The experience of clients with anxiety of the “doing something different” task in solution focused brief therapy, and the development of my practice with them.

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Abstract

This thesis seeks to provide insight into the experience of four counselling clients experiencing anxiety, and of the researcher, with the *doing something different* technique in solution focused brief therapy (SFBT). It is intended to provide the reader with a small amount of rich qualitative data, which they can incorporate into their own understanding of how counselling may be experienced.

A case-study design within a qualitative framework was used to do this practice-based research. Data was analysed using Hatch's (2002) method of inductive analysis. Key findings were: The *doing something different* task can be confusing, intimidating, and can give people "permission" to try to find solutions in new places, especially when they are "stuck" in non-useful attempted solutions. Themes regarding my development of skill with the task were around rationale for its use, verbal priming, scope of the task, presenting the task as "an experiment," and seeking single or multiple ideas from clients for *doing something different.*

I discuss how youth and anxiety *may* change the way clients identify exceptions (which in turn changes whether they are likely to be asked to try *doing something different*); the types of *doing something different* task they come up with; and the difficulty and effort involved in doing the task. I also discuss how the research impacted my practice: through direct acquisition of skill and knowledge around anxiety and the *doing something different* task; through reflexivity and skill transfer; and also through its personal effect on me as a researcher-counsellor.

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Table of Contents

Abstract 2

Acknowledgements 3

Table of Contents 4

Introduction 8

Chapter One - Literature review 10

Introduction 10

Anxiety 10

What is anxiety? 10

Anxiety in the world - prevalence and impact 12

Risk & protective factors for anxiety 13

Mechanisms of anxiety 14

Mechanisms of anxiety - emotional regulation strategies 14

Mechanisms of anxiety - attentional and interpretational bias 17

Youth 18

Cognitive development 18

Youth mental health 19

Youth mental health in NZ 20

Solution focused brief therapy 21

Overview of SFBT 21

Justification for the use & research of SFBT 23

Literature concerning SFBT and efficacy 23

Literature concerning SFBT and anxiety 25

The *Doing Something Different* task 26

A rationale summary; why study these together? 27

Chapter Two - Methodology 29

Qualitative research 29

Ontological positioning 29

Case study research 30

Hatch's Inductive Analysis 32

Chapter Three - Method 33

Introduction 33

Setting ... 33
The Participants ... 35
Recruitment ... 38
Procedure ... 40
Analysis ... 43
Ethics ... 44
Trustworthy qualitative research ... 47
Conclusion ... 51
Chapter Four - Findings ... 53
Introduction ... 53
What happened? ... 53
Co-constructing the *doing something different* suggestion ... 53
Annika - '#nofilter' ... 53
Jeff - 'I don't have time for that!' ... 55
Manu ... 56
Hope - 'Hanging out with my parents' ... 57
The interview process ... 59
What the participants did after being offered the *doing something different task ... 59*
Annika ... 60
Manu ... 60
Hope ... 61
Themes; how participants felt about the *doing something different* task ... *62*
It can be hard to understand ... *62*
It can be surprising or unexpected ... *62*
It represents potential risk and reward ... *63*
It can give people permission to try something ... *63*
It is an optional task, but a high pressure one ... *64*
Themes; how clients make decisions around the task ... *65*
Client perceptions of the purpose of the task ... *65*
Clients consider what could happen ... *66*
A sense of urgency ... *66*
Clients needed to be able to conceptualise the task ... *67*
Clients use their perceptions of the counsellor's opinion ... *67*

Themes; development of the counsellor's technique *68*
The rationale for using the task *68*
Explaining or priming the suggestion *69*
The scope of the *doing something different* task *70*
Presenting the task as an 'experiment' *71*
Prompting participants to come up with one, or multiple, ideas *71*
Conclusion *72*
Chapter Five - Discussion *73*
Anxiety and the *doing something different* suggestion *73*
Identifying exceptions - anxiety *73*
...and youth *73*
Different exceptions; the solution is the goal *74*
Different *doing something different* tasks *74*
Avoidance / safety behaviour and SFBT *75*
Resources available to clients *76*
Apprehension and cognitive bias *77*
doing something different can be helpful *78*
Impact of the research on the counsellor's practice *78*
Impact on practice with the *doing something diffrent* task *78*
Expectations *78*
Development of skill *79*
Impact on practice in general *80*
Transferable skills *80*
Reflexivity *81*
Learning more, but only in a narrow area *81*
Via impact on the counsellor-researcher-participant *82*
Counselling can have an impact *82*
Negative impact of research on the counsellor *83*
Impact on clients and discussion of ethics *85*
Researcher and counsellor roles *85*
Spotlight on client actions *85*
Conclusion *87*

Conclusion *88*

References *90*

Appendix 1 - Core techniques in SFBT *102*

Appendix 2 - Ethics Documentation *105*

Introduction

This thesis is about the experience of counselling clients who experience stress or anxiety with the *doing something different* task or suggestion in solution focused brief therapy (SFBT), and about my experience as a counsellor-researcher navigating the research and how it has changed my practice.

In brief, SFBT is an empirically derived therapy that grew from asking "what do clients and therapists do together that is useful?" It has developed into a series of techniques centred around the idea that focusing on *what makes things better* - which may be unrelated to the problem - is a more useful inquiry than *what makes things worse* (De Shazer & Berg, 1997; Bannick, 2007). A key technique in SFBT is negotiating "between-sessions tasks" with clients (see appendix one), one of which may be asking the client to try *doing something different,* that they haven't tried before (Berg & De Jong, 2013).

Anxiety can be highly disabling and distressing (Horwitz, 2013), and levels of clinical anxiety are increasing (Yap, Pilkington, Ryan, & Jorm, 2014). 11.9% of New Zealand 15-24 year olds have a diagnosis of an anxiety disorder (Lockett, Lai, Tuason, Jury, & Fergusson, 2018). People with anxiety are particularly prone to engaging in attempts to manage the anxiety that exacerbate the problem (Nolen-Hoeksema et al., 2008; Beidel & Alfano, 2011; Garnefski et al., 2002). This indicates that the *doing something different* task may be of particular interest, or a different experience for these clients. Essentially, this was the initial reason for choosing to bring together these topics for my portfolio-thesis (this topic choice is justified further in the literature review). In addition, I was learning SFBT, I had many clients presenting with anxiety, and so it was suggested I make the pragmatic choice to study anxiety along with some element of SFBT[1].

The contents of this thesis;

The literature review provides context from scientific research for the relevant issues the participants were navigating. They were stressed or anxious, they all happened to be young people (all

[1] I had three grand and totally unworkable ideas before this. Eventually my supervisors had to put their foot down and insist I pick a practical topic.

teenagers), they engaged with SFBT, they were asked the *doing something different* suggestion. I have summarised relevant knowledge about these topics; anxiety, youth, mental health in New Zealand, SFBT, and the *doing something different* suggestion, and justified bringing them together to study.

The methodology chapter explains the choice of research framework; to do inductive analysis of a case study within a qualitative, social constructionist ontology. This is followed by the method chapter, which covers the setting in which the research was carried out, the process of recruitment, and an introduction to the participants (including the counsellor). It also describes what was done to collect and analyse the data, which is followed by a discussion of ethical issues and the criteria for trustworthy research in a social constructionist ontology.

The findings chapter is organised thematically, and presents what emerged from data analysis as key elements of the client experience of being offered the *doing something different* task and the counsellor's experience of engaging with the task and incorporating it into practice. Aspects of the findings are linked to the literature and their implications discussed in the discussion chapter.

More information about the counsellor & placement can be found in the Method and Methodology chapters.

Chapter one - Literature review

This literature review discusses anxiety, youth mental health, and solution-focused brief therapy. It begins with the general nature of anxiety, which is contextual to the research, then continues more specifically about the cognitions and coping strategies related to anxiety - and potentially related to *doing something different.* I then write about youth cognitive development, anxiety in youth, and youth mental health in New Zealand, as the participants of this study are teenagers in New Zealand. The impact of their youth is not *directly* analysed within the scope of this research (initially it was intended to be, but this turned out to be too large a topic to do justice), but context is important in building a rich, vicarious experience as part of qualitative research (see methodology chapter), so it is still addressed in the literature review.

Moving on from these two shared contexts for our participants, the literature review introduces Solution Focused Brief Therapy (SFBT), the modality of counselling used in this research. Key techniques of SFBT are also described in Appendix 1. The *doing something different* task is described and related back to the cognitions and coping strategies described earlier as being involved in anxiety maintenance and management. Finally, the contents of the literature review are considered: the rationale for studying these topics in conjunction, and the research question this leads to.

Anxiety

What is anxiety?

Anxiety has been a major presenting issue for my clients over the course of my placements. Sometimes described interchangeably as stress, anxiety is the culturally defined expression of general and enduring unease around *what might happen*. This unease is often about a particular situation or future event, but can also be vague and non-specific (Van Bockstaele et al., 2013; American Psychiatric Association [APA], 2013). Stress and anxiety can promote functioning through organisation, urgency, and carefulness. However, anxious thoughts can also exceed our tolerance levels, becoming debilitating and distressing (McEwen et al., 2015). The distinction between helpful (or at least tolerable) and “too much” anxiety is socially constructed and varies between individual people. Our natural levels of, tolerance for, and strategies for coping with anxiety are intensely variable (Quick, 2013). Our conceptions of the norm for all three are also moderated by our culture and ecosystem (Horwitz, 2013).

The line between “too much anxiety” as a problem in living and pathological or disordered anxiety (anxiety as a disease) is also blurred. Although the diagnostic criteria for the various anxiety disorders in the Diagnostic and Statistical Manual of Mental Disorders, 5th ed (DSM-V) (APA, 2013) are *precise*, the exact number, type, & severity of symptoms required have no special meaning. This arbitrariness is implied by the action of ‘drawing a line somewhere’ to divide a smooth spectrum between disordered and not-disordered levels of anxiety (Horwitz, 2013). There is a significant political and economic background to these classifications: at the time that the phenomenon of anxiety was being re-conceptualised as a group of disorders for the DSM-III, the economically conservative government of the USA wanted to see the rapidly increasing phenomenon classified as a disease (Horwitz, 2013, p136-138) . If anxiety was viewed as the result of social and environmental forces it could have been considered the responsibility of the government, and a sign that “something was wrong” in society. The United States National Institute of Mental Health came under immense political pressure and attacks at this time; when it started conceptualising anxiety as a disease of the individual in a medical model, these attacks ceased and were followed by a steady increase in funding. Considering a wider range of anxiety as a disease also meant that those studying or treating it were seen as doing more prestigious work (Horwitz, 2013, p136-138).

The line between anxiety and other mental health disorders is not inherently clear either. Having only one disorder in DSM terms is actually quite rare, and there are particularly high levels of comorbidity between other disorders and anxiety (Castle, 2015). It is often categorised as a byproduct of “a more interesting psychopathology” as Castle (2015) puts it, if one is available. These overlapping categories are increasingly being seen as indicating a spectrum of pathology with implications for research into commonalities in the development of disorders, rather than a failure of diagnostic criteria (Castle, 2015; Garber et al, 2016).

Anxiety and depression are particularly related as “distress disorders” (Garber et al., 2016) which share genetic risk and are highly co-morbid / predictive of each other, including in youth (Cummings, Caporino, & Kendall, 2014; Angold et al., 1999). A theoretical model for this co-morbidity is not yet widely accepted, especially since many anxiety disorders and depressive disorders are different from each other, but we do know that there are multiple pathways for the development of depression and anxiety (Cummings, Caporino, & Kendall, 2014). Some of the processes in these pathways are shared by both anxiety and mood disorders, and interventions which target the symp-

toms of one also reduce symptoms of the other (Garber et al., 2016). Despite these similarities, they are not symmetric: more youth with depression have anxiety than youth with anxiety have depression, and they have different average age ranges for onset. The two disorders are therefore best approached as separate but related (Garber et al., 2016).

This is the context in which I have counselled young people presenting with anxiety; their anxiety exists on a spectrum from "sometimes I am worried, and I can deal with that, but is it normal?" to having a particular aspect of their life where anxious thoughts are hindering them, to severe and pervasive anxiety (whether officially diagnosed as a condition or not). Sometimes these young people will experience low mood or other presenting issues at the same time. For this thesis, all of these experiences of anxiety are interesting, relevant, and worth incorporating into the narrative.

Anxiety in the world - prevalence and impact

Anxiety disorders are probably the most prevalent of all mental health conditions worldwide across different countries and cultures - including high income western countries like New Zealand (Van Bockstaele et al., 2013; Castle, 2015; Miloyan et al., 2016). Lifetime prevalence estimates vary greatly depending on sampling, population, and type of study (3.8%-29%) but are often quoted as around 20% (Lockett et al, 2018; Newby et al, 2015; & Remes, Brayne, Van Der Linde, & Lafortune, 2016) - and may be undercounted due to retrospective studies being vulnerable to recall failure (Moffitt et al, 2010). Anxiety is on the increase (Yap et al., 2014; Horwitz, 2013) as is income inequality, a major contributing risk factor (Pickett & Wilkinson, 2015) along with poverty and other social disadvantage (Clarke, Barry, Jenkins, & Patel, 2014). In NZ, about 14% of people have accessed some kind of service for mental health. About 2/3 go to general health practitioners first, and 1/3 to mental health practitioners (Wang et al., 2007). Māori, Pasifika, and Asian New Zealanders experience more psychological distress, but are less likely to receive diagnosis than Pākeha New Zealanders (Lee, Duck, & Sibley, 2017). Remes et al. (2016) and Castle (2015) suggest that anxiety is under-researched in New Zealand and Australia.

This large prevalence is particularly concerning as anxiety can be a highly disabling and significantly distressing mental health condition. It is a risk factor for developing mental health issues including other anxiety disorders, mood disorders, and substance use disorders through self-medication mechanisms (Turner, Bolton, & Sareen, 2018; Remes et al., 2016). It can also cause mood regulation problems, and other internalising mental health problems (Woodward & Fergusson, 2001).

There are widespread physical illnesses and health effects associated with anxiety; pre-frontal cortex damage, memory loss, impairment of cognitive, immune, and metabolic systems, and increased risk of chronic physical conditions. Adults with anxiety are three times more likely to perceive their health as poor. Anxiety is also a risk factor for increased negative health behaviours (smoking, drinking, drug-taking, poor diet, disrupted sleep routine), educational underachievement, and early parenthood (McEwen et al., 2015; Newby et al., 2015; Waldron, Stallard, & Hamilton-Giachritsis, 2018). It is strongly linked with sleep problems (with 80-90% of anxious youth having at least one sleep problem) in a circularly causal manner. Anxiety often worsens in the evening, especially at bed time, preventing good sleep and causing fatigue which in turn worsens emotional regulation (Peterman, Carper, & Kendall, 2014; Peterman et al., 2016; Weiner, Elkins, Pincus, & Comer, 2015). Anxiety causes people to split their energy between dealing with it and doing their daily tasks, affecting their operation in all areas of life (Hembree, 1988).

Risk & protective factors for anxiety

Many risk and protective factors have been discovered in our search to understand anxiety. These include parental risk factors such as aversiveness, over-involvement, coldness, conflict, alcohol problems, abuse, change (Yap et al., 2014) and parent-modelled anxiety (more detail can be found in Beidel & Alfano (2011)). Other factors include severe early life stress (Edge et al., 2009), existing mental health problems, being female (Woodward & Fergusson, 2001) or LGBTQ+ (Remes et al., 2016), discrimination, living in risky situations, chronic stress, genetic factors, and lower socioeconomic status (Dorahy et al., 2016; Edge et al., 2009; Kotov, Gamez, Schmidt, & Watson, 2010; Pearson, Griffin, Davies, & Kingham, 2013). This is especially strongly and robustly evidenced for income *inequality* rather than absolute income - for anxiety as well as general mental and physical health (Pickett & Wilkinson, 2015) - and for being in a deprived area surrounded by advantaged ones (socioeconomic isolation) (Pearson et al., 2013). Higher socioeconomic status, belief that you can impact your environment, (Dorahy et al., 2016), and moderate early life stress (Edge et al., 2009) seem to be protective factors. Anxiety is also associated with some personality traits including high neuroticism, low conscientiousness and extraversion and sometimes higher disinhibition - although causality is not established. Openness to new experiences does not seem to be correlated with anxiety (except in the case of agoraphobia) (Kotov et al., 2010) which is something I had initially wondered about in the context of the solution-focused technique of the *doing something different* task (see 2.3.4; the '*doing something different*' task), and in the context of participant willingness to be part of the study. In New Zealand, Māori, Pacific, and Asian New Zealanders are

more at risk of psychological distress and are also considerably more under-diagnosed than Pākeha (likely due to access, expectations, and cultural barriers with medical professionals) (Lee, Duck, & Sibley, 2017).

Mechanisms of anxiety - introduction

There are many potential pathways for the development of unhelpful fear and anxiety. These are sometimes obvious; a child bitten by a dog becomes fearful of similar looking dogs. Sometimes they are more complex, potentially involving cumulative conditioning; two part conditioning where avoidance functions as a reward; sociological factors[2]; or observational learning through vicarious experience of other's fearful behaviour (Beidel & Alfano, 2011). They are multiple, complex, variable, and although we have a lot of information about them, not yet fully agreed upon (Beidel & Alfano, 2011).

Of particular interest to me, and relevant to this research, are the roles of various emotional regulation strategies for dealing with distress and attentional and interpretational bias in the exacerbation or management of anxiety. This is because I see these mechanisms again and again in the ways clients try to solve their problems, and the ways they engage with the *doing something different* task. Some of these will emerge as relevant to client stories in the findings and discussion.

Mechanisms of anxiety - emotional regulation strategies

'Emotional regulation' is a conceptually messy term but generally covers the ways we consciously and unconsciously try to regulate our moods, emotions, and stress responses - essentially, 'coping.' The way we think things through, direct our behaviour, calm our bodies and try to change our environment are all ways we attempt to gather our own capabilities to deal with life stress (Compas et al., 2001; Gross, 2015). The strategies people use for emotional regulation and coping seem to have a large effect on the development, maintenance, and management of anxiety (Compas et al., 2001; Garnefski et al., 2002; Gross, 2015; Aldao et al., 2010; Hong, 2006), and emerge over childhood and adolescence (Compas et al., 2001). Some of the common coping strategies particularly discussed in the literature are worry, rumination, suppression, avoidance, reappraisal, problem solving, and acceptance.

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[2] It's easier to introduce a fear of a snake toy than a lion toy - why? Some genetic, evolved predisposition to beware wiggly things? Or because snakes begin to be coded as evil figures early on in our socially constructed worldview? So far, we aren't sure (Beidel & Alfano, 2011).

Worry and rumination are similar cognitive processes, both being strongly predictive of anxiety and depression (rumination slightly more so). They involve a repetitive, passive focus on unproductive, overly general negative thoughts and emotions. Worry tends to focus on the source of distress and possible consequences, and is related to fear processes. It allows people to distance themselves from anticipated negative outcomes, leading to a false sense of control of these future events. Since the future events are often unlikely to occur, when they don't, the brain assumes worrying worked as a coping strategy and was necessary to deal with the anticipated problem - essentially, worrying is another form of safety behaviour or avoidance response (these will be discussed below) (Aldao et al., 2010; Hong, 2006; Garnefski et al., 2002; Nolen-Hoeksema et al., 2008).

Rumination is similar, but with a past "why did it go wrong?" focus that moves beyond helpful understanding into repeatedly focusing on negative experiences in a deeply unhelpful way. Rumination leads to withdrawal and inactivity; essentially leading people to convince themselves that 'there is no point trying.' This is an alluring outlook, because people find the certainty that trying things won't help to be less scary than the uncertainty of trying something new. Both worry and rumination promote negative thinking over problem solving, interfere with more functional emotional processing, and tend to erode social support. They also directly interfere with opportunities for behaviour that could lead to extinction of anxiety (Aldao et al., 2010; Hong, 2006; Garnefski et al., 2002; Nolen-Hoeksema et al., 2008).

Suppression - that is, "trying not to think about it" - is also an unhelpful strategy for dealing with anxiety; the more people attempt to suppress a thought the more it becomes neurologically accessible and distressing, and the more it gets in the way of constructive action (Aldao et al., 2010). In a way, suppression is one aspect of avoidance, which plays a major role in the maintenance of anxiety (Aldao et al., 2010; Helbig-Lang & Petermann, 2010; Piccirillo, Dryman, & Heimberg, 2016).

One of the most common coping strategies for anxiety is avoidance: trying to prevent the feared outcome by avoiding or leaving situations where it might happen, avoiding thinking about it, or preparing excessively in an attempt to stop it happening (Aldao et al., 2010). For example, someone who is anxious about how they might be perceived by others in a social situation feels a building discomfort before going to a particular class. When the discomfort becomes intolerable, they decide to skip it or leave early. Unfortunately, avoiding the feared situation has downsides.

As Aldao et al. (2010) explain, the person doesn't get the opportunity to experience *extinction* of their fear, which requires exposure to the situation long enough for the anxiety to subside - for example, going to the class and finding that they don't say "something wrong," or they do but there are no world-ending repercussions. Without doing this, the situation will continue to be a source of anxiety. With avoidance, the relief experienced from "escaping" the "dangerous" situation is a powerful reward which causes an increased drive to choose avoidance as a coping method over constructive ones (Beidel & Alfano, 2011). This can even extend to mentally escaping the situation - otherwise known as distraction (Aldao et al., 2010). On its own, distraction is generally unhelpful long term and leads to negative thoughts becoming stronger. However, if more active reappraisal or problem-solving strategies are engaged once someone's mood is lifted enough through distraction, then it can be a useful coping tool (Aldao et al., 2010; Beidel & Alfano, 2011; MacArthur, 2013). Noelen-Hoeksema et al. (2008) particularly recommend that the problem-solving strategies engaged counter the impulses of depression and anxiety; i.e. withdrawal and inactivity.

A more subtle version of avoidance as a coping mechanism is seen in safety behaviours. Safety behaviours can be hard to tell apart from useful coping strategies, simple habits, or other unrelated behaviour but the key is that they are behaviours that become relied upon to prevent a feared outcome that is *unlikely to happen.* Safety behaviours often take the forms of relying on safety signals (e.g. "I can manage to get on the bus, but *only* if I have my phone with me, otherwise I'll have a panic attack."), excessive preparation, attempts to control or suppress emotional and physiological responses, and of course, situational avoidance. A classic example of safety behaviours are the repetitive behaviours caused by obsessive-compulsive disorder - the actions are pointless but the person experiences a deep drive to do them to prevent some (realistically unlikely) catastrophe, (Helbig-Lane & Petermann, 2010).

The problem with safety behaviours is that the feelings of control and safety they bring are neurologically misattributed to the presence of the behaviour rather than the feared situation actually being harmless. Although people often believe they are effective, and that they are controlling the anxiety, this is at best a temporary comfort. Long term, safety behaviours prevent opportunities for extinction of the conditioned fear, have been shown to diminish the effectiveness of exposure therapy, and maintain the anxiety over time. The threat beliefs behind the anxiety never get to be disconfirmed, we are just saved from catastrophe by the safety behaviour ("catching the bus is still horri-

ble, and I would definitely not be able to cope with it if I didn't have my phone"). There is debate over whether counsellors should steer clients away from using *any* safety behaviours - they make exposure to feared situations more doable, but lead to stronger urges to use the safety behaviour next time (Helbig-Lane & Petermann, 2010). Piccirillo, Dryman, & Heimberg (2016) report that when clients were given psychoeducation about safety behaviours and subsequently didn't use them, they managed a larger drop in anxiety over time.

So far we have disparaged worry, rumination, suppression, and avoidance as being unhelpful emotional regulation and coping strategies. This leaves us reappraisal (generating benign or positive interpretations), problem solving (attempts to change or engage with a stressful situation), and acceptance (non-judgemental awareness of our own emotions), which are all associated with improvement of anxiety and other mental illnesses (Aldao et al., 2010). It may be an illustration of the problem focused nature of much psychological research that the ways in which these 'good' strategies help with anxiety are not discussed in the literature. Compas et al. (2001) note that adaptive coping strategies all have an element of engaging in the situation - literally or mentally - as an active participant. The variation in helpfulness of emotional regulation and coping strategies is a good example of the Solution Focused idea that "attempted solutions often perpetuate the problem - and sometimes doing something different [not necessarily in the context of the *doing something different* task] or unexpected can be useful instead" (Bannick, 2007).

Mechanisms of anxiety - attentional and interpretational bias

There is a bidirectional relationship with an inconsistent, small to moderate effect size between cognitive bias towards threatening information and the development and/or worsening of fear and anxiety. This can take the form of attentional bias (e.g. focusing on one small error rather than what's gone right), interpretation bias (e.g. interpreting a neutral social cue as censure), and memory bias (threatening memories being more accessible in the brain) (Van Bockstaele et al., 2013). The effect these biases have on anxiety is moderated by attention control abilities (Pergamin-Hight et al., 2016) and may work through prompting rumination, worry, and safety behaviours as coping strategies, and by directing cognitive processing power into different, threat-focused patterns (alternatively, it may be safety behaviour that influences where attention is put) (Helbig-Lane & Petermann, 2010; Nolen-Hoeksema et al., 2008).

These biases can also lead to dysfunctional beliefs. For example social anxiety (the most common anxiety disorder) is underpinned by three sets of beliefs: conditional beliefs (e.g. “if I make a mistake, people will judge me and stop being my friends”), holding oneself to unattainable standards (“if this isn’t perfect, it’s basically a huge mistake”), and constant negative self-assessments (MacArthur, 2013). MacArthur (2013) recommends addressing these belief systems with a therapy that has cognitive elements, e.g. CBT - or SFBT (Bannick, 2007). Bias modification might be effective for anxiety disorders except specific phobias (Van Bockstaele et al., 2013) - however, the evidence is inconclusive and seems to depend strongly on technique and type of anxiety (Heeren, Mogoase, Philippot, & McNally, 2015).

Youth

Cognitive development

In adolescence, the brain undergoes a period of plasticity and development lasting from (approximately) ages 10-24 (Arain et al., 2013). This is the time over which we develop the ability to think abstractly and hypothetically, to think about how we think (metacognitions), to develop more inhibitory control, and to reflect in ways that let us see others’ perspectives, to plan ahead, to utilise better decision making schema, to anticipate consequences, and to imagine alternative explanations and perspectives of events. While these cognitive abilities are being mastered, so too are the emotional regulation strategies which rely on them. Young people start to shift away from external coping strategies and develop internal, cognitive ones (Garnefski et al., 2002; Schaefer et al., 2016; Arain et al., 2013).

At this age adolescents experience more frequent, more intense negative emotions (Schaefer et al., 2016), and their brains are more vulnerable to stress than either adults’ or children’s. In addition, the results of earlier life stress now start to emerge (Lupien, McEwen, Gunnar, & Heim, 2009), but at this stage adolescents have not fully developed coping strategies. This vulnerability also presents a huge opportunity though, to push adaptive ways to manage emotions as early as possible in this development window before each individual’s particular (perhaps unhelpful) go-to methods become much more fixed (Garnefski et al., 2002). Essentially, youth are in a critical time for setting up good future mental health (Clarke et al., 2014).

Although their brains are different to adult ones, the roles of emotional regulation styles such as those mentioned above as well as self-blame and catastrophising, and of attention biases, have been

studied and shown to impact youth in much the same way (Abend et al., 2017; Garnefski et al., 2002). The most negative styles are avoidance, rumination, and self-blame; and the strongest helpful behaviour is acceptance in youth, with positive reappraisal also particularly useful for anxiety (Schaefer et al., 2016; Garnefski et al., 2002). In general, adolescents don't use cognitive coping strategies of any kind as much as adults do, *especially* positive reappraisal (Garnefski et al., 2002), which might point to it being beneficial to specifically encourage.

Youth mental health

Depression and anxiety are the biggest global contributors to non-fatal health burden among youth (Stockings et al., 2016), with anxiety being the most common mental health problem experienced by youth (Angold et al., 1999; Weiner et al., 2015). Increasing numbers - currently around 10-20% - of young people worldwide are expected to experience mental health disorders of any kind (Clarke et al., 2014; Polanczyk et al., 2015), with early onset disorders often becoming chronic without intervention (Yap et al., 2014).

An estimated 5-20% of youth will experience an anxiety disorder (Essau, Conradt, Sasagawa, & Ollendick, 2012; Garber et al., 2016; Polanzcyk et al., 2015) with paediatric anxiety a risk factor for chronic adult anxiety (Abend et al., 2017; Cummings, Caporino, & Kendall, 2014). Of all people with an anxiety disorder, most have it develop in or near adolescence, possibly triggered by heightened stress (Newby et al., 2013; Lupien et al., 2009). For youth, anxiety often results in disabling and recurrent functional impairment around personal relationships, academic achievement, and physical health, and produces an increased likelihood of self medication (especially at a younger age), and risky behaviour (Garber et al., 2016; Turner et al., 2018).

As well as being distressing for the individual, poor mental health among youth is correlated with increased rates of HIV, car crashes, domestic violence, crime, teenage pregnancy, suicide, and homicide (Das et al., 2016). Despite this, youth may not be receiving help: for example, a randomised survey of 12-17 year olds in the UK found that of those who met the DSM IV criteria for anxiety disorders, only 18% were using mental health services (Essau, 2005). Youth from 18 to mid-20's (in the USA) struggle even more than younger teenagers to access mental health services for depressive symptoms, now that they're not getting free care as children, but aren't established enough in jobs to be able to pay themselves (or have good enough insurance). In addition, they say they don't have time to attend, and that they hope that the problem will go away by itself (Yu et al.,

2008). This is particularly concerning given that this age group has a 3 times higher rate of suicide than younger teenagers (Yu et al., 2008). 12-17 year olds are also under-represented in terms of accessing counselling (Essau et al., 2012). This is especially the case if they have anxiety, as they may be shy and compliant in school, and therefore overlooked (Essau et al., 2012)

Counselling and psychotherapy with children and adolescents is less well studied in general (Shirk & Karver, 2003), and often considered more challenging because of their broad range of intellectual and emotional development (Salam, Das, Lassi, & Bhutta, 2006). However, there are effective interventions for child and youth anxiety - the most well studied are cognitive behavioural therapy (Essau et al., 2012) and school based prevention programs (Waldron et al., 2018). Solution Focused Brief Therapy has also been found to be effective with young people (Bond et al., 2013; James, Alemi, & Zepeda, 2013), which will be discussed in more detail below. Anti-depressants also seem to be generally well tolerated with a medium effect size for anxiety (Strawn et al., 2015). Counselling with young people is less well studied in general, but also apparently effective - both reasons to do more research into the general area.

Youth mental health in New Zealand

The 2017/18 New Zealand annual health survey found that 13% of young people aged 15-24 had experienced "psychological distress[3]" in the last four weeks, and 11.9% of 15-24 year olds had been diagnosed with an anxiety disorder (Lockett, et al., 2018). Youth-'12, a 2012 survey of 8,500 New Zealand secondary students (part of the Youth-2000 six-yearly[4] survey series: Clark et al., 2013) found that 92% of secondary students reported feeling "Okay, satisfied, or very happy" with their life. However, 9% of male students and 16% of female students reported clinically significant symptoms of depression (Clark et al., 2013), which as discussed above is highly comorbid with anxiety (Cummings, Caporino, & Kendall, 2014; Angold et al., 1999). These rates remained unchanged over the 2001, 2006, and 2012 surveys, although overall health and wellbeing including substance use, suicide risk, and family and school relationships improved (Clark et al., 2013).

The Youth-'12 survey found that the most common barriers to accessing healthcare in general were "hoping the problem would get better on its own," "not wanting to make a fuss," and "not having

[3] "high or very high probability of anxiety or depressive disorder, K10 score ≥12"

[4] The results of the 2018 survey are not yet available.

transport / transport costs" and that these reasons had prevented 19% of young people from accessing needed healthcare (Clark et al., 2013). Andrade et al. (2014) suggest that in New Zealand attitude barriers (most commonly, "wanting to handle it on their own" and "feeling that the problem is not severe enough") are more of a problem than structural barriers to mental health support, especially for people with mild/moderate mental health issues. For example, one third of students felt it wasn't socially acceptable to be seen visiting the school guidance counsellor, and LGBTQ+ and disabled students were often more hesitant to access services (Social Policy Evaluation and Research Unit (SUPERU), 2017). At the same time, providers are stretched to capacity due to inadequate resourcing, and referral pathways for mental health help and assessment can be complex and unclear (SUPERU, 2017). Middle decile schools in particular were found to be "falling through the cracks" - the schools were not poor enough to receive YMHP (Prime Minister's Youth Mental Health Project) funding, but student's families were not well-off enough to seek private help (SUPERU, 2017).

Solution-Focused Brief Therapy

Overview

In the 1980s SFBT was developed experimentally through naturalistic enquiry into what clients and therapists "do together that is useful." Through this process of analysing real therapy sessions, De Shazer & Berg's team came to some surprising conclusions:

1. Attempted solutions would often perpetuate the problem.
2. The solution to the problem can be entirely unrelated to the problem - so understanding the cause of the problem isn't necessarily required.

As a corollary of this, we get the solution focused idea of keeping doing what works, and if something doesn't work, trying something different. (De Shazer & Berg, 1997; Bannick, 2007; Corocoran & Pillai, 2009). The central principle here is that we are not focusing on "why are things bad" but on "what makes things better," since the former actually turns out not to be that helpful in finding the latter.

These ideas about what makes things better are ideally drawn from the client's resources and motivations - SFBT is strengths based and takes the position that the goal of therapy is to enable the client to find their own solutions. The counsellor's realm of expertise is in changing perceptions through carefully co-constructed communication, asking the right questions to elicit solution-talk

and direct attention to the future without the problem, and motivating behavioural change through reinforcement and through relating to the client (Bannick, 2007; Corcoran and Pillai, 2009; Kim & Franklin, 2009). In this way, behaviour and cognitions are targeted to produce small changes that, when noticed and valued, enable the client to then enact greater and greater ones (Corcoran, 2006; Bannick, 2007). SFBT is constructionist and acknowledges that there are many subjectively correct realities, as well as being client-centred, so these changes are defined by what is important to the client in their subjective reality, and in the view of reality the client linguistically negotiates with the therapist. For example, solution focused counselling does not acknowledge the concept of resistance as a useful one - we approach the client co-operatively with respect towards their reasoning and decisions (Bannick, 2007).

Some key assumptions of SFBT are further listed by Bannick (2007), including especially that change is always happening - no problem is stable in its presence or at least severity, and there will be times when the client manages the problem more successfully. The beginnings of solutions are often found in these exceptions to the problem.

De Shazer & Berg's team noticed three behaviours that led to more solutions being discussed: eliciting questions (e.g. "What will you be doing differently when anxiety isn't such a problem?"), asking for details (e.g. "Who else was there? Did they notice? What did they do differently...") and verbal rewards / compliments. Specific solution focused techniques are largely built on top of these principles and include using questions regarding exceptions, scaling, client strengths, and goal development (especially the miracle question) to bring out information relevant to these principles (Bannick, 2007; Corcoran & Pillai, 2009).

Although SFBT is a philosophy more than a collection of techniques, some core techniques have been identified for use when attempting to categorise research as "SFBT or not." These are (1) the miracle question, (2) scaling, and (3) an end of session break followed by compliments and suggestions (De Shazer & Berg, 1997; Gingerich & Peterson, 2013; Bond et al., 2013; Kim & Franklin, 2009). Some authors also include (4) analysing the discussion for client strengths and solutions, (5) goal setting, (6) searching for exceptions and (7) coping questions (Kim and Franklin, 2009; Bond et al., 2013). These techniques are all used routinely in my solution focused practice, including with the clients who are participants in this research. For more information, see Appendix one.

Justification for the use and research of SFBT

Over the time that SFBT has been developed, the western world of counselling has been in the middle of a push for shorter therapy, often for reasons of high cost and demand (Bannick, 2007; Perkins, 2003). Not only do fewer than 50% of clients attend more than 3-4 sessions of therapy, but clients actually want and expect short therapy (Perkins, 2003). If many people want or can only afford a small number of therapy sessions, we have to develop modalities that work with that - and therapies designed for the short term such as SFBT do produce change faster than long-term psychotherapies, including for anxiety specifically (Knekt et al., 2008; Knekt, Linfor, & Maljanen, 2017).

There has also been a shift towards modalities which deal with people as *clients* not *patients*, and a focus change from mental illness to mental health. Much of SFBT's development was completed within an outpatient clinic population where people were dealing with "problems in living" and only much later within the standard "problem defined" population (Bannick, 2007; De Shazer & Berg, 1997). This (and its social constructionist philosophy) makes it a flexible approach that works across different contexts and manages to satisfy clients' needs for autonomy and self-determination (Bannick, 2007; Bond, 2015). This autonomy may be part of why SFBT also has a lower drop-out rate for youth (Corcoran, 2006), for whom short term therapies are generally recommended (Perkins, 2003).

Literature concerning SFBT and efficacy

Although the evidence base around the efficacy of SFBT is so far generally supportive it is still thin. Bond's (2013) meta-analysis of SFBT to date notes that much of the research has been somewhat preliminary and suffers from small sample sizes, lack of control groups, and so on. Similar to many other therapeutic approaches that are not Cognitive Behavioural Therapy, there are important gaps still in the research; and SFBT is often used in practice alongside other modalities, which makes it harder to study (Bond, 2013). Patton (2016) strongly suggests that there is a need to rectify this gap and "extend action beyond a dominant focus on CBT models." It should be noted that (like this thesis) most of the evidence around mental health interventions comes from high income countries (Salam et al., 2006).

In addition, the data are often very researcher-defined rather than client-centred. Bannick (2007) argues that more studies need to include measures of "clinical relevance" - how the client actually

feels about whether the treatment was helpful. This is particularly the case now that counselling is being used by clients with “problems in living” as opposed to by “patients with disorders” because specific therapeutic assessments become less relevant. This mismatch contributes to difficulty assessing SFBT’s effectiveness during its development with a non-clinical population (De Shazer & Berg, 1997). Even up to the mid-2000’s, many meta-analyses had to discard large swaths of studies for methodological reasons, coming up inconclusive, and also varied wildly in their criteria for what counted as SFBT (as mentioned by Corcoran and Pillai (2009) and Kim and Franklin (2009)).

However, more recent meta-analyses (Gingerich & Peterson, 2013; Bond, 2013; James, Alemi, & Zepeda, 2013), have supported the use of SFBT, finding it comparable with well-established alternatives, and faster than other therapies. It is particularly effective as an earlier intervention when problems are less severe, and for externalising and internalising problems. It is also effective with young people, children, and families (Bond, 2013; James, Alemi, & Zepeda, 2013). There are some limitations; the client needs to be able to formulate a goal, and establish a detailed dialogue about the future (medication may help a client get to this point) (Bannick, 2007). It may not suit the needs of clients with severe, longstanding problems, and in the opinion of Stalker et al. (1999), “won’t suit everyone.” Well-executed SFBT that doesn’t yield good results may indicate that diagnostic investigation or lengthier psychotherapy might be needed (Bannick, 2007).

As well as efficacy data, Kazdin & Nock (2003) argue that the mechanisms of change through counselling should be better studied, especially for children and adolescents. Very few studies of counselling methods provide evidence for *how* or *why* the treatment works. While we are definitely sure that counselling helps children, there are largely unanswered questions such as: “do treatment outcomes actually convey how well a young person is functioning in real life?” and “does research translate well to making changes in our practice?” and even “why does therapy work?” which in turn throws doubt on the dominant efficacy data. Kazdin & Nock (2003) want more quantitative researchers to test mediating factors (ie. factors that might indicate the process through which a change occurs). I would argue that this also provides an important reason for more qualitative research. Without this context, there is doubt cast on the interpretation and meaningfulness of efficacy data.

Literature concerning SFBT and anxiety

There is a limited amount of literature available on SFBT and anxiety (Gingerich & Wabeke, 2001, could not find any, and neither could I). CBT holds the dominant role in anxiety research, and its focus on cognitions and behaviours is considered more effective than a mindfulness and acceptance based one for anxiety (Newby et al., 2015). However, MacArthur (2013) suggests that elements of CBT which are helpful with anxiety appear in other therapies too, including SFBT specifically (which also focuses on cognitions and behaviours). Bannick (2007) actually argues that SFBT could be considered a type of CBT, with several analogous techniques including operant and counter conditioning, homework, and behavioural analyses - just applied to exceptions rather than problem behaviours.

For example, MacArthur (2013) compares CBT and SFBT for social anxiety. CBT clients would be asked to look for evidence that their faulty processing schemata (that cause biased information processing as mentioned above) are incorrect. In 'experiments' with the feared situation, clients would see that things are fine, slowly extinguishing their fears. Likewise in SFBT clients could be asked coping and exception questions around situations they fear and around their negative self-beliefs, thus challenging these beliefs. The miracle question can be used to help clients see beyond the problems caused by the anxiety - although MacArthur advises that the counsellor may need to challenge high-standard beliefs (ie. "I can manage my anxiety around making mistakes by just working really hard to be perfect" is not a reasonable solution). There are "suggestions" or "between-sessions tasks" (see Appendix 1) in SFBT that encourage the client to experiment with exposing themselves to the feared situation, for example the *pretend the problem is solved*, the *keep doing what is working,* and the *doing something different* tasks. These similarities are why many people have hope that SFBT might turn out to be approximately as effective as CBT for anxiety, while offering a different treatment style for those that would prefer it.

The *Doing Something Different* task

In solution focused brief therapy, it is common for the counsellor to negotiate with the client a 'suggestion' or 'homework task', often as part of the end of session feedback (Berg & De Jong, 2013). These suggestions are either observational/noticing or behavioural tasks, and should be negotiated with the client to be something small, achievable, and which the client feels is reasonable (Hanton, 2011, p89-92). When the beginnings of acceptable solutions are appearing in the client's exceptions, a behavioural suggestion might be based on amplifying these things that are already working. But

what if the client can't identify much that seems to be helpful? What if what they're trying isn't helping, or perhaps is making things worse? Then, as we mentioned above, the solution focused philosophy is to suggest a behaviour change to the client (De Shazer & Berg, 1997; Bannick, 2007; Corocoran & Pillai, 2009). A change in behaviour is an effective way to change the clients 'emotional knowledge' or responses to the situation which is causing them difficulty (Bannick, 2007).

There are some well known homework tasks which counsellors may consider giving. For example, when a client has a clear miracle picture, is highly motivated, and can't identify any exceptions, Berg and De Jong (2013) suggest asking them to try "pretending for a day that the miracle has happened - and notice what seems to be different" - a fairly demanding task! There is also a specific "*doing something different*" suggestion - the focus of this thesis - in which we ask the client to try "something different - no matter how strange or off the wall, as long as it's something new" next time they face the problem (Berg & De Jong, 2013). This task is thought to be useful when the client really wants things to be different, but their goals might not be well formed, and they can't identify any exceptions. The task is particularly suggested if their attempts to solve their problem are unsuccessful or even perpetuating the problem (Bannick, 2007). It gives them permission to try something creative (Berg & De Jong, 2013) instead of what's not working or what they feel they "should" be doing.

This conversation and negotiating of *doing something different* could happen at any time in the counselling session, usually when an exploration of exceptions has revealed that the client's attempted solutions aren't satisfactory to them. It would also always be mentioned in the end-of-session feedback (De Shazer & Berg, 1997). For research purposes, the suggestion to try *doing something different* does not need to be delivered identically each time. Both SFBT and this research are social constructionist (Strong, 2005), and reject the idea that anything could make the meanings conveyed in different conversations the same. Instead, different circumstances will lead to interesting, in-depth stories and should be embraced, as explained in the methodology chapter.

Rationale justification & conclusion

Anxiety disorders mostly start in childhood and adolescence (Das et al., 2016; Waldron et al., 2018) with long reaching consequences (as described above). However, youth are also in a uniquely neuroplastic state - a development window where they can change behaviours and cognitions before these become more set in adulthood. This is a time when they are developing a whole new set of

coping strategies, some of which may really be "something entirely different" for them to try out (Garnefski et al., 2002; Schaefer et al., 2016; Compas et al., 2001). It also represents a window for early intervention, which SFBT is particularly suited for (Bond, 2013).

SFBT also shares many aspects of CBT which are known to be particularly effective in dealing with anxiety (MacArthur, 2013), which is hopeful (but not conclusive). Finally, it is effective with children (Bond, 2013; James, Alemi, & Zepeda, 2013) and also likely to be one of the options available to them through schools and youth agencies for economic reasons (Perkins, 2003).

Anxiety is a problem particularly prone to having people's attempts to fix it make it worse; for example the counter-productive coping strategies discussed earlier (e.g. Nolen-Hoeksema et al., 2008), including avoidance which is one of the most common attempted solutions but reinforces the fear response (e.g. Beidel & Alfano, 2011). Or, anecdotally, lots of young people talk about feeling like they "should" be able to try to "just stop thinking about it" when that actually activates the neural patterns associated with that thought, causing more rumination and worry (Garnefski et al., 2002). This makes it particularly interesting to consider in the context of SFBT, given its philosophy that attempted solutions can perpetuate the problem, and that sometimes effective solutions come from unexpected sources (Bannick, 2007). The *doing something different* task - a strategy that focuses on moving from counter-productive strategies to something new - seems especially relevant. This can also pose a challenge; how do we reconcile the positioning that the client is the expert in their own lives with the anxiety promoting self-reinforcing behaviours? This is considered in the discussion chapter.

These links between the *doing something different* task, anxiety, youth counselling, and solution focused brief therapy are why I chose to research this particular intersection of subjects. I anticipated that this junction might have an interesting or even surprising character that would be useful for other practitioners to engage with. In summary, my research proposed to explore what happens when youth, who are experiencing some stress or anxiety, are offered the suggestion to try *doing something different* in the course of solution-focused brief therapy. Because this is portfolio-research, I also decided to explore what happens for the counsellor in the course of using the *doing something different* task as well.

This resulted in the following research question: w*hen clients experiencing stress or anxiety are given the* doing something different *task during SFBT, how do the clients and counsellor experience this?*

Chapter two - Methodology

In this chapter I justify the methodological consistency of this research: the choice to do qualitative research; the ontological alignment between my personal worldview, SFBT, and social constructionist research; using a case study design; and analysing the data collected with Hatch's (2002) inductive analysis. These choices are all internally consistent with a social constructionist framework. This is further touched on in the Methods chapter, which discusses relativist principles of quality social constructionist research.

Qualitative Research

Choosing the Master of Counselling programme option to undertake a research portfolio meant there was an early choice to qualitatively study a group of my own clients, and my counselling with them. This implied a choice to generate rich, in-depth data about a smaller number of individual stories in a naturalistic setting. Following this, I was interested to find meaning in those stories that can inform and deepen our understanding of how counselling, doing something different, or research *can* be experienced - without generalising from large numbers of participants to some kind of "average" experience. Essentially, this meant this research demanded to be studied through a qualitative methodology (Stake, 1994; Bogdan & Biklen, 2006).

Ontological Positioning

Solution focused brief therapy can be said to be underpinned by a social constructionist counselling philosophy (Bannick, 2007). This means that knowledge, solutions, values, and the story and meaning of "what's happening in the client's life" are considered to be changed, built, and discarded in our own minds and edited through negotiation and collaboration between client and therapist (Strong, 2005). The objective truth of what is happening, working, or even a valuable goal is either unfindable (post-positivism), irrelevant, or perhaps simply does not exist (relativism) (Levers, 2013).

I come from a strong positivist background (STEM). However being pre-prepared by quantum chemistry and statistics to accept that reality may be less reliable than I thought (or at least hard for the human brain to think about accurately), I found social constructionism immediately persuasive. When it comes to the core concerns of counselling - how humans see ourselves, our relationships,

and our actions - there is no objective truth to be found. What meaning is there in the vibrational patterns that form in the air in front of our mouths? Humans apparently feel like there is a lot - but only because we've constructed the meanings of those noises (language) through agreement with other humans, and within our own minds. In my opinion there is no external, underlying truth around our thoughts, feelings, and communications - they don't exist independently of the meaning we construct around them. Hence, my personal ontological views are strongly social constructionist and relativist (at least within the scope of this research[5]).

Given this, it made sense to approach the research through a social constructionist conceptual framework; viewing both the nature of counselling and research as building linguistically bound understandings of meaning, negotiated through shared talk with participants (as opposed to uncovering some immutable truth) (Strong, 2005). My leanings towards a relativist constructionist ontology also affect my choice of strategies for trustworthiness in research (see below).

Case study research

The case study is one of the two most used qualitative research designs in counselling and attempts to provide insight into a system defined by its boundaries, and strongly informed by its settings and context (Creswell, Hanson, Plano, & Morales, 2007). The boundaries in a case study themselves are interesting (Stake, 1978) - for example, in making one of my boundaries my own practice, I can be interested in how this research changes that practice. A case study is particularly good at answering 'how' and 'why' questions (Baxter & Jack, 2008).

The purpose of a case study is to provide an accessible, holistic, attention holding description which provides insight into the particulars and themes of the case. It is often said that you can't generalise from one case study - but a case study can *aid* general understanding. There is an assumption that the reader's current understandings are generated by experience, and a good case study provides vicarious experience that they can add to their own (Stake, 1978).

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[5] My ontological views around STEM matters are more positivist; for example, there *is* an objective truth around how much air there is in a certain balloon. But social constructionism can be found here too: our units of mass, pressure, and number that we might use to describe this amount of air are largely arbitrarily constructed through negotiation, and which one we use relates to our purpose with this information, something the air in the balloon doesn't care about.

The above illustrates how case studies are strongly compatible with a social constructionist, qualitative research framework (Baxter & Jack, 2008; Creswell et. al., 2007; Stake, 1978). Within this framework there are two well known approaches to case studies; Stake's (1978; 1994; 1995) and Yin's (reviewed in Baxter & Jack, 2008), with Yin being more post-positivist and Stake being more relativist. For example, Yin speaks to case study research being improved when the behaviour of those in the study can't be manipulated and seeks a more accurate underlying truth, which is incompatible with such a heavily researcher-involved project (Baxter & Jack, 2008). In comparison Stake (1995) says that research "is not helped by making it appear value free. It is better to give the reader a good look at the researcher" (p. 95) - he advocates for using the examination of the researcher to build a richer social construction. I have chosen to be guided by Stake in conducting my research, as it is most ontologically and axiologically consistent with the nature of this research (advice from Tom Cavanagh (personal communication, April 13, 2015)).

I would like to make a research contribution into the experiences of clients who are experiencing anxiety with the *doing something different* SFBT suggestion in counselling. As well, I want to promote the voices of the young people involved, and I have therefore chosen a single case study design. Case studies are particularly useful when you have several types of data available for analysis (in this research this includes case notes, counselling session observation/transcripts, interviews with participants, and journalling of the counsellor's development around using the question) (Creswell et. al., 2007).

This research looks at a single case bounded by the following factors: the participants being myself and young people (age 12-24 years) whom I am counselling using SFBT, where at least one of their goals for coming to counselling is to reduce stress or anxiety, and who are offered the *doing something different* task as part of their counselling. It takes place at a youth services provider in New Zealand. The intent of this research is somewhat instrumental (Creswell et., al., 2007); the purpose is *more* about adding to the knowledge base of other solution focused counsellors than to document a unique situation for its own sake, but it does have elements of an intrinsic case study - uniqueness and individual voices that should be heard for their own sake too. Having both instrumental and intrinsic qualities are normal - flexibility and a blurred area of purpose are common in case studies Stake, (1994).

There are some challenges to case studies; you may find yourself asking more questions than you answer, they can be more circuitous in their contribution to science, and you often get fairly small nuggets of understanding for considerable time and effort (Stake, 1995). These are not unreasonable limitations for a small, novice thesis, and although case studies can provide a "smaller" contribution to science, that contribution can still be interesting, valuable, and lend new perspectives. Case studies are also very subjective - Stake (1995) argues that this is not a flaw at all though, but rather "an essential element of understanding" (p. 45). Finally, there isn't a widely agreed upon method of ensuring that case study research is reliable and trustworthy. In a field where subjectivity is encouraged, but misunderstandings or inequalities in the negotiation of our co-constructed realities should be avoided, it is hard to pin down protocols for "good research." These constraints or challenges should be kept in mind by the reader when considering the results of this study. The method chapter further discusses trustworthiness in social constructionist research.

Hatch's inductive analysis

A key characteristic of all qualitative research is that to some extent it always aims to construct connections between the specific to produce a wider, holistic general. This is inductive thinking. In comparison, deductive thinking, which dominates quantitative research, tries to scrutinise a single idea, often by breaking it into parts, usually to *dis*prove an anti-hypothesis. Both ways of thinking are useful in producing different types of understanding on the same subject but are usually attached to very different methodologies. Different qualitative research still has varying levels of pattern searching, connective, and inductive ways of analysis, and there are different ways of doing this kind of analysis (Hatch, 2002).

Hatch's model provides a framework good for guiding novice researchers through a basic inductive analysis. It is also intended to be a general model more adaptable to different paradigms than other relatively post-positivist models, and is appropriate for more relativist paradigms (Hatch, 2002; Cavanagh, 2015, personal communication). For these reasons, it aligns well with the ontology outlined above and is appropriate to use in this research.

It should be noted that Hatch's inductive analysis is considered a broad set of guidelines that guide a basic, perhaps unsophisticated (especially in the hands of a novice) analysis (Hatch, 2002). I would argue this is still appropriate for a short portfolio-thesis.

Chapter three - Method

I now introduce the subject matter of the research: the city and setting in which it happened, the placement from which participants were recruited, and the participants themselves. This is a wholeheartedly subjective narrative intended to provide depth and richness to the findings which will be detailed in the next chapter (chapter five - findings). Next, within this chapter, are the details of how I went about the research project: recruitment of participants, procedure, and analysis. I then discuss the ethics considerations involved, and finally, trustworthiness within social constructionist, qualitative research, and what was done to promote this.

Setting

In 2017 my partner got a career opportunity in Lower Hutt we couldn't say no to, so I left my previous placement at a Christchurch School and started looking for a new placement in the Wellington region. Lower Hutt felt familiarly like the suburbs of Christchurch - a relatively similar density of people, buildings, shops, cafes, and even a stony winding river. There were differences too; "kai miraka" in giant letters above the dairy in the local countdown, the variety of arts in central Wellington, and the peculiarity of having a city in two parts (Upper and Lower Hutt) just twenty minutes away from another city (Wellington). There is a horde of daily commuters taking the 20 minute train trip between Lower Hutt and Wellington - but also young people and their families saving up the $10 each to afford a rare expedition from Upper to Lower Hutt, patchworks of wealth inequality, and whole suburbs like Wainuiomata being cut off geographically by hills.

In February 2018, I started a placement at a Youth One Stop Shop (YOSS) type service provider (Ministry of Health, 2016). These are characterised by their holistic provision of primary health care, drop-in clinics, and a range of other services together out of the same organisation; and by their operation according to youth development principles (Ministry of Health, 2016). Eleven different YOSSs exist in New Zealand currently. My placement was one of the oldest, beginning with a youth-community led effort in the 90s to deliver (from an old cottage with grass growing between the floorboards) peer-support and free medical services. The staff are proud of the organisation's

roots - youth led, Treaty[6] based, holistic principles - they'll nostalgically show you photos of their early general manager, now a well known politician, smoking a cigarette in a dilapidated office covered in post-it notes, pamphlets, and beanbags. Realising that this all started back in such different times, before Smokefree NZ, back when you could still smoke *at the doctor's*, I understand why they are proud to have started with such a progressive service approach.

Currently, there are doctors, nurses, counsellors, youth workers and social workers; providing healthcare, individual mentoring, WINZ[7] liaison, fun activities, development opportunities, support groups (e.g. for young parents, or LGBTQ+ teens), promoting youth wellbeing, and counselling. Staff work out of both offices as well as various schools in the Hutt region, a care and protection centre, and liaise with other agencies (for example, taking some counselling clients on contract from the hospital's Infant, Child, Adolescent and Family Service (ICAFS)). It's not uncommon for a young person to come in for one type of service and then move into accessing a couple of others, too - a significant characteristic of the YOSS model.

There are two locations, both hidden in "business space", one in a business park, one wedged between a call centre and the back of a fish shop, drab on the outside. On the inside of both offices there are giant native birds airbrushed on the walls in purple and green, couches in purple and pink, kitchens where young people heat up a pie or a toastie, and abundant posters and pamphlets on tables and racks. The Upper Hutt waiting room, surrounded by oak trees and insulated from the noise of the road, is a little darker, the music isn't always on, and young people are less likely to just hang out there for a few hours, but they'll still play ping-pong while their friends wait for appointments. The Lower Hutt office feels more like a lounge, with some pleather couches around a corner, a book shelf, and the free version of Spotify radio playing. The booths for computers are frequently used, the foosball table more occasionally, and donated fruit, cakes, and buns periodically arrive on the bench. Small rooms used for counselling in both locations are filled with cushions, posters, and art

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[6]Te Tiriti o Waitangi / The Treaty of Waitangi (Treaty of Waitangi, 1840) is considered one of New Zealand's founding documents (Orange, 2012). It governs the relationship between the government of New Zealand and its indigenous Māori people. Although the crown has never fully lived up to its duties under the Treaty (Treaty of Waitangi, 1840), principles adapted from it - partnership, protection, and participation - are now used to guide endeavours that aim to be biculturally competent (Ministry of Health, 2014).

[7] Work and Income New Zealand - the branch of the Ministry of Social Development of the Government of New Zealand which deals with income support, AKA "the benefit."

on the walls cheering up the business-y shell and fluorescent lights. A box of tactile items sits next to a vase of paper flowers. Young people pick them up, and hug the cushions, as they talk to you.

The young people who come in are aged 10-24 (12-24 for counselling), and mostly live in the Hutt Valley. Many young people can also see their school counsellors - but often there are social or timetabling reasons for them to go elsewhere, or they want other options, or to step outside the context of their school. Other young people have few options while in a variety of low-income situations, especially once they leave school, and several have found distance a problem, particularly getting over the Wainuiomata hill. Other young people are referred to us as overflow from the hospital and other services.

The sheer demand on the services of my placement organisation presented its own challenges; it was sometimes hard to schedule appointments and book rooms so that there would always be time afterwards for an interview if participants happened to be asked to try *doing something different*. Stake's advice (1995) to reflect and summarise the meanings in an interview immediately afterwards often had to be abandoned for practical reasons, as discussed in the ethics section of the method chapter.

The Participants

This section describes the five participants included in this study. Four are clients, who I have given pseudonyms: "Annika," "Jeff," "Manu," and "Hope." The final participant described is myself - as counsellor and researcher. I describe the participants by drawing on their strengths as elicited and co-constructed during counselling, as well as my impressions of them in my role as a researcher creating a qualitative narrative. My hope is that this section gives rich detail and context to their experiences as discussed in the findings and discussion chapters.

Annika

For someone who likes going for peaceful walks, Annika approaches life with a great deal of momentum - dealing with problems head on, with determination and hard work. If she determines that something needs to be done, she'll be the one to do it. She values organisation and independence highly, as well as empathy and looking out for others.

It’s an approach that can wear you out, and Annika has been trying to value “looking after your own needs first” and her own health and mental health more. She was managing year 13 and some extra course-load at the same time, two jobs, family obligations, a significant injury, changing friendships and relationships, and putting the needs of others first all the time. Midway through the year, she was prescribed anti-depressants and found it a “wakeup call” (“things are really quite bad”) to seek some change.

“I’m relatively stressed every day,” she says. “I think because I stress a lot, I also get anxious because I feel like I’m worrying too much!” Annika came to counselling hoping for “expert advice”, new perspectives, and to talk to someone impartial, who might question you a little, where she doesn’t have to worry about the consequences of doing so (e.g. being told off by parents, or the information being passed on if she talked to friends). She wanted to be able to make decisions that would lead to putting her own needs first and feeling better.

Jeff

Talking to Jeff, you get the impression he’s navigating being many things, like a house with many different rooms. He’s got cool hobbies he’s impressively good at, but sometimes he doesn’t show them to his “actual group of friends.” He can’t tell them about the video-making app he enjoys, for example, because “it’s a childish app, and they don’t like childish stuff.” He hangs round town with people, but secretly Jeff is a country kid and would rather be, say, camping. Sometimes he’s too tough and practical for “*ugh, feelings”* stuff, and “counsellor questions,” but then, he keeps his phone on all night in case any of his friends need someone to talk to. He’s funny, sharp. When you talk to Jeff, he carefully chooses what rooms to open the doors to. You don’t need to know everything about who he is - but I get the sense that *he* knows.

A friend suggested he come to counselling. He’s tired, he doesn’t get much time for himself, he’s got school and work and it’s draining. He really doesn’t get on well with one of the adults living at home, and can’t be himself around them. He feels anxious or stressed “about half the time.” He’s waiting for the end of the year when he can be done with school and home and have more freedom of choice. He has a lot of patience.

Manu

Manu is a kind, friendly, calm young man - people at school like him, as do his friends, their mums, etc. He's talked about video games, his friends, movies, and going out for lunch with his family. He has a strong relationship with his parents, helping his mum out at home, talking to his dad on the phone, going on outings with them. His dad brings him to counselling; he waits patiently, solidly convinced things will come right for Manu. Manu will look over to his dad, finding support. They toss ideas between them.

Despite his friends and his likeable nature, Manu's anxiety makes it difficult to be around people he doesn't know well. Crowds, school, walking down the street where people might see him have been real challenges for Manu. At first, it's hard for him to talk to me, but over time, he comes to speak his mind more. He takes things at his own pace - carefully practicing hard things with courage. Watching Manu is like watching a river, gathering in momentum as it works down to the sea.

Hope

At one point I got to see a digital painting Hope was working on. She is fantastically creative and has put in the work needed to become very talented. She also finished school this year, as well as managing her job, which is important to her. She talks quietly, and often thinks for a while before she does. The anxiety makes it hard for Hope to talk, so you have to appreciate the effort and skill she's put into school to manage assessments without being able to ask questions. Not to mention coming to counselling and being a research participant!
Hope is able to be braver than she sometimes expects, especially when it comes to doing the things that are most important to her. For example, even though talking to a stranger feels impossible, she was able to warn someone that their bus wasn't going to come for the next 90 minutes, because of her strong empathy for the stranger's situation. One of the things that's important to her is being able to talk to family, coworkers, and friends more easily - it was a big goal for something she wants to get out of counselling.

The counsellor-researcher as participant

Later, I will talk about how the process of research has changed my practice as a counsellor. In addition, the vicarious experiences I am attempting to present to you are filtered through my own inherently biased perspective. The ideas given by the participants were voiced *with me*. In the inter-

ests of acknowledging and embracing subjectivity (see Method) I will describe myself and my relationship with this research as well.

As mentioned in Methodology: Ontological Positioning, my personal ontology has a strong social constructionist component, which helps with engaging in a solution focused mindset. I try to take a strengths based perspective too - I personally feel that young people are frequently underestimated, that people usually have good reasons for doing things, that fundamentally clients are capable and good. People want to be good, flourishing humans - even if this is sometimes this is more complicated than we expected.

I grew up in Christchurch, New Zealand. When I was fourteen, I went to university and studied Chemistry, before dropping out half way through the PhD program. I was quick, but had a total inability to focus on anything that wasn't immediately stimulating, or mentally manage larger tasks. I volunteered for Youthline and took some undergraduate courses in sociology and psychology before moving into the counselling program.

My personal experience of mental health and stress or anxiety has been in dealing with some burnout and stress myself. The process of dealing with this, and later investigating a chronic health issue gave me some empathy and understanding of the opacity and slowness many clients experience while navigating their own mental and physical health issues. I am also noticing mental illness, health, and wellbeing becoming more visible around me. My friends not only talk about their experiences openly but often actively push themselves to inform and empower others, or bring attention to problems. This may be part of a social movement to view mental health and counselling through a political lens, something which aligns strongly with my views. I believe mental health and wellbeing are inextricable from the social constructs we live in - how we conceptualise it, approach it, and support it (or don't) and I believe engaging with and critically examining these constructs is valuable. My experiences have also been informed by my being Pākeha, female, and queer, being financially well supported, having strong family connections, and mostly able-bodied.

Recruitment

The pool of potential participants began as those aged 12-24, who were coming to counselling for help with anxiety. The age group started out of necessity (access) - but it is important to remember their age as it colours their experience, resources, and stage of mental development (it happened in

the end that the participants interviewed were all between 14 and 19). Their younger age does present an opportunity to develop adaptive coping mechanisms while the brain is plastic (Garnefski et al., 2002), particularly since anxiety is particularly prone to generating maladaptive ones (Beidel & Alfano, 2011). (This is outlined in my literature review, but is not a focus of this thesis.)

Originally the research plan was to recruit participants who came with "anxiety" or "stress" as their main presenting issue. However, when asked what they would like to get out of counselling, people often gave amorphous answers such as "to feel better, and more motivated" or "to get more on top of my homework, it's worrying me" and while they might name anxiety or stress to be a factor there was a grey area in terms of "are they here for anxiety, or not" that I didn't anticipate. There was also a period of time where client after client was coming in who wanted help with something that definitely was *not* anxiety, and I had to consider abandoning anxiety entirely; the recruitment information forms were changed to this effect. Luckily for my research aims, more clients did come who were to some degree anxious or stressed. In the end, I did manage to recruit six participants who were, to some extent, seeing help with stress and anxiety, four of whom were offered the *doing something different* suggestion and are described above.

Of 10-15 clients identified as potential participants, the rest were reluctant to participate, including some who were initially interested but then disappeared or repeatedly forgot to bring in their forms until their counselling was done. Perhaps because I have been a participant in several research projects before, each time in a relatively privileged position (as opposed to experiencing or anticipating minority / research fatigue related to the topic (Clark, 2008)), I naively expected that nearly everyone would want to join the project. Some people said they thought it would distract them too much, or they wouldn't feel like they would be able to speak their mind. Others only verbally indicated their disinterest with humming and hawing, and seemed to be overwhelmed with the details - the size of the information sheet, or the amount of detail I was giving them.

As a result, I made some changes to how I presented the research. First, I found a medium length verbal explanation of what the participants would do, and what would be done with the data, was helpful. It might sound like this: "we'll tape record the counselling sessions, and after a couple of the sessions we'll do an interview for about 20 minutes and tape that too. I or a helper will get the recordings written down, and then I'll look through that for themes, and write up something. And I'll check with you whether you think it's right, and whether it's anonymous enough." This seemed

to provide balance between a reassuring explanation and not being overwhelmingly detailed. I also felt I had more success once I made it clear the recording would be audio only (something that had to happen regardless, because of placement circumstances). Secondly, I had initially said "if you're not keen, that's totally okay, I don't need everyone to do it," wanting to not pressure people, but it had the effect of underselling it, and I think a lot of people weren't sure if they could be bothered. Once I started adding "but if you think it sounds interesting it could be a kind of cool opportunity to have your say, so people reading can know how you found it," people warmed to the idea more.

At one point, I asked a client experiencing significant anxiety (and who had chosen not to be part of the research) if they would like to try *doing something different*, and they seemed horrified and overwhelmed at the idea. Reflecting on this later, I remembered that they had had a similar overwhelmed reaction to being asked to be part of the research, and I began to worry that some voices might be selecting themselves out of my research. In particular, I wondered if the experiences of people more averse to taking risks or doing something unusual might not be heard - as being part of the research to start with would be doing exactly that. Since risk-aversion is correlated with anxiety (Maner & Schmidt, 2006), it is a particular disappointment to me that a voice from someone who seems strongly risk-averse, which might make them hate being asked to *do something different*, is missing here. In any case, this provides an example of how this case study is intended to *add* to a general narrative, but is not expected to *represent* the general or complete picture of people's experience of being offered the *doing something different* suggestion (Stake, 1978). Not every story is represented.

Procedure

Chronologically, the path of recruitment, data collection, and analysis was as follows. Young people self-referred or were referred to my placement organisation. These young people would attend a risk assessment and intake interview with a mental health nurse, who would identify which counsellor would be appropriate to add that young person to their caseload. Young people who seemed to be struggling with stress and/or anxiety were usually earmarked for me.

Young people added to my caseload would then be contacted by text message and an appointment time would be made. In their first session, along with other information (such as setting expectations about the kind of counselling we'd do, number of sessions available, and confidentiality) I would briefly mention the research project with casual phrasing such as "I'm also working on a re-

search project, which I can tell you a bit about later and you can see if you're interested." I had a strong instinct that this was too soon to start active recruitment, as people almost never seem comfortable at this stage - I was worried it would be overwhelming for people, and I thought once they had a better read on me, they might also feel more able to decline the research if they wanted.

Usually at the end of the first session, but sometimes later[8], when the ice was broken and if they did have some stress or anxiety to deal with, I would tell them more about the research. I would introduce the basic topic as "I want to write about what going to counselling and being asked to do stuff is like for people" with an explanation of how they would be involved ("we'd do normal counselling, but tape record it, and then sometimes afterwards have a chat about how you felt about parts of it") and the rationale for the project ("so that other people - mainly counsellors - get to hear your thoughts on what we're asking you to do"). Potential participants would be given the participant information sheet, withdrawal form, and consent form and asked to consider it between sessions - "have a think about it, and if you're keen, just bring back the consent form next time." They were also reassured that "I don't need everyone to do it, so if you're not comfortable with it, that's ok - you can just bin it [the information sheet and form] and we'll keep going like usual."

Sessions would then be audio-recorded and if the *doing something different* suggestion was offered, participants would be asked to do an interview after that session - and also after the next session, about how *doing something different* had gone for them between sessions. The details of how the *doing something different* suggestion was negotiated with each participant can be found at the beginning of the findings chapter. Participants were also interviewed a third time to expand on or clarify points of interest from the first two interviews, and to give them the chance to check our conversations were represented accurately. These interviews were also audio recorded. Initially I planned to video record the interviews, to get more non-verbal detail, but this was not practical for the placement venue.

The participants were interviewed separately to preserve their privacy from each other, to keep the interviews close in time to when they were offered the doing something different suggestion, and to align with the research focus on individual stories. There was no strict schedule of questions; the

[8] For example, one potential participant had come in having previously had a bad experience with counselling, and I felt I needed to wait significantly longer before they were comfortable enough that I could ask them about research.

intent was to have a holistic conversation about the experience and see what themes emerged. Stake (1995) suggests that even just two or three "issue questions" might suffice. For this project, those questions were around how they experienced being offered the *doing something different* suggestion; what happened for them in the following between-sessions period; and whether they thought being anxious or stressed changed anything. Then, we naturally followed the flow of conversation from there. Later, I did come to regret not asking (due to inexperience) questions that might have revealed *more* about the impact of anxiety or youth.

These were the types of data collected:

- Audio recordings of the counselling sessions before and after the *doing something different* suggestion was offered (with the unfortunate exception of one counselling session with Manu, where the audio recording failed, and was replaced by the counsellor's immediately written memories and reflections of the session).
- Audio recordings of interviews with participants.
- Clinical notes for these sessions written by the counsellor.
- Research journalling, reflexive practice, and self-interview of the counsellor.

The counselling the participants received was solution focused. They were asked the miracle question in their first session. Scaling was used frequently, and the end of session break and message (with compliments and homework task) was always used. A high importance was placed on looking for client strengths, rich details about their goals, and eliciting times that have been exceptions and/or ways they have coped with the problem. As mentioned in the literature review, SFBT core techniques are not strictly defined, but the counselling done as part of this research meets some widely-agreed on requirements to be considered SFBT (De Shazer & Berg, 1997; Gingerich & Peterson, 2013; Bond, 2013; Kim & Franklin, 2009).

The data were partially analysed using inductive analysis (as described by Hatch, 2002) during the collection process, and as potential points of interest were identified, they were brought to the clients for further comment. Others were missed until later; each step of the data analysis was opaque and confusing to me until completed, something Hatch (2002) considers not uncommon for the novice researcher. To speak of this more narratively, I wrote in January 2018 after having to re-do a significant amount of data analysis that "a lot of this thesis is like baking a cake and only realising once it's in the oven that you were supposed to put eggs in at the start."

Analysis

The data gathered were analysed using a basic inductive analysis as follows; (for more detail, see Hatch's *Doing qualitative research in education settings* (2002))

Frames of analysis, or segments of relevant data, were chosen: the parts of each counselling session where *doing something different* was discussed; the entirety of each research interview; the counsellor's research journal; and the clinical notes written about the counselling sessions. Each frame of analysis was then methodically searched for "semantic relationships," which are essentially linguistic markers of where rich information can be found. Hatch (2002) lists a set of them - examples include *Location* (*x* is a place for *y*), *rationale* (*x* is a reason for *y*), *strict inclusion* (*x* is a type of *y*), and more. I originally organised these incorrectly into much too broad "mega-domains," as I will call them. This was due to a misunderstanding of domains; what I created were more like entire categories of domains, such as "*What doing something different was like for clients."* The participants were given the chance to look at the semantic relationships found (which were not affected by the error) at this point, and to offer clarification. As well, they were asked further questions about the mega-domains that started to look interesting, important, or likely to be rich in data. The data from these secondary interviews were then analysed in the same way.

At this point, the researcher would normally choose which of their much more granular domains to keep investigating and which to discard - this was where I realised my mistake and that I first needed to re-arrange the semantic relationships from mega-domains into smaller, more manageable chunks such as *"client rationale when deciding whether to* do something different*," "client expectations around the task," or "consequences of doing something different for clients."* This was due to originally misunderstanding Hatch's instructions. Domains that contained rich, interesting, relevant data were selected to keep. The data were checked for more information and richness relevant to those domains. Then, themes across the domains and relationships between them were identified. During this process, some domains were then discarded after all, and others were added back in, with the frames of analysis revisited each time, eventually producing a "master outline" organising all the data. This became, essentially, the structure of the findings

Near the end of the process of analysis it became suddenly clear to me that I had an insufficient richness of data about how their younger age affected the experience of the participants. With

slightly more understanding of what I was undertaking, I also felt that directly analysing the specific issue of how youth affects the experience of counselling is outside the scope of "just one aspect of this small portfolio thesis". Rather than do it poor justice, I have chosen to focus on the experience of these particular clients, who are youths, with anxiety and *doing something different*, not their experience with youth *and* anxiety *and* the *doing something different* task. Their age is still a hugely important context that they are operating in, so I have kept information about youth and anxiety and counselling in the literature review even though I do not discuss it *directly* in the findings chapter. This is also very much still youth research - after all, most research on adults does not ask the participants what they think the impact of being older is (it just assumes that this is the human default).

Ethics

The Educational Research Human Ethics Committee (ERHEC) at the University of Canterbury gave approval for this research to take place. See appendix two for the approval letters, information sheet, and consent forms. A significant ethical consideration for this research revolved around whether the rewards of being part of it justified the risks, the ways those risks were mitigated, and whether participants were competent to weigh up that decision. This is analogous to Bond's (2012) guideline for ethical research; that the underlying principle of respect for the participants should be upheld by making sure the research is lawful, justified (by producing knowledge sufficiently valuable relative to the risk involved), and minimally harmful.

The risks of being involved in the research could be grouped into three main factors; privacy, distress, and time. Risks to privacy were mitigated through protocols surrounding data storage and by giving participants the opportunity to check their information had been sufficiently anonymised. There was also planning around privacy and recruitment in the school setting - which became no longer necessary when I moved to an agency setting (see below).

Risks around distress were mitigated by privileging the role of counsellor over researcher, and being ready to empathetically engage with the participant if they became distressed during a research interview (Grafanaki, 1996), although no participants did. A significant point here was also that *doing something different* is a standard part of SFBT - the participants would receive counselling ses-

sions no different to if they hadn't been part of the research[9]. Much of their data would also already be being recorded, stored, and viewed by the researcher. The ethical guidelines for standard counselling are set out by the New Zealand Association of Counsellors (NZAC, 2016) and are already incorporated into my practice.

The fact that participants would be giving up their own time (1-2 hours in addition to the counselling) for the research could not really be mitigated as such, however that time cost along with the other remaining risk was made clear to participants and was within an expected amount of risk for this type of research. Generally, people are prepared to take on some risk and inconvenience for the benefits of being able to have their say, or to altruistically contribute to the knowledge base in the hope that it will help others (Morrow & Richards, 1996).

I argued that the participants were competent to decide to join the research themselves even while under the age of 18. Allowing competent minors to make their own decisions in the health sector began with the English case Gillick v West Norfolk and Wisbech Area Health Authority (1985). This "competent child" discourse has been adopted by the New Zealand Code of Health and Disability Services Consumers' Rights (HDC, 1996) and recognises that children have a right to autonomy, while challenging the idea of parenting being a process of *control* (Van Rooyen, Water, Rasmussen, & Diesfield, 2015). In the research sphere, Morrow & Richards (1996) argue that even children can understand their role in the research process if that information is appropriately presented. Additionally, allowing participants to make this decision for themselves aligns with the empowering goals of this research and the SFBT philosophy; to challenge the adult culture of not valuing the competence and experiences of these young adult participants (Morrow & Richards, 1996). A minimum age of 16 was decided on as it aligns with other key changes in the rights of young people in New Zealand; for example when they are under 16, New Zealanders are *usually inferred* to have the right to make health care decisions if the clinician judges them to have a mature understanding of the proposed treatment (Van Rooyen et al., 2015). However, at 16, they gain the full right to make medical decisions without an assessment of competence - they are assumed to have it. Participants under 16 were asked to have their parents sign the consent form.

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[9] Theoretically the same - in practice I did find myself considering whether the *doing something different* task could be useful to a client more often as a result of doing this research. Being aware of another tool that might be helpful to someone has great potential to be beneficial, and I engaged in reflective practice to minimise "having a hammer, so seeing every problem as a nail."

Some changes occurred that had an impact on ethics. Moving placements from a Christchurch high school to a Hutt Valley youth agency changed the research. Firstly, no longer being in a school, my plan to recruit from the general school population for extra clients/participants by advertising was no longer possible. Instead, my pool of potential participants was limited to the clients assigned to me by the organisation. This meant several ethical issues around the advertising were no longer relevant.

Anticipating a potential need to expand the study outside anxious / stressed participants, I had to change (and have ERHEC review) my recruitment forms. While doing this I also removed a previously present year level requirement in deciding whether participants needed parental consent as this seemed less relevant outside the school setting, and also alienating to clients who were 16 or 17 but had left school. I also reviewed the age limit - I had originally asked for ERHEC approval for 17 year olds to be able to consent for themselves, drawing on how Gillick competence influences New Zealand laws and health guidelines as mentioned above. This essentially applies to 16 year olds as well, so I applied for this to be changed too.

In general, clients at my new placement who declined to be research participants were still able to access counselling with me, or if they preferred, other counsellors at my placement organisation. The organisation was also able to provide a pre-existing secure system for storing notes, someone clients could give feedback to or ask to withdraw indirectly, and a way for clients to come to counselling and/or research with more privacy (from friends and gossip) than in a high school.

One interesting ethical and researcher-role issue that arose centred on the use of a camera. I wanted to record video data of sessions, and Hatch (2002, p.130) strongly recommends setting up as much possible before the client comes to preserve the naturalism of the setting and avoid awkwardness. I left a suction-bottomed clip up in one of the rooms, so that I could quickly and accurately put my recording device in it and know it would be pointing in the right direction and ready to go. The empty clip looked like a large green plastic peg, perhaps 3 inches big, mounted on a base, and had a small sticky note underneath saying “clip for camera for Rachel’s research, please do not move.” After two weeks, before I’d managed to recruit anyone, one of the other counsellors said that a new client had spotted it, and didn’t like it. It made them “feel uncomfortable” even though it was clearly explained that it was only a clip and not capable of recording. My colleague thought that if one

client was uncomfortable with it, more might be, so it should be taken down. I thought it was likely to be an isolated incident that could be worked around and maybe a useful thing to address for that client instead of removing it. But it wasn't my issue to address; I needed to navigate my role in the placement as "student" and "visitor", and I was aware that my feelings of frustration about having my research plans thwarted were making me biased towards seeing the request as unreasonable. Ethics sometimes demands taking the "safe route," too. Without the clip, it became mostly impractical to collect any video data - too long a set up time was needed to work with the time and room bookings of a busy agency. On the other hand, some people seemed to be more comfortable with the idea of only being audio recorded anyway, the option I yielded to.

A second ethical issue that came up was that some participants finished their counselling with me before their data could be entirely analysed, returned to them, built on, re-analysed, etc. Unlike in a school, it was quite an effort for some clients to get to counselling sessions - bus fees, travel distance, etc. I felt that it would be an unfair request for clients to come in just for a research interview after they had finished counselling. Unfortunately this does mean that some areas of data which I now consider to be "thinner" will not be enriched. At the end of the study, participants were given the chance to review what was written about them as a further check of accuracy, and so that they could raise any concerns they had about anonymisation. Those who were no longer attending counselling were contacted by email and text message. They also were given a gift card in recognition of the time they had donated.

Promoting trustworthy research

The quality of qualitative research is often defined in terms of post-positive criteria (using terms such as dependability, credibility, conformability etc. (Prion & Adamson, 2014)), based on quantitative criteria for quality. However, I agree with Morrow's (2005) view that these criteria do not fit the reality of qualitative research, especially social constructionist qualitative research; diminish its real benefits by forcing it into the shape of something different; and promote an apologism in qualitative research which furthers outdated, persistent views of qualitative research as "not real science." Instead, there has been a movement towards internally defining values of quality in a more relativist way, consistent with the aims of qualitative research, and with the philosophical frameworks within it. Based on Morrow's (2005) and Meyrick's (2006) reviews, and advice from Tom Cavanagh (personal communication, April 13, 2015), I have tried to meet the following principles in this research:

1. Social validity - good research should reflect the voice of the community being researched. It has some importance to that community, and they accept that you will be doing this research. To me, social validity is about fairness - ensuring research is non-exploitative, non-appropriative, and gives respect to what the participants have to say. Within the social constructionist framework this is related to the principles of educative, catalytic, tactical, and ontological authenticity. Educative authenticity requires participants' understandings of the constructions we build together to be advanced. Catalytic authenticity refers to the research's capacity to stimulate some kind of action, and tactical authenticity requires that this action is in the areas of concern to, and the interests of, the population participating in research. Ontological authenticity in research is about giving participants a true voice; honouring their constructions and letting them be heard in fullness.

This research went through an ethics review process and later research process decisions were also considered in terms of their ethical implications (See *ethics*, above, for more information). To enhance educative and ontological authenticity, participants were given the opportunity to look at the semantic relationships and domains emerging from the data and give further opinions. Further to ontological authenticity, I have tried to carry through clients' own quotes as much as possible in the findings and keep this principle in mind when portraying their voices. As to catalytic authenticity, this is a small thesis which will have only a small impact, but it has been aimed at counsellors looking to use this narrative experience for vicarious learning. Participants were asked specifically what they would like the reader to know about the process - "it's about you getting to let counsellors know what it's like" - which also promotes tactical authenticity.

2. Subjectivity and reflexivity - qualitative research acknowledges that the researcher's personal experiences, expectations, biases, and ways of interacting will alter their research. Attempting to eliminate this effect is futile, and within the social constructionist paradigm, counter-constructive, because it results in less authentically constructed meanings. Instead, we acknowledge & embrace subjectivity and attempt to inform the reader of how we have been shaped as people, what cultural lens we are viewing the world through, and allow the reader to draw their own conclusions about how relevant this research is to their own experience. Additionally, good research is shaped by the integration of the paradigm used into all aspects of practice (praxis).

The methodology was chosen, with praxis in mind, to be ontologically consistent - the choice of qualitative research, case study, inductive analysis, and thematic presentation of the data were chosen for their social constructionist nature and ability to add to general understanding, as outlined in *methodology*. In order to embrace subjectivity I have included information about myself alongside the participants in the method chapter, and practiced reflexivity throughout using counsellor and researcher journal keeping.

3. Adequacy of data - good research has depth and variety of data, usually collected from different sources or in different ways (triangulation) and collected to redundancy.

I have collected data from different sources - interviews, client notes, research journals, and observation of the counselling session. Redundancy is the biggest weakness in the trustworthiness of this thesis; data is often collected to saturation but given the very small scope of this thesis and limits in time and participant numbers, it was appropriate to collect data only until a number of interesting themes developed. Although this research does not encompass all possible aspects of the experience of *doing something different* - as Stake (1978) points out, the purpose is to add to general understanding, not encompass it wholly and universally - I have aimed to cover the themes that *were* investigated as richly as possible.

4. Adequacy of interpretation - the interpretation of data should follow a systematic process (dependability), capture multiple perspectives (usually through triangulation as mentioned above), preserve the integrity of unique cases (particularity), and enhance deep understanding in the reader (verstehen).

I have used triangulation of data (see above) and participant review, as mentioned above, to improve the dependability of the data interpretation and capture both my and the participants' perspectives of what happened when I asked the clients to try *doing something different*. The method of interpretation - inductive analysis - used was also appropriate to the theoretical framework used (see *methodology*), as it makes the findings better connected to the data.

In addition to these principles - which centre around what we choose to study, how we can interpret it, and how we portray to the reader with fidelity the participants voice - there is also the matter of

what participants in their own wisdom and safety choose to impart to us - or not. This imparts further subjectivity - which we will embrace rather than attempt to eliminate by discussing it. I have used Hatch's inductive process to analyse what participants choose to tell us in exactly the same way as the rest of the data, but since it is meta-discussion, I have decided to briefly include it here in the method chapter.

Participants may not want to directly give a negative opinion. Being in a position of less social power than the researcher (young person vs. adult, client vs. counsellor), not wanting to get in trouble, not wanting anyone to lose face, and cultural differences around expression of opinion could hinder clients from being totally free to give their thoughts. For example even Jeff, who was confident to complain about "counsellor questions," hesitated when I asked him "how often do you feel like you'd need to do something just because your counsellor says so?":

> "I have to say something good or you'll feel bad!"

I tried to show participants it was safe to give an opinion. First, I phrased more awkward questions in a way that indicated I was OK with different answers, or which gave people "an out" to not feel "mean." For example, "How did you find doing that - useful, or not quite right, or something else?" Note that we weren't *actually* that interested in the matter of the efficacy of the *doing something different* task, but the phrasing demonstrates that I wasn't anticipating one "correct" answer. Participants would then generally ignore the specific wording of the question and talk about whatever seemed important to them. Secondly, I tried to break down the power imbalance between researcher and participant a little. I used humour with Jeff and Annika particularly; framed some issues with Manu as "Would it be better if *x* was different?" instead of "What made *x* bad"; was careful to show I could laugh off *and* be interested in criticism or suggestions in the normal course of counselling; and built rapport with all participants before their first interview. Thirdly, I openly explained to participants - and sometimes reminded them, as part of priming my interview questions - that the point of the research was to inform other counsellors of what it's like for "people to be asked to do this stuff" *not* to work out exactly how effective the technique is.

Sometimes clients are able to express their views indirectly. Returning to Jeff saying "I have to say something good or you'll feel bad!", this seemed like a fairly a clear message that actually, he *did* sometimes feel that pressure to "do something because the counsellor said so," and wanted reassurance that it was acceptable to talk about it. By acknowledging and being accepting of this message,

I was later able to get him to clarify this (see the findings chapter). As another example, I noticed that Manu would often agree to do or try things out of politeness. If he agreed enthusiastically, it was a good sign that he actually thought he could do it, or agreed it was a good idea. Otherwise, I needed to listen to what he would tell me with his actions - whether or not he actually went and did what was suggested. Words weren't used, but the message was clear!

Conclusion

Participants were teenagers seeking counselling at an agency in the Hutt Valley region, a suburban area geographically chunked into a range of different social microclimates. The five participants whose data was used (four clients and the counsellor) have been described impressionistically, and for myself as the counsellor-participant, I have written about my worldview and background as recommended by Stake (1995).

Recruitment was slower than expected, and I discussed the source of my high expectations and the changes that had to be made as a result - such as moving to tape recording, and refining the way the research project was presented to clients. The procedure of gathering and analysing data has been outlined - recordings of counselling sessions and participant interviews, and also using client notes and reflexive journalling.

I next discussed the ethical justifications for this research. The main risks of participating in the research can be categorised as risks to privacy, emotional wellbeing, and time use. Data management, counsellor-researcher role mindfulness, and clarity around participant expectations were key to mitigating these risks. I talked about "competent child" discourse and justified these young people's capability in terms of making a decision to altruistically take on risk and inconvenience for the benefit of contributing to the knowledge base (Morrow & Richards, 1996).

Finally in this chapter, a relativistic, social constructionist metric for judging trustworthiness in qualitative research is outlined (Morrow, 2005; Meyrick, 2006). Key aspects include that it is fair, is subjective and reflexive, has praxis, has a depth of data, is interpreted adequately and systematically, and preserves the integrity of the participant's voices.

Chapter four - Findings

Introduction

In this chapter I first introduce “what happened” - when clients were offered the task, when they were interviewed, and when they tried *doing something different.* The data gathered about these experiences were explored using Hatch’s (2002) inductive analysis. Findings emerged around the research question: *when clients experiencing stress or anxiety are given the* doing something different *task during SFBT, how do the clients and counsellor experience this?* Key areas were what it’s like to be asked to *do something different;* how clients make decisions around *doing something different;* and the development of the technique within the counsellor’s practice. These findings are presented within a thematic organisation based on the domains which emerged as part of the inductive data analysis.

What happened

Co-constructing the *doing something different* suggestion

The participants’ (including the counsellor’s) experiences of the *doing something different* tasks were different and similar each time. New sets of socially constructed meaning developed between counsellor, different clients, and over time as the counsellor developed their practice around using the *doing something different* task. To start with, I look at how negotiating the *doing something different* suggestion was co-constructed in my counselling sessions with each participant in turn.

Annika - “#Nofilter”

Annika had been talking about an issue negotiating boundaries with a friend, Steven. When she wanted to do things on her own, she reported Steven would be upset and clingy, badgering her for an explanation of why she was leaving him on his own and where she was going, and her frustration was boiling over. Annika was stuck in the social contract; she felt all the polite, face-saving ways she could tell him she didn’t want him to always be sitting next to her, asking her details about what she was doing, were exhausted. Annika had hoped that by coming to counselling, she might be able to find the thing she could say that might make him finally *understand* and “back off.”

“*I kinda just wanna be told what to do, and get told, “Ok, well, this is gonna happen - so just say it and it's over.” Like I wanna push the stop button and it stops.*”

At this point I asked about *doing something different*;

Counsellor: Ok. So – there's never any one size fits all answer. It sounds like at the moment you're not happy with what's been happening. And um, sometimes what works can be quite unexpected – even paradoxical – can be unrelated to the situation. But it sounds like at the moment you have quite valiantly tried to explain things to him, to be nice, to be gentle, or sometimes perhaps not, and it sounds like it all hasn't really been working so far?

Annika: Yeah.

Counsellor: Ok. So – **how would you feel about trying something different?**

Annika: (pauses) What kind of different?

Counsellor: Well.. that's the bit where I actually hand it over to you – I know, it's disappointing right, because you wanted some advice [she had made a face – she laughs] – so what's – when you have these conversations with him and you're about to put some kind of boundary in place, like you might be saying "oh please don't sit there or touch this etc" or you might know that ones about to come into place because you're about to say "Ok well I'm going now" and he's going to say "but why, can I come too, blahblahblah" - what if you were to *try something different*, - could be completely out there – could be really unexpected, as long as it isn't something you've tried before?

Annika: I could be rude?

Counsellor: You could be rude?

Annika: I could be like "Well I don't want you to sit there" and when he's like "why" I could be like "well cos I don't want you in my space" and the more he says but why I'm gonna be like "well because I don't want you there and if you don't like it you can leave"

Counsellor: Wow! That would be really different. Right? Yeah. Ok. Could "be rude" - in your words.

Annika: Well -

Counsellor: I wouldn't necessarily call it rude

Annika: Maybe "no filter"

Counsellor: Yeah, no filter! [writing it down] - "I'll put hashtag nofilter" [p2 laughs]

The key difference in this new option for Annika was that she had to be prepared to do something that might break some social rules. As she says "Like, I wouldn't be 'well maybe this will hurt his feelings", I'll be like "well this is *actually* how I feel..." We also discussed further options; she could "turn the card on him" and cry and say he was upsetting her, she could flat-out ignore him, or - her 'last resort' idea - scream and shout at him.

Jeff - “I don’t have time for that!”

In session 3, Jeff (although he hated scales) was prepared to pin down things in his life to “mustardy-yellow” on the Tihei-wa Mauri Ora tool for scaling (see Appendix 1, and Piripi & Body, 2010). Things could be worse, but they could be better. He hasn’t got much free time between school and work - he needs the money. He wants to be able to move out, maybe move up north, get an apprenticeship. He’s tired, and sees being tired and bored as inevitable - something you endure and get used to. We had a long discussion about what he might want more of in his life (his preferred future) - a lot of it seems really out of reach at that point in time and requires both money and moving out of his mum’s place. In terms of ‘smaller things that he might start noticing when things are better,’ and his response to the miracle question, we became a bit stuck. In this situation SFBT practitioners might recommend asking the client to try to notice what happens over the next week or so that they want more of, but I wondered if the *doing something different* task might be able to jog his mind into thinking differently about what he could do.

Counsellor: So I have another weird question for you.

Jeff: [jokingly] Ugh. Yup, go on.

Counsellor: Brace yourself

Counsellor: ... One of the things that, uh, we’ve kind of noticed doing some research into counselling basically, is that quite often people will come to counselling like, “I’m not satisfied with something in my life”

Jeff: Mm hmm

Counsellor: and often the thing that actually really improves stuff for them is kinda unrelated to the problem, or just kinda tangential, or sometimes even pretty random.

Jeff: Mm hmm.

Counsellor: **So I kinda wanna suggest to you, maybe, that since you’re not quite sure what you want to be better, or how you want things to be better, um, how would you feel about trying something really different in your life?**

Jeff: Ok?

Counsellor: Yeah? The catch is, it’s up to you to pick what.

Jeff: Ugh. Can you give me ideas?

Counsellor: Can I give you ideas, um...

Jeff: I don’t know!

Counsellor: [laughs] Um, can I give you ideas... I'll give you an idea if you give me an idea. [Jeff shakes head] No? No, we're not bargaining over this? Ok. Ok, so, maybe –

Jeff: I'm not good at ideas.

Counsellor: Oh? Maybe, um, you could try something that you haven't tried before, like in terms of a hobby or something –

Jeff: That doesn't help!

Counsellor: Ok, like, um...

Jeff: I don't have time for that!

Counsellor: You don't have time for that. That's fair, that's fair.

Jeff: Yeah, a new hobby, watching a new YouTube channel.

Counsellor: Yeah? What if you watched a different YouTube channel?

P: No.

R: What if you got into *something completely different* there?

P: Anime, yay!

R: Anime? You like anime?

P: No, I don't.

R: You don't like anime.

P: I hate it.

We talked about some possibilities - drawing, learning to tattoo, changing up his routine - but in the end Jeff decided they weren't right for him.

Manu

Manu had been noticing some things that helped him recently: he was volunteering to do helpful things at home, which made everyone happier; he was having phone conversations with his dad; and he was venturing out and managing to challenge himself using a number of strategies (e.g. "bringing a drink"). He had maintained being at the "white" point on the Tihei-wa Mauri Ora scale for a few weeks, but I felt like things were a little bit stuck - I wondered if he might find *doing something different* would help with getting moving further towards his goals. The exact conversation was not audio-recorded due to technical difficulties, but the task was introduced approximately as follows:

Counsellor: So you managed to get from *here* to *here* on the scale by doing (x, y, z), which was really awesome. And you'd managed to keep your score up here, which is also good, *and* it sounds like you might need another strategy to get a bit further... what do you think it would be like to *try something new*?

Manu: Maybe...

Counsellor: I mean, what do you think might be *something totally different* - an out there, kinda crazy thing - that you could try, related to this problem?

Manu wasn't sure (later, he explains that the question was unclear), but thought maybe he could *do something different* while walking to school. He wasn't sure what. He also talked about how rock climbing would be the worst possible thing he could do - because he really hates heights - and a good success he'd had before had been going to a friend's house despite not knowing which people would be there. At the end of the session, I suggested that for a between-sessions task maybe this week he could try to think of something that he'd like to do "for an experiment" that was a bit new and different (see Appendix 1 - SFBT techniques).

Hope - 'Hanging out with my parents'

I decided to ask Hope about *doing something different* on a day she described as 'bleh' -where she was feeling like "nothing seems to help." She had been doing her design homework, looking after family members, and work was going 'OK' but at the same time but we hadn't identified many things that would help her move towards what she really wanted; being able to talk to people more.

Counsellor: So um, one of the things that sometimes we find happens when people come into counselling is that people come in and they have some kind of problem that's happening that they want a bit of help with. And sometimes from studies and stuff that other people have done in the past, it seems that what helps people and what can make changes in their lives can be kind of - unexpected. Or even, kinda weird, or even things that you'd think would be the opposite of helpful. So sometimes when people are feeling pretty bleh and a bit flat, and they're not quite sure maybe what could help, sometimes we ask them to *try doing something different* or *something new*. Just to see what - as like an experiment - what kinds of things are out there that might be helpful for them. Is that something that you might be interested in giving a go?

Hope: Mmm, yeah.

Counsellor: Yeah, ok! So um. (Pause) At the moment it sounds like you're working pretty hard on studying, and working on your art design and looking after your younger family members and stuff. Do you think that you might like to *try doing something else* as well, *just for a short amount of time*?

Hope: Um. Yeah.

Counsellor: Ok. And, do you think that thing could be *something new that you've never tried before*?

Hope: Yeah.

Counsellor: mm. (pause) What do you think that might be?

Hope: Umm. (pause). Maybe hanging out with my parents?

Counsellor: Oh wow, maybe hanging out with your parents?

Hope: Mmm

Counsellor: Yeah. What do you think it would be like if you tried that?

Hope: um - hm - not really sure.

Counsellor: Hmm. Sounds like it'd be quite a new thing?

Hope: Yeah

Counsellor: Yeah. Do you think you'd like to try that?

Hope: Mm, yeah.

Counsellor: And uh, how might you go about doing that?

Hope: (pause) Um, I - I don't really know.

Counsellor: Do you think you could work out how you might do that if it came to it ?

Hope: Yeah.

Counsellor: Hmm. That'd be pretty interesting to find out how that might go.

I also asked her what might be the weirdest possible thing she could do - "probably to start a conversation with a stranger at some point!" - and what would be counter-intuitive; she wasn't sure. I tentatively asked about what it would be like to *do something different* instead of pouring effort into not making any mistakes at work, but she explains, "they get angry" so that wouldn't be a risk worth taking. In the end, her first idea was the best one, we felt, and I asked Hope at the end of the session to try experimenting with hanging out with her parents if it seemed like a good idea, or otherwise, a taking notice task.

The interview process

Annika, Jeff, Manu, and Hope were each interviewed three times. First, after being asked about *doing something different*, and the interview was centred around exploring how we had co-constructed the suggestion and what that experience was like for the clients. During this process, I was guided by the research question: *when clients experiencing stress or anxiety are given the* doing something different *task during SFBT, how do the clients and counsellor experience this?* The Participants were interviewed again after they either did or did not *do something different*. The main purpose of the second interview was to ask questions about their experience of *doing (*or *not doing*) *something different*, but it was also used to check and follow up on themes emerging from the first interview. There was also a third interview, which was mainly to give participants the chance to make sure what they had said was represented authentically in the data analysis, but some new data also emerged during this process. Each interview ranged from about 10 to 40 minutes depending on how much the participant wanted to say - (if it was going on for a while I reminded them that it was fine if they needed to leave, but I also saw no reason to cut it off if they were happy to keep talking!). Two other participants, “Tim” and “Kayla”, were also interviewed but their data was not used. The first participant recruited (Tim) was interviewed too late in the counselling process, after being asked to *try something different*, and the data from this participant was too thin. Kayla was interviewed about doing different things, but not given the suggestion to specifically and actively *do something different.* We just talked about what is it like to have done some things that are different as a result of counselling in general. This was something I originally thought might be interesting but turned out to be outside the scope of the thesis. Kayla was never asked to try *doing something different* because she had an impressive amount of helpful deliberate exceptions that she could use to create solutions (the rationale for offering the *doing something different* suggestion is discussed below).

What the participants did after being offered the *doing something different task*

This sub-section is an account of what the participants who decided to try *doing something different* (Annika, Manu, and Hope) said happened (note that Jeff decided it wouldn’t be the right time for him to try *doing something different*). The themes that emerged from our discussion of the experience (of being offered the *doing something different* suggestion and then doing (or not doing) *something different*) are written about in the next section.

Annika

Annika felt "excited" to be trying *something different*, and anticipated that "one way or another, the situation would move forward." She was ready for a fight - maybe even *hoping* for a fight so she could finally let Steven know how she felt. She worked out a plan of action, that if he tried to move her bag and sit down right there, she would tell him off rather than let him. Also, next time he was sad about her leaving to go to a commitment, she would "just go do it" rather than explain why it was important to her. Annika thought this would be a lower pressure task, because it if didn't work, "it's not that you're wrong." It also gave her the feeling that "something has been set in motion that can't necessarily be gone back on" - she liked the feeling that she had committed to some action.

When the holidays ended a week later, Steven stopped the behaviour of his own accord, before she had a chance to try *doing something different*! Annika had suggested that Steven go to a counsellor, and she thought that maybe the change was because he did and "the counsellor would have made him stop" - or at least, he reflected on his behaviour there.

It was "a little bit disappointing," as she was looking forward to telling him to stop, but Annika was mostly just "happy to come to a conclusion," and it was nice to see Steven taking responsibility for himself. As a result of having committed to *doing something different* (even if it didn't happen), Annika felt her perspective had changed: she saw more options, and she felt she had a little more control over her life. Before, she felt like she "couldn't be helped" because the solutions that should have worked didn't. Now, her attitude is "why don't I put everything to use?" because now it's "easier to just make a plan and follow it, than agonise over the choice." As well, Annika found that "putting my needs first has motivated me to be more myself" - more playful and laughing more. Annika is ready to try *doing something different* in future, saying that now that she's started one thing, "maybe I can do it with someone else."

Manu

Manu anticipated that it would be tough, hard, maybe scary to *do something different*. Although he chose not to share what came into his mind, the idea of *doing something different* was intimidating and it was better that he "didn't really think of anything that much." He found that the more he thought about it, the more he wanted to do something - but also, the "more I think of - different ways its gonna go [wrong]." In the end, Manu didn't try *doing something different*. This did put him under "a bit" of pressure (in the sense of stress), but he "didn't really feel [a] difference" having not

done it. It was “not good” coming back the next week having not found *something different* he’d like to try, though. I asked him if he meant he was worried I would be disappointed, and he said “just a little bit, not enough - not rethink it over and over” but it was more that he felt that he was “letting down - someone. Ah, I don’t know.” I asked him about the other times that he’d done new things as a result of coming to counselling, and he explained that they felt strange to do at the time, and good to have done, but they were less scary than this.

Later, between my second and third interview with Manu, I realised that possibly I had made the task impossible for him by making it too broad to make sense. I said to him, “I thought about it later and I’d said “let’s do a totally different thing.” But actually that’s a really open ended kind of thing, like, I mean, that could be, let’s learn to knit! Let’s go to France! Let’s climb a building!” He laughed, and I asked “And I wondered - was it hard to think of something because it was such a big question?” Manu said, “Mmm. Yeah.” Manu was offered a second, more constrained *doing something different* task, which he said made more sense and seemed more manageable (what he did after this is not discussed as part of the thesis, however, as it happened after data collection had finished). This is further discussed below.

Hope

Hope planned to try hanging out with her parents, which would be quite an intense leap for her. She expected that it would be hard, outside her comfort zone, and maybe a bit awkward, and that week she did find it “a bit stressful” to keep in mind. Like Manu, she found herself worrying that it might somehow go wrong, and like Annika, her plan was disrupted by the chaotic nature of life - she didn’t end up “hanging out” per se with her parents due to a family emergency that week, but she did manage to *do something different*. She managed to talk to her mum. In the living room, when the house had quieted down for the evening, she asked “how was your day at work” and her mum talked to her for a little about it. Afterwards, things were “normal” (Hope smiled saying this), which was “good” - and a little surprising.

At the time she wasn’t sure if she thought of it as doing the experiment, it was more “something that happened,” but possibly because she kept “the experiment” in mind that week. Hope found that it was both hard, weird, nice, and “worth it” to do, and she felt “kind of like I accomplished something.” She feels “OK” about it being different to what she planned - and did think about coming back and telling me that she’d done it. Although she’s not sure exactly how she managed to ask her

mum how her work day was - “I just kind of did it” - she feels more confident that she could talk to her mum again.

Since then, her mum has been talking to her more, and Hope has been able to respond. Her mum has also asked her if she’d like to go shopping with her a few times, which is new, and they are able to talk to each other there about things in the shops. Hope says the *doing something different* task hasn’t really changed her perspective on talking to other people (e.g., teachers, strangers), but talking to her parents now seems like more of a real possibility. Sometimes she finds herself thinking of things she could talk to them about.

Themes in how participants felt about the *doing something different* task

Each participant had different reactions to the suggestion of *doing something different*, which is unsurprising as they are all different people in different circumstances. I have also used the *doing something different* task with non-participant clients this year and their reactions have been variable too - from confidently giving it a go without hesitation to one memorable look of abject horror when I asked the question. The following themes emerged in my analysis of participant responses.

“Ugh!” - Jeff

The task can be hard to understand

Three participants expressed that they found the suggestion initially tricky or confusing. Jeff responded “Oooookaaay” and wondered “what is she asking me to do.” Similarly Manu at first said he didn’t get it - later he thought that actually he did understand the suggestion, but not how to enact the task. His reaction was “but what would I do?” Annika asked for clarification - “what kind of different?” and said later that she initially wasn’t sure “where [I] was going with it.” Hope didn’t find it confusing though, and she was able to immediately understand and come up with an idea.

It can be surprising

It wasn’t what everyone had expected: Annika had expected to be given a solution or told what to do, and found it a bit disappointing at first. Manu found it “kinda strange,” in a way that was “actually kind of OK.” He was surprised to find that his counselling experience with me in general was different to his previous one, and being asked to try *doing something different* was not expected, but “not exactly” unexpected either. Hope said it was “surprising,” but wasn’t sure why. Unlike the oth-

ers, Jeff wasn't surprised at all; having supported his cousin by going with her to counselling before, this was the kind of thing he "expected, but didn't want to do": "Ohh yes, this is what it's like. Bleurgh!"

It represents potential risk and reward

Manu and Hope described it as a bit intimidating and scary - "cos you think of what's going through your mind," and Jeff also thought "oh no" about the idea of changing his routine. It might be a lot of effort, he felt, and then it would be risky - any change could make things worse.

"It was a little scary being asked to do something, but the more you think about it, the more you want to do it." - Manu

Despite these worries, Manu also felt hopeful about the task, saying it might be helpful for him to "get out of his [normal] way" to do something new. Hope, despite her uncertainty, also wondered if it might lead to being able to do more things. Annika had the most immediately positive reaction, saying "I was completely for it" - making a plan to *do something different* made her feel more in control, less stressed, and gave her permission not to overthink her plans. It did not bring elements of hope to everyone - Jeff's knowledge of his own situation was that changing things needed to be done carefully.

It can give people permission to try something they wouldn't otherwise

A key aspect of offering the suggestion seems to be how it can give people permission or encouragement to experiment. Since you're trying to see what happens, not fix the problem, Annika explained, you can let go of "the responsibility" or obligation to optimise your attempted solutions, and "your mind can't make new holes in [your plans]." Interestingly, Annika mentioned that she was already considering doing something new - but second guessed her choices: "I was always considering doing something else. But I kind of stepped back..." Hope found that being asked to try *doing something different* allowed her to see things like talking to her parents as more of a real possibility for action. "It's not really something that I think that I would actually *do*, if I didn't talk about it." Thinking about doing something weird, new, and different as an experiment seems to have helped Annika get past the barrier of social expectations, and gave Hope a nudge into thinking that maybe talking to her parents was actually possible.

It is an optional task, but a high pressure one

Another theme which emerged from data analysis was client choice around *doing something different*. To gain further insight into that, I looked at the context in which clients receive suggestions from the counsellor. Being someone's counsellor is a position of power, and more so when the clients are young people - I wanted to know, to what extent did clients feel like they had a choice?

"Is it a bit of pressure, to be asked to try doing stuff?" I asked Manu. "If it's something really hard - well then - maybe yeah, a bit more pressure," he said. I realised later, I hadn't clarified what we meant by pressure. It turned out he meant pressure more like "stress" than "coercion."
"So - with feeling pressure, in another sense of the word, like, how much do you feel like, Oh, I *have* to do it because the counsellor said to?" I asked. "About 5 or 6 out of 10," he said.

"[It's not] just do it because I said it's going to." says Annika. "The counsellor's job is to create a safe environment where they can suggest something and you feel curious and willing to try it", she says. In terms of trying something "just because the counsellor suggested it," it would depend on the person, but she sees it in a positive way - conceptualising it less as "pressure" and more as "encouragement" to do something you might have been scared to try. Annika initially perceived part of the counsellor's job to be telling you what to do, or at least giving advice, so she put a lot of trust in any suggestions given. Later, she says, the counsellor is more like "What would happen if [you] changed this? It wasn't like, you go to someone, and [the counsellor] is like, well you need to do this, this, and this, regardless of how you're feeling."

"Do you feel like you could have decided not to do it if you didn't want to?" I asked Hope. "Mm, kind of," she said. "I dunno, I just felt kind of like I needed to. It was now or never."

Jeff feels the need to do something the counsellor asks about half the time - "but not all the time because you're wrong sometimes." It "depends on if I agree on it, or if I can be bothered." He comfortably pushed back when he felt the *doing something different* task didn't make sense, and decided not to do it.

So, the participants had quite variable experiences of receiving pressure in the sense of coercion from the counsellor. Manu definitely feels it was there; Hope does to some extent, although she's hesitant to say how much, and also puts pressure on herself to do the task. It rolls off Jeff without

influencing him. Annika feels she was pressured in an "encouraging" way that she views as being the counsellor's job. On reflection, I think it is not surprising that most of them felt some pressure - especially with my desire to get information for the research project (see discussion), and for the clients to "make progress" (in turn, to meet the perceived standards of the agency I was doing my placement at). This may have biased me to a more directive approach. Manu and Hope might be particularly affected by pressure; Annika and Jeff would likely have been enabled to disagree with the counsellor by what I observed as having more social confidence, and a more "casual" style of interacting with the counsellor (which I matched).

I would like to make it clearer to future clients that the task is optional, to give them more agency, but without being so flippant as to imply that I'm not interested in the outcome. I used language like "If you do end up managing to give that a go..." and "doing an experiment" and even directly said "this is optional" to some clients, but pressure still remained - in future I would make sure to use all this language extensively with all clients when suggesting a high-intensity task like the *doing something different* one. The potential pressure is likely impossible to eliminate, and will depend on the people involved - still, being aware of it and moving forward intentionally will help. At the same time, I have been inspired to a more benevolent view by Annika: where encouragement is a type of mild pressure, is the absence of *all* suggestion from the counsellor apathy? In this perspective, the counsellor enables the client who feels they need to justify their attempted solutions to try something that "might not work" by giving them a small push towards it, therefore taking on some of the responsibility for if it fails.

Themes in how clients make decisions about the *doing something different* task

Client perceptions of the purpose of the task

The participant's decisions were informed by their perceptions of the purpose of the task. They had several ideas about what the point of the *doing something different* task might be. Manu and Hope thought that it might be intrinsically good for people to get outside their comfort zones. This might be linked to the fact that I spoke with both of them previously about how anxiety can build up through avoidance. Hope also suggested that "if [people] were going to do something in their comfort zone, they'd already have done it" - which speaks to the idea that the task is about enabling people to try out solutions they might not otherwise. Jeff thought the purpose of the task might be to "try things to see what they do" - sifting for new exceptions. For Annika, it was about making a plan - moving from inaction to action. "It'll either go one way or the other, there's no ums and ahhs

about it.” In my opinion, their ideas are all correct - both in general about the *doing something different* task and in the specifics of their own situation. The clients had insight into the purpose of what they were being asked - and were able to interpret and co-construct its meaning in terms of what they thought might be useful for them.

They are motivated (or not) by what their vision of what could happen

All the participants used their anticipation of the future to make decisions. Sometimes it provided them with motivation. Manu describes wanting to *do something different* because getting out of his comfort zone might bring progress with managing his anxiety. Hope was motivated by the same idea, but also intrinsically in that her specific task (talking to her mum) was something really important to her. Annika was motivated by her vision of relief after her friendship with Steven is either repaired or allowed to finish cleanly. Jeff, Manu, and Hope said they also thought about negative consequences, and weighed up costs vs benefits - “how I’ll feel afterwards” as Hope puts it. Manu described balancing how “The more you think about it, the more you want to do it,” and at the same time, “The more I think about something, the more I think of - different ways its gonna go [wrong]. And then everything just gets worse.” “I’m not gonna try something if I don’t think it’s gonna work,” said Jeff. It’s not worth putting in the effort to change things if he doesn’t know it’s going to work.

A sense of urgency can drive clients to try new things.

Both Annika and Hope said that feeling like “it was now or never” or that “[they] had to do something” made them more willing to try *doing something different*. As mentioned earlier, some of the participants described being ‘stuck’ - it may have given them a sense of desperation or urgency. They want the problem gone. “If you wanna move forward, you need to make a decision. There’s no time to waste,” said Annika. Inversely, Jeff didn’t have a sense of urgency about solving the problem, his main plan was to wait, and until his major goals came to fruition he wasn’t sure what little changes he’d like to see yet (although he was still keen to have the waiting be more pleasant!). In the short term, he was also under a lot of time pressure in his life, which was a big factor in him deciding not to try *doing something different*. He insightfully suggested that a lower risk or lower investment task would have been much more acceptable, which is something that I would definitely suggest now in my practice.

Clients needed to be able to conceptualise an (acceptable) different thing to try

Being able to come up with an acceptable task to try was also an important part of whether clients would choose to *do something different* or not. Ultimately if they didn't have an option for a task that made sense (like Manu), then it would be impossible to complete the task. If he'd been able to think of something, he might have been willing to "give it a try," though. Once Annika had some ideas, she found it was easier to go ahead and make a plan to try one of the new ideas than to keep "agonising over choice." If the task aligned with their values, this helped. Annika felt if she didn't stop "constantly worrying about" Steven, her mental health and school work would not improve. Improving her relationship with her parents was important to Hope. Jeff mentioned, later in the session, that he might like to go out and get some food or take the train in to Wellington and walk around - but he didn't have the money for either. If he had, I would have suggested that those sounded like good "trying something different" tasks - nice smaller ones, too, that Jeff might have been more in favour of.

Clients may take their perceptions of the counsellor's opinion of the task into account

Some of the participants used their judgement of the counsellor and of the counsellor's opinion in making their decisions. Jeff felt "oh no" about trying something different, but also saw there might be a reason for it. He "would only want to do it if the counsellor was sure," and even then "I gotta be reassured it's gonna do something." For him, he evaluates the idea's chances of doing something based on his own judgement; "just a feeling" but also working out if it seems like the counsellor has a reason they think it'll help. Since it was clear to him that I couldn't be sure that the task would help, he wouldn't do it. "So, you gotta be a bit more secretive about it," he said. "Nooo!" I said.

I asked Manu if he thought it would have made a difference if he'd happened to be able to think of something he wanted to do, thinking maybe I'd pushed him towards my examples too much. He said no, actually "I think your ideas were better because most of the time, I don't think of ideas, or if I do, they're not the best." He had a lot of trust in the counsellor's opinion. Disappointingly to me, in this case, it meant I had failed him in validating his own ideas. Annika, as mentioned earlier, also put a lot of trust in the opinions of counsellors. The fact that the *doing something different* task is suggested by the counsellor, who is older and in a position of power, and who clients often trust, no doubt has an impact.

The development of the counsellor’s technique in setting the *doing something different* task

Any solution focused technique can be presented in an infinite number of different ways, and will be interpreted differently by each client as well. There are some particular choices I noticed myself making in the role of counsellor with regards to the *doing something different* task - particularly around giving explanations of the suggestion, or priming, and the scope with which the task is offered.

The rationale for using the task springs from “noticing stuckness”

Each of the four participants who were offered the *doing something different* suggestion were asked about it as a reaction to “stuckness.” Annika was frustrated that her polite attempts that “should have” fixed the problem - the expected solutions - weren’t useful for her. With Manu, I had managed to elicit a few deliberate exceptions but their usefulness seemed to have been expended and progress stopped. Similarly with Hope, our discussions about “what’s been better than expected?” and how that might have happened hadn’t turned up much treasure. As mentioned in Berg & De Jong, (2013) the *Doing Something Different* task is suggested when clients struggle to identify exceptions - especially if their attempts to solve the problem are not working. The latter was particularly true for Annika, who was “stuck” with Steven - she described later how deciding to try *doing something different* felt like “moving forward”. For Manu, Hope, and Jeff, the stuckness was more something held between the client and counsellor where, yes, the clients were stuck in terms of dealing with the problem, but also in that the counsellor was stuck helping them find exceptions.

To some extent, Jeff being stuck in terms of finding deliberate exceptions makes perfect sense because we were first stuck in terms of working out his goals for counselling and what he wanted more of at the moment. Being a tough, resourceful young man, Jeff had a plan to deal with his current life dissatisfaction; save up, *wait patiently*, move out, get an apprenticeship, maybe move north. The ‘expected solutions’ for him were out of reach behind a time barrier. I had hoped that the *doing something different* task might give him permission to seek unconventional solutions for getting more of what he wanted, but also that if he did something new he might find something to want more of.

This can be contrasted with, for example, Kayla - who is otherwise not discussed in this research, because I never asked her to try the *doing something different* task. Kayla faced significant challenges including anxiety, and was so creative and resourceful that she had an entire toolbox of deliberate exceptions. There was never any reason to ask her to try *doing something different* because she was already doing things that were extremely useful to her. Instead, most of my work with Kayla was encouragement, and a bit of talking about which moods and problems best suited which one of her tools. Consistent with the SF philosophy, I followed the guideline "If it ain't broke, don't fix it." Bannick (2007).

With more use and reflection, my rationale(s) for using the *doing something different* task have developed as this; mostly, its key use is that it might break up some 'functional fixedness' in the way we think. If people are a bit stuck, if what they're doing isn't helping, and they need a nudge or 'permission' to *do something else*, the *doing something different* task shines. It may or may not result in new exceptions, but it can give people practice at thinking differently, or attempting something and seeing that when it doesn't work, that's not the end of the world. If asking the *doing something different* suggestion is not useful for the client, the *counsellor* can model that it's OK to try something and have it fail. If the client refuses to try *doing something different*, they can demonstrate their agency in doing so.

Explaining or priming the task

Explaining or priming the suggestion seemed to contribute to clients understanding and interest in the task. When I first started using the *doing something different* task/technique, I felt like I owed it to people to explain what I was doing. This might be because of my own dubiousness about the task - I felt I was asking something 'weird' and 'scary' of clients and I wasn't confident that it would be worth it. I didn't explain the purpose of the task to all the clients I saw - for example, not Manu, to him I only suggested that he might need another strategy to get a bit further. To others, though, I started explaining that "we've found that reasonably often when people are dealing with some kind of problem, what actually ends up helping can be unexpected, random, or even totally counter-intuitive stuff" and kept doing it mostly because it "felt right." This was lucky, because the participants have confirmed that the *doing something different* task *is* often weird and scary, and for some people the explanation makes that easier to cope with. It would definitely be different and "out of the blue" if I hadn't explained it, Hope said. Alternatively, Jeff was able to use the explanation - that *sometimes* unexpected things can help - to understand why I was suggesting it and therefore make

an informed choice about whether it was worth it for him to do the task. In future, I will probably always explain the *doing something different* suggestion before I offer it because it makes the suggestion less abrupt; helps people understand the context for what you're asking them to do; and invites the client to take more agency in the process trusting them to weigh up the task and make their own decisions. Especially since it is a high-intensity task, I feel that we owe this understanding to clients.

Scope of the task

Something I did not comprehend when I started asking clients about *doing something different* is that the context you ask people to do the task in matters. Annika had a problem with a specific situation (times when she felt her friend was being too clingy), and I asked her to consider *doing something different* in that situation. Hope was dealing with anxiety at home, school, and work - basically everywhere. Although there were times and places it was better, it was a wide reaching problem, and coincidentally I asked her to try *doing something different* with no qualifiers on where or when. Both Hope and Annika were essentially asked to do the task in the part of their lives where they wanted to see change, and both of them were able to come up with an idea straight away. An alternative interpretation of this is that Hope, grasping the purpose of the question, narrowed the scope of the task herself to the situation "when I want to talk to people." Either way, the scope of task was the same as the scope of the problem and this seems to have made it easier for the clients to respond to it.

For Manu, when I asked him about *doing something different* without talking about the circumstances he might like to try it in, he found himself stuck for ideas. It was such an open task that it made it hard to think of anything. The scope of the suggestion was "undefined" but the scope of his problem was mostly "being in places where acquaintances might see him." Later, in an interview, I posed a hypothetical new *doing something different* task to him; "when you next want to practice walking towards school, but find yourself worrying, how would you like to try *doing something different*?" He said yes, that would have been more doable - or, rather, it *makes more sense* as a request. I pointed out to him that, although I probably wouldn't have time to ask him about it for the research, he could always try that "for real" if he wanted.

Jeff was offered the suggestion in the most open ended way; I asked him if he would like to try something different "in his life." As well as this being vague, Jeff felt he had already optimised

most aspects of his life at the moment - "in his life" was the wrong scope for him to try *doing something different* in. Jeff's experience also pointed to another way in which scope impacts the *doing something different* task: a wider scope may be inferred as requiring a bigger task. For example, Annika's plan to "be rude" with Steven is quite a short task. Jeff and I (in my inexperience) started building the meaning of the task along the lines of "a new hobby or something?" which he said was far too much time and effort. A quicker, lower-effort task that took a couple of minutes would be much better. Hope also interpreted the broad suggestion as asking for a bigger, longer task, "hanging out with her parents," and it's very impressive that she was willing to do this.

There is not necessarily a right or wrong level of specificity required in suggesting the *doing something different* task, but these different experiences point to it being an important factor that should be decided on intentionally - and perhaps changed if the task doesn't sit right with the client. If the scope of the suggestion doesn't match the scope in which the client wants change, it may not make sense. Additionally, if the scope is very wide, it may be overwhelming to consider the possibilities, and it may be inferred as a request for a big, high-effort *doing something different* task. A narrow-scope task seems to be much easier for clients to respond to.

Presenting the task as "an experiment"

I was reminded of a small detail of SFBT technique wherein the counsellor can ask their clients to do in-between sessions tasks as "an experiment," choosing this word specifically to make the task more a curious exploration of whatever happens as opposed to something you can pass or fail (De Shazer & Berg, 1997). This detail ties in with the *doing something different* task, which is all about doing something that seems like it has no reason to work. I incorporated it into my delivery of the *doing something different* suggestion, using language like "that'd be interesting to find out what might happen," for the purpose of easing a high-pressure task.

Number of ideas for *doing something different* elicited

I sometimes prompted participants to come up with multiple ideas about *doing something different*. The rationale behind this was to give them "a couple of different things to choose from," for example in the case of Hope particularly (see transcript, above). Thinking reflexively, this may also have been spurred by wanting to give her "an out" if her first task was too hard - it was really out there in terms of the kinds of "talking to people" that she had managed before, and I may have been slightly alarmed on her behalf. In the end, though, her first choice was perfect, even if *I* was amazed that she

managed it! An important thing to remember - clients are full of surprises and sometimes need to make their own leaps. Annika, on the other hand, wanted multiple options for *doing something different*, to cover different things Steven might do. She strikes me as a very prepared person, so this is maybe not surprising. I think whether to come up with one different thing to do, or many options, may actually be a matter of *client* preference. My personal approach now would be to just ask - “do you want to come up with some different things to choose from, or just one?” We can make it an opportunity to let the client take agency and use their judgement of their own circumstances and preferred way of acting.

Conclusion

In summary, four participants were offered the *doing something different* suggestion. Their experiences with it were never universal, but commonalities emerged: it was sometimes hard to understand; surprising; a relatively high-pressure task, representative of potential risk - and reward; and it gave people permission to break out of “stuckness” by trying something they might not otherwise. Participants made decisions about *doing something different* based on their perceptions of its purpose; considering what might happen; the urgency of their situation; their ability to conceptualise the task; and what they perceive the counsellors opinion of the task is. The counsellors experience of using the technique centred around exploring the rationale for the task; priming the suggestion; the scope of the task; presenting the suggestion as an experiment; and the amount of imagined ways of *doing something different* discussed with the client. These findings are further discussed in the next chapter, below.

Chapter five - Discussion

In this chapter, we discuss implications of the findings (summarised above) with relation to anxiety, and discuss the implications of engaging in the research for my practice as a counsellor. I then talk about how managing the counsellor and researcher roles happened in reality, and discuss the ways being part of the research process may have affected the participants and their experience.

Anxiety and the *doing something different* task

For the participants in this study, anxiety changed the ways they *did something different*, it changed how difficult it was for them to try, and it changed their expectations about and sometimes experiences of what might happen as a result - but not always in the same ways.

Anxiety may have made it less likely that clients would be able to identify exceptions

In my reflections on my practice, I noticed that a lot of the anxious young people I was seeing (including non-participants) often didn't have many deliberate exceptions. Anxiety related attentional and interpretational bias (Van Bockstaele et al., 2013) might make it harder for these clients to recognise times when things were a little bit better. Anxiety may have prompted them to only attempt solutions that involve not engaging with the feared situation (Nolen-Hoeksema et al., 2008), and eroded their problem-solving skills (Hong, 2006) making them less likely to find exceptions where they managed to engage with the problem. As Manu saw it, it was a comforting thing to not have too many ideas about how to deal with his anxiety - "it's better not to think about it." This makes it more likely that there will come a time in counselling when the client can't identify any exceptions, the time the *doing something different* task (among others) is most recommended for (Berg & De Jong, 2013). This suggests that the *doing something different* task might be particularly relevant for clients with anxiety.

The youth of the participants may also reduce the number of exceptions found.

The perceived difficulty in identifying deliberate exceptions could potentially also be related to young people having less ability to access meta-cognitions, in this case about how they approach sources of anxiety (Garnefski et al., 2002). This could also make it harder for them to engage with the *doing something different* task and think of something different to do. Jeff, for example, expressed that he didn't like to spend too much time wrapped up in thinking about how he thinks about things - he didn't much like scales or other techniques that were obviously "counsellor ques-

tions" (wishy washy and usually meta-cognitive), and we usually avoided them as much as possible. This definitely made dealing with something like the suggestion to try *doing something different* harder, he confirmed.

Anxiety meant the exceptions generated were often both their own cause *and* goal

When clients did find exceptions - success at doing something they wanted more of despite the anxiety, I would ask the SFBT question "wow, how did you manage to do that?" Many of them would say, as Hope did: "Um... I don't really know, I just kind of did it." This was particularly the case with Manu and Hope, both of whom were capable of, but anxious about, doing the things they wanted. For them, the kind of exceptions they were generating were less "I can do *x* if I *y,*" and more "I went and did some of *x* despite my worries," often without any conscious coping strategies. For example, when I asked "did you notice anything at the time that made it a little bit easier to do that?" "Umm... (pause) No," said Hope - but she did it anyway, and then it was easier to do next time. In other words, with anxiety, sometimes the solution is the goal; "I can do more of *x* if I do *some* of *x*." These less traditional exceptions were harder to recognise, and to know how to encourage, in my experience as a solution focused counsellor. They look like random exceptions - "I managed to talk to someone but I don't know how" - but in my opinion they are actually deliberate exceptions - "I can talk to someone *because I talked to someone*" - that are their own cause. This also makes it more likely that client and counsellor struggle to find exceptions, and therefore that the *doing something different* task gets used.

Solution and goal similarity can also be seen in what clients *did as something different*

We can compare the tasks that Annika and Hope came up with. For Annika, *doing something different* was coming up with a new way to approach a specific problem (the way being "saying what she thought without filtering it", the problem being the way her and Steven interacted) that wasn't related directly to being anxious. This was the kind of *doing something different* task I initially expected from my readings, a more traditional one. For Hope, *doing something different* meant she came up with a new specific goal (talking to her mum) as part of challenging her anxiety, as opposed to coming up with a new *way to* or *strategy for* talking to her mum. She ended up doing so, and as a result felt more able to do it again, even though she wasn't sure how she did it. So, there is a difference in the kind of exceptions and *doing something different* tasks that clients with anxiety sometimes generate.

To further discuss how anxiety can change the nature of the *doing something different* tasks generated, something I reflected on is that anxiety can make commonplace things hard. When we ask clients to *do something different*, *even weird*, this for some people this means really unconventional actions (like flinging spaghetti, in Berg & De Jong (2013, p.140)). For clients with anxiety, "out there," "weird," or "new and different," could mean walking to school to meet a friend, asking a question in class, and other such things that people without anxiety have the luxury of considering normal. For Hope, it was surprising, odd, and really nice to have an ordinary back-and-forth with her mum and "have it be normal." This is another way anxiety can change the nature of the *doing something different* task.

Anxiety and the solution focused, client-as-expert perspective

Anxiety can also drive clients to come up with attempted solutions that reinforce the anxiety, such as avoidance and safety behaviours (Aldao et al., 2010; Nolen-Hoeksema et al. 2008), as discussed in the literature review. We might ask: how do we reconcile this with the solution focused positioning that the client is the expert in their own lives? At first it seems that these ideas might be contradictory - if the client says avoidance helps them, is it solution focused to doubt it? But right from the beginning of the development of SFBT, De Shazer & Berg (1997) noticed that clients attempted solutions would often perpetuate the problem. In fact, this is one of the conditions that particularly indicates use of the *doing something different* task (Bannick, 2007). In solution focused practice, counsellors who find themselves not understanding the clients' decisions / rationale are encouraged to "be curious" with clients about how they know what they know - non-judgemental and interested discussion can invite clients to evaluate the situation further (Berg & De Jong, 2013) .

The solution focused philosophy is to respect "what is important to the client in their subjective reality," (Bannick, 2007). This doesn't mean assuming that their subjective reality is immutable. Rather, as counsellors we are privileged with the opportunities to gain useful information - we can offer this information to our clients and allow them to perceive it through their own value systems and incorporate it into their own ontology as they see fit. We can trust in their own competence to make decisions *based on the information they have available*. Piccirillo et al. (2016) reported that when clients are given psychoeducation about safety behaviours, they do generally then chose to use less of them.

Some clients still may not be in the right space to let go of avoidance based attempted solutions. Rather than treat this as resistance (a concept SFBT tries to avoid (Bannick, 2007)), when a client does something that seems unwise we acknowledge that they (in the often-used words of Insoo Kim Berg) "must have a good reason for that" (De Shazer & Berg, 1997; Berg & De Jong, 2013). The client may understand how avoidance behaviours limit their anxiety management but be too scared, tired, or unsupported to let go of them yet. They may have weighed up their situation and decided they need to put their energy into some other matter first. They may have decided they are satisfied with how they are currently managing their anxiety and have no need to be able to approach some feared situation more than they currently do. For example, Manu knew he was not yet ready to try approaching his school buildings for most of the time we were collecting data for this report. Things seemed to be moving slowly, and as mentioned in the findings chapter this did lead to me experiencing a feeling of "stuckness", which led to offering the *doing something different* suggestion. Forcing him into school before he was ready, though, would have robbed him of agency, dignity, and ownership of his own eventual success, in my opinion. In the end, he made it back into school anyway, on his own terms (although this is not mentioned in my findings as it happened after data collection)!

So, our approach in the case where anxiety drives clients towards "unhelpful" attempted solutions is, firstly, to provide clients with all the good information we have so that they can use it to update their subjective reality. Secondly, we should remember that just because a solution is "unhelpful" for the majority of clients, there may still be some whose circumstances or priorities mean it actually is a good choice for them. We should be willing to hear the client's perspective, to work on building other supports if they are wanted, and to allow the client to set their own pace.

Some of the participants found (or expected to find) that anxiety impacted the amount of resources they could use for the task. Anxiety is already linked with poor sleep (Peterman et al., 2016; Weiner et al., 2015), as well as draining significant attentional resources (Hembree, 1988). "You might really not want to do new things if your anxiety is worse," suggested Annika, because "it would make [doing things] more tiring." However, while Annika found that time-management stress and anxiety about schoolwork drained her energy, realising how bad it was getting also meant she had more motivation to try the task. When you're stressed or anxious, "it would be a relief to see if *doing something different* actually works." Similarly overloaded, Jeff felt that he didn't have the time or energy left to try anything else. For him, doing anything different represented choosing

something else good to miss out on to make room. As the proposed tasks for Manu and Hope were things they were actually afraid to do, not just curious about, the possibility (in Manu's case) and the reality (in Hope's) of *doing something different* meant using a lot of courage and willpower. In this way, anxiety can mean that clients have fewer resources, such as time or energy, to use for *doing something different.* It can also mean that *doing something different* demands more resources, such as bravery and willpower, are consumed.

Anxiety may make clients more apprehensive about *doing something different*.

As well as sometimes feeling that the task might add to their sense of being overloaded or tired, three of the participants worried about how the task might go wrong, as described earlier - something that affected their experience of doing the task and also their decision making process around accepting the task. Did they worry more because of being anxious? Jeff specifically worried that if things did go wrong, it might "upset my anxiety and stress more." Manu and Hope felt a strong sense that it would "go wrong somehow."

While we don't know how this would be different if the participants were not dealing with anxiety, we do know that negative cognitive biases are strongly linked to anxiety, as discussed in the literature review. This may make the *doing something different* task more 'high-stakes' for some clients; they may over-focus on the perceived negative consequences for trying something different, and interpret the results of their actions as more negative than others would. For example, this bias might be manifesting when Manu says that his ideas are "not the best," or when Jeff repeatedly second-guesses himself later that session about how possible activities he could do with friends are doomed to fail. It might also be behind Manu and Hope both being so surprised when fairly ordinary things went well instead of the expected "going wrong." As well as perceiving the situations more negatively, the clients who ruminate a lot will experience negative situations for longer - mentally remaining in a bad experience even though it's over. For example, Hope dreaded being told off at work. Anxiety might be making her experience this correction as more negative and unpleasant, and also experience it for longer because she "can't stop thinking about it, even after." This can make everything seem more risky.

Annika described this as the anxiety "picking holes" in all her ideas, which one might imagine would make her also more apprehensive about *doing something different*. In fact, the opposite hap-

pened. Counselling provided a ‘safe’ place to explore the idea, and because the nature of the task meant it didn’t have to be a “good” idea. In addition, Annika thought: “when you’re really stressed or anxious, you’re so tired of it, you’ll try anything that might work.” Jeff also thought that sometimes stress “kind of motivates you - but not often.” So anxiety can make the *doing something different* task seem more risky to some clients, and some may also (or alternatively) find the experience of anxiety drives them to take a risk if it could offer relief.

***Doing something different* can be helpful.**

I am not here to draw quantitative conclusions about the efficacy of the *doing something different* task. In *this case*, both Participants who did the task found that it did help with managing their anxiety. For Annika, it helped because she gained a sense of control, and adopted the philosophy of “it’s OK if this doesn’t work” so that being stressed and anxious didn’t limit her choices as much. The way it helped Hope was by prompting her to try something new despite her fears. This incident became part of a chain of successes, extinguishing some of her fear and showing her her own competence. This lead to Hope being able to go shopping with her mum and have whole conversations about work, dreams, and things in stores.

How the research impacted my practice

The second part of my research topic had to do with the way the experience of research changed my practice as a counsellor. I was worried that “nothing of interest” would come out of this, and found it hard to think reflexively about for some time as a result, but to my relief I do have some qualitative descriptions of the way the research has changed both the counsellor and the counselling to discuss. The process of research led me to learn more about anxiety and become well practiced in delivering the solution focused technique of the *doing something different* task, but also changed some of the focus and philosophy of my practice, helped me improve at secondary skills, led to neglect of unrelated professional development, and profoundly changed my mental health and personal outlook as a counsellor, and as a human.

Development of skill with the *doing something different* task

Expectations

When I began I had mixed expectations of the *doing something different* task, and had not really incorporated it in my practice. It took up a mere page in our textbooks (Berg & De Jong, 2013; Hanton, 2011), and the example given in *Interviewing for Solutions* (Berg & De Jong, 2013, p.140)

was excitingly successful, but suspiciously pat. A family wants to stop bickering, and is asked to try something different. At dinner, the bickering starts up and this time, one of them just flings food at the other. They clean it up together, laughing. I was hopeful, but it also seemed silly. It was hard to envision it working with a potentially more reserved New Zealand audience. Then again, I'd just written a small literature review about why *doing something different* might work well with anxiety, so I was simultaneously full of enthusiasm to see it work wonders.

Initially, I didn't find using the *doing something different* task nearly as intuitive as the other solution focused techniques until I understood it better - through practice, mainly - so at first I got some unexpected, confused responses, including from clients who hated it. I felt disappointed that it hadn't met my expectations, and embarrassed to be "blundering around" working it out. Sometimes clients' responses surprised me - I was especially surprised by how hard it was for both them and me to think of examples of *doing something different* and it brought me up short in the middle of negotiating the task a couple of times. My initial reaction was "Oh no, how do I explain this? What a failure - they must think I'm an idiot!" So in that regard, it was disappointing and confusing. It was also exciting, especially when clients had agreed to be research participants. Every time I asked the question I thought "Wow! This is actually happening!" with no small amount of disbelief. I came to use the *doing something different* task with increasing confidence. After some clients found it useful, I felt relieved, and was able to take pressure off myself to "make it work" every time. A contributing factor to this attitude shift was also seeing how each client responded differently to the task. Of the themes that emerged in the findings chapter, each is shared by several participants - none is universal. In my opinion the *doing something different* task, like all of counselling, cannot be approached as a one-size-fits-all approach and must be adapted to work with each client's individual needs, worldview, and expertise in their own life. After doing this research, I now approach the task as one more tool that *might* be very useful - while accepting that it might not be.

Developing the way I use the **doing something different** *task*

As the counsellor-participant, I developed my practice through reading books, gaining experience at placement, attending professional development seminars, through professionals meetings at placement, supervision, and through the process of research. I became much more confident in delivering the *doing something different* suggestion, a process that involved practising it with clients, and coming to understand it at a deeper level. Once I felt I had really connected with the intent and meaning behind it, I was able to put it in my own words - and put it to the client in a way which meshed with

our conversations, which was meaningful to both of us, and do so at the right time and circumstance - rather than unnaturally parroting it. When we could better understand the meaning we were constructing together, clients were able to negotiate more around what the task would mean to them.

For Annika, I got the circumstances and words right by luck. For Jeff, it fell apart when offering the suggestion didn't go the way I anticipated and we both knew it wasn't making sense. This gave me clues to understanding about the task - particularly, the scope of the task - although I didn't put them together for a while. With Manu, we were able to re-negotiate a more coherent version of the *doing something different* task the second time round, in a later interview, as a result. To do this, I really had to learn to notice the important subtleties in the technique and make intentional decisions about them. I have also come to the conclusion that the *doing something different* task just won't fit for everyone - but with confidence in my ability to offer it, I can accept this without worrying that I "just did it wrong". In fact, my philosophy has changed on what "working" means - initially I thought the point of the *doing something different* task was to find more exceptions. Now I feel that its point is much more about giving people permission to look at their lives in a creative way - whether they choose to do the task or not. This is inherently aligned with the solution-focused positioning of client-as-expert, and solution-focused goals of promoting client strengths and agency (Bannick, 2007; Berg & De Jong, 2013; Hanton, 2011). I feel that this is a good reminder that there are different ways of connecting, different things that are helpful for different people, and that even the counselling techniques we use have the potential to be surprising or unexpected in their results.

How the research impacted my practice in general

Transferable skills

Some skills developed in the course of research were transferable to counselling practice. For example, I noticed that over time, I was forced to become better at getting details in interviews, and this crossed over into becoming better at eliciting details from clients (details are important in SFBT for finding exceptions, strengths, and values, as well as validating the client's experience, and amplifying client success (Hanton, 2011; Berg & De Jong, 2013). Thinking things were comprehensively discussed in my first, bumbling interview, then actually looking at the transcript and then trying to analyse the data only to realise - "I've asked all the wrong questions!" and "wait, how do I actually know what they really mean, here?" really brought home how much we sometimes only skim the surface in conversation. I discussed my difficulty with my colleague and unofficial mentor

Mandy after my first interview, and realised that I hesitated to seem 'pushy' or 'insensitive' or 'seem like I wasn't paying attention' asking for more and more details and exact meanings with clients. She suggested that instead, I could look at it as showing them that their perspective is truely important - something that could be really meaningful, especially for people who haven't had many people really pay deep attention to what they think. As a result of the research, this conversation about it, and practice trying to get "rich data" from clients, I have a renewed appreciation for hunting for details in practice (for the benefit of the client – as they hear their description). I also have appreciation for examining my social instincts (such as "It would be rude to push this issue") for whether they are true, reasonable, or useful in a counselling context.

Reflexivity

Similarly, stretching my reflexive practice has led to many small reminders of the subtleties of SFBT techniques and more intentional use of them. For example, after realising how important framing the *doing something different* task as an experiment could be (as discussed above) I make a conscious effort to frame almost all between-sessions-tasks as "experiments" now too. Although this has always been part of SFBT practice (Berg & De Jong, 2013), I hadn't realised it could actually be that significant - it was easy to forget about. As with framing the *doing something different* task, amplification of exceptions, building a future focus, and interview questions, the devil is in the details when it comes to SFBT.

Learning more, but in a narrowly defined area.

I gained some knowledge about anxiety in the course of writing this thesis. I found this useful for understanding more about the hurdles clients are facing, normalising aspects of anxiety to clients, and recognising opportunities for slightly targeted intervention. For example, being able to do a little psycho-education about anxiety has been very useful to normalise the situations of clients who feel embarrassed, stuck, or broken because of their anxiety, and it can help people make more informed decisions around the use of avoidance in their anxiety management.

I feel that this knowledge of anxiety is especially beneficial since anxiousness is so common. My personal experience as a counsellor has also been that my clients have been exposed to a lot of misinformation about anxiety, too. The ones I have heard most commonly are "it's all in your head, just try not to think about it," "you're not trying hard enough, you just want attention" and the idea that you go to counselling to be less anxious, so that you can then do the thing you're worried about

(when - referring above to discussion of avoidance and engagement strategies - really, it's more likely to be that counselling helps you engage with the thing you're worried about, and *then* you become less anxious about it). I am glad to have the knowledge to be able to normalise "it's actually really common that trying to not think about it just doesn't really help" and "this is hard for people, you've done a great job of keeping *these things* for yourself from anxiety" and to be able to explain things like balancing not getting overwhelmed with not avoiding things completely.

On the other hand, the research process meant that with less time, energy, and money, other potential areas of learning were missed. I only went to two short seminars this year, for example, and did almost no reading unrelated to anxiety and the *doing something different* task. Previously, workshops, seminars, and a variety of books have been sources of interesting information on a variety of topics including mental health, diversity, bicultural competence, community agencies, and even practical things like first aid. They also sparked reflection on my practice, and discussion and networking with other counsellors. I think it has to be acknowledged that while I gained in information and experience with anxiety and the *doing something different* task, I also lost opportunities to improve my knowledge base in other areas, and this no doubt has changed the course of my practice. For example, my workplace does comprehensive intake screening - and I think they have decided that I'm the resident "anxiety person," because the new clients with anxiety will be first allocated to me. I talked a lot about "interesting things I found out about anxiety" at work and that turned into running anxiety group work sessions with a colleague. I have to decide if this is a direction I want to continue down.

How the research impacted my practice via impact on the counsellor

The research reassured me that what we do with clients can have an impact.

At times, I have struggled with uncertainty over the usefulness of my counselling practice to my clients. Client outcomes sometimes seemed unrelated to "how good a job" I thought I was doing, and I wondered if I was having any impact at all! My clinical supervisor remarked that as a profession, we are in an unusual position of having an extremely strong imperative to do a good job, and to constantly evaluate ourselves, but few ways of objectively measuring that available to us. It came as a shock to me to realise that whole interviews worth of qualitative data really could be generated by a few minutes of conversation, especially in the case of Annika, who was so good at describing in depth her thoughts and feelings. Reflecting on the complexities of just this one small thing gave me an appreciation of how intense SFBT can be for clients and the weight that what we say can

have, particularly given the level of trust clients have in us and how that can change their decision making process as described above. It is, for me, a cautious feeling - but also a hopeful one, that we can always be on the lookout for what we say to have potential for real usefulness.

The research had a negative impact on the counsellor personally.

Looking at the personal impact of being a researcher and researcher-participant, my research journal shows a bitter picture. I struggled with exhaustion, burnout, frequent illness, with spending enough time at placement to get sufficient participants (but then not having enough time left over), financial stress, and significant stress about the academic process. I was not particularly suited to research. I was, for example, shocked to recently find out that most people can make themselves concentrate on something they aren't very interested in. Having already failed at academia before (perhaps due to illness - I feel in my heart that I tried hard, but at the same time I thought it must just be that I was very lazy, and somehow had also become quite stupid), I was quite stressed about the possibility of it happening again. Being "the smart kid" and "the one that's into science" as a teenager, I found that my new relationship with the university and with postgraduate work was not only uncomfortable but something that tore at my sense of self for several years.

I felt I was doing a good job at work, because my placement supervisor kept telling me she'd been hearing "fantastic feedback" about me. Projects like the anxiety group sessions (not discussed in this thesis) which I helped create went extremely well, and they kept trying to offer me a job ("I have to work more days on my thesis. And you'll have to fire me if I don't pass, anyway," I said) - I felt good about what I was doing as a counsellor. I felt vulnerable and full of rage that I might be kept from this amazing work environment where I could be useful because I was terrible at writing a thesis.

I wondered if the process of qualification was homogenising the outgoing stream of counsellors. For example, along the lines of health and socio-economic status; this year I spent three days each week at placement in order to get enough participants for the research. For most placement students these days would be unpaid, so they would need to also find time to work and study - good luck to anyone with a learning disability who needs more time, or is chronically ill and can't keep up that work pace. The student allowance has been cut for post-graduates. I am absolutely certain that I personally would not have been able to even attend this course without being financially privileged.

I noticed in myself an increase in avoidance, rumination, self-blame, and negative appraisal. Even knowing what they were, I couldn't shake them easily. I asked myself to try *doing something different* and came up with a couple of things that helped. I expected, but was still surprised at how much effort it took to *do something different*. I laughed at the irony of driving myself into anxiety about my thesis on anxiety. It got very bad. I'm not sure I want to be a counsellor any more, but I am hoping that will change when I finish the thesis and can get on with my job.

I write about this for several reasons. First, it affected my practice. Usually, I found that as soon as I walked out to greet a client I went into a calm, focused state where I could focus entirely on the counselling - useful, and quite a relief for me. Still, sometimes it was hard: "I was scraping the barrel to be present with my clients today," I wrote at one point in my research journal. Thanks to an abundance of colds and late-night stomach upsets, I had to cancel appointments at the last minute frequently. Sticky notes exploded over my desk as I tried not to forget anything important. Ethically, I felt I needed to rank my obligations to my placement and clients first - but I definitely couldn't give it the full attention it deserved. Feeling damaged and stressed gave me a richer insight into the struggles of clients who felt similarly.

Secondly, the principle of good qualitative research having *social validity* - reflecting the voice of the community involved, and conveying their experience and what they think is important - applies to the counsellor-participant / researcher-participant as well as the client-participants. As a participant, I want my perspective heard: I feel that the thesis made me better at some aspects of counselling, but at great personal cost. I would have preferred to improve my practice in a different way, but didn't have enough information at the time to make that better choice. I also suspect that the constraints of these academic exercises may provide an arbitrary and privilege-defined hurdle to the careers of prospective counsellors, unrelated to their ability to provide a quality counselling service or connect with counselling philosophies. Does this weed out the different and the vulnerable? As counsellors, we should be seriously thinking about this - the NZAC code of ethics (NZAC, 2016) has social justice as a key concept. I had hoped that contributing to the knowledge base around counselling would be a source of pride. My experience of it has been one of shame and frustration. Is this perspective biased by the tendency towards negative appraisal and rumination I have developed this year? Perhaps. Still, diversity among counsellors is precious and should be protected. And mental health problems are increasing among tertiary students (Eisenberg, Gollust, Golberstein, & Hefner, 2007). I don't know what the solution to these issues would be, but I would like to add my

voice to those encouraging flexibility, support, and availability of information among tertiary education.

Impact on clients and discussion of ethics

The counsellor and researcher roles

Managing the counsellor and researcher roles was sometimes challenging. I developed some "when you have a hammer, everything looks like a nail" syndrome with the *doing something different* task, and the topic anxiety too. It was constantly on my mind, particularly with time rushing towards my deadlines for recruitment and data collection. I think that in some cases instead of asking myself "what would be the best homework task to suggest?" I found myself instead wondering - with a mixture of enthusiasm and desperation - "would the *doing something different* task be appropriate for this person?"; questions which are superficially similar but actually represent fundamentally different directions. I found myself more frequently looking at my clients' presenting issues through the lens of anxiety - even those not participating in the research - and trying to apply the knowledge I had gained about it. Sometimes I had to hold myself back and ask "is this really what they're here for, though?" - often people come to counselling with anxiety, but anxiety isn't the issue they actually want to discuss. For example, Annika's issue with Steven was impacted by her stress and anxiety but her stress and anxiety weren't what she wanted to deal with that session. I tried to manage this as much as possible through intentional, mindful, reflexive practice - just being careful to take notice of how I was thinking during sessions. Supervision was helpful too.

A consideration of the impact of research interviews on participants

Research interviews put the spotlight on client actions. In SFBT, eliciting details is considered a powerful tool for amplifying successes. When a client reports an exception, we can ask questions like "how did you manage to do that?," "what was happening?," "who else was there?," "what did they do when they saw you do that?," "did you surprise yourself?," "how come that happened?," and more. The aim is to be curious about ways in which the client was competent, thereby reinforcing the clients perception of themselves as competent to engage with building a solution (Berg & De Jong, 2013; Hanton, 2011).

These questions are similar to the some of the ones asked in research interviews - bringing forth many details of the situation - which has the potential to reinforce the client's perception of how they acted within it. This is an opportunity to prompt participants to remember their successes and

help them practice using more metacognitive thoughts about their experiences. For example, if the research interview gave participants the opportunity to express that the *doing something different* task was confusing and scary, it also gave me the opportunity to reinforce that the participants were competent in engaging with something confusing and scary, by thanking them for *considering* the experiment despite this. If their way of *doing something different* became an exception - like Hope - this was amplified by my research questions around what that was like for her and how managed to do it.

It also means that the researcher needs to be careful not to leave participants with the impression that they were less competent than they'd hoped to be. For example, I might want to find out why a participant didn't end up doing the *doing something different* task. Asking a lot of questions about their decision making process, and what happened, could turn into an experience of shame or disappointment. A researcher might ask "how come you didn't end up doing the task?" with no judgement - but we can't necessarily divorce this kind of question from all the other times someone has asked us "why didn't you do your homework?" and "why have you still not done the dishes?" with absolutely implied judgement! I tried to mitigate this by framing these questions with expressions of the solution focused philosophy that clients "have good reasons."

For example, I said to Manu "It's totally ok that you didn't end up giving it a go. But, I'm wondering was there anything in particular that meant it didn't end up happening or *didn't seem like a good idea?*" This was a little clumsy - I would rather have said "so it sounds like you *worked out* that it *wouldn't be quite right to do it this week*, yeah? Can you put your finger on what told you that *it wasn't the right time*, or *what got in the way*?" - but either way, the phrasing positions "*not doing something different*" as either something understandably out of his control, or something he was wise enough to recognise wasn't right to do that week. We also then talked about and acknowledged how it *was* hard to come back the next week having not done it, and I also tried to normalise "*not doing something different"* by saying that for me, the research is "an experiment" too, and part of that could be finding out about times when *doing something different* isn't ideal.

Ultimately, the counsellor role is more important than the researcher role - I didn't end up pushing Manu for much detail on why he found that the *doing something different* task wasn't right for him, until I realised later that the issue might be around the scope the task is suggested in. At that point I asked him directly, explaining that I thought the way I'd asked him about it might have made it im-

possible to do - and what did he think about that? Then, we were able to talk in more detail because it was a time the counsellor, not the client, had been less competent than they'd hoped!

Conclusion

In summary, anxiety may have affected the participants' experience of *doing something different* in the following ways. It may impact the co-construction of exceptions with the counsellor, making it more likely that the *doing something different* suggestion will be offered. Anxiety may change the ways clients *do something different.* It also may affect whether they choose to try it at all, through driving avoidance behaviour, draining the resources available to clients, or amplifying their apprehension and negative cognitive bias. I have discussed the client-as-expert outlook of SFBT and how this can be integrated with our knowledge of anxiety and avoidance behaviour. I have also discussed how doing something different can be helpful to clients with anxiety.

In this chapter, I then discussed the impact of the research on the counsellors practice through development of skill, reflexivity, transferable researcher-role skills, and via its impact on myself as a person. I have also discussed management of the counsellor and researcher roles, and the impact the research interviews may have had on the clients.

Conclusion

Four participants experiencing stress or anxiety were offered the doing something different task during the course of solution focused brief therapy with me, the counsellor. The research question was, given this situation, how do the clients and counsellor experience the task? I explored this question using a qualitative case study methodology. Data from counselling sessions, research interviews, reflexive practice, and client notes were analysed using Hatch's inductive analysis.

The following findings emerged from the data. The participant experience of the *doing something different* task was that it can be hard to understand; surprising; risky but hopeful; optional but high pressure; and it may give clients permission to try new ideas or think outside the box. Clients made their decisions around the task based on the purpose they perceived in it; their anticipation of the future; their level of urgency; their ability to conceptualise the task, and their perceptions of the counsellor's opinion. Although these themes were discussed by most participants, none were universally experienced, and receiving the *doing something different* suggestion was different for each client. The counsellor developed their practice with the technique around aspects such as: evolving a rationale for using the task of addressing 'stuckness' with 'permission to think outside the box'; introducing verbal priming of the suggestion; matching the scope of the task to the scope of the problem; presenting the task as an experiment; and letting the client take the lead on how many ideas for *doing something different* to come up with. I discussed these findings and their relationship with anxiety; the impact of the research on my practice, and ethical considerations that emerged during the research.

This research has limitations. It doesn't draw generalisations about SFBT, anxiety, or youth. It provides no conclusions about the effectiveness of *doing something different* as a SFBT technique. Other clients will have totally different experiences with the *doing something different* task that may bring up entirely new, important themes not explored here at all. The range of experiences portrayed here is limited by the small size of the project.

Furthermore, at each stage the novice researcher makes mistakes or oversights that are not discovered until later - too late! In retrospect, this thesis would be more robust if I had used more interview time to talk about anxiety (I think a more rich discussion could have resulted); and if I had in-

corporated findings and discussion related to the youth of the participants (addressing it directly instead of relegating it to contextual information). Interviewing for good rich data was a steep learning curve; the data from my first participant was discarded entirely due to this problem and a more experienced researcher would have uncovered much more. It should also be remembered that Hatch's (2002) framework for inductive analysis is a basic one. This does make it suitable for a Master's portfolio thesis - but another framework may have picked up more or been more rigorous. Finally, as discussed in the methodology chapter, this is the researcher's interpretation of the co-constructed conversation between myself and participants - who make their own decisions about how to portray, and how much to reveal, of their inner opinions, which may in turn be built and re-built as we discuss them.

In terms of further research directions: the literature on anxiety in general (its causes, prevalence, and treatment) is fairly robust. There is a need for more research into SFBT and its effectiveness (Kim & Franklin, 2009), and counselling and psychology with youth (Shirk & Karver, 2003), although in both cases the rate of research is accelerating (Corcoran & Pillai, 2009; Shirk & Karver, 2003). One aspect of this further research includes a cross section with the topic of anxiety. Kazdin & Nock (2003) claim that more mechanistic research into *mediating factors (*in youth counselling and psychology) is needed in particular. They suggest that information about why and how counselling works is the most efficient way research can improve clinical practice - for example, *this* thesis displays how complex and interesting the *ways* that counselling works (or doesn't) can be. The nature of a client's experience with even a small thing like the *doing something different* task is much wider and deeper than the question of "did it work?" and is worthy of being explored through qualitative (and quantitative, mechanistic) research.

The vicarious experience brought to the reader here is a tiny drop in the ocean of research - but each client's individual, unique experience is significant to the person having it. This thesis aims to honour that significance for four (or perhaps five, including the counsellor) people. It tells stories that illustrate *some* of the complex and variable ways clients, their anxiety, and their counselling come together. It is my hope that the findings outlined in this thesis have provided the reader with a rich insight into our experiences, as solution-focused counsellor and clients with stress or anxiety, of the *doing something different* task. For counsellors (& others) doing solution-focused practice, I hope it has provided a reminder of the surprising and unique nature of counselling, and a vicarious experience which is useful for your own reflexive consideration.

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Appendix 1 - Core Techniques in SFBT

The following core techniques have been identified as part of the effort to categorise research as "SFBT or not." (De Shazer & Berg, 1997; Gingerich & Peterson, 2013; Bond et al., 2013; Kim & Franklin, 2009). I have made a short summary of them here - for much more detailed information I refer the reader to *Skills in Solution Focused Brief Counselling and Psychotherapy* (Hanton, 2011), and *Interviewing for Solutions* (De Jong & Berg, 2013).

1. The miracle question.

   The miracle question is used for imagining what the future might look like and create a clear goal in vivid detail. The benefits of having this vision are that it helps the client to recognise progress and steps along the way, to begin to think about the situation in a solution-focused way (as opposed to a problem focused one), and to be hopeful and include the people and things that are important to them in the picture. It is usually asked in the first session.

   Asking the miracle question involves asking the client to imagine that this night, when everyone is asleep, a miracle or similar unexplained event happens, and the problem that brought them to counselling has been solved or improved. The client is asked to imagine in detail what small changes they might notice that would lead them to realise that something had changed.

2. Scaling.

   Scales are used frequently in SFBT as a tool to develop a shared understanding of a situation, to validate the client's perspective, to look at how things have changed over time, and in goal setting. They are a useful springboard for eliciting and exception-seeking questions too (for example "I wonder, what do you think you might notice first when things go from being three out of ten to four out of ten?").

   The most commonly used scale is from 1 to 10, but can come in any form fit for purpose. For example, I used Tihei Wa Mauri Ora (Piripi & Body, 2010) with two clients in this study. Instead of being a scale of numbers, it is a visual scale of several things at once which are open

to the clients interpretation; concepts of the realms of existence in Te Ao Māori, colours, and shape (a spiral).

3. An end of session break followed by compliments and suggestions

At the end of each solution focused session, the counsellor and the client take a short break to reflect on the session. During this time, the counsellor assembles a short, structured feedback message for the client. This feedback should reflect the gist of the meeting, in an authentic, positive, future focused way. It is then followed by a suggestion, which is linked to the clients goals and strengths. The suggestion is negotiated with the client, realistic, measurable, and and they have the freedom to choose whether or not to do it.

Although suggestions are not pre-defined, there are some common ones recommended for certain situations (Berg & De Jong (2013) go into considerable detail). The most common suggestions are that the client *take notice of when things are better, even just a little bit,* and if the client has found some deliberate exceptions (times when something they did improved things for them) that they *keep doing what they found was helpful.*

4. Analysing the discussion for, and amplifying, client strengths and solutions

The solution focused counsellor is encouraged to listen with an ear for strengths, exceptions, and resources. These are often particularly focused on during a period of ‘problem-free talk’ or using scaling but can appear at any time during a session. In some ways, this is less a tool as much as a state of mind. When strengths are noticed, they should be amplified - brought to the clients attention as examples of their own competence. Questions such as “how did you manage to do that?” and “have any other people noticed that you’ve been able to do this? What have they said?” are often used.

5. Goal setting

Goals are realistic, specific, vividly detailed, and usually put in the context of scaling. Goal setting is always a part of SFBT.

6. Searching for exceptions

Exceptions are times when the problem is not there, or better managed. Examining these times helps the client build hope and leads to solution talk - discovering what *works* as part of

the solution, not what's going wrong. The counsellor's job is to amplify these exceptions by asking about the conditions that caused it - such as who was there, what skills the client was using, what kind of conditions were in play - especially looking at ways the client may have had agency in creating it.

7. Coping questions

   I consider coping questions a natural extension of the solution focused philosophies of *clients being the experts in their own lives* and *a focus on client strengths.* Some clients are not ready or able to be very positive about their situations, and may not be able to identify any exceptions yet. Rather than becoming "solution forced," the solution focused way is to see this as some level of *success* at *coping with the problem*, not a failure to develop a solution or make progress. Any client that is alive is, to some extent, coping. A client who has gotten up, dressed, and made their way to an office (let alone maintaining relationships, or a job, etc.) may have made a huge effort in doing so. Coping questions like "*how did you manage to get here today despite all this?"* can identify conditions, skills, and resources that will help the client. They can also be a way of drawing a clients attention to their own competence and effort - to see what they have managed to keep up with, not what they haven't.

Appendix 2 - Ethics documentation

Appendix 2 - Ethics documentation - Approval letter

HUMAN ETHICS COMMITTEE

Secretary, Rebecca Robinson
Telephone:
Email: human-ethics@canterbury.ac.nz

Ref: 2016/49/ERHEC

24 March 2017

Rachel Hanover-O'Connor
School of Health Sciences
UNIVERSITY OF CANTERBURY

Dear Rachel

Thank you for providing the revised documents in support of your application to the Educational Research Human Ethics Committee. I am very pleased to inform you that your research proposal "What are the Experiences of Anxious Clients with "Trying Something Different" in my Solution Focused Brief Therapy Practice?" has been granted ethical approval.

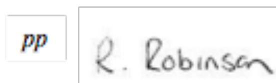
Please note that this approval is subject to the incorporation of the amendments you have provided in your email of 12th March 2017.

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

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

We wish you well for your research.

Yours sincerely



Dr Patrick Shepherd
Chair
Educational Research Human Ethics Committee

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

F E S

Appendix 2 - Ethics documentation - Amendment approval letter

HUMAN ETHICS COMMITTEE

Secretary, Rebecca Robinson
Telephone: [redacted]
Email: [redacted]

Ref: 2016/49/ERHEC Amendment 1

9 March 2018

Rachel Hanover-O'Connor
School of Health Sciences
UNIVERSITY OF CANTERBURY

Dear Rachel

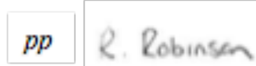
Thank you for your request for an amendment to your research proposal "What are the Experiences of Anxious Clients with "Trying Something Different" in my Solution Focused Brief Therapy Practice?" as outlined in your email dated 26th February 2018. I am pleased to advise that this amendment has been considered and approved by the Educational Research Human Ethics Committee.

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

If you have any questions regarding this approval, please advise.

We wish you well for your continuing research.

Yours sincerely

pp 

Dr Patrick Shepherd
Chair
Educational Research Human Ethics Committee

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

F E S

Appendix 2 - Ethics documentation - Participant information sheet 1/3

Department of Health Sciences
Email: [redacted]
10/2/18

Counselling Research

Information sheet for participants

My name is Rachel Hanover-O'Connor and I am a counsellor and a masters student in the department of health sciences at the University of Canterbury. I am studying towards a masters in counselling and as part of that I want to research what counselling is like for people. I have chosen to look at one particular part of counselling known as the "doing something different" task. .

Working with a counsellor can help people develop ways to manage a problem they're facing.

I'd like to work with you, as a counsellor, on whatever problem you have decided to bring to counselling. Later, we'd talk about how you felt and what you thought about the process, and I'd use the information to write about what it's like for people to go through this process. This will form my masters thesis, which will be publicly available through the university library database. It might also get written up into papers which will be published in counselling journals. You will also be given a summary of the results. It is my hope that this information will help counsellors and our clients in future. **If there's something you'd like to bring to counselling but you don't want to be part of the research, I am still happy to provide you with regular counselling.**

Getting into more detail...

What we'll ask you to do

- Come to counselling meetings at [redacted] until you are satisfied with the changes you have made, or until you no longer want to attend. Each session will usually be fifty to sixty minutes long and will be recorded. Afterwards, I will write down my thoughts about what we did. I'll use these thoughts, as well as the notes I would normally write down in a counselling session, and my observations of the recording in my research.
- During this time we'll have a couple of 10-15 minute talks before and/or after some of our sessions. These will be about what some aspects of the counselling were like for you. These interviews will be recorded too.
- Later, I will ask you to meet with me to check my notes in case I have got something wrong, and to get your opinion on what I've written up. I will also ask you to look at what I have written and check that you are happy that nobody could guess who you are from it. This would be two or three 10-15 minute interviews again.

The risks of being in research

The risks of participating in this study may be:

- Someone might read my thesis or articles based on the research, and guess who you are from what was written. We'll be minimising this risk by changing your names and any really specific things about your life that get mentioned. You'll get to check what I write in the thesis before it gets published to make sure you're happy it doesn't identify you.
- The interviews are recorded, so someone might see what you said in them. We'll be dealing with this risk by password protecting the drives that store the recordings and locking them up. The only people we will show them to are myself, my supervisors Judy Miller and Shanee Barraclough, and maybe some people who will be transcribing the recording onto paper. I'll tell you the names of any transcribers, or anyone new that might be shown the recordings, before that happens so you can check they're not someone you know. If I get a transcriber, they'll also have to sign a confidentiality form. If you know them or you're not comfortable with them seeing

Appendix 2 - Ethics documentation - Participant information sheet 2/3

for some reason, we won't show them. At the end of the project, the recordings will be deleted, and the written copies will be locked up for 5 years, then deleted.

- As a researcher I'm supposed to be curious about your reactions, feelings, and life in our research interview. It might be that this brings up stuff you don't want to talk about or find upsetting. You don't have to answer any questions you don't want to - you can call time-out whenever you want. I am also prepared as a counsellor to help you through any difficult emotional material should it come up. You can also see another counsellor at ████. I can set a meeting up with someone if you want.
- You might spend 1-2 hours of your life in my research interviews, in addition to counselling sessions. I hope this will be worth it for you in terms of gaining self-understanding, experiencing academic research, and contributing to the advancement of health science.

Pulling out

Being a research participant is totally voluntary, and if you find you don't want to be part of the research any more, you can withdraw at any time without getting in any kind of trouble, and you can still get counselling with me or another counsellor if you want it. If you do pull out, you can also ask me to delete any information we have about you (recordings, transcripts, etc) and we'll do our best to do that immediately.

To withdraw, please fill out & return the withdrawal form which you can pick up from reception or myself, or you can email

████████████████ (Myself)

or ████████ (████)

If you want to keep getting counselling for stress or any other issue you are more than welcome to continue with me, or you can see one of the other counsellors at ████.

Detail about what we do with your data...

We're going to publish the results of this research, but we'll make it so that nobody can identify you. This is what we're going to do to make sure your confidentiality is kept safe:

- The recordings of you will be put on a password protected drive (drive number 1) which will be kept locked up as much as possible. Then they'll be deleted at the end of the project.
- The transcripts of your recordings, and research notes about sessions and interviews with you, will be kept on a different password protected drive (drive number 2). That will be kept locked up for 5 years and then deleted. They won't have your names on them - just a number. The key that links your name and your number will be kept on drive number 1. That way if anyone gets their hands on the second drive, they won't know who's saying what.
- Paper copies of notes will be kept in a locked cabinet and then deleted at the end of the project.
- Scans of your consent forms will be kept on drive number 1 and kept for five years.
- All of the above data (called research notes) is part of the research, so the research team has legal ownership over it. The people on the research team (myself, Shanee Barraclough, and Judi Miller) will have access to it. Also, a transcriber may see the recordings; you'll get to approve the transcriber beforehand though if we choose to use one.
- The notes about our counselling sessions (called clinical notes) have to be kept for 7 years and they belong to ████.
- If you want to withdraw from the project and you want your data removed, we'll delete the research notes about you immediately.
- At the end we're going to write a thesis and maybe some journal papers. These are public documents and the thesis will be available through the UC library.

Who to contact if you have questions or something goes wrong!

The project is being carried out as a requirement for a Masters of Counselling by Rachel Hanover-O'Connor under the supervision of Shanee Barraclough, who can be contacted at ████████████. She will be pleased to discuss any concerns you may have about participation in the project.

Appendix 2 - Ethics documentation - Participant information sheet 3/3

This project has been reviewed and approved by the University of Canterbury Educational Research Human Ethics Committee, and participants should address any complaints to The Chair, Educational Research Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch ([redacted]).

If you agree to participate in the study, you are asked to complete the consent form and return it to Rachel Hanover-O'Connor.

Appendix 2 - Ethics documentation - Consent form (16+)

Rachel Hanover-O'Connor
Department of Health Sciences
Email: [redacted]
2/3/18

Consent form

Counselling research

I am age 16 or over.

I have read and understood the description of the above-named project. On this basis I agree to participate as a subject in the project, and I consent to publication of the results of the project with the understanding that anonymity will be preserved.

I understand also that I may at any time withdraw from the project, including withdrawal of any information I have provided.

I note that the project has been reviewed and approved by the University of Canterbury Human Ethics Committee.

NAME (please print): ....

Signature: ....

Date: ....

☐ I would like a copy of the research results

Email: ....

Appendix 2 - Ethics documentation - Consent form (under 16)

Rachel Hanover-O'Connor
Department of Health Sciences
Email: [redacted]
2/3/18

Guardian consent form

Counselling research

I have read and understood the description of the above-named project. On this basis I consent to the young person named below participating as a subject in the project, and I consent to publication of the results of the project with the understanding that anonymity will be preserved.

I understand also that the young person may at any time withdraw from the project, including withdrawal of any information they have provided, or I may do so on their behalf.

I note that the project has been reviewed and approved by the University of Canterbury Human Ethics Committee.

I am the legal guardian of the young person named below.

Participant's name (please print): ....

Guardian's name (please print): ....

Signature: ....

Date: ....

☐ I would like a copy of the research results

Email: ....

Appendix 2 - Ethics documentation - "Withdrawal form"

Note that the "withdrawal form" was given to participants when they signed up to enable them to withdraw from the research without having to bring up the topic - if they wanted. Participants were told they could also withdraw at any time by "just letting me know" or sending an email, "without worrying about the form."

Rachel Hanover-O'Connor
Department of Health Sciences
Email: [redacted]
2/3/18

Withdrawal form

Counselling research

Thank-you for considering being part of this research. I would like to reassure you that I understand that there are many reasons you may not want to continue being a participant, and this is fine!

Do you still want counselling?
[ ] No.
[ ] Yes - with Rachel.
[ ] Yes - please arrange for me to see a different person.

What do you want done with the data collected about your experience?
[ ] The data collected so far can still be used for this research, I just don't want to participate in any more interviews/research.
[ ] Destroy my data.

Would you like to leave any comments about your experience with this research?

____

____

Name: ____

Date: ____________________

Please return this form to Rachel Hanover-O'Connor by handing it to reception, or giving it to Rachel, or emailing it to [redacted] or emailing it directly to [redacted] at [redacted]. We will send you an email to confirm we have received it.

Appendix 2 - Ethics documentation - Transcriber confidentiality form

Rachel Hanover-O'Connor
Department of Health Sciences
Email: [redacted]
2/3/18

Transcriber confidentiality form

Counselling research

I agree not to discuss what I have transcribed with anyone except the researcher.

I agree not to identify the participants involved in the recordings I am transcribing to anyone else, or to attempt to contact them. If I know anyone involved in the research personally I will inform the researcher immediately.

I will not make copies of the recordings provided or the transcripts I have made, and will save them in the manner instructed by the researcher.

While I am in possession of the recordings for transcription I will keep them securely on the password protected drive provided. I will endeavour to keep this drive in a secure place.

I will transcribe the recordings in a place or manner where they will not be overheard or seen by others.

Name: ____

Date: ______________________

End of document