, the general acceptance of person and predicament and the commitment to collaborative goal and task work.

Finally, the study indicates a fascinating interplay between three important factors, therapeutic relationship, technique and hope. Whilst the research suggests the complex nature of this triad, it also points toward relationship and technique combining to promote hope within SFBT.

### 9.5 Research Limitations

Limitations of the research were fully explored in chapter 6 with regard to the data collection and analysis conducted in the study. I have constantly attempted to clarify my assumptions in order to ensure that my personal stance has not limited my ability to understand the information before me, particularly in my confessed ‘insider’ position. Potential shortcomings in this research that are sources for bias include the large amount of data that may have led to missing important information or overweighting some findings due to focusing on the main set of data, namely dyad narratives. Personal involvement with the study also increases the possibility that my recorded observations in field notes highlight particular incidents while ignoring others. On the other hand, the field notes recorded observations or design decisions that would have been otherwise lost to poor memory over the years of involvement with the research. My unavoidable ‘insider’ position also may have led to selective and overconfident dealings with the data on my behalf, due to familiarity with the
subject. Another shortcoming was not checking transcripts with each participant, although focus groups did review the material, and the reflections received were welcomed in its place.

Two other limitations I wish to mention at this point are first, that the study did not reflect diversity in terms of cultural ethnicity. From the outset, I was challenged in trying to embrace the rich ethnic mix of our contemporary society without being seen to socially ‘engineer’ my sample group. Short of having adopted a selection procedure that would have deliberately addressed this issue, I was left in the hands of random selection. As with other approaches, SFBT is known to be used cross-culturally (Springer et al., 2000), and it would have been beneficial to have included some comparative accounts of this nature so that I could have reflected differing cultural perspectives within the study. Second, there was no follow-up conducted with the interview participants; a step that I consider may have been worthwhile to have undertaken despite my being able to justify why it was not, on the following grounds:

(a) the study was concerned with investigating participant perceptions relating to the ‘single-most recent’ SFBT session undertaken, not the course of the entire intervention, and that,
(b) the 20 interviews conducted provided a plentiful amount of data, both in terms of quantity and quality and resulted in the theoretical saturation of concepts. To have doubled this number to 40 interviews with follow-up, would have created an unmanageable amount of data.

However, a second interview, even if only with some of the dyads, would have created new possibilities for the study, such as to ask, “to what extent did change continue as a result of the SFBT involvement?” and may inform future research trails as are pondered later in the chapter. The final limitation is concerned with the extent to which the conclusions of the research can be generalised to wider contexts. The nature of this qualitative research is that its findings are wholly contextual, in other words they are relevant only to these participants. However, despite this being viewed as a potential limitation by the reader, two application opportunities do arise out of the findings. Theoretical presumptions can be made regarding what the findings tell us about how the educational psychologist and the adolescent client
might experience SFBT under similar circumstances as presented within this study. And, second, regarding what we might expect (and therefore, prepare for) from participants in similar professional, therapeutic contexts. Any other postulations would be pure conjecture and of an unsafe nature.

9.6 Future Implications and Training

Despite the need for due caution in generalising the conclusions of this study to any practice context, I feel that I have learned much as an EP that will influence my own way of working and teaching, hopefully for the better, as a result of conducting this research. It is in the spirit of this personal learning that I wish to share with the reader my thoughts on the professional implications that are seen to emerge from the conclusions of this study.

9.6.1 Reflections on Educational Psychology Practice

First, educational psychologists should be better informed regarding the potential of therapeutic approaches within the school context based on empirical findings such as those presented in this study. There is considerable empirical evidence that adult psychotherapy for anxiety, depression and such conditions works well, but there are less data to do with school-aged, school-based clients with school-related problems. Because educational psychologists provide a ‘mental health service’ in the widest sense of its definition, coming into contact with many important ‘others’ in a pupil’s life (teacher, peers, parents), they should use the opportunity to give voice to the general value of therapeutic conversations. Second, although efforts to define best practices are available and valuable in today’s educational system, attention to therapeutic action and therapeutic process is also necessary. Research on how and why therapeutic conversations work would provide a more complete and valid foundation for developing effective interventions. Omer and Dar (1992) noted the usefulness of both practice and research of psychotherapy as having become more
pragmatic and less theoretically informed, which has led to a fuller description of how therapy works in addition to demonstrating that it does work. This issue is of academic interest but is important for the credibility and scientific foundation of EP practice, based on an assumption that practitioners are likely to be very interested in how and why SFBT works. Kazdin (2001) argued, for example, for greater attention to answering such questions as to how and why psychotherapy worked while simultaneously calling for continued attention to identifying particularly efficacious interventions. Both types of research efforts are necessary and deserve support.

Finally, I consider Lambert’s (1992) estimate of the importance of common factors in psychotherapy to be consistent with educational psychology’s longstanding worldview that contextual and therapeutic relationship factors are central to educational psychology practice. However, traditional, deficit models still exist within EP work that contend with this worldview. A broader vision is called for therefore, of how therapeutic models such as SFBT may prove supportive of educational psychology’s worldview counter to the problem focused models of popular in previous years. Such conceptualization and research would likely affirm educational psychology’s emphasis on relationship as central to practice. Educational Psychologists should also note that the measures of outcome used in most research are solely client-centred and symptom-focused. The worldview of outcome research is generally oriented by the medical model and does not attend to a broader, psychosocial influence on client circumstances or change processes. This is an area educational psychology scholars and researchers should address and investigate further.

9.6.2 Reflections on Educational Psychology Training and Research

As one who is privileged to provide teaching to educational psychologists undergoing professional, postgraduate training I consider that the findings of this study suggest implications for the nature of such courses in two possible ways, namely, curriculum content and professional supervision. As mentioned in the previous section, it appears that the adolescents within this study found both factors of the therapeutic relationship and ‘hope and expectancy,’ to play important roles in therapy. Also they
showed keen awareness of the specific techniques EPs used within SFBT. Traditionally, on EP professional training courses, such techniques (or models) are taught, providing an emphasis that may overlook the importance of both the therapeutic relationship and the facilitation of hope and positive expectation for change. I propose, therefore, that a cause and effect debate should echo in the ears of students during these formative months and years of professional development, with their being continually invited to ponder: are techniques and models the creators of the therapeutic relationship and expectation and, therefore, can be learned, or is the therapeutic relationship and generation of expectation an innate ability possessed by the few? This debate is reflected in the literature, with Proctor (1993) commenting that research in the past emphasised worker ability, suggesting that effectiveness depends on the "who" does it more than the "what" is done. A more pronounced acknowledgement of the interplay between the three important factors of, therapeutic relationship, technique and hope needs to exist on EP training. SFBT should serve to indicate the method by which relationship building and technique execution can combine usefully to promote adolescent client hope.

Professional supervision may also be an area for which these findings hold future implications whereby supervisors of EPs in training may want to include a focus on the trainee’s ability to facilitate hope and positive expectation for change in their work. A suggested method for doing this may be modelling their interactions with the student him/her self. For example, if supervisors are able to form a working relationship with students in a way that promotes positive expectations for learning, they are also, in turn, modelling this behaviour for their students. This style of competency-based supervision may incorporate an increased focus on students’ strengths and complimenting them in a warm and genuine way that then promotes these types of interactions in the students’ interactions with their own clients.

Continued research in the field should consider the following. More empirical evidence is needed to support the current study about how SFBT is viewed by adolescent clients, particularly within the school context. Future study may wish to consider conducting a series of interviews charting the evolving nature of SFBT as an intervention, looking at how change takes place over time. Researchers may also wish to investigate the extent to which SFBT can be usefully be transferred to
teachers so that they in turn can apply therapeutic interventions within schools.
Following on from this, an investigation into the different ‘styles’ of delivery between
EP and teachers, from an adolescent perspective, would be worthy of study, exploring
which is preferable to the client within the school context. Closer scrutiny of the
relationship is required in order to continue with the theme of re-defining the common
factors for the adolescent age group. All of these research possibilities are relatively
unexplored from what I have observed and would contribute enormously toward our
understanding of what adolescents say about their experiences of SFBT.

9.6.3 Wider Application Implications

There is little doubt that the wider implication of this study lies in the positive change
that should come about within whole school systems as a result of the emerging
knowledge. The importance outlined of relationship and hope over undue reliance
upon technique, points strongly to a movement toward schools growing as
‘communities of hope’. Within such communities themes of personable Appeal,
problem Acceptance and collaborative Goal work would be deemed central to the
evolution of community spirit. There are already examples of such developments
taking place with, for example in Scotland, the Solution Oriented School programme
(SOS) (Rees and Moray Council, in press). Government funding supports a full-time
EP in the evaluation of the piloting of the programme which has spanned three years.
Semi-structured interviews are currently being conducted with users to gather
perceptions regarding this application, and early indications suggest that the
programme is:

...profound in its effects on schools. There is a wave that is washing over
education towards collaboration, accountability and competence (O’Hanlon, in
press).

In commenting on the Solution Oriented Programme, O’Hanlon (in press) alludes to a
“new wave” of therapeutic application within educational psychology – moving out of
the therapy room and into the classroom. One journey that I have experienced during
this study is to look for a clearer way of integrating the 1:1 therapeutic appeal of
SFBT into the whole school model of working. This has resulted in the development of the Solution Oriented School Programme (SOS) (Rees and Moray Council, in) intended to be rolled out across Scotland by the government this year and next. Whilst I am pleased that government acknowledgment exists for the place of a therapeutic, whole-school approach I am bound to say, it was inevitable. All across the UK, services such as educational psychology that support schools have been struggling to meet demand. Kleinfelter (1994) commented on the long waiting lists for support from child guidance and the lack of time social services have for anything other than child protection work. Wilson (1996) also refers to the serious consequences of waiting lists on services and schools, and although the introduction of alternative delivery methods, such as the Consultation Model (Wagner and Gillies, 2001), the consequence is sadly a lack of provision for children “at the very point they experience such problems” and a serious deficit in preventive intervention (Sherr et al, 1997:285).

At the same time, schools, pupils and parents demand more appropriate behavioural and emotional support in an increasingly challenging and stressful world, with schools increasingly appreciating the value of therapeutic skills in preventative work (Bor et al, 2002). It is against the backdrop of this current climate that I saw the SOS programme as an inevitable emergence, in that it applies to the whole school that which is seen to be beneficial in 1:1 SFBT work. Furman (2005) concludes that;

Only a few years ago this kind of program would probably have raised nothing more than a few eyebrows, but times are a changing. All over the world people are recognizing the importance of reciprocity, respect and mutual aid. This will be a serious attempt to put those virtues into where they rightfully belong - the school system (Furman, in press).

9.7 Summary

This chapter has sought to draw together the main findings, conclusions and grounded theory emerging from the qualitative data of the study. Both the common factors literature and research questions were utilized as frameworks for the drawing out of conclusions. Limitations of the study, together with a reiteration of my position, were discussed as they appertained to the conclusions mentioned. Implications of the study
upon EP professional practice and research were considered, whilst remaining fully aware of the important limitations of generalizing beyond the very specific context of this study.

I take my lead finally from an unlikely source, George W. Bush, who famously said, "I think we agree, the past is over" (2000). It is time, therefore, to take forward the conclusions and experiences of this study and to look toward applying the new knowledge in a sensible and professional way, with respect toward the adolescents in our schools. Finally, this study has affirmed a most important issue for me, namely, that schools have certain advantages over other, more clinical, venues for the hosting of therapeutic conversations and provide an unique and suitable environmental opportunity to co-construct solutions with adolescents. Klinefelter (1994) stated that;

…school is less stigmatising and less disruptive of studies than would be the case if [pupils] were sent to specialist mental health services at some distance from school (p. 216).

This expression, reflecting the sentiment of the much earlier Elton Report (1989) that advocated that all teachers, particularly senior-pastoral staff, should have basic therapeutic skills, was more recently supported by Bor et al (2002), when referring to school as now being a 'non-pathologising context' (p. 16). Such an environment, therefore, is considered conducive to the hosting of therapeutic conversations, the question is, however, what role does, should and will in future the EP play in this? This study would suggest that, from an adolescent perspective, what needs to be supplied in order to facilitate therapeutic conditions and growth are - a novel perspective towards the approach, a trusting relationship, a hope and expectancy for good outcome and a willingness to co-exist and collaborate.

Although this last description serves to summarise the conclusions in some way I wish also to end this thesis by emphasising once more the complexity and idiosyncratic untidiness of the SFBT phenomenon, and not provide a neat, over-simplified and easily digestible representation. I invite readers to form their own impressions rather than be swayed one way or the other by my own narrative on the subject. At the same time my methodologies are intended to be transparent and reflexive and so open to further discursive engagement. The descriptions and conclusions found in this study should in no way imply that the complex and dynamic
interactions of the therapeutic process are discrete and separate variables that work
dividually. Rather, I wish to acknowledge that what has been observed from the
perceptions reported in the study is the interplay between features and elements of
SFBT and the therapeutic relationship.
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Appendices
Appendix 1 – Update Letter to Adolescent
CARDIFF UNIVERSITY
School of Social Science
Glamorgan Building
King Edward VII Avenue
Cardiff
CF10 3WT

Date ** January 2001

Dear Jeb,

Hi! Remember me? We met last year when you helped me with my project. I promised to write and here I am doing so. I hope you are fine and that you are still enjoying the rugby. I was really amazed to hear of all the sports you manage to cram into one week – I wish I could manage to do just one of them!

I am writing to let you know how my project is coming along. You really helped me.

I listened to the tapes I made of our chat and have copied down everything we said. I can tell already that there is so much information that is going to help me finish my work – so thanks.

I also want to tell you that I changed your name in all my notes so that nobody who reads them will ever know it was you. I shall be getting rid of tapes soon, so no-one else can here what we said.

Do you remember that I said I’d like to see you twice? Well, I’ve got good© and bad© news for you – the good news first. I had loads and loads of brilliant information from our first chat, more than I ever expected - thanks©. The bad news – because I got so much the first time, this means I don’t need to see you again ©. I am really disappointed that I am not going to get to hear more about your sports.

I have written to your mum and dad, and Mr Clubb to let them know that we won’t be meeting again. Don’t forget though, if you’d like to ask me anything then telephone me. Please ask your mum or dad first though (especially if they are paying). You can reach me on 02920 *****.

All for now.

Keep enjoying all of your sports!

Ioan Rees
Postgraduate Student
Tutor Dr Ray Crozier
Appendix 2 – Update Letter to Parent/Caregiver
Date ** January 2001

Dear (Parent/Caregiver),

As promised, this is a note to provide you with an update of the research that your son/daughter took part in last year.

I listened to all of the information that I taped in the interview and wrote everything down. I took care to change all the names of people and places that were mentioned so that no one will ever recognise your son/daughter from any of my writing. Now that I have the information on paper, the audio-tapes will be destroyed.

The information looks really good, and I want to thank you again for giving permission for me to work with your son/daughter.

Do you remember that I said I’d like to meet with your son/daughter twice as part of my project, the first time to do the interview and the second to do a follow up? Well, the second meeting will not be needed now, because I got so much great information from the first meeting!

Therefore, I just wanted to thank you again for your cooperation and also to remind you of how well your son/daughter did in helping me so much. As usual I am only a phone call away should you wish to speak to me personally about this note or anything else you’d like to know about my project. My direct number is 02920 ******

Best wishes

Ioan Rees
Postgraduate Student
Tutor Dr Ray Crozier
Appendix 3 – Update Letter to Educational Psychologist
Date ** January 2001

Dear Mr Clubb,

Re: SFBT Research

I write as promised to provide information to you regarding my research. Firstly however, thanks once more for being a willing and more than helpful participant. I was blessed throughout the data collecting by having the opportunity of working with colleagues and pupils who made my job a pleasure to do. Thank you.

Just to update you. The transcripts of the audio-tape recording I made of our conversation, and the one with Jeb, look very good. There seems to be plenty of very interesting material there for me to work with. As per the normal protocol, I took care to change all the names of people and places mentioned and I am making arrangements for the audio-tapes to be destroyed.

Due to the quality and quantity of the data gathered I have decided that there will be no need for me to return and see you again in relation to this research project. Thank you however, for having said you were prepared to do so. I am writing also to inform Jeb and his parents of my decision and to thank them also for their contribution and permission.

Finally, please do not think twice about calling me should you wish to speak to me further about the project. My direct number is 02920 ******.

Best wishes

Ioan Rees
Postgraduate Student
Tutor Dr Ray Crozier
Appendix 4 – Unstructured Interview Style
Researcher interest open question for un-structured interview

Area of exploratory interest:
Recalled experience of Solution Focused Brief Therapy

Open questions permitted

Tell me about the work/time/session/experience with *educational psychologist/adolescent name*

What was it like?

What do you remember?

How did it feel?

What did you notice?

Note:
No further structure to be provided aside from non-directive probes arising from responses to any of the above.
Focus Group (FG) Meeting

Date: Friday November 10 2000

Present
Ioan Rees (IR)

Purpose of Meeting
For IR to present findings from the pilot interviews and discuss effectiveness of the interview schedule.

Summary Notes:

   Surprises:

1. IR outlined pilot interview structure and explained the openness of the interview approach. Showed examples of questions used.

   Raised eyebrows in FG

2. Examples of anonymised transcripts were distributed to group members in order to scrutinise the quality and quantity of response.

3. Discussion ensued regarding each set of dyad transcripts. Fifteen minutes was allocated to discuss each.

   More time needed

4. Each FG member was given 5 minutes ‘quiet’ time to digest and make personal notes about what had ‘struck’ them. They were invited to consider the following questions written on the white board by myself before the meeting.

   A. Even at this early stage, do you think the data tell you anything?
   B. Is there too little, enough or too much data?
   C. What do you think of the data in terms of quality?
   D. What does the data tell you about the interview approach I used?
   E. What suggestions would you make, if any, in order to improve the main interview stage?

5. Each FG member took turns to present their views and an open discussion followed.

Outcomes that Emerged from FG Process:

   i. EP responses were good. Data quality of AD responses revealed very little information about SFBT.  Thought I should know from exp.
   ii. Not enough data existed to conduct an “useful examination” of SFBT.
   iii. Changes were necessary in terms of length and structure of interview.
   iv. More clarity was needed from me so that AD participants were “clearer” about was I was asking.

My Next Steps:

“Back to the drawing board” with the interview structure – re-design, trial and feedback to FG in 3 months.
Appendix 6 – Letter to Director of Education
CARDIFF UNIVERSITY  
School of Social Science  
Glamorgan Building  
King Edward VII Avenue  
Cardiff  
CF10 3WT

Date ** November 1998

Dear Director of Education,

Re: Research in School

I am writing to seek permission to conduct two interviews at one of your secondary schools in the near future as part of my Doctoral study.

Who with:  
The interviews if permitted, are to be conducted with an educational psychologist and separately, with their pupil client.

Where:  
Both interviews are to be conducted at the school.

Duration:  
A maximum of 1 hour will be required with each participant to conduct preliminaries, complete the interview and complete a de-briefing.

Why:  
As a practicing educational psychologist, I am interested in exploring the experiences of a particular model used by colleagues – Solution Focused Brief Therapy.

Protocol:  
Tight, research protocol is assured, including confidentiality and the removal of all person and place names from the data. All, original, identifying material will be destroyed once coded. Signed consent will be sought from parent/caregiver, headteacher, principal educational psychologist, pupil and educational psychologist before conducting any work.

If you require any further information please contact me directly on 02920 ******, or my tutor Dr Crozier on the departmental number provided above. If you are willing for me to conduct the interviews I would appreciate receiving the attached form by return, signed by yourself or an authorised signatory.

Best wishes

Ioan Rees  
Postgraduate Student  
Tutor Dr Ray Crozier
Local Education Authority Permission to conduct interview on school premises by Ioan G Rees of Cardiff University, with consenting educational psychologist and adolescent client.

The researcher will ensure that all written and signed permission statements will have been received prior to work commencing.

Signature: Date:

Signed by the Director of Education or authorised signatory on behalf of the LEA.
CARDIFF UNIVERSITY
School of Social Science
Glamorgan Building
King Edward VII Avenue
Cardiff
CF10 3WT

Date ** December 1998

Dear Principal Educational Psychologist,

Re: Research in Solution Focused Brief Therapy

I am writing to seek permission to conduct two interviews as part of my Doctoral study into SFBT.

Who with:
The interviews, if permitted, are to be conducted with an educational psychologist and, separately, with their secondary aged, SEBD client.

Where:
Both interviews are to be conducted at the school.

Duration:
A maximum of 1 hour will be required with each participant to conduct preliminaries, complete the interview and complete a de-briefing.

Why:
As a practicing educational psychologist, I am interested in qualitatively exploring the experiences of colleagues and pupils in Solution Focused Brief Therapy.

Protocol:
Tight, research protocol will be assured, including confidentiality and the removal of all person and place names from the data. All, original, identifying material will be destroyed once coded. Signed consent has already been received from your Director Education, and will be sought from Parent/Caregiver, Headteacher, Pupil and EP before conducting any work.

If you require any further information please contact me directly on 02920 ******, or my tutor Dr Crozier on the departmental number provided above. If you are willing for me to conduct the interviews I would appreciate receiving the attached form by return, signed by yourself or an authorised signatory.

Best wishes

Ioan Rees
Postgraduate Student
Tutor Dr Ray Crozier
Permission to conduct an interview with an educational psychologist on school premises by Joan G Rees of Cardiff University, with consenting adolescent client.

The researcher will ensure that all written and signed permission statements will have been received prior to work commencing.

Signature: ___________________________ Date: ___________________________

Signed by the Principal Educational Psychologist or authorised signatory on behalf of the EPS.
Appendix 8 – Letter to School Headteacher
CARDIFF UNIVERSITY
School of Social Science
Glamorgan Building
King Edward VII Avenue
Cardiff
CF10 3WT

Date ** January 2000

Dear Headteacher,

Re: Research Interview

I am writing to seek permission to conduct an interview with one of your pupils as part of my Doctoral study in the field of educational psychology.

Who with:
The interview will be with a pupil selected by the school educational psychologist (EP). A separate interview will be conducted with the EP.

Where:
It is hoped that both interviews are conducted at school.

Duration:
A maximum of 1 hour will be required with each participant to conduct preliminaries, complete the interview and complete a de-briefing.

Why:
As a practicing educational psychologist, I am interested in qualitatively exploring the experiences of colleagues and pupils in the approach called Solution Focused Brief Therapy.

Protocol:
Tight, research protocol will be assured, including confidentiality and the removal of all person and place names from the data. All, original, identifying material will be destroyed once coded. Signed consent has already been received from the Director Education, Principal Educational Psychologist and school EP - and will be sought from the Parent/Caregiver and Pupil before conducting any work.

If you require any further information please contact me directly on 02920 ******, or my tutor Dr Crozier on the departmental number provided above. If you are willing for me to conduct the interviews I would appreciate receiving the attached form by return, signed by yourself or an authorised signatory.

Best wishes

Ioan Rees
Postgraduate Student
Tutor Dr Ray Crozier

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RESEARCH IN SOLUTION FOCUSED BRIEF THERAPY

Permission to conduct an interview with a consenting pupil and an educational psychologist on school premises by Ioan G Rees of Cardiff University.

The researcher will ensure that all written and signed permission statements will have been received prior to work commencing.

Signature: __________________________________________ Date: ______________________________

Signed by school headteacher.
CARDIFF UNIVERSITY
School of Social Science
Glamorgan Building
King Edward VII Avenue
Cardiff
CF10 3WT

Date ** February 2000

Dear Parent/ Caregiver,

I am conducting a research project at Cardiff University about the work done between educational psychologists and teenagers. I contacted your local educational psychology service in order to find a pupil that would be suitable to take part in one interview with me about such work. Both the school and educational psychologist believe your son/daughter suitable to help me in my study and I am writing to you in order to let you know what it would entail and to seek your permission.

There will be only one, short interview conducted where I would be asking your son/daughter about their experience of working with the educational psychologist, lasting less that one hour. The interview will be audio-taped. I am more than happy for you or anyone else that your son/daughter may choose to attend alongside.

Importantly, the identity of your son/daughter will be kept confidential as I will change their name in all material after the interview. Any other names or place names mentioned in interview will also be changed. The audio-cassette will be destroyed once I have listened to it afterwards and written the information that I require. I shall call you by telephone following the interview to let you know how it went.

I am attaching a copy of the instructions and information that will be provided your son/daughter should you permit them to participate. Meantime, if you have any further questions please feel free to contact me on 02920 *****. If you decide to give permission for me to interview your son/daughter please read and sign the form enclosed and return to me in the stamped addressed envelope provided

Yours sincerely,

Ioan G Rees
Postgraduate Student
Tutor Dr R Crozier
CARDIFF UNIVERSITY

Consent for Son/Daughter to Participate in Research Interview

Thank you for allowing your son/daughter to take part in this research project. Your consent is very much appreciated.

In planning this research, I have been very concerned to make arrangements to protect the rights and confidentiality of your son/daughter.

I am a Chartered Educational Psychologist, and will make all efforts to conduct the interviews in a sensitive and respectful manner.

As a participant in this project you and your son/daughter have several very definite rights:

* participation is entirely voluntary;
* you are free to withdraw from the interview at any time;
* you are also free to withdraw your permission to use the interview as part of the project after the interview has taken place.

The audio-recording of this interview will be kept strictly confidential and will be available only to the researcher. Excerpts may be used in the research report, but under no circumstances will your son/daughter’s name or any identifying details be included. I would be grateful if you would sign this form, and your copy, to show that you have read and agree to the interview on this basis:

\[\]

I have read this form Consent to Participate in Research interview and agree to my son/daughter being interviewed for the project.

.................................................. ..................................................
(signed)

.................................................. ..................................................
(date)
The following is information that will be provided your son/daughter

This information should be read in the presence of a staff member who can ensure understanding

I am glad that you are agreeing to have a chat with me. In my work, we call this kind of chat an “interview”.

In a few weeks I shall visit your school to interview you about the work you have done with educational psychologist’s name.

The interview will be short and the questions I’ll be asking you won’t be hard to answer, because I am not looking for right answers – I’ll just want to hear what you think about things. At any time you can;

- Change your mind and not meet me at all
- Not answer a question
- Ask for help
- Ask for a friend or someone else to be there with you

I will be using a tape recorder to tape the interview, so I can listen to it again afterwards and write about our interview. I promise to do some things that will make sure nobody will know that what I write is about you. This is what I promise to do:

1. I promise to get rid of the tape once I have listened to everything I need.

2. 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.

3. If you talk about someone else or some place like your town or street, I promise to change these too.

I will know if you are happy and understand all of this, when I receive the signed form below. Your folks at home will have had one too. If you have any questions for me, that’s fine. Call me on 02920 ******.

Look forward to meeting you soon, I hope

Ioan Rees
Postgraduate Student
CARDIFF UNIVERSITY

Pupil Consent to Participate in Research Interview

Name:

School:

I have read and understand the information about the interview with loan Rees.

I agree to be interviewed for the project.

...........................................................
(signed)

...........................................................
(date)
Appendix 10 – Educational Psychologist Instruction and Confidentiality and Consent Forms
Instruction to the Educational Psychologist

The interview will focus on discussing your experience of the last Solution Focused Brief Therapy session conducted with the adolescent you select. Please ensure the following criteria are met in the selection of the adolescent to participate in this study. The individual should;

1. Be attending full-time, mainstream secondary school.

2. Have been referred to you for Social Emotional and/or Behavioural Difficulties.

3. Have received at least one Solution Focused Brief Therapy session from you already.

Before interview, please ensure that;

1. The SFBT session you will be discussing happened recently (no more than a month prior to interview)

2. That the adolescent has read and fully understood the purpose of the study and issues of confidentiality involved. It may be necessary for you to arrange that a member of staff checks this.

3. You have read, understood, signed and returned the form below, keeping a copy for yourself.

Any questions, please contact me directly on 02920 ******.

Many thanks for your kind cooperation

Joan Rees
Postgraduate Student
Cardiff University
Research Interview
Confidentiality Agreement

Thank you for agreeing to be interviewed as part of the research project.

The following arrangements have been made to protect your confidentiality:

1. Your personal details provided will not be seen by anyone apart from myself. They will be stored securely, separately from the audio-tapes and transcripts of the interviews, and will be destroyed on completion of the project.

2. The audio tapes made during the interview will only be heard by the researcher. The only exception to this will be during the transcribing process when a secretary will create a verbatim written account of the interview. The secretary will not know your identity or have any details about you.

3. Tape recordings made during interviews will be stored in a locked cabinet at my home at all times when they are not being used.

4. Tape recordings of interviews will be erased at the end of the project, or after 24 months from the date of recording, whichever is first.

5. Transcripts of interviews will not contain any identifying details. Any other names which occur in the interview will be changed in the transcript.

6. Transcripts will be referenced by a number and pseudonym. As researcher I will be the only person who has access to (and understands) the code which relates to the person.

7. Extracts/excerpts from the interviews may be quoted verbatim in the research report, but the identity of the speaker will not be disclosed. Your name will be replaced by a number and pseudonym. If any material could be used to identify the interviewee it will be changed so as to protect your anonymity.

Ioan Rees
January 2000
**CARDIFF UNIVERSITY**

**Consent to Participate in Research Interview**

Thank you for your willingness to take part in this research project. Your participation is very much appreciated.

In planning this research, I have been very concerned to make arrangements to protect the rights and confidentiality of respondents.

I am a Chartered Educational Psychologist, and will make all efforts to conduct the interviews in a sensitive and respectful manner.

As a participant in this project you have several very definite rights:

* Your participation in this interview is entirely voluntary;
* You are free to refuse to answer any questions at any time;
* You are free to withdraw from the interview at any time;
* You are also free to withdraw your permission to use the interview as part of the project after the interview has taken place.

The audio-recording of this interview will be kept strictly confidential and will be available only to the researcher. Excerpts may be used in the research report, but under no circumstances will your name or any identifying details be included. I have already provided you with a copy of the Confidentiality Agreement. I would be grateful if you would sign this form, and your copy, to show that you have read and agree to the interview on this basis:

\[\checkmark\]

I have received and agreed the contents of the *Confidentiality Agreement.*

I have read this form *Consent to Participate in Research interview* and agree to be interviewed for the project.

........................................................................................................................................
(signed)

........................................................................................................................................
(date)
Appendix 11 – Adolescent Instruction and Consent Form
Information to the pupil

This information should be read with the pupil in the presence of a staff member who can ensure understanding

I am glad that you are agreeing to have a chat with me. In my work, we call this kind of chat an “interview”.

In a few weeks I shall visit your school to interview you about the work you have done with educational psychologist name.

The interview will be short and the questions I’ll be asking you won’t be hard to answer, because I am not looking for right answers – I’ll just want to hear what you think about things. At any time you can;

- Change your mind and not meet me at all
- Not answer a question
- Ask for help
- Ask for a friend or someone else to be there with you

I will be using a tape recorder to tape the interview, so I can listen to it again afterwards and write about our interview. I promise to do some things that will make sure nobody will know that what I write is about you. This is what I promise to do;

4. I promise to get rid of the tape once I have listened to everything I need.

5. 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.

6. If you talk about someone else or some place like your town or street, I promise to change these too.

I will know if you are happy and understand all of this when I receive the signed form below. Your folks at home will have had one too. If you have any questions for me, that’s fine. Call me on 02920 ******.

Look forward to meeting you soon, I hope

Ioan Rees
Postgraduate Student
CARDIFF UNIVERSITY

Pupil Consent to Participate in Research Interview

Name:

School:

I have read and understand the information about the interview with Ioan Rees.

I agree to be interviewed for the project.

.................................................................
(signed)

.................................................................
(date)
CARDIFF UNIVERSITY
School of Social Science
Glamorgan Building
King Edward VII Avenue
Cardiff
CF10 3WT

Date ** September 1998

Dear Colleague,

**Re: Solution Focused Research**

I am currently undertaking a Doctoral study investigating Solution Focused work with adolescent clients. In my qualitative study I am seeking educational psychologists interested in participating in a single interview with me regarding their SFBT work.

I have received the permission of your Director of Education and Principal Educational Psychologist to make contact with you in order to extend you an invitation to participate in the study. For your information, it is my intention to travel to you in order to conduct the interview.

I would be grateful in the first instance if you could let me know if you were at all interested. Please do so by;

- Faxing the letter with completed portion back to me on 02920 ******.
- Returning a copy of the letter and completed portion in the stamped addressed envelope I provide.
- Emailing me at name@cardiff.ac.uk
- Telephoning me on 02920 ******

I will then be in a better position to share details about the project and what your participation would entail.

Your sincerely,

Ioan Rees
Postgraduate Student
Tutor Dr R Crozier

*******************************************************************************

***
Research into Solution Focused work with adolescent clients
I would like to learn more about the study with a view to possible participation

Name: ........................................................................................................
### Focus Group Professional 1
Educational Psychologist – Female (Joan)

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<th>Position in Service:</th>
<th>Main Grade</th>
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</thead>
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<tr>
<td>Specialist / Generic Worker:</td>
<td>Specialist</td>
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<td>Years in Practice:</td>
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</thead>
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<td>Early Years</td>
<td>Practice Experience</td>
</tr>
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<td>Portage</td>
<td>Theoretical Knowledge</td>
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<td>None</td>
</tr>
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<td>1 day training</td>
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Table 7.3.2 – Focus Group Professional 1

### Focus Group Professional 2
Educational Psychologist – Male (Terry)

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</tr>
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<td></td>
<td>Journals</td>
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Table 7.3.3 – Focus Group Professional 2
### Focus Group Professional 3
**Educational Psychologist – Male (Richard)**

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Table 7.3.4 – Focus Group Professional 3

### Focus Group Professional 4
**Educational Psychologist – Male (Gwyn)**

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<td>Theoretical Knowledge</td>
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<td></td>
<td>Little</td>
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<td></td>
<td>2 day training</td>
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Table 7.3.5 – Focus Group Professional 4
### Focus Group Professional 5
Educational Psychologist – Female (Ruth)

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<td>SplID</td>
<td>Practice Experience</td>
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<tr>
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<td>Theoretical Knowledge</td>
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<td>EP training</td>
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Table 7.3.6 – Focus Group Professional 5

### Focus Group Professional 6
Educational Psychologist – Female (Sarah)

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<td>Years in Practice:</td>
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<td>Practice Experience</td>
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<td>None</td>
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<td></td>
<td>Journals only</td>
</tr>
</tbody>
</table>

Table 7.3.7 – Focus Group Professional 6
Focus Group Professional 7
Educational Psychologist – Female (Julia)

Position in Service: Main Grade
Specialist / Generic Worker: Specialist
Years in Practice: 14

<table>
<thead>
<tr>
<th>Areas of Professional Interest</th>
<th>On SFBT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autistic Spectrum (ASD)</td>
<td>Practice Experience</td>
</tr>
<tr>
<td></td>
<td>None</td>
</tr>
</tbody>
</table>

Table 7.3.8 – Focus Group Professional 7

Focus Group Professional 8
Social Worker – Female (Alice)

Position in Service: Main Grade
Specialist / Generic Worker: Generic
Years in Practice: 14

<table>
<thead>
<tr>
<th>Areas of Professional Interest</th>
<th>On SFBT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Looked after children (LAC)</td>
<td>Practice Experience</td>
</tr>
<tr>
<td></td>
<td>None</td>
</tr>
</tbody>
</table>

Table 7.3.9 – Focus Group Professional 8
### Focus Group Professional 9
Social Worker – Male (Aled)

<table>
<thead>
<tr>
<th>Position in Service:</th>
<th>Main Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist / Generic Worker:</td>
<td>Specialist</td>
</tr>
<tr>
<td>Years in Practice:</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Areas of Professional Interest</th>
<th>On SFBT</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAC Practice Experience</td>
<td>Theoretical Knowledge</td>
</tr>
<tr>
<td>None</td>
<td>1 day training</td>
</tr>
</tbody>
</table>

Table 7.3.10 – Focus Group Professional 9

### Focus Group Professional 10
Social Worker – Male (Joseff)

<table>
<thead>
<tr>
<th>Position in Service:</th>
<th>Main Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist / Generic Worker:</td>
<td>Senior</td>
</tr>
<tr>
<td>Years in Practice:</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Areas of Professional Interest</th>
<th>On SFBT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Protection Practice Experience</td>
<td>Theoretical Knowledge</td>
</tr>
<tr>
<td>None</td>
<td>2 day training</td>
</tr>
<tr>
<td>Restorative Justice</td>
<td></td>
</tr>
</tbody>
</table>

Table 7.3.11– Focus Group Professional 10
### Focus Group Professional 11

**Probation Worker – Female (Non)**

<table>
<thead>
<tr>
<th>Position in Service:</th>
<th>Main Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist / Generic Worker:</td>
<td>Generic</td>
</tr>
<tr>
<td>Years in Practice:</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Areas of Professional Interest</th>
<th>Practice Experience</th>
<th>Theoretical Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mediation</td>
<td>Little</td>
<td>1 day training</td>
</tr>
</tbody>
</table>

Table 7.3.12 – Focus Group Professional 11

### Focus Group Professional 12

**CAMHs Counsellor – Female (Irene)**

<table>
<thead>
<tr>
<th>Position in Service:</th>
<th>Main Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist / Generic Worker:</td>
<td>Generic</td>
</tr>
<tr>
<td>Years in Practice:</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Areas of Professional Interest</th>
<th>Practice Experience</th>
<th>Theoretical Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Years</td>
<td>None</td>
<td>Journals only</td>
</tr>
</tbody>
</table>

Table 7.3.13 – Focus Group Professional 12
**Focus Group Professional 13**  
CAMHs Clinical – Male (William)

<table>
<thead>
<tr>
<th>Position in Service:</th>
<th>Senior Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist / Generic Worker:</td>
<td>Specialist</td>
</tr>
<tr>
<td>Years in Practice:</td>
<td>13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Areas of Professional Interest</th>
<th>On SFBT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group work (Anger)</td>
<td>Practice Experience</td>
</tr>
<tr>
<td></td>
<td>None</td>
</tr>
</tbody>
</table>

Table 7.3.14 – Focus Group Professional 12

**Focus Group Professional 14**  
CAMHs Clinical – Male (Dafydd)

<table>
<thead>
<tr>
<th>Position in Service:</th>
<th>Main Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist / Generic Worker:</td>
<td>Generic</td>
</tr>
<tr>
<td>Years in Practice:</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Areas of Professional Interest</th>
<th>On SFBT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Therapy</td>
<td>Practice Experience</td>
</tr>
<tr>
<td></td>
<td>Little</td>
</tr>
</tbody>
</table>

Table 7.3.15 – Focus Group Professional 14
Focus Group Professional 15  
Behaviour Support Teacher – Male (Caron)

**Position in Service:**    Head of Pupil Referral Unit  
**Specialist / Generic Worker:**  Specialist Teacher and Outreach  
**Years in Practice:**  18

<table>
<thead>
<tr>
<th>Areas of Professional Interest</th>
<th>On SFBT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Work</td>
<td>Practice Experience</td>
</tr>
<tr>
<td>Circle of Friends</td>
<td>None</td>
</tr>
<tr>
<td>Assertive Discipline</td>
<td></td>
</tr>
</tbody>
</table>

Table 7.3.16 – Focus Group Professional 15
Appendix 14 – Interview Summary Table
**Summary Sheet for EP7 (Mrs Brigg)**

<table>
<thead>
<tr>
<th>Interview participant:</th>
<th>EP 7 (Female)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFBT Partner:</td>
<td>Ad7 Female (aged 13 years)</td>
</tr>
<tr>
<td>Date/Time of interview:</td>
<td>12/03/99 11.00am</td>
</tr>
<tr>
<td>Location:</td>
<td>School quiet room</td>
</tr>
<tr>
<td>Length of interview:</td>
<td>22 minutes</td>
</tr>
</tbody>
</table>

**General notes:**
EP7 was open, friendly and very interested in the study. She was interested in my background in the field. She was at ease and seemed to enjoy the opportunity to reflect on her own practice. She had to rush off at the end in order that she could meet her next appointment elsewhere in the same building. She offered to meet again should I wish to continue with the interview.

**Main issues of interview**

<table>
<thead>
<tr>
<th>Areas</th>
<th>General impression</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Experience?</td>
<td>Good</td>
<td>Went smoothly</td>
</tr>
<tr>
<td>Overall Novelty?</td>
<td>Yes for client</td>
<td>Client seemed ‘pleasantly surprised’</td>
</tr>
<tr>
<td>Overall Appeal/enjoyment value?</td>
<td>High</td>
<td>“Lots of laughs”</td>
</tr>
<tr>
<td>Was it helpful?</td>
<td>“Hope so”</td>
<td>Can’t tell, too early.</td>
</tr>
<tr>
<td>What worked best?</td>
<td>Focus on goals</td>
<td>In a “realistic” way</td>
</tr>
<tr>
<td>Overall quality and value of Relationship?</td>
<td>Fair to good</td>
<td>Started “shaky” and improved</td>
</tr>
<tr>
<td>Positive Outcome?</td>
<td>High</td>
<td>Client appreciated “friendship”</td>
</tr>
</tbody>
</table>

Table 7.6.1 - Summary Table of Interview (EP7/Mrs Brigg)
Appendix 15 – Coded Abbreviations of Category Segments
As interviews progressed in number, codes emerged to describe segments of the data in a practical way to aid the researcher in the analysis and interpretation of the large volume of data.

<table>
<thead>
<tr>
<th>Core Category (Theme): Core Features of SFBT (CF)</th>
<th>Core Category</th>
<th>Code</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Features of SFBT</td>
<td></td>
<td>cf</td>
<td>General experience of SFBT: positive or not.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
<th>Detail/Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Novelty</td>
<td>nov</td>
<td>Comment as to how new the experience was: different(diff) good(gd) better(bet) liked(likd) nothing helping (nh)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subcategory</th>
<th>Code</th>
<th>Detail/Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>nov/new</td>
<td>First time experience: real change(rc) surprise/shock(sup) new way of looking(nlk)</td>
</tr>
<tr>
<td>Interesting</td>
<td>nov/int</td>
<td>Different to other ways of working: lots of things(lot) focus on strengths(fos)</td>
</tr>
</tbody>
</table>

Table 7.6.2 - Coded Abbreviations for Analytic Category ‘Novelty’
<table>
<thead>
<tr>
<th>Core Category (Theme):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Features of SFBT (CF)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Core Category</th>
<th>Code</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Features of SFBT</td>
<td>cf</td>
<td>General experience of SFBT: positive or not.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
<th>Detail/Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technique</td>
<td>tec</td>
<td>Reference to a specific therapeutic technique: EP/we did(di) was done(wd) new(new) what happened(wh) sequence(s) good(gd) helped(hlp) feel better (fbet)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subcategory</th>
<th>Code</th>
<th>Detail/Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scaling</td>
<td>tec/sca</td>
<td>Reference to 1-10 scale questions: line(lin) noticed(ntd) visual strategies(vs) meaningful(me) nice feeling (nfel) taken seriously(tks) simple/easy(smp) engaging(eng) important(imp) liked(lik) cool(coo)</td>
</tr>
<tr>
<td>Questions</td>
<td>tec/q</td>
<td>Reference to a specific therapeutic question, for example Miracle Question: question lines(ql) verbal(vbl) central(ctl) character(cha) chat(cat) think(thk) reflect principles(rprin)</td>
</tr>
<tr>
<td>Break</td>
<td>tec/bk</td>
<td>Comment about the therapeutic break: went out(wo) breather(br) reflect(rfl) rest(res) can't wait(cwa)</td>
</tr>
<tr>
<td>Duration</td>
<td>tec/dur</td>
<td>Comment regarding the brevity of session: common(cmn) realistic(rel) optimum(opt) short(srt)</td>
</tr>
</tbody>
</table>

Table 7.6.3 - Coded Abbreviations for Analytic Category ‘Technique’
<table>
<thead>
<tr>
<th>Core Category (Theme): Core Features of SFBT (CF)</th>
<th>Core Category</th>
<th>Code</th>
<th>Detail/Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Features of SFBT</td>
<td></td>
<td>cf</td>
<td>General experience of SFBT: positive or not.</td>
</tr>
<tr>
<td>Comfort</td>
<td></td>
<td>cft</td>
<td>Comment regarding the physical environment: environment(env) respect(rpt) prepared(pre) effective(eff) choice of room(cho) feel special(fspe) easy to do(eto)</td>
</tr>
<tr>
<td>Subcategory</td>
<td></td>
<td>cft/gd</td>
<td>General positive reference to the room or surrounding: best room(brrn) furniture(fur) food(food) drinks(dri) tissues(tiss)</td>
</tr>
<tr>
<td>Good</td>
<td></td>
<td>cft/rex</td>
<td>Comment as to environment supporting feelings of being relaxed at ease, 'cumfy', 'cosy': soft chairs(sft) quiet(qui) no one see(nos)</td>
</tr>
<tr>
<td>Relaxing</td>
<td></td>
<td>cft/poo</td>
<td>Comments about room or other odours being strong: not stuffy(nst) fresh air(frs) perfume(per)</td>
</tr>
<tr>
<td>Odour</td>
<td></td>
<td>cft/tid</td>
<td>Reference to the organisation and orderliness of the room: neat(net) organised(org) roomy(rom)</td>
</tr>
</tbody>
</table>

Table 7.6.4 - Coded Abbreviations for Analytic Category ‘Comfort’
<table>
<thead>
<tr>
<th>Core Category</th>
<th>Code</th>
<th>Detail/Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Features of SFBT (CF)</td>
<td>cf</td>
<td>General experience of SFBT: positive or not</td>
</tr>
<tr>
<td><strong>Category</strong></td>
<td><strong>Code</strong></td>
<td><strong>Detail/Concepts</strong></td>
</tr>
<tr>
<td>Effectiveness</td>
<td>eff</td>
<td>Comments to how helpful, useful, practical and positive the experience of SFBT was: techniques(tech) novelty(nov) comfort(com) worked(wrk)</td>
</tr>
<tr>
<td><strong>Subcategory</strong></td>
<td><strong>Code</strong></td>
<td><strong>Detail/Concepts</strong></td>
</tr>
<tr>
<td>Useful</td>
<td>eff/use</td>
<td>General to things which took place that were or will be of use for example, being asked questions: duration(dur) break(brk) questions(qs)</td>
</tr>
<tr>
<td>New Ideas</td>
<td>eff/ni</td>
<td>Mention of new ideas arising and being discussed: reflecting(rfl) thinking(thn) scale(sea) little things(litt) see what I had to do(todo)</td>
</tr>
<tr>
<td>Helpful</td>
<td>eff/hel</td>
<td>Comments about how the process actually helped/is or will help: newness(new) interesting(int) perspective(per) short(srt) talking(tlk) empower(emp) not bottle up(nbu) tell story(ts) I’m OK(OK) not worry(nwor)</td>
</tr>
<tr>
<td>Hopeful</td>
<td>eff/hop</td>
<td>Reference to feeling optimistic/hopeful about things: glass half full(ghf) can’t wait(cwa) no hope(nhop)</td>
</tr>
<tr>
<td>Positive</td>
<td>eff/pos</td>
<td>Reference to a positive outlook attitude regarding the future: good(gd) Cool(oo) focus on strengths(fos) going wrong(gow) sharing possibilities(shp)</td>
</tr>
</tbody>
</table>

Table 7.6.5 - Coded Abbreviations for Analytic Category ‘Effectiveness’
<table>
<thead>
<tr>
<th>Category (Theme):</th>
<th>Key Elements SFBT Therapeutic Relationship (TR)</th>
<th>Core Category</th>
<th>Code</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Key Elements SFBT Therapeutic Relationship (TR)</td>
<td>tr</td>
<td>Reference to nature, quality and importance (impact) of the therapeutic relationship experienced.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
<th>Detail/Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appeal</td>
<td>app</td>
<td>Comments about what was appreciated/liked about each other: best interest(bst) privileged position(pp) open(opn); humour(hum) laugh(hoo) at ease(ate) genuine(gen) (young approach(yapp) tell everything(tell))</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subcategory</th>
<th>Code</th>
<th>Detail/Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trusted</td>
<td>app/trd</td>
<td>Mention of trusting the other: do a good job(dgi) experienced(expe) caring(car)</td>
</tr>
<tr>
<td>Sincere</td>
<td>app/sin</td>
<td>Comment about, genuiness: straight(rfl) normal(nor) not posh(posh) personality(per) be self(self)</td>
</tr>
<tr>
<td>Liked</td>
<td>app/lik</td>
<td>Reference to liking the other person or an attribute of: cool(col); smart(smt) personality(per)</td>
</tr>
<tr>
<td>Honest</td>
<td>app/hon</td>
<td>Comment about telling the truth, being open: lying(lie) whole story(whs) vulnerable(vul)</td>
</tr>
<tr>
<td>Funny</td>
<td>app/fun</td>
<td>Comment about episodes of and things that caused laughter, lightness and/or joking: jokes(jok) not too serious(nts) light(lit)</td>
</tr>
</tbody>
</table>

Table 7.6.6 - Coded Abbreviations for Analytic Category ‘Appeal’
<table>
<thead>
<tr>
<th>Core Category (Theme):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Elements SFBT Therapeutic Relationship (TR)</td>
</tr>
<tr>
<td>Core Category</td>
</tr>
<tr>
<td>Key Elements SFBT Therapeutic Relationship (TR)</td>
</tr>
<tr>
<td>Category</td>
</tr>
<tr>
<td>Acceptance</td>
</tr>
<tr>
<td>Subcategory</td>
</tr>
<tr>
<td>Understood</td>
</tr>
<tr>
<td>Acknowledged</td>
</tr>
<tr>
<td>Heard</td>
</tr>
<tr>
<td>Safe</td>
</tr>
<tr>
<td>Private</td>
</tr>
</tbody>
</table>

Table 7.6.7 - Coded Abbreviations for Analytic Category ‘Acceptance’
<table>
<thead>
<tr>
<th>Core Category (Theme):</th>
<th>Code</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Elements SFBT Therapeutic Relationship</td>
<td>tr</td>
<td>Reference to nature, quality and importance (impact) of the therapeutic relationship experienced.</td>
</tr>
</tbody>
</table>

**Category**

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
<th>Detail/Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goals and Tasks</td>
<td>g&amp;t</td>
<td>Comments about clarity of purpose of the work, the goals and tasks formulated: salient(sal) owned(own) targets(tar) together(tog) going(ging); ethical(eth) realistic(real); prescribe(presc)</td>
</tr>
</tbody>
</table>

**Subcategory**

<table>
<thead>
<tr>
<th>Subcategory</th>
<th>Code</th>
<th>Detail/Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Important</td>
<td>g&amp;t/imp</td>
<td>Mention of the importance of having understandable, well-defined, small goals: right ones(ron) will work(wiw) central(cen) vision(vis)</td>
</tr>
<tr>
<td>Mine/owning</td>
<td>g&amp;t/own</td>
<td>Comment about bespoke and personal aspect of goals: fit(fit) unique(unq) secret(sec)</td>
</tr>
<tr>
<td>Possible</td>
<td>g&amp;t/posi</td>
<td>Reference to the goals being realistic and fair in terms of number, size, time allocated and challenge: can do(cdo) easy(eas) few(few)</td>
</tr>
<tr>
<td>Negotiated</td>
<td>g&amp;t/neg</td>
<td>Comment about goals not being prescribed (off the shelf). Being collaboratively discussed and formed: agreed(agr) asked(ask)</td>
</tr>
</tbody>
</table>

Table 7.6.8 - Coded Abbreviations for Analytic Category ‘Goals and Tasks’
<table>
<thead>
<tr>
<th>Core Category (Theme):</th>
<th>Code</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Elements SFBT Therapeutic Relationship (TR)</td>
<td>tr</td>
<td>Reference to nature, quality and importance (impact) of the therapeutic relationship experienced.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
<th>Detail/Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship</td>
<td>rel</td>
<td>Comments about the actual value placed upon the relationship: get on(geto) process(pss) respect(resp) human(hum) technical(techni)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subcategory</th>
<th>Code</th>
<th>Detail/Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>See again</td>
<td>rel/sag</td>
<td>Reference to wanting to meet again to conduct another SFBT session: keep working(kwr) future reference(fut) way of working(way)</td>
</tr>
<tr>
<td>Only one</td>
<td>rel/lonl</td>
<td>Comment about the EP being the only professional client was prepared to work with, favourite, best worker: See EP again(see) reliance(reli) dependence(dep)</td>
</tr>
</tbody>
</table>

Table 7.6.9 - Coded Abbreviations for Analytic Category 'Relationship'
Appendix 16 - Interview Transcript
Research Interview Transcript
with Ad9 Male 15years (EP9=Female)
(R): Researcher
23/02/00 0930 am

R: Please tell me what it was like working with the EP?

Ad9: I didn’t know what to expect quite, but it was OK actually.

R: What was OK?

Ad9: She was alright and stuff. Like she’d have a bit of a laugh and talk.

R: That’s interesting. As there anything else that was OK?

Ad9: Yeah, like we didn’t have talk for ages, like go and on. It was only for a lesson which was good.

R: Why do you say that was ‘good’, some kids might have wanted to have been off more lessons?

Ad9: No, it wasn’t that. It’s just like I don’t like sitting around for a long time talking about stuff really. I don’t mind sorting things out like, but not like for ages and ages.

R: Oh, I see. Thanks for explaining that to me. I’ll make sure to keep this short then? (laugh)

Ad9: Yeah (laugh).

R: You said earlier that you didn’t know what to expect before you started to work with EP9, why was that do you think?

Ad9: Well it was sort of different really, too right. Like before right, I was having detentions every day and I was seeing Mr G every time something was happening, and sitting in his office loads and stuff. They’d call my mam and she’d come down and stuff. Wasn’t very good really come to think of it.

R: Who is Mr G?

Ad9: He’s the deputy head teacher. He down in the other block.

R: I see. What did you think working was going to be like then, if that’s what was happening to you in school?
Ad9: I thought she was going to tell me off like, and talk to me I suppose. Dunno what I thought really.

R: OK, so, does that mean that working with Ep9 was a new or different way of working for you then?

Ad9: Definitely, yeah, new. Nobody has ever talked to me before, proper like. I just get put in detention or chucked out and stuff. Most of the time I go back to lessons, but that's after I have had a warning or gone on card.

R: I see, so it sounds like it was a good thing for you then – it being a new way of doing things?

Ad9: Yeah, I think so.
Appendix 17 - Index Card of Segmented, Coded Data
Data that was segmented and code was collated onto an index card. The respective code names entitled each card in turn. Interview and response paragraph numbers were listed next to each transcribed segment accompanied by brief interpretive notes. For example; 4/21; 25; 26 refers to same subcategory comments made during adolescent interview 4 in response paragraphs 21; 25 and 26.

<table>
<thead>
<tr>
<th>INDEX CARD# 9 (tec/dur)</th>
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<tbody>
<tr>
<td>Core Category</td>
</tr>
<tr>
<td>Category</td>
</tr>
<tr>
<td>Subcategory</td>
</tr>
<tr>
<td>Adolescent Interview/segment(s)</td>
</tr>
<tr>
<td>1/12-13</td>
</tr>
<tr>
<td>2/5; 8-9</td>
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<td>9/3-4</td>
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<td>10/14-22</td>
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Table 7.6.10 – Index Card of Segmented, Coded Data
Appendix 18 – Mind Map for ‘Effectiveness’ Subcategory