Solution Focused Workshops for Parents:
A case study of experiences and outcomes for parents
and professionals

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ABSTRACT

Solution Focused Brief Therapy (SFBT) has been applied in various settings in different countries for several years. Recent research suggests that a factor that appeals to the professional user is the creative application of the approach, exemplified in the wide and varied use in Educational Psychology (EP) practice. Despite this growth in the variety of applications there are limited examples of the use of SFBT with groups of parents in a context where a number of more structuralist approaches to parenting work are currently being offered by Local Authority and EP services. Applying a social constructionist approach to parenting work through a workshop model based on SFBT was therefore thought to be a useful development for practitioners who favour working within this paradigm.

Drawing from the constructivist paradigm the aim of this study was to understand the experiences of parents and professionals of attending workshops that had been developed based on the principles of Solution Focused Brief Therapy (SFBT). The research takes the form of case study in the sense that the ‘Case’ that is being studied is the workshops themselves and the process of their delivery to a group of parents. Data was gathered from co-deliverers of the workshops as well as the parents themselves through a series of semi-structured interviews and focus groups. This was analysed using thematic analysis.

The findings indicated that a number of elements of the workshops were important, including: questions as to why people had been asked to attend and how they became engaged in the approach on initially attending; the importance of feeling comfortable and socially at ease; some specifics regarding the nature of the SFBT approach; the changes in thoughts and behaviour that had taken place between the start of the process up to the three month follow-up period. Each parent reported degrees of positive change and the story regarding these changes is explored, along with reflections by the researcher. The extent to which SFBT contributed to engagement and outcomes is discussed along with the future possibilities for this way of working with parents.
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CHAPTER ONE.
INTRODUCTION

1.1 Summary
The project that is the focus of this study originally came about as a result of a Family Development Worker (FDW) from a Children’s Centre contacting Local Authority ‘S’ Educational Psychology Service asking for assistance in running a parenting programme. The FDWs were experiencing difficulties in delivering the ‘curriculum’ of the programme as parents were reporting that the strategies recommended by the programme were not helpful. I had experienced similar difficulties when giving parents and children direct advice or strategies. I suggested to the workers that a different approach might be to guide the parents through a solution focused process as I had found this a more beneficial approach to problem solving in my own practice. I then structured two sessions with the group of parents based on the principles of Solution Focused Brief Therapy. From this beginning, the idea of developing a series of Solution Focused parenting workshops was discussed at a strategic level within the authority as a result of positive feedback from the children’s centre manager to the Director of children’s services.

This study is intended to inform a broader project that has been commissioned of SEPS by an Assistant Director who oversees Children’s Centres. We have been commissioned to deliver a series of parenting workshops based on a Solution Focused approach. These had been developed and delivered as a pilot during the previous term by myself, whilst being shadowed by a Family Development Worker (FDW) for the centre. The pilot sessions were then reviewed and used to inform the further development of the parenting sessions. It was also an intention to inform the content of training as part of ‘rolling out’ the programme to all Local Authority ‘S’ Children’s Centres by the end of the next academic year. A copy of the proposal for the project, a step-by-step breakdown of the process of developing and ‘rolling out’ the programme can be found in appendix A and an overview and example session can be found in appendix B. In summary, the Compass process involves parents being invited to attend a series of five workshops. The workshops help parents to set ‘goals’ about how they would like things to be in the future for their families. We then help parents and families to
find and notice their strengths. The workshops are for all parents and so in this sense it is a universal approach to parenting support.

As is further explored in the literature review, it can be difficult to define the exact components of therapy that denote SFBT (Woods, Bond, Humphrey, Symes, and Green, 2011). Making reference particularly to SFBT, Selekman (1993) identified a number of assumptions underpinning practice. These assumptions included the notion that cooperation is more constructive than a focus on power and control and that cooperation is inevitable in therapy. He also postulated that change is inevitable and only a small change is necessary. A further assumption identified by Selekman was that clients bring with them the strengths and resources to change. This allows the therapist to consider that the counsellor is not the guiding force in the process and that clients developing this understanding in itself could be significantly empowering. Selekman also holds the view that problems are unsuccessful attempts to resolve difficulties. This assumption suggests that lengthy time spent on an issue is not necessary, only time enough to explore alternative approaches to the problem is necessary. Among these assumptions he suggests that there are many ways to consider a problem and none is more right than another.

Based on these assumptions of SFBT the key principles of Compass in terms of how the approach is structured/guided and also the principles that are outlined to parents in the initial session are as follows;

- Parents and families have the necessary strengths and resources to make changes
- A focus on a positive future helps in finding solutions to problems
- If it works, do more of it: If it doesn't work, do something different.
- Collaboration with others helps when making changes.

A clear outline of each Compass session and examples of detailed session notes can be found in appendix B.

This research will be concerned with the delivery and follow up interviews for one set of Compass Workshops in a primary school in South Local Authority ‘S’. I
delivered the workshops and was joined by two FDWs who supported and provided refreshments etc. The intention was that the experiences of the parents and those involved in delivering the workshop sessions, as well as the outcomes for the parents be used to further inform the development of the Compass Workshop materials and delivery.

This study takes the form of case study in the sense that the ‘Case’ that is being studied is the set of Compass Workshops themselves that were delivered in the setting. Information from the FDWs involved in delivering the sessions was gathered in the form of semi-structured interviews following the delivery of each session. Data gathered from individual parents was in the form of semi-structured interviews immediately following the final workshop and also three months later. A focus group was also held immediately following the final session with all those who had participated being invited to contribute.

The Solution Focused approach was developed in America by psychotherapists Steve de Shazer and Insoo Kim Berg (1982). Two main ideas underpin the approach and these can be further broken down into a number of principles. The first idea is that problems are not ‘ever present’ in a person’s life and that there will be times when the problem is not influencing the person’s life to the same extent. These times de Shazer and Berg called ‘exceptions’. Whatever the person is doing differently at these ‘exceptional’ times can form the basis of a potential solution. Part of the solution-focused practitioner's task is to discover whatever a person is already doing which might contribute to the resolution of the problem.

The second idea of the approach is that if a person has a sense of where they want to get to they are much more likely to get there. It is contended that one of the common consequences of a serious problem is that it can make a person’s view of the future unclear. A person may know that they don’t want the problem but may have lost sight of what they do want. Solution focused practise asks lots of questions about what life might be like if the problem was solved. As the answers to these questions unfold, both practitioner and client begin to get a picture of where they should be heading. The clearer this becomes the greater the possibility of it beginning to happen.
A significant aspect of the rationale for this study is the fact that there has been a wide range of applications and studies of SFBT in therapeutic and educational settings but there is little research regarding its application with groups of parents. The development of a series of workshops based on the principles of SFBT for EPs to deliver in community settings would, therefore, make a contribution to the range of work that can be offered by SEPS and also contribute towards a new direction in the application of SFBT.

A number of reviews of the literature regarding the effectiveness of SFBT have been undertaken (Gingerich and Eisengart, 2000; Corcoran & Pillai, 2009; Kim & Franklin, 2009; Woods et al 2011). There is a great deal of commonality across these reviews in terms of conclusions indicating the presence of published work that supports the effectiveness of SFBT although the empirical evidence base is not robust or comprehensive. There are a number of reasons for the lack of controlled studies that are cited by the literature reviews including the wide range of applications for SFBT and the range of practice that describes itself as SFBT.

Creative application of SFBT has emerged as one of the factors that appeal to the professional user (Ajmal and Rees 2001). Its utilisation at differing levels and with a variety of population levels as reported by King and Kellock (2002) is well documented as it applies to Educational Psychology Service (EPS). Work with families has not necessarily been seen as the domain of the EPS over the years, with the education context being the primary focus. Through the wide range of applications of SFBT Stephenson (2001) argues it has provided the hitherto ‘school’ psychologist with the tools and confidence to step beyond this traditional role and into one which includes familial work. These issues along with a more detailed exploration of the principles, practices and applications of SFBT are explored in the literature review in chapter two.

There are a number of areas that converge to support further research into the role of EPs with regard to engaging in work with parents. The previous government placed parents at the heart of the Every Child Matters agenda and many initiatives ‘sprang up’ in order to support parents. The current DfE also
places parents and parental choice at the centre of the processes outlined in the SEN green paper ‘Support and Aspiration’ (2012). Within Local Authority ‘S’ we have a number of initiatives aimed at supporting families, including ‘Think Family’ and ‘Time for Families’. Support ranges from universal guidance to targeting specific families for attendance at parenting programmes such as ‘Triple P’. Senior Management within the authority is keen to commission work from providers who have a clear theoretical basis to their work and also are capable of evaluating outcomes. Within the educational psychology profession itself there has also been a move towards a more community based model of practice (Stringer, 2006). The literature regarding current practice in the area of parenting programmes, outcomes for parents and factors to consider on their implementation is reviewed in Chapter 3.

This study used a single case study methodology (Yin, 2009) to answer the research questions. The ‘case’ that was studied was the Compass Workshops themselves as they were delivered to a group of 5 parents in a primary school in the south of Local Authority ‘S’. There are two key approaches that guide case study methodology: one proposed by Robert Stake (1995) and the second by Robert Yin (2003, 2006). Both Stake (1995) and Yin (2003) base their approach to case study on a constructivist paradigm. This paradigm “recognizes the importance of the subjective human creation of meaning, but doesn’t reject outright some notion of objectivity. Pluralism, not relativism, is stressed with focus on the circular dynamic tension of subject and object” (Miller & Crabtree, 1999). Constructivism is built upon the premise of a social construction of reality (Searle, 1995). One of the advantages of the case study approach is the close collaboration between the researcher and the participant, while enabling participants to tell their stories (Crabtree & Miller, 1999). The constructivist paradigm is consistent with the principles of SFBT.

According to Yin (2003) a case study design should be considered when:

(a) the focus of the study is to answer “how” and “why” questions; (b) you cannot manipulate the behaviour of those involved in the study; (c) you want to cover contextual conditions because you believe they are
In this instance, the case study is concerned with parents and family workers experiences from attending the delivery of the Compass Workshops. A case study was chosen because the case was the Workshops themselves, but the case could not be considered without the context, the parents in the school setting, and more specifically the individual experiences and interpretations of each person who attends. It was hoped that it would be in this context that positive change occurred for the people in attendance. It would be impossible to have a true picture of change for families without considering the context within which it occurred. Further exploration of the rationale for using a single case study approach is undertaken in chapter four.

The term `insider research' is used to describe projects where the researcher has a direct involvement or connection with the research setting (Robson, 2002), as was the case in this study. I both facilitated the workshops and gathered the data that was the focus of the study. Such research contrasts with traditional notions of scientifically sound research in which the researcher is an `objective outsider’ studying subjects external to his/herself (Denzin and Lincoln, 2000). The debate regarding benefits and disadvantages of insider research is outlined in more detail in chapter four with an emphasis on social constructionism, contending that insider research has the potential to increase validity due to the added richness, honesty, fidelity and authenticity of the information acquired.

The principal tool used for data analysis was thematic analysis, as described in six stages by Braun and Clarke (2006). This involved familiarising myself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and reporting results. Chapter four expands on the rationale for utilising this approach to data analysis and the methods used. Further information and evidence of this process is also available in appendix C.
This study aims to make an original/distinctive contribution to the fields of EP practice, SFBT practice and work with parents in the following ways:

- Developing a new means for EPs to work in a community based way with parents.
- Developing an understanding of the efficacy of the use of SFBT with groups of parents.
- A significant role in the development of a process, rather than curriculum based, approach to working with parents.
- To collaboratively develop the Compass approach and further understand how it can be delivered and the skills needed to deliver it in order to inform training and roll out.

1.2 Research Questions
The following questions are to be answered at the end of the time period that is the focus of this study:

1. How do parents describe their experience of attending Compass workshops?
2. What, if any, changes do parents report both immediately following completion and after 3 month follow-up?
3. How might the workshops be improved in the future, from other family workers and parents perspectives?
4. How can an SFBT approach be used to provide trainers with a useful framework?
CHAPTER TWO. LITERATURE REVIEW.
SOLUTION FOCUSED BRIEF THERAPY AND PARENTING PROGRAMMES

2.1 Introduction.
This literature review will seek to understand the principles and assumptions upon which SFBT is based and how these are put into practice. The efficacy of various applications of SFBT will also be explored before looking at specific applications in parenting work and identifying any gaps in the literature. The various types of approaches to parenting group work will also be discussed in terms of approaches and evaluations.

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

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

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

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

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

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

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

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

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

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

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

**Figure 1– Description of the Constructive Therapist**

*(Adapted from Friedman, 1996)*

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

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

The next section of this chapter seeks to outline some of the therapy models that have emerged, influenced by both philosophical stances and that reflect the strong underpinnings in their use of language in the change process, the role of language in the change process and the shared expertise between therapist and client in the discovery of alternative narrative to any existing, more problematic ones. This group of therapies are noted in practical terms as strategic in their application and are commonly know by that name (Ray, 2002).

2.4. Solution Focused Brief Therapy

SFBT is regarded as a constructivist and post modern approach, in which therapist and client co-create alternative realities to the problem-saturated narratives that trouble people (de Shazer and Berg, 1997). Therefore, such proponents view the process of problem solving not simply as a matter of building solutions but also as a reformulation of new or different constructs, usually social. The therapeutic process is purposeful (Lipchik, 1987) by virtue of the interview being semi-structured around questions such as the Miracle Question and scaling – the intention being to “influence the clients’ view of the problem in a manner that leads to solution” (Berg and Miller, 1992). However, comments from some quarters of related therapy models suggest that this may also be a weakness within the SFBT approach, that of being unnecessarily formulaic (Bertolino, 1999). In his comments, Bertolino (1999) suggested that, within SFBT, the therapist may be imposing his or her model from the beginning by pursuing solutions early on in the work, contrasting with the approach he favours, namely, Solution-Oriented, whereby clients are invited to spend as much time as is necessary discussing their concerns. This hitherto omission from the SFBT model is considered an important inclusion within many other constructive models such as Narrative, Ericksonian, Solution-Oriented and Possibility and serves to significantly distinguish SFBT in that way (Rees, 2002). Lawson, McElheran, and Slive (1997) put forward the reason for including the client problem, contrary to the permission provided within SFBT for omitting it. Even within the single session work of some constructive and strategic brief therapies, Lawson et al (1997) state that “research indicates that for
many clients, the most valuable aspect of the therapy session is the opportunity to tell their story and be heard” (p.15) which follows from Rogers’s (1961) assertion that people need to feel heard and understood. Bertolino (1999) concludes by saying:

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

The notable absence of extensive problem narrative discussion within SFBT might suggest that more time is spent on solution building, and that this can begin at the earliest opportunity during therapy. McKeel (1996) investigating the ‘brief’ feature of SFBT, noted that positive outcome emerged on average from between three and five sessions. This rate of sudden change was attributable to a number of key factors appertaining to the model itself, namely:

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

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

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

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

McKeel (1996)

Elsewhere, Steenbarger (1994) proposed that a brief therapy such as SFBT
‘achieves much of its brevity by generating novel experiences under conditions of heightened emotions’. It is argued that despite not actively seeking problem narratives, that by using interpretation, session exercises and homework tasks, the techniques of SFBT can serve to ‘bring individuals closer to the anxieties, resentments and losses that trouble them’. Then, in the context of this experience, SFBT introduces different ways of viewing problems, new ways of approaching difficulty and/or new understanding of identity. It is claimed by Steenbarger (1992) that ‘just as experiences during periods of trauma tend to imprint themselves on people, the novel experiences of a brief therapy like SFBT tend to “stick” in emotionally charged circumstances’. However, despite the novelty of SFBT being considered as providing positive effect, its reported brevity (McKeel, 1996) has raised concern in some quarters that perhaps the work is becoming altogether too brief and seen as “solution-forced” counselling (Ray, 2002). Reference is made to the fact that little work has been conducted to date that includes long-term follow up in order to determine possible rates of relapse, with findings concentrated rather on its short-term impact. Therefore, it is not unsurprising that alternative therapies demonstrate a better record of effecting long-term changes (Steenbarger, 1992), raising the question about the appropriateness of three to five SFBT sessions for clients experiencing complex problems.

2.5. How are the principles and assumptions that underpin SFBT put into practice?

Each psychotherapeutic model has its own set of principles. The literature suggests that in the case of SFBT that the pragmatics of Erickson, the thinking of Bateson (de Shazer, 1985) and, problem-solving, strategic formulations of Haley (1987) and O’Hanlon, (1987) has influenced its principle base (Ray, 2002). Ray (2002) also reported that Weakland (1993) contributed toward the formulation of SFBT principles by contending that “familiarity and habit” in the use of language terms such as “therapy” and “psychotherapy” are too closely linked with the medical model of pathology investigation, suggesting a need for a less clinical view. The principles that underpin SFBT appear non-pathological in nature by stressing its stance that successful intervention comes not from the diagnosis of problems, rather from expectations of change and solutions that are developed with the client. For the purpose of this study, investigating SFBT experiences, a
review of theoretical principles is considered important in order to appreciate the stance adopted by EPs. Over a decade ago in the literature, O'Hanlon and Weiner-Davies (1989) outlined four principles which serve to underscore the theoretical orientation of SFBT practise, namely:

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

Central to de Shazer’s model for SFBT was a notion developed by Erickson of the ‘utilisation’ of client resources (O’Hanlon, 1987). Simon (1996) refers to de Shazer who was once asked:

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

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

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

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

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

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

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

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

Inviting clients to ‘do more’ of what works in their lives by repeating or replicating non-problem behaviour or actions entails identification of exceptions to the problem. The problem is viewed, therefore, as the rule and solutions are found within exceptions to that rule. SFBT actively engages in the search for when the problem does not occur, occurs less often or affects the client’s life the least. Berg and Miller, (1992), de Shazer, (1994) and Miller et al (1997), all outline the “change-focused” nature of exposing exceptions. Miller et al (1996) consider the smallest of exceptions to be small pieces of the solution and as a result strongly recommend exploration of the client’s pre- and between-session changes. de Shazer (1985, 1988) refers to exceptions as entities that, by and large, go unnoticed by the client unless they are drawn into the conversation. For example, small, out-of-therapy or extra-therapeutic factors that may seem unimportant to the client may provide a key to part of the solution. The exploration of previously attempted solutions according to Watzlawick (1984) not only provides the opportunity to avoid ‘doing more’ of what has not worked, but also an opportunity to amplify what has been useful to the client. Questions that serve to build upon exceptions lead toward solution possibilities, but most important is that the exception conversation occurs from the client’s viewpoint and is ultimately salient. This offers the opportunity to discuss solutions that have worked in the past (solution-past), ones that are currently helping, or ones that the client may be actively considering (Heath and Atkinson, 1989) and in most cases, exceptions are found. However, with certain problems such as loss or abuse, no exceptions exist, rather a ‘life situation’ is said to prevail, within which there may be exceptions in the form of ‘good’ days (George, Iveson, and Ratner 1990). In such cases, exceptions are sought around coping or survivor behaviour that the client may not consider him or herself as possessing.
2.5.3. If it works, do more of it: If it doesn’t work, do something different.

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

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

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

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

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

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

2.6. What is the effectiveness of Solution Focused Brief Therapy?

2.6.1. Outcome Research Findings
A growing body of literature reports SFBT as an effective therapy. Outcome studies start with a presumption that clients arrive in therapy with problems, and
the extent to which these problems grow or not can be evaluated in order to assess objective improvement. If improvements observed in clients who attend a therapy exceed that of people receiving a placebo intervention, an alternate therapy or no help at all, the therapy can be said to have been effective.

The review findings undertaken by Gingerich and Eisengart (2000) regarding SFBT outcome studies provides a useful reference guide to the studies conducted. By using guidelines provided by the American Psychological Association, *Task Force on Promotion and Dissemination of Psychological Procedures* (1995), they decided to categorise the studies, into strongly, moderately and poorly-controlled. The strongly controlled studies (see Figure 2) were said to demonstrate adequate experimental control yielding relatively high levels of confidence in terms of internal validity yet, due to their clinical setting, uncertainty exists regarding their applicability to field practice. Moderately controlled studies (see Figure 3), on the other hand, whilst being more applicable to reflecting every day practice, offer less in terms of internal validity. Finally, the weakly controlled studies (see Figure 4), although providing similar results to more controlled research attempts were also more of a reflection of what the practitioner might expect to find in the field. These were reported to lack rigor in their experimental design.

The authors located fifteen controlled outcome studies of SFBT, five of which met the criteria of well-controlled research. These five studies supported the efficacy of SFBT in areas of depression, parenting, rehabilitation of orthopaedic patients, recidivism of prisoners, and challenging adolescent behaviour. However, one of the five studies directly compared SFBT to another therapeutic approach and found no significant difference between the two. Thus, while “these five studies provide initial support for the efficacy of SFBT” (p.493); they do not establish that SFBT is a uniquely effective relative to other brief forms of therapy. This supports the theory proposed by Lambert (1992) relating to Common Factors between models, rendering all psychotherapies equally efficacious when administered with competence.
Reference within Figures 2 to 4 ‘SFBT Core Conditions’ (Gingerich and Eisengart, (2000), refer to number of the following components being utilised within the interventions used:

1. A search for pre-session change
2. Goal-setting
3. Use of the miracle question
4. Use of scaling questions
5. A search for exceptions
6. A consulting break message including compliments and tasks (p.479).
Furthermore, “s’s” represents subject’s and “tmt” treatment.

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<td>Beck Depr. Inv.; Depr. Adjunct. Checklist Rosenberg Self-Esteem Scale</td>
<td>Index of Personality Chara. – sig. between group differences on 3 of 8 scales; Counsellor reports – 81% achieved goals</td>
<td>Parenting Skills Inventory – sig. between group differences on 4 of 8 scales; Family Strengths Assess. – no sig. between group diffs.</td>
<td>F-COPES – sig. between group differences on all 5 scales; PAIS-R – sig between group differences on 4 of 5 scales</td>
<td>recidivism (new offence with return to probation or prison)</td>
<td>multiple (Jesness; Coopersmith; Carlson; SF Quest.) – tmt s’s had sig. lower chem. abuse tend., higher empathy, greater prob. solving, higher optimism</td>
<td>Beck Depr. Inventory; Nowotny Hope Scale – tmt s’s improved sig. more on Hope; no sig. diff. on Beck Depr.</td>
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<td>none</td>
<td>7 &amp; 60 days –68% tmt s’s vs. 4% control s’s returned to work in less than 7 days</td>
<td>12 months – 53% tmt s’s vs. 76% control s’s recidivated; 16 months – 60% tmt vs. 86% control recidivated</td>
<td>6 months – 20% tmt vs. 42% control recidivated</td>
<td>none</td>
</tr>
</tbody>
</table>

Figure 2 – Strongly Controlled SFBT Outcome Studies
(Adapted from Gingerich and Eisengart, 2000:482)
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting</td>
<td>high school</td>
<td>residential treatment</td>
<td>university clinic</td>
<td>private practice</td>
<td>military clinic</td>
</tr>
<tr>
<td>Sample size</td>
<td>61</td>
<td>12</td>
<td>36 couples</td>
<td>27 plus compar. s’s</td>
<td>8 couples</td>
</tr>
<tr>
<td>Problem</td>
<td>academic, pers, social</td>
<td>depression; oppositional</td>
<td>marital relat.</td>
<td>depression, sub abuse</td>
<td>marital satisfaction</td>
</tr>
<tr>
<td>Selection criteria?</td>
<td>no</td>
<td>no</td>
<td>no</td>
<td>No</td>
<td>no</td>
</tr>
<tr>
<td>Demographics</td>
<td>52% male; ave age: 16</td>
<td>male &amp; female age: 10-14</td>
<td>married couples; age: most in 30s</td>
<td>14 male, 13 female; age 22-45</td>
<td>age 18-40; 5 Afr-Amer; 1 Nat. Amer.</td>
</tr>
<tr>
<td>Intervention</td>
<td># SFBT core conditions</td>
<td>2,7</td>
<td>1,2,3,4,5,6,7</td>
<td>2,5,7</td>
<td>1,2,3,4,5,7</td>
</tr>
<tr>
<td></td>
<td>Modality</td>
<td>individual</td>
<td>supervision</td>
<td>couples group</td>
<td>Individual couple</td>
</tr>
<tr>
<td></td>
<td># sessions</td>
<td>1</td>
<td>4</td>
<td>6</td>
<td>2-7</td>
</tr>
<tr>
<td></td>
<td>Treat. Manual</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Monitored?</td>
<td>no</td>
<td>no</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td></td>
<td>Therapist experience</td>
<td>counsellors; newly trained in SFBT</td>
<td>newly trained in SFBT</td>
<td>trainees &amp; recent grads.</td>
<td>therapist experienced in SFBT</td>
</tr>
<tr>
<td></td>
<td>Design</td>
<td>Type</td>
<td>post-test only comparison group</td>
<td>post-test only comparison group</td>
<td>pre/post-test comparison group</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Randomised?</td>
<td>Yes</td>
<td>matched</td>
<td>no</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Comparison group</td>
<td>problem-focused brief therapy</td>
<td>standard child care</td>
<td>no treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Outcome</td>
<td>Outcome Questionnaire – tmt s’s improved 21.3 points; 36% tmt s’s vs. 2% comp. s’s recovered after 2 sess.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Follow up</td>
<td>2 and 6 weeks – sig. positive change in all 3 scales; no between group differences, however</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Figure 3 – Moderately Controlled SFBT Outcome Studies**  
(Adapted from Gingerich and Eisengart, 2000)
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Setting</td>
<td>employee assist. prog</td>
<td>mental health.</td>
<td>family counselling</td>
<td>public social services</td>
<td>elem. school</td>
<td>school</td>
</tr>
<tr>
<td>Sample size</td>
<td>1</td>
<td>10 plus fam. mems.</td>
<td>3 plus family mems.</td>
<td>382 plus fam. mems.</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Problem</td>
<td>problem drinking</td>
<td>schizophrenia</td>
<td>parent-child conflict</td>
<td>Income, child welfare</td>
<td>externalizing behaviour</td>
<td>behaviour problems</td>
</tr>
<tr>
<td>Selection criteria?</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Demo-graphics</td>
<td>all male; age: 36</td>
<td>all male; ave. age: 36</td>
<td>2 males, 1 female; all adolescents</td>
<td>not reported</td>
<td>75% male; grades 1-5</td>
<td>Hispanic; 4th &amp; 5th grade</td>
</tr>
<tr>
<td>Intervention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># SFBT core conditions</td>
<td>2,3,4,5</td>
<td>4,5,6,7</td>
<td>1,2,3,4,5,7</td>
<td>2,5,7</td>
<td>2,4,5,7</td>
<td>2,3,4</td>
</tr>
<tr>
<td>Modality</td>
<td>Individual</td>
<td>family</td>
<td>individual</td>
<td>individ./fam</td>
<td>Consultation</td>
<td>group</td>
</tr>
<tr>
<td># sessions</td>
<td>6</td>
<td>5</td>
<td>4-5</td>
<td>Not reported</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Tmt. man.?</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>no</td>
</tr>
<tr>
<td>Monitored?</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>no</td>
</tr>
<tr>
<td>Therapist experience</td>
<td>Not reported</td>
<td>Nurses: newly trained in SFBT</td>
<td>Agency staff newly trained in SFBT</td>
<td>Psychologist: newly trained in SFBT</td>
<td>Masters and PhD therapists</td>
<td></td>
</tr>
<tr>
<td>Design</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type</td>
<td>single-subject AB; reconstructed baseline</td>
<td>pre/post-test comparison group</td>
<td>single-subject AB; reconstructed baselines</td>
<td>post-test only comparison group</td>
<td>single-subject AB; prospective baselines</td>
<td>pre/post-test comparison group</td>
</tr>
<tr>
<td>Randomized?</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>No</td>
<td>n/a</td>
<td>no</td>
</tr>
<tr>
<td>Comparison group</td>
<td>no treatment</td>
<td>standard aftercare</td>
<td>no treatment</td>
<td>standard social services</td>
<td>behavioural &amp; standard consultation</td>
<td>no treatment</td>
</tr>
<tr>
<td>Outcomes/Results</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measures used – end of treatment outcome</td>
<td>days abstinent – modest increase; days work attended – modest increase</td>
<td>Family Environment Scale – sig. between group differences on 4 of 11 scales</td>
<td>self-anchored rating scales – sig. change in all 3 s’s FACES-III – all 3 s’s showed clinically sig. change</td>
<td>therapist &amp; client completed questionnaire</td>
<td>CISSAR (trained observs.) – 1 of 3 SFBT s’s improved; behav. s’s improved more on ave.</td>
<td>Hare Self-Esteem Scale – ES of .57 for tmt group; between group differences not sig.</td>
</tr>
</tbody>
</table>

Figure 4 – Weakly Controlled SFBT Outcome Studies
(Adapted from Gingerich and Eisengart, 2000)
A probable explanation for the lack of research into SFBT could be its constructivist origins. The constructivist viewpoint is that knowledge about reality is constructed from social interactions and sharing perceptions with others through language is the medium through which our understanding of reality is shaped. In this way, the solution-focused practitioner uses language and questioning to influence the way clients view problems, the potential for solutions and the expectancy for change. These constructivist origins do not fit within the positivist framework that gives rise to standardised practice, quantitative procedures and treatment outcome studies.

In a review of the literature regarding studies using experimental and quasi-experimental designs to explore outcomes for SFBT, Corcoran and Pillai (2009) outlined 10 studies that met this criteria. They also concluded that although ‘hundreds of studies were screened, most were not included in the study’, with the most common reason for exclusion being that, ‘published articles focused on case studies or theoretical applications…rather than empirical study.’ Along with the lack of empirical research regarding outcomes, the review did indicate that of the 10 studies that did meet criteria 50% could be viewed as showing and improvement over alternative conditions or no-treatment control.

On the small amount of studies that met their experimental criteria, Corcoran & Pillai (2009) remarked,

*The most striking finding is that very little research has still been conducted on solution-focused therapy. That only ten studies met the basic criteria of having two groups with which to compare treatment response is remarkably low.*

They further reported that research into SFBT is difficult to synthesize because of the different populations and problem areas that it is used to address. They also noted that their findings were further constrained by the effects of publication bias, namely the tendency of studies reporting null effects to be rejected for publication. It should also be noted that none of the studies that met the criteria for their review directly compared alternative therapeutic approaches such as CBT or person centred counselling. Control groups that were used either received no treatment or
the treatment was for the client to receive “treatment-as-usual” (Corcoran, 2006) such as behaviour management approaches or medication.

A similar review of the literature pertaining to studies using experimental designs to examine outcomes in the use of SFBT specifically in school settings was undertaken at a similar time by Kim & Franklin (2009). This review identified 14 studies, with only 7 of these meeting their criteria for ‘best evidence’. The analysis of these 7 studies found ‘mixed results’, with positive outcomes being found in working with students who were experiencing behavioural and emotional regulation issues. SFBT was found to be less successful in reducing truancy and increasing self-esteem. Again, none of the studies identified compared the effectiveness of SFBT with another therapeutic approach.

In a very recently published review of SFBT literature, Woods et al (2011) concluded that although there is an amount of published work that would support the effectiveness of SFBT (Corcoran & Pillai, 2009; Kim & Franklin, 2009), the ‘evidence base is insufficiently robust and comprehensive’. This review had strict criteria in terms of the studies that could be included on the basis of presenting ‘best evidence’ for the effectiveness of SFBT. Despite the large amount of published material in this research area, only 38 studies were identified as meeting the ‘best evidence’ criteria. Of these 38, it was found that 34 suggested positive outcomes when using SFBT and 8 studies compared SFBT favourably with other approaches. Specifically with regard to its applications with children and their families, the review also pointed to evidence that the approach can deliver positive outcomes in terms of children’s ‘externalising’ behaviours (such as aggression and truancy) and also children’s ‘internalising’ behaviours (such as shyness and anxiety).

Woods et al (2011) also indicate some smaller studies that suggest benefits in parenting and learning. However, they also highlight that some areas of SFBT practice are well supported by evidence (such as ‘acting out’ behaviour) whilst others have not been studied particularly thoroughly (such as children with ADHD). The review concludes that the ‘paucity of high quality research reports found in the current review, including limited fidelity monitoring, also makes it difficult to
confidently attribute positive outcomes to SFBT as the main factor instrumental in changes’. As with previous reviews, Woods et al (2011) also report an absence of control or comparison groups and limited use of reliable and valid outcome measures.

McKeel (1996) observed that some of the outcome studies compared the effects of SFBT to existing services within schools and various other settings, and that this established the effectiveness of SFBT over existing services. In a summary of process-oriented studies of SFBT, Held (1996) examined the effectiveness of typical SFBT interventions such as the Formula First Session Task (FFST). The FFST asks clients to focus between sessions on what is happening in their life that they would like to continue and was found to increase client co-operation. Those who undertook the FFST were also more likely to report improvements and a belief that things would turn out well than those not undertaking the task. McKeel (1996) also reports evidence that most clients report pre-treatment changes; these are positive developments that have happened between the scheduling of a therapy appointment and attending the appointment.

As previously mentioned, recently published reviews of studies of SFBT effectiveness with children and families have suggested its effectiveness in improving children’s behaviour and academic results. Each of the published reviews of literature appear to reach similar conclusions in terms of pointing to a general lack of robust evidence regarding the effectiveness of SFBT and also indicating that those studies that are more robust suggest that the approach has some potential (Woods et al, 2011; Corcoran & Pillai, 2009; Gingerich & Einsengart, 2000; Kim & Franklin, 2009). However, Woods et al (2011) also state a further difficulty in establishing the effectiveness of SFBT due to the variety of therapeutic components or processes that are used by SFBT practitioners. Essentially, there are a variety of processes that practitioners use that would be regarded as SFBT and it is difficult to compare studies when it is unclear which specific techniques are being used.
2.6.2. Processes contributing to successes

Beyebach et al (1996) looked at the processes contributing to positive outcomes in SFBT. The research indicated the importance of the quality of communications between EPs and clients as an ‘ingredient of success’. Clients that tended to engage in what Beyebach et al (1996) called ‘a competitive battle for control of session topics’ obtained less favourable outcomes than those who did not engage in control struggles. Of particular note is that in successful cases, EPs were more directive and provided instructions, whereas too much agreement among EPs and clients led to difficulty in maintenance.

Examining SFBT outcomes, Beyebach et al (1996) found that the main predictor of success was client internal locus of control, which reflects the “degree to which individuals perceive that they are in control of their lives”. The internal locus positively correlated with positive pre-treatment reports of change and subsequent goal formation. “These results show that locus of control is variable and becomes more internal over the course of successful therapy,” the authors note. “This lends support to the notion that the task of solution-focused EPs is to foster situations in which clients experience a better sense of control over their own lives.” (p.325).

The above suggests that SFBT may work for reasons other than those theoretically proposed. In particular, the nature of client-EP communications and the ability to identify and increase instances of pre-therapeutic change may be as important as any specific tasks initiated by EPs. This hypothesis is supported in the qualitative research reported by Metcalf et al (1999), who found that clients and EPs in SFBT view the events of therapy differently. In general, EPs reported that they see themselves as relatively non-directive, while clients indicated that the direction the EP provided was a crucial element. EPs also attributed positive outcomes to goal-oriented interventions in therapy, whereas clients stressed the significance of engaging in a helpful relationship. These findings are consistent with research indicating that non-specific factors tend to be of importance across psychotherapies.
2.7 Summary
The literature has revealed that solution-focused approaches have the potential to be useful at a number of ecological levels in the work of educational psychologists. It was found that solution-focused methods are useful at a number of stages of psychologists’ practice even within a problem-solving framework. Therefore, the question is, perhaps, not whether solution-focused approaches can be useful but where, when, with whom, how and why are they useful? It has been argued that, as educational psychologists, there must be an evidence-base to work (for example, Spring and Hitchcock, (2009) and it could be argued that, as psychologists, it is not enough to rely on the intuitive appeal and largely anecdotal evidence of solution-focused practices. It is an opportunity for those EPs who promote solution-focused work to apply the skills learned in their psychology training to gain reliable, convincing data about the effectiveness of solution-focused practice. Without doing so, the true effectiveness of solution-focused approaches for EP practice cannot be evaluated fully. Conversely, by providing reliable data, calls for the use of solution-focused practice would be strengthened.

Use of competency-based models such as Solution Focused Brief Therapy with children and adolescents is on the increase (Bertolino, 1999). It is important, therefore, for practitioners in the field, such as educational psychologists, to have access to a growing data source regarding the principles of this approach.

This literature review is an attempt to outline the assumptions and practices of SFBT and how it might apply to EP practice. It has sought to clarify the extent to which SFBT has been found to be effective generally and identified a range of studies that support its use. Each of the reviews of literature that have been covered in this section appear to conclude that there is a lack of robust, empirical evidence regarding the effectiveness of SFBT but also suggesting that the approach has some potential in a number of areas (Woods et al, 2011; Corcoran & Pillai, 2009; Gingerich & Einsengart, 2000; Kim & Franklin, 2009). Therefore there would appear to be a clear case for EPs to gather data in order to further understand and explore the wide range of uses of SFBT in their own practice.
One gap in the literature appears to be the application of SFBT principles and approaches in the ever growing area of parenting programmes and interventions which are relevant to this study. There is very little published work in this area and as such this study can be viewed as making a valuable contribution to the literature. The following section begins the second literature review relevant to this study in examining the published work in the area of parenting programmes. The small amount of literature regarding the application of SFBT to parenting programmes and group work will be discussed next.
2.8. Parenting Programmes

In an extensive review of the literature regarding parenting programmes, Moran, Ghate, and van der Merwe (2004) identified differing areas of focus for programmes and recommended a categorisation that has been adopted in this review;

- Parenting skills - including supervision, monitoring, negotiation, boundary setting, communication and negotiation.
- Attitudes to parenting - including personal views about coping as a parent rather than observable skills; and parenting stress.
- Understanding of child development – including knowledge of factual aspects of child care.
- Emotional/mental health - including enhanced well-being and self-esteem, and reducing psychological distress.
- Social connection – addressing parents' social isolation; access to networks and services.

The literature regarding each of these areas of focus / intervention will be discussed in turn over the course of the next 5 sections. Discussion will take the form of a brief introduction covering the aims and principles of the type of approach, details of particular approaches and the population that the approaches are aimed at. Finally, the effectiveness of the approach according to the literature will be discussed for each area.

2.8.1. Programmes focusing on parenting skills

2.8.1.1 Introduction

Developing parenting skills is a key focus of many parenting support interventions; this is generally in pursuit of broader aims concerned with improving parent-child relationships, increasing parenting competency, and reducing child behavioural issues (Sutton, Utton & Farrington, 2006). The effective use of parenting skills can be seen as part of an ‘authoritative’ parenting style (Baumrind 1967; Maccoby and Martin 1983) that the literature shows to be the best for psychological and social
outcomes for children. The use of effective parenting skills (e.g. setting clear parameters and expectations; praising children for appropriate behaviour) helps to reduce the occurrence of inappropriate or unhelpful parental interactions with children, re-enforce appropriate patterns of behaviour and discourage difficult ones. The development of these skills may also improve the emotional (affect) aspects of the parent-child relationship, for example by lowering the amount of non-constructive interactions such as conflict, and increasing the amount of positive interactions that can enable and sustain more fruitful relationships (Webster-Stratton, 2006). There are a large amount of reviews on the topic of parenting skills training and it can be considered as an aspect of parenting support that is relatively well researched. (Webster-Stratton, 2006; Sanders and Kirby, 2010; Statham, 2000; Dembo, Switzer and Lauritzen, 1985; Assemany and McIntosh, 2002).

2.8.1.2. Target populations and programmes

There are a number of well-established programmes that aim to develop parenting skills including Carolyn Webster-Stratton's 'Incredible Years' programme; Parent-Child Interaction Therapy (PCIT - Eyberg and Robinson, 1982); 'Triple P' – the Positive Parenting Programme (Sanders, 1999); and Helping the Non-Compliant Child (Forehand and McMahon, 1981). There is a large amount of evaluation evidence on some of these better-known 'labels' of intervention (particularly 'Incredible Years' and 'Triple P'). Many of these ‘behavioural’ interventions originated from a desire to help parents to deal with children presenting problematic behaviour in the clinical range (e.g. Webster-Stratton’s programme). However, these types of approaches have become more widely used with parents outside a clinical context.

The approaches are usually 6 to 12 weeks in length although some may be more intensive than this. Usually the programme will have a set curriculum involving content that should be covered in each session. Venues tend to be in schools, children's centres or community settings. Follow up sessions are sometimes incorporated into the approach on a one-to-one basis in addition to the group work. Moran (2004) defined three areas or ‘skill sets' that tend to be the aim of development in these approaches. These are as follows;
1. Monitoring and supervision (the parents understanding of where a child is and how they behave when unsupervised).
2. Discipline and boundary setting (positive and negative reinforcement, setting appropriate parameters).
3. Socialisation, negotiation and communication between parents and children.

The premise is that these skills are associated with better outcomes for children in terms of behaviour modification and psychological well-being. Wilson (1980) conducted a study that demonstrated that effective boundary setting and supervision led to a reduction in the incidence of anti social behaviour in later life, for example. In terms of parents who do not administer discipline very well, Ghate (2001) conducted a review of the literature and concluded that this could lead to an increase in aggression, poor mental well-being and possible antisocial behaviour in later life. There appears to be less evidence regarding the association between effective parent-child communication and negotiation and positive outcomes for children, although studies such as that conducted by Fuligini and Eccles (1993) indicate that the ability to effectively communicate and negotiate can protect children from negative peer influence.

2.8.1.3. Examples of widely used programmes
Programs such as Triple P and Incredible Years have evolved over more than 20 years and have developed a range of interventions that have been found to assist parents. Both these program continue to evolve and develop additional materials for parents.

**Triple P Positive Parenting Program (Sanders, 1999)**
The Triple P Positive Parenting Program is a programme for family intervention that provides five levels of intervention of developing focus and intensity. The levels include a media strategy aimed at the general population/universal, two levels of early intervention consultations that address specific problems such as sleep or tantrums and are designed for use in settings such as Children’s Centres, Child Care Centres and General
Practice; and two more intensive family intervention programs for children at risk of behavioural problems. Versions of Triple P have been developed for particular groups of parents, for example parents of children with disabilities and parents involved with child protection services.

Five key parenting skills are identified in triple P with regard to positive parenting:

- ensuring a safe, engaging (interesting) environment
- creating a positive learning environment
- and being available to your child
- using assertive discipline
- having realistic expectations of your child
- taking care of yourself as a parent.

(Sanders & Kirby, 2010)

A large number of studies have been conducted on the implementation and effectiveness of Triple P, with a range of parent groups (Sanders & Murphy-Brennan, 2010). Examples of such studies include a population level trial of Triple P in Perth for all parents of preschool children in a specific, disadvantaged area. Findings indicated that the level of emotional and behavioural problems were significantly reduced (Sanders and Kirby, 2010). Triple P is also being used internationally (North Carolina) in a population child abuse prevention trial (Prinz & Sanders, 2007) and as an approach to parenting children with Autism (West, Sanders, Cleghorn, and Savies, 2010)

The Incredible Years (Webster-Stratton, 2006)

The Incredible Years: Parents, Teachers, and Children Training Series is a program aimed at developing social competence and prevent, reduce aggression and related conduct problems in young children (4-8 years). The program involves a number of tailored interventions;

- parent training
- teacher training
- child training programs.
The assumptions that underpin the approach are based on Patterson's (1982) theoretical work on childhood aggression. Patterson's social learning model emphasises parents and teacher interactions with young children. His ‘coercion hypothesis’ (1982) states that ‘negative reinforcement develops and maintains children’s deviant behaviours and the parents’ and teachers’ critical or coercive behaviours’. Webster Stratton (1981) therefore postulates that ‘the parents’ or teachers’ behaviours must be changed so that the children’s social interactions can be altered’. If parents and teachers can learn to deal with children's misbehaviour and to model positive and appropriate problem solving and discipline strategies, the children can develop social competence and reduce aggressive behaviour at home and at school.

The Incredible Years Program is used in the Head Start initiative, described as, ‘a national program that promotes school readiness by enhancing the social and cognitive development of children’ (2005, US Department of Health and Human Services) and has been replicated in trials in the UK (Bywater et al, 2010; Hutchings et al, 2007) and other areas of the world such as Jamaica (Baker-Henningham and Walker, 2009) and Norway (Drugli and Larsson, 2006).

Both Triple P and the Incredible Years are supported by manuals for practitioners and parents, video materials and an accredited system of training.

The parents who have attended a skills based parenting group tend to report positive outcomes for themselves and their families. Many studies using qualitative data (e.g. Gate and Ramella, 2002; Barlow, Coren, and Stewart-Brown, 2001) indicate that parents like the ‘grounded’ nature of these approaches and that they find the idea of being given specific ‘tips’ for specific situations to be very practical. These studies also indicate that parents find a group based approach to be very supportive in that they gain a sense of perspective from others within the group and feel under less pressure to perform as ‘perfect’ parents.

Lundahl, Nimer and Parsons, (2006) report that both qualitative and quantitative studies indicate short term improvements in a number of areas including spending
more ‘family time’, paying attention to desired behaviour, consistent approaches to discipline and appropriate communication style. Few studies have done more long-term follow up, although Assemany and McIntosh (2002) found that sustained improvements could be reported even on one and two year follow-up. However, they also found that a significant drawback for these types of approaches can be a high level of ‘drop out rate’ in terms of parents not engaging beyond the initial sessions. The data indicated that between a quarter and a half of parents referred for these types of approaches fail to engage from start to the end of the intervention.

2.8.2. Programmes focusing on parenting attitudes and beliefs.

2.8.2.1. Introduction

A distinction can be made in the literature between parenting programmes that attempt to directly change parents’ behaviour and develop their skills and other approaches that attempt to shift parents’ sense of positivity and efficacy with regard to parenting. Approaches that focus on beliefs and attitudes may attempt to work on parents’ sense of stress or coping. Another example might be to increase a parent’s sense of confidence and competency with regard to their role in the family. These approaches can be viewed as ‘cognitively based’ in that the main focus is a shift in thinking on behalf of the parent rather than directly aiming to shift / develop behaviour.

The literature in the area of stress for parents is well established. Abidin developed the ‘Parenting Stress Inventory’ in 1983 and it has been a commonly used measure in the field. Many approaches view the main aim as being to reduce parents’ sense of stress and view this as the main success factor, irrespective of whether any tangible improvement in parenting quality can be observed. Barlow (1999) argues that parents feeling ‘supported’ is a significant correlate of a) how well parents report that they are coping with their role and b) how highly they rate the service that they receive and that unless a programme achieves these elements it will not be considered as effective from a service users point of view. Barlow (1999) also argues that a parent cannot fulfil their role properly if they do not feel a sense of competency and self-effectiveness with regard to their ability to do well for their children. Barlow (1999) also indicated evidence that a low sense
of self-efficacy in parents can lead to ineffective parenting styles that can lead to a lack of consistency and discipline. These factors are strongly associated with poor outcomes for children.

2.8.2.2. Target populations and programmes
Dembo et al (1985) classify these ‘cognitively based’ approaches as being about education rather than skill development or training. There are a range of interventions that have a cognitive focus. These include the following: Parent Effectiveness Training (Gordon, 1995. based on Carl Rogers’s work) which seeks to increase a sense of democracy within families and decrease the necessity for parental power; approaches based on the work of Adler (1927) such as Systemic Training for Effective Parenting (STEP- Dinkmeyer and McKay, 1976) where the emphasis is on increasing parents awareness and understanding of thought processes; and Rational Emotive Parent Education (REPE- Joyce, 1995) based on the underlying principles of Rational Emotive Therapy. These types of approaches are also delivered in a group work style and are led by a trained facilitator. There is some direct teaching but also scope for less formal discussion and learning from other members of the group. The Alderian approach has been very popular in the USA over time and is often thought of as more of a study group or workshop than a learning programme as such. Many of these approaches use role-play and set tasks to be carried out at home (e.g. PET). The main emphasis tends to be on clarity of communication and the skills needed in order to express feelings and emotions clearly.

Joyce (1995) describes REPE as attempting to ‘identify ways in which parents can foster optimal personality development of children’. The principles of rational emotive approaches are for the client to challenge unhelpful thoughts or beliefs (for example, ‘children should never tantrum’) about children and parenting in order to achieve a less stressful, more rational approach.

2.8.2.3. Effectiveness
An early review by Dembo et al (1985) looked at the effectiveness of the cognitive approach to parenting programmes and also compared the outcomes of these with
those of the more behavioural approach to parenting programmes. It was found that the cognitive approaches are well regarded and have positive outcomes for parents but that outcomes for children are not as easily demonstrable. Cedar and Levant (1990) give an example of how a cognitive approach could adjust parents’ attitudes and engender a more liberal approach and Greaves (1997) demonstrated that this style of programme could succeed in reducing parents’ self-criticism and guilt about parenting. Greaves also noted a reduction in parents’ sense of stress. Joyce (1995) indicates that the cognitive style can lead to a demonstrable increase in parent-child interaction. In a large-scale analysis, Cedar and Levant (1990) indicate that the effects of various types of PET programmes have a positive effect that can be measured ‘up to 26 weeks beyond the end of the programme’. However, this review also suggested that the cognitive approach might be better for parents of older children who have more verbal interaction than is the case for those with younger children, for whom a more behavioural approach may be suitable.

2.8.3. Programmes focusing on understanding of child development

2.8.3.1. Introduction

Alongside the approaches to parenting programmes that either attempt to modify parenting behaviour or cognition, a third type of programme that can be identified is that which attempts to increase the parents’ understanding and knowledge of child development. As with the other approaches previously outlined, this may be an element of the programme as a whole or be its sole focus. It may well be that behavioural and cognitive approaches impart some knowledge regarding child development as part of the approach but it is not the sole focus. In this section only approaches that have the imparting of knowledge as a clear focus will be included.

Dekovic et al (2010) argue that a parents’ sense of competency is a key ‘mechanism of change’ and that added knowledge is a key factor in this. The assumption is that if parents knowledge regarding children’s health, development and needs is increased then they will act in a more appropriate and consistent manner towards their children. Shoham et al (1995) argue that, when asked, parents themselves state a desire for this type of approach to be developed.
Parents reported a lack of availability of facts and information regarding how to deal with the reality of normal family interaction and development. Ghate and Hazel (2002) carried out a study that indicated more than 60% of British parents who were living in social deprivation would like to know more about a whole range of child development and parenting issues, including sexual development and behaviour management.

2.8.3.2. Target populations and programmes

Educational approaches to parenting programmes have been widely used both as universal and targeted programmes. Specific groups such as parents who are in prison or teenage mothers have been focussed on as perhaps being in need of an increased knowledge of childcare and development (Oates, Davies, Ryan and Stewart, 1980; Showers and Johnson, 1985). Other approaches have been openly available to all parents and have been advertised locally for all families to benefit from (Riley, Meinhart, Nelson, Salisbury and Winnet, 1991).

These educational approaches can vary in structure of delivery, from one-off ‘light touch’ sessions or advertising (leaflets, posters) that share information regarding child development to more focussed, intensive group work that has a set format and curriculum. Cockington (1995) outlines a ‘light touch’ intervention involving the use of short, educational films being shown in hospital waiting rooms with the focus being immunisation and nutrition. A much more intensive approach is outlined by McDonald, Culp, Blankemeyer and Passmark (1998) who used trained ‘educators’ to visit mothers on a weekly basis for six months. This approach followed a clear, systematic delivery of 30 specific areas of child development.

Showers (1991) evaluated an approach to parent education that involved using ‘Child Behaviour Management cards’ that contained information regarding child development, milestone and behaviour management. The cards were used by volunteer home workers who were supporting young mothers and used as a focus for discussion.
2.8.3.3. Effectiveness

Educational approaches to parenting appear to be beneficial for both parent and child outcomes (Kaminski, Valle, Filene and Boyle (2008). This appears to be the case for all types of approach that have been evaluated, from 'light touch' to more intensive. Interestingly, those groups who are at the most risk from negative outcomes (e.g. experiencing social economic deprivation, teenage pregnancy) seem to benefit the most. In Cockington’s study (1995) where educational films were shown to parents in waiting rooms, outcome assessments were taken in a two month follow up. The group overall appeared to show modest gains (6% improvement) but those assessed as having the lowest level of skill/knowledge prior to the intervention were seen as making the most gains, with the difference between scores varying by as much as 70% between members of the same group.

In McDonald et al’s (1998) approach involving intensive, weekly sessions over a six month period with both adolescent and non-adolescent mothers, both groups reported positive outcomes although the younger mothers reported gains that were significantly greater than the other group in terms of developed knowledge and skills.

It appears that few studies in this area are able to demonstrate long-term outcomes but that some still showed positive improvement after 5-6 months following the delivery of the approach. Fulton, Murphy and Anderson (1991) delivered an approach that combined 1-2-1 sessions in the home with group work for young mothers in a high-risk group. The aim was to develop the mother’s knowledge of child development and reduce the risk of child abuse. Ten-month follow up indicated that the mothers still had reduced potential for child abuse on a standardised measure. However, Showers (1992) cites evidence across the range of interventions and approaches that indicates reduced effects over time when this more long-term evaluation has been undertaken.

Kaminski et al (2008) argue that it is difficult to establish whether an increase in parental knowledge with regard to child development becomes evident in terms of a change in parenting behaviour and that few studies have managed to
demonstrate this. However, some studies have demonstrated some parenting behaviour such as increases in the provision of healthy food (Hughes, 2002) and Srebnick, Kovalchick and Elliot (2002) reported that increased knowledge regarding adolescent safety whilst unsupervised had led to a higher degree of activity in terms of parents monitoring their children’s whereabouts.

2.8.4. Programmes focusing on emotional and mental health

2.8.4.1. Introduction

There are a number of studies that demonstrate a link between poor parental mental health and poor parenting and outcomes for children. For example, Stein et al (1991) demonstrated that mental ill-health in mothers could be linked to difficulties in children’s patterns of attachment. Rutter (1972) also demonstrated the same link with predictors for the child’s long-term mental health and well-being. This chapter focuses on approaches that aim to address the mental health and well being of parents. Universal approaches are included, whereas clinical approaches aimed at specific groups who may be experiencing a degree of mental health difficulty are not. As with the previous chapter, there are less of these approaches than those aimed at behavioural or cognitive change.

2.8.4.2. Target populations and programmes

Most approaches tend to target mothers although some exceptions (e.g. McBride, 1990) target fathers. Many studies have had a focus involving groups who may be deemed to be more ‘at risk’ of presenting with mental health difficulties such as those families living in deprivation or recent migrants (e.g. Miller et al, 1997; Wolfe and Hirsch, 2003). The age range of the parents’ children varies according to approaches but a main focus is on parents of younger children and neo-natal approaches. For example, Sutton (1995) developed an approach aimed at supporting the mental health of parents of children in the 1-4yrs age range who were experiencing a degree of behavioural difficulty. McGillicuddy, Rychtarik, Duquette and Morsheimer (2001) developed and reported a positive intervention that managed to reduce mental ill-health indices in parents of children aged 12-21 who were engaging in substance misuse. Ghate and Ramella (2002) also report a study where parents stress levels were reduced through participating in a programme aimed at parents of young people known to the youth justice system.
In terms of content and duration, approaches vary widely but most appear to be 8-12 weeks long and can range from very formal educational approaches regarding mental health/illness to therapeutic approaches (e.g. Joyce, 1995).

2.8.4.3. Effectiveness

Due to the prevalence of post-natal depression and other such issues following childbirth, a significant number of approaches have been aimed at mothers in the pre and post-natal stages of childbirth. A number of reviews in this area indicate that findings from these types of interventions are often negative in outcome. Barnes and Freude-Lagevardi (2002) reported findings that approaches aimed at addressing physical rather than mental health seemed to be more successful. Assemany and McIntosh (2002) cite studies that have worse outcomes for those parents involved in the intervention than those in the control group. However, it is argued that each study did not have a comprehensive assessment of mental health prior to the intervention and so this could also be a variable that needs to be taken into account. In one study undertaken by Morrell, Spiby, Stewart, Walters and Morgan (2000), the provision of home support workers who undertook 10 post natal visits in the 28 days following childbirth was evaluated as having a negative effect on maternal mental health. The authors indicated a possibility that parents had experienced a ‘negative withdrawal’ effect when the workers stopped visiting and that this explains the negative result. Small, Lumley, Donohue, Potter and Waldenstrom (2000) also found negative outcomes for a less intensive approach involving briefing sessions from midwives for mother who had given birth through caesarean section. 94% of participants reported that they felt the session to have been ‘helpful’ or ‘very helpful’ but this was not reflected in an evaluation of their emotional and mental functioning on a six week follow up. The control group displayed more positive results than those who had been present at the briefing session. Small et al (2000) argue that this further reinforces the contention that there is a difference between parents enjoying and appreciating participation in an approach and it actually being seen to make a demonstrable difference in other measurable outcomes.
Barlow, Coren and Stewart-Brown (2001) undertook a wide scale review of interventions aimed at improving mothers’ mental health and well being and concluded that there was some evidence that a number of approaches are effective. Barlow et al concluded that a wide range of interventions delivered positive outcomes and led to the suggestion that common ‘process’ factors in terms of the delivery of the approach may be more important in terms of outcomes than the content of the particular sessions. They reported that, ‘further research is needed to assess which factors contribute to successful outcomes in these programmes with particular attention being paid to the quality of delivery’.

Oakley, Mauthner, Rajan and Turner (1995) reported positive outcomes for a project called ‘Newpin’ which offers social support to parents with the aim of reducing mental health issues. The approach involves an initial home visit followed by attendance at a local centre where therapy and other resources can be accessed. Most service users are defined as being ‘at risk’ in terms of indicators within their lives that can signify mental health issues (e.g. socially isolated, depressed etc.) and are referred to the project. Mental health and child parent interaction evaluations indicate a clear demonstrable benefit for the parents in attending the project if they had attended for six months or more.

2.8.5. Programmes focusing on social connection

2.8.5.1. Introduction
In this section the phrase ‘social connection’ will be used to refer to the relationships that can provide practical and emotional support for parents and can have a beneficial impact on their own parenting. Ghate and Hazel (2002) define social support for parents as coming from a number of sources grouped as ‘informal’ (family, friends and existing social relationships) and ‘formal’ support (support services, statutory and voluntary services- usually ‘needs-led’). They also argue that some groups may not have the same level of social connection as others, citing the example of parents in ethnic minority families who are experiencing social and economic deprivation.
Garbarino and Sherman (1980) argue that families who do not have strong social support are more at risk of a range of problems, including child abuse. They make a case for the many, complex ways that social connection can help to sustain families who are experiencing difficulties and, whilst not arguing that a lack of social support predicts difficulty, how its absence places the family at higher risk.

Vaux (1998) proposes that social support increases parents’ mental resilience in stressful situations. The stressful situation may come from being in the role of parent or from within the family itself or from other areas of life but can be mitigated against by the increased self esteem and sense of self efficacy that social relationships can provide. Where social support is absent, this can lead to mental health difficulty that can, in turn, lead to difficulties in fulfilling the parenting role (Ghate and Hazel, 2002). This chapter focus on parenting approaches that seek to increase social connection. There are clearly links between this and the previous chapter in the same way as there are links between social connection and mental health and well-being.

2.8.5.2. Target populations and programmes
Barlow et al (2001) found that the majority of parenting approaches that are aimed at increasing parents’ social connection are aimed at parents of younger or pre-school children. There are also some approaches that are aimed at specific groups of older children (e.g. teenagers) or children with particular issues (e.g. disability) (e.g. Kissman, 1992; Roker and Richardson (2002).

There are a wide range of approaches that programmes take in pursuit of increasing parents’ levels of social connection. Some of these include the explicit teaching of social skills in order that parents can establish better relationships (and thereby support) for themselves. Other approaches cited by Carr (2000), have the approach itself as a means of gaining social connection, such as home visitation and peer befriending projects. Social skills classes tend to be time limited (4-6 weeks) whereas the befriending schemes are a little more open ended.

There are other approaches to establish social connection for parents that are less direct where the establishment of better ‘connection’ is seen as an important part of the approach even though it can also be regarded as by-product. Examples of
this might be focussing on areas of possible skill development for the parent and child (e.g. communication skills) with the aim being improvement. In developing communication between child and parent, skills may also be learnt (e.g. ‘active listening’) that the parent can utilise to establish better social connection generally.

2.8.5.3. Effectiveness
Home Start is an example of a long established scheme that seeks to increase levels of social connection for parents and families, which could be defined as a ‘befriending scheme’. The approach involves trained volunteers visiting vulnerable families to offer support, advice and friendship and was reviewed by Shinman (1996) who reported that the scheme had helped over 11,000 families and 27,000 children. Oakley et al (1995) presented outcome studies that establish the approach as one that is positively regarded and valued by parents.

Wheatley and Brugha (1999) report that qualitative evaluations of parenting group work report a significant amount of emphasis that parents place on their sense of being supported by the group. This is the case when at first glance schemes appear to be purely educational or about skills development. According to Law, King S, Stewart and King G (2001), parents who attended classes aimed at helping them to manage their disabled children reported a strong sense of friendship and support within the group who attended. It was further hypothesised that parents in unusual circumstances may particularly benefit from attending group sessions alongside those in similar circumstances as it may reduce their sense of ‘being on their own’.

It is unclear from the literature whether the sense of well being that parents report from attending groups and networks filters into their daily lives over the longer term. Ghate and Ramella (2002) present some evidence that unless groups are professionally facilitated and organised, they tend not to be sustained over time and it is unclear how much change will be continued beyond the life of the group. Kissman (1992) found that parents are more likely to sustain changes/improvements around the area of social connection beyond the life of the group if skills associated with connection are an explicit focus of some of the group work (e.g.' How to seek advice from others when you are in difficulty’). These
findings were further supported by Ghate and Ramella (2002) who reported that parents of young offenders reported an increased awareness of 'who to ask for help' when in difficulty with their child, following a group session where this was part of the focus.

There can be a range of reasons for a parent or family lacking social connection and, depending on what these are, the need for intensity and duration of approach to parenting support may vary widely. Some people lack social connection due to being new to an area, for example, whereas others may genuinely find the whole area of social relationships problematic due to difficulties such as those associated with attachment (Bowlby, 1982) (e.g. mistrust, avoidance). In the latter case, an approach to parenting support would need to be far more intensive and sustained than in the case of a family new to the area.

2.8.6. Parents' perceptions of parenting interventions

Barlow and Stewart-Brown (2001) reported studies of parents self reports of being involved with a parenting programmes that indicate the existence of various motivational patterns (Grimshaw and McGuire, 1998) from tangible rewards such as cups of tea and cake to meeting up with friends and getting out of the house, the benefit of being in a group with other parents (Grimshaw and McGuire, 1998), the personal gain of being able to manage children better (Schultz et al., 1993), a lessening of feelings of guilt due to 'making an effort' (Webster-Stratton and Spitzer, 1996), the discovery of new parenting techniques/tools (Webster-Stratton and Spitzer, 1996), feeling able to adapt what was taught to meet their own needs (making the shoe fit) (Webster-Stratton and Spitzer, 1996), evidence of an increase in feelings of empathy, understanding and acceptance (Webster-Stratton and Spitzer, 1996) and the importance of caring for themselves, evidence of a reduction in feelings of isolation (Webster-Stratton and Spitzer, 1996), the desire that such programmes should be longer (Schultz et al., 1993), and some evidence pointed to the possible existence of a small group of parents who found the group process to be an uncomfortable and isolating experience (Grimshaw and McGuire, 1998).
Barlow and Stewart-Brown (2001) reported that one of the three most important ways in which parents appear to have benefitted from parenting programmes was the support that they received from other parents. Smith (2000) reported that disadvantaged parents had a preference for having 'other adults to talk to', over and above the availability of expert advice and a further study of mothers with low-birth-weight babies which showed that mothers valued groups almost as highly as family support (Oakley, 1993). The valuing of this type of support has been reflected in the training of 'community mothers' within the voluntary sector (Grimshaw and McGuire, 1998) and projects such as Sure Start, which are based on the community principles of self-empowerment and peer support. It has recently been suggested that the success of parenting programmes depends on their capacity 'to work with parents in a spirit of partnership that confirms the parent as a decision maker' (Grimshaw and McGuire, 1998). These authors also suggested that 'groups are potent mechanisms for delivering messages to parents and for helping them to reduce behavioural problems', and that part of what makes them so successful is their power to 'support the individual, to mirror concerns, and encourage achievement'. It is further suggested that 'such effects may impact on the long-term future of families by reinforcing networks of help within localities and communities' (Johnson and Molloy, 1995, in Grimshaw and McGuire, 1998). Parenting groups appear to be an important vehicle for change. Barlow and Stewart-Brown (2001) placed importance on the mirroring of concerns on the part of other parents having an important role in facilitating change. However, they also pointed out that groups can also work in a way which prevents change, and which excludes certain individuals or groups of individuals. For example, Grimshaw and McGuire indicated that 'groups can represent a Faustian bargain if they promote the interests of categories among their members at the expense of others - not least, minorities' (Grimshaw and McGuire, 1998). Men, women from minority groups, single parents, people with disabilities or outside the sexual norms, and step-parents are some of the people who might have potentially been excluded by the group process, as well as parents who found the process of disclosure and group participation difficult. Grimshaw and McGuire (1998) reported that the majority of parents who have taken part in parenting programmes have been Caucasian mothers and that negative views have been expressed by men and ethnic minorities.
In a qualitative study of a particular intervention Barlow and Stewart-Brown (2001) reported that two of the most important things that appeared to have happened for many of the parents were an increase in feelings of empathy, and an increased ability to identify with their children. This appeared to be associated with an alteration in parental (i.e., maternal) perceptions concerning (1) the reasons for children's behaviour and (2) the appropriateness of particular courses of action (i.e., shouting, smacking and threatening). The researchers hypothesised that as a result of the sometimes painful process of looking back at their own childhoods, parents appeared to have recognized that their behaviour was sometimes a repetition of their own experiences, and to have remembered the pain associated with some of these parental practices (e.g., being shouted at and humiliated). The researchers concluded that the parents who participated in and completed the Family Links Nurturing Programme were both satisfied with it and felt that they had made beneficial changes in their lives as a result of it, suggesting that brief interventions such as parenting programmes can have a long-term beneficial effect for parents. Support and feedback from other parents was one of the primary ways in which parents felt that the programme had been helpful. In addition, the programme appeared to have helped parents to re-establish a sense of control in the parental role, partly through an increase in their capacity to think about matters calmly, and also through the provision of new tools with which to do the job of parenting. Many parents also referred to an increased sense of empathy with their children, and a better understanding of the factors which motivate children to behave in particular ways. The parents appeared to feel that they were in a better position, having completed the programme, to address the emotional and behavioural issues presented by their children. The researchers concluded that it was likely that the outcomes were the result of a combination of affective strategies which helped the participating parents to focus on feelings, relationships and the parents' own experiences of being parented, in addition to the provision of behavioural strategies aimed at providing the parents with new methods of managing their children's emotional and behavioural development.
2.8.7. Process and Implementation Issues

As indicated in a number of the outlined approaches to parenting support, an important factor is the process through which the approach is implemented. This chapter does not discuss the content of the programmes that can be delivered but rather *how* they are delivered and the issues that can arise from engaging service users in support for parenting. Assemany and McIntosh (2002) have provided data that suggests that the average ‘drop out’ rate (i.e. parents not completing the totality of the work outlined in the approach) of behavioural intervention programmes is as much as 50%. Even those programmes that would have a high degree of organisational structure and a significant, empirical ‘evidence base’ appear to have a 40% drop out rate. Kaminski et al (2008) indicate that this significant proportion of parents not completing any given approach is probably applicable to any approach that involves engagement over time.

Stoiber and Kratochill (2000) contend that many researchers do not collect the data that measures the extent of ‘drop out’ rate and that even when they do, peer reviewed journals are less likely to publish if the results are negative. Moran et al (2004) further argue that the tendency to only desire to publish positive findings is a combination of factors, including a political agenda that may be seeking to justify expenditure and also practitioners and commissioners wanting to present their work in a positive light. The difficulty with this approach is that it ‘ignores the potential for learning from failure’. Put simply, if we do not know how many parents drop out or, indeed why, then we are not in a position to be able to address the issue.

There is also a lack of literature regarding the impact of approaches on parents who have only partially attended or not completed the approach. Data tends to be provided that demonstrates outcomes for those parents who have completed a given approach, with the implied assumption that those who did not complete will have poorer outcomes. However, a review undertaken by Staudt (2003) points out that:

“there is little support for the widely-held assumption that clients who drop out of treatment have poorer outcomes than those who complete…or that they would be better off had they remained in treatment. It may be that they do
continue…but do so with another provider…. (or) it may be that the families who drop out of treatment are making well-informed decisions that the services they receiving are not helping, or perhaps they have found alternative sources of help outside of the formal service delivery system”.

It may be that programme developers and practitioners have an inherent assumption that their work benefits service users and therefore further assume that those who engage less will have poorer outcomes even though there is little evidence to support this view.

Whilst discussing the engagement (or not) of parents and the level of benefit this may have for them, it is worth noting findings from Ghate and Ramella (2002) who studied the engagement of ‘hard to reach’ families. Parents from this group, even when persuaded or directed to attend through a court order, reported positive outcomes in terms of developing parenting skills and competency. This indicates therefore that parenting approaches do have some benefit if parents can be encouraged to attend despite their initial inclination to ‘drop out’.

There appears to be little in the literature regarding the features of successful parenting programme implementation. However, there are some qualitative studies that discuss practitioners’ own experiences of delivery and researchers observations. These will be used in an attempt to identify those elements that increase the likelihood of the successful implementation of a programme.

2.8.7.1. Characteristics of successful implementation
In a qualitative review of the literature regarding successful implementation of programmes, Barlow, Singh, Bayer and Curry (2007) postulated that how a programme is implemented might be as important in achieving positive results as what the content of the programme is. Moran et al (2004) outline three critical ‘hurdles’ in programme delivery that, if not overcome, even the most robust of programmes may struggle to be implemented. These are as follows:

1. ‘Getting’ parents (recruiting them to attend the programme in the first place).
2. ‘Keeping’ parents (ensuring that they continue to attend).
3. ‘Engaging’ parents (making sure that sessions are interesting and involving in an active and meaningful way).

It is quite clear that if these ‘hurdles’ are not planned for and addressed, it will be difficult to successfully implement a programme. Moran et al (2004) contend, however, that many practitioners put far more effort into the content of the programme than addressing these fundamental hurdles. They refer to Staudt (2003) who outlines a familiar scenario whereby ‘practitioners put a great deal of work into designing and resourcing a parenting support intervention, and then sit waiting fruitlessly for parents to turn up and take part.’

Forehand and Kotchick (2002) have highlighted four factors that appear to be crucial in terms of successful implementation- practical, relational, cultural and contextual, and strategic. This framework will be used to further explore the area of successful delivery and process issues.

2.8.7.2. Practical Factors
In terms of the above outlined hurdles of ‘getting’ and ‘keeping’ parents, there appear to be a number of realistic, concrete elements that contribute to successful implementation. A number of researchers (Levant, 1987; Ghate, Shaw and Hazel (2000) highlight the importance of practitioners and developers ‘understanding the market’ in terms of appropriate advertising and engagement of services and service users so that people are aware that the service is available and how it can be accessed. Another practical factor is that of ensuring that the venue and timing of sessions is convenient to service users (Forehand and Kotchick, 2002; Ghate et al, 2000). Parents need to be able to attend without significant time or financial cost to themselves. Forehand and Kotchick (2000) also report the importance of the provision of childcare for parents with younger children, or children of all ages if the programme is run outside of school time.

2.8.7.3. Delivery style
The style in which a parenting approach is delivered can also be a crucial factor for recruiting and engaging parents (Ghate and Ramella, 2002). It has been found
that if parents do not like the delivery style of an approach, they are more likely to drop out or achieve less positive outcomes on completion. A number of practitioners (Ghate and Ramella, 2002; Forehand and Kotchick, 2002) advocate the use of measures for rapport building that can be used by practitioners with parents before they attend a parenting programme. These measures can be used to accentuate the rapport factor and hopefully ensure better outcomes upon attending the actual programme.

The same researchers have also found that, upon attending a parenting approach parents are more willing to keep attending and engage in the process if they perceive it as being interactive and enjoyable. Kane et al (2007) emphasise that it is important to recognise ‘parents’ expertise in their own lives’ and stress ‘partnership by doing things with and not to families’ (TSA/PRB, 2002; Ghate and Hazel, 2002). They encourage the use of service user feedback being incorporated in future development of approaches.

2.8.7.4. Cultural, contextual and situational factors
Forehand and Kotchick (2002) refer to families and parenting as ‘ecological systems’ in the sense that they are a complex pattern if interdependent factors. They stress the importance of understanding a family’s circumstances (cultural, ethnic, socio-economic etc.) in order to successfully recruit and engage parents with approaches. Three of these situational factors that can influence parents levels of engagement are defined as: life circumstances and stresses, gender of participants, and cultural sensitivity.

2.8.7.5. Life circumstances and stresses:
Conger, Ge, Elder and Lorenz (1994) amongst others, present strong evidence that living in difficult, stressful circumstances has a negative, measurable impact on the quality of parenting (1994). Many group facilitators have found that urgent, pressing need within the family and their circumstances need to be addressed as well as the parents attending a parenting programme (Forehand and Kotchick, 2002). This could be viewed as an ‘enabling’ part of a practitioners work in that certain needs might need to be addressed in order to prepare the parents for attending the programme (e.g. ensuring there is enough food in the cupboards).
Also families present with a variety of needs and not all of these can be addressed directly through the provision of a parenting approach.

In terms of drop out from services, Prinz and Miller (1994) note that those parents whose wider needs are not addressed can also struggle to complete parenting interventions. Although high levels of life stressors (e.g. lone parenting, low income) are associated with an increased likelihood of families requesting support from services (Redmond, Spoth and Trudeau 2002), the few studies that have been undertaken in this area indicate that these stressors also increase the likelihood of early drop out from services (e.g. Kazdin and Wassell, 1999; Webster-Stratton, 1992).

As well as influencing the recruiting and engagement of parents, life circumstances can also influence the outcomes for parents who do complete interventions. Reuter, Conger and Ramisetty Mikler (1999) undertook research that demonstrated that men who had fewer life stressors at the start of a parenting intervention had better outcomes than those who had more. Interestingly, the same research indicated that women’s outcomes did not significantly decrease when they had more stressors in their lives. Dadds, Schwartz and Sanders (1987) found that the life stressor of having difficulties in the marital relationship also negatively impacted upon outcomes for parents who attended interventions and argue that in cases such as this support for the relationship might also be offered alongside parenting support.

2.8.7.6. Gender of participants:
The gender of the parents who participate in programmes appears to be significant factor influencing outcomes. Ghate, Shaw and Hazel (2000) undertook a qualitative study that indicates that mothers may differ from fathers in terms of their expectations and needs on attending a programme. They argue that most programmes are primarily designed with mothers in mind and therefore men may find the content less relevant or engaging. Redmond et al (2002) also found that fathers are unlikely to engage in parenting approaches and Spoth, Redmond, Hockaday and Shin (1996) also reported that men were less likely to apply new learning from the programme. In contrast to the rather negative findings regarding
fathers involvement in parenting approaches, Coplin and Houts (1991) report that when fathers are involved in programmes where the children in the family are experiencing behavioural difficulties, they have the same positive outcomes as mothers and also enhance the maintenance of changes. It is likely that this may be due in some part to both parents being able to better maintain consistency of approach.

2.8.7.7. Cultural sensitivity:
There is a great deal of evidence that ethnic minority families and families from different cultures are more likely to be experiencing the stressors that are associated with poor parenting (e.g. National statistics office, 2001). It might be assumed from this context that the need for parenting intervention / support is high and yet Ghate and Hazel (2002) cite evidence that parents from such families are less likely to participate in parenting approaches. Short and Johnston (1994) outline a number of barriers to participation including; language, stigmatism and a lack of culture compatible programmes. Gross, Julion and Fogg (2001) argue that most approaches in the USA have been developed by white American and undertaken with American parents and that this has resulted in programmes that reflect a white, western cultural approach to parenting.

In order to address the issue of programmes being more culturally sensitive there have been some attempts to change content and delivery. Cheng Gorman (1996) outline three different ways in which adaptations can be made; direct translation, culturally adapted (with content added and/or removed), and culturally specific (designed with a particular culture in mind). They stress the need for more culturally specific programmes and more robust evaluation of those programmes that have been adapted. Cheng Gorman & Balter (1997) further argue that shaping a programme based on cultural guidelines can have some dangers in the sense that differences between ethnic minority parents are likely to be no greater than differences between parents from the same ethnic background.

2.8.7.8. Strategic factors
There are a number of other factors that are associated with the successful implementation of parenting approaches that can be defined as ‘strategic’. These
are essentially the things that programme facilitators can do in order to encourage parents to attend and mitigate against drop-outs. Staudt (2003) conducted a review of how parents are recruited to attend programmes and found that persistence is a significant factor, particularly in terms of engaging families that are ‘hard to reach’. Particular tactics including follow up reminders by phone or letter prior to the first appointment increased the attendance rate. Forehand and Kotchick (2002) also found that regular phone calls during the course of running the programme can also increase levels of engagement and parent satisfaction with the service.

Parrish, Charlop and Fenton (1986) found that threatening parents with being moved to the bottom of a long waiting list increased the likelihood that they would attend the first appointment. These ‘warnings’ were found to be more effective than any rewards that were offered (e.g. gift vouchers etc). They suggest that the emphasis on limited access to a valuable resource that was implied by the warning system may have enhanced the desirability of the service in the parents’ eyes. Ghate and Ramella (2002) found that parents who were mandated to attend parenting courses by court order were more likely to attend than those whose participation was on a purely voluntary basis. Lastly, a recent study in the UK of parents mandated to attend parenting support services by court order found that although there were a number of ethical and philosophical problems with this approach, it had nevertheless resulted in higher rates of attendance and completion by parents when compared to a similar group of voluntarily referred parents (Ghate and Ramella 2002).

It appears to be very important for parents to have a sense that their own concerns regarding engaging with services are addressed in a meaningful way. Two different approaches developed by Szykula (1984) and Prinz and Miller (1994) both found benefit in trained workers visiting parents before attending a course in order to negotiate possible barriers to service engagement. On a more basic level, Roker and Richardson (2002) indicate that some incentives such as beauty treatments and days out can increase attendance rates for programmes, whilst Ghate, Shaw and Hazel (2000) demonstrated that these types of ‘reward’ for attendance are particularly effective in engaging fathers in service use.
2.8.7.9. Protective factors and developing a ‘strengths-based’ approach to parenting support

There is a huge amount of research in the area of parenting support, the majority of which appears to be aimed at approaches that reduce known risk factors for parenting and poor outcomes for children. It is noticeable that there is far less research in the area of protective factors that might mitigate against this risk. In other words, a substantial amount is known about approaches that aim to develop areas of parenting and family life that are perceived as being in deficit. Far less is known about approaches that seek to utilize the strengths of parents and families or accentuate those factors within the family that might enable them to better cope in adversity. According to Moran et al, (2004)

‘the focus is still very much more about weaknesses and deficits in parenting skills rather than about recognising and developing strengths. It is a question for debate whether focusing on strengths might deliver just as good if not better long-term outcomes for young people, perhaps at lower cost than at present.’

Garbarino, Vorrasi and Kostelny (2002) argue that parents and families struggle not only because they lack particular skills to overcome problems but also due to ‘the absence of normal, expectable opportunities’. They indicate that there are possibilities in this area or research if we focus on ‘accumulated opportunities’ instead of ‘accumulated risk’. This way of approaching the support of parents implies that risk factors may be lessened or partially offset by the introduction of positive possibilities in other areas of the child’s (or parent’s) life, even when risks are thought to be unlikely to change.

2.8.8. SFBT and Parenting Interventions

A programme or group intervention based on the principles of SFBT would appear to address many of the concerns cited by Garbarino, Vorrasi and Kostelny (2002) and also Moran et al (2004) in that there would be a focus on ‘developing strengths’ and focusing on ‘possibilities’ away from problem areas. There were only two examples available in the literature of researchers applying such an approach. Zimmerman et al (1996) reported an empirical study where parents
were assigned to experimental and control groups, with the control receiving no intervention. The experimental group received a six-week ‘Solution Focused Parenting’ intervention covering the areas of:

1. Family Strengths
2. Small changes
3. Building on what works
4. If it doesn’t work do something different
5. Keep change happening
6. Celebrating changes

Statistical analysis of the data using a pre and post parenting skills questionnaire indicated significant differences between the experimental and control group. Conclusions drawn were that the outcomes supported the basic theoretical assumptions of the effectiveness of Solution Focused Therapy.

Zimmerman et al’s (1996) study built on the only other published solution focused approach to parenting group work that was produced by Selekman (1991) in which he published six session guidelines for facilitating a six-week therapy group for parents of adolescent substance abusers. The approach had not been formally evaluated, although anecdotes within the published chapter suggest that it was well received. Selekman reported his belief that the SFBT approach could be used more widely than with his target group and ‘can be equally effective in treating other presenting problems exhibited by adolescents and children’.

In terms of the above definitions of parenting programmes as focusing on different areas, the SFBT approach outlined above and delivered in this study does not fit neatly into one category. Indeed, SFBT makes provision for contribution to most of the areas in the following ways:

- Parenting skills- Parents have the facility to identify and develop their own skills and strengths.
- Attitudes to parenting- the exploration of family life in a solution focused way can seek to increase levels of confidence and reduce stress through, (amongst other elements) reducing the perception of the problem size.
• Understanding of child development- a conversational approach to the development of therapeutic alliance allows for ‘straight answers to straight questions’ from parents. However, this is reliant on parents requesting information on child development initially.

• Emotional/mental health- The same areas that can improve attitudes to parenting can be viewed as improving mental health issues for parents.

• Social connection – A group work approach inherently aims to generate a degree of social connection. In addition an SFBT approach encourages open, constructive dialogue and also celebrates social connections as ‘resources’ that can be utilized in adversity.

2.8.9. Gaps in the research

As previously outlined, a small but growing literature has documented SFBT as an effective therapy. Steenbarger (1992) argued that outcome studies generally presume that clients come to therapy with real problems, which then can be followed over time to assess objective improvement. If the improvement demonstrated by therapy clients significantly exceeded that of persons receiving a placebo intervention, an alternate therapy, or no help whatsoever, the therapy could be said to have been effective. Steenbarger (1992) goes on to report that many practitioners of SFBT rebelled against such outcome assessment because of its grounding in epistemological realism. The constructivist bent of SFBT questions the entire presumption that people enter therapy with objective, diagnosable problems and illnesses. Change, it was insisted, comes from recognizing that there was no real problem, not from the quasi-cure of a quasi-disease. This epistemological stance has left a gap in outcome research regarding the effectiveness of SFBT.

In a systematic literature review regarding the efficacy of SFBT, Woods et al (2011) reported studies that met criteria for presenting ‘best evidence’ and cited evidence that of these studies SFBT contributed to improvements in the children's ‘externalising’ behaviour problems such as aggression and also ‘internalising’ problems such as shyness (Franklin and Cooper, 2001).

Woods et al (2011) also indicated some ‘emerging evidence’ that SFBT can also make a difference in the areas of child maltreatment (Corcoran and Franklin,
1998), supporting children with learning disabilities and goal setting for children with behaviour problems (Lloyd and Dallos, 2010). There was also some evidence regarding SFBTs efficacy improving coping of families undergoing divorce (Ziffer et al, 2007).

Other than the quoted published works of Zimmerman (1996) and Selekman (1991) there were no reported studies of work undertaken using SFBT with groups of parents. These quoted studies were not included in Woods et al's review as they did not fit criteria for 'best evidence' and this was also the case for similar systematic reviews (Corcoran and Pillai, 2007; and Kim and Franklin, 2009).
CHAPTER THREE.
METHODOLOGY

3.1. Research Questions

The following questions are intended to guide this study:

1. How do parents describe their experience of attending Compass workshops?
2. What, if any, changes do parents report both immediately following completion and after 3 month follow-up?
3. How might the workshops be improved in the future, from other family workers and parents perspectives?
4. How can an SFBT approach be used to provide trainers with a useful framework?

3.2. Overview of the study area and project

As already described in the introductory chapter, the project that is the focus of this study originally came about as a result of a Family Development Worker (FDW) from a Children’s Centre contacting Local Authority ‘S’ Educational Psychology Service asking for assistance in running a parenting programme. The FDWs were experiencing difficulties in delivering the ‘curriculum’ of the programme as parents were reporting that the strategies recommended by the programme were not helpful. I had experienced similar difficulties when giving parents and children direct advice or strategies. I suggested to the workers that a different approach might be to guide the parents through a solution focused process. From this beginning, the idea of developing a series of Solution Focused parenting workshops was discussed at a strategic level within the authority.

This study is intended to inform a broader Local Authority project that has been commissioned of SEPPS by an Assistant Director who oversees Children’s Centres. The study is a distinct, highly focused part of the broader project. We have been commissioned to deliver a series of parenting workshops based on a Solution Focused approach. These have been developed and delivered as a pilot
during the previous term by myself, whilst being shadowed by a Family Development Worker (FDW) for the centre. The pilot sessions have been reviewed and used to inform the further development of the parenting sessions. It will also inform the content of training that will be part of how we ‘roll out’ the programme to our entire Children’s Centres by the end of the next academic year.

3.2.1. Study Outline

In terms of the contribution that this research will make to this project, it is helpful to understand the project as a whole. A step-by-step breakdown of the process of developing and ‘rolling out’ the programme is outlined below.

<table>
<thead>
<tr>
<th>Step Number</th>
<th>Dates</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>02.09.2009 to 23.10.2009</td>
<td>Programme writing and development 1st pilot group of parents identified and ‘recruited’</td>
</tr>
<tr>
<td>2</td>
<td>02.11.2009 to 18.12.2009</td>
<td>Pilot workshops myself over 6 sessions at Children’s Centre. Canvass views of parents and Family Development Workers (FDWs)</td>
</tr>
<tr>
<td>3</td>
<td>04.01.2010 to 14.02.2010</td>
<td>Workshops adapted in light of pilot feedback. New materials devised</td>
</tr>
<tr>
<td>4</td>
<td>July- August 2010</td>
<td>Workshops again delivered by myself and evaluated in terms of experience and outcomes for parents</td>
</tr>
<tr>
<td>5</td>
<td>November 2010</td>
<td>3 month follow up of previous workshops undertaken 2 days training for FDWs devised</td>
</tr>
<tr>
<td>6</td>
<td>1st Half Spring Term 2011</td>
<td>2 days training on principles of Solution Focused approaches and how to run workshops, delivered by EPS to FDWs for phase 1 children’s centre staff. FDWs spend remaining period identifying and ‘recruiting’ appropriate parents</td>
</tr>
<tr>
<td>7</td>
<td>2nd Half Spring Term 2011</td>
<td>Compass workshops delivered in Children’s Centres led by an EP and shadowed by FDWs for that Centre. Parents for the following term identified and recruited</td>
</tr>
<tr>
<td>8</td>
<td>1st Half Summer Term 2011</td>
<td>Compass workshops delivered in Children’s Centres led by the FDWs for that centre and shadowed by the EP. EP acts as supportive consultant to FDWs</td>
</tr>
</tbody>
</table>

*Figure 5: Step-by-step guide to Workshops Development and Roll-out*

This research will be concerned with step 4 and also the 3-month follow up outlined in step 5. The intention being that the experiences of parents and those involved in delivering the workshop sessions, as well as the outcomes for parents are used to further inform the development of the Compass Workshop materials and delivery (steps 6, 7 and 8 of the Local Authority project).
This study takes the form of case study in the sense that the ‘Case’ that is being studied is the Compass Workshops themselves. Information from the FDWs involved in delivering the sessions will be in the form of a semi-structured interview following the delivery of each session (see appendix H). Data gathered from parents will be in the form of semi-structured interviews both immediately following the final workshop session and also 3 months later. There will also be a focus group with all participants following the final workshop. The various forms and stages of data collection that will inform the study are outlined in table 8 below.

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Data gathering tool</th>
<th>Source</th>
<th>When gathered?</th>
<th>Form of analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 How do parents describe their experience of attending Compass workshops?</td>
<td>Semi-Structured Interviews</td>
<td>Parents</td>
<td>As above</td>
<td>Thematic Basic</td>
</tr>
<tr>
<td></td>
<td>Scaling exercise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reflective log</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Focus Group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 What, if any, changes do parents report immediately, both immediately following completion and after 3 month follow-up?</td>
<td>Semi-Structured Interviews</td>
<td>FDW</td>
<td>As above</td>
<td>Thematic</td>
</tr>
<tr>
<td></td>
<td>Reflective Log</td>
<td>Parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Focus Group</td>
<td>Self</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 How might the workshops be improved in the future, from other family workers and parents perspectives?</td>
<td>Semi-Structured Interviews</td>
<td>FDW</td>
<td>As above</td>
<td>Thematic</td>
</tr>
<tr>
<td></td>
<td>Reflective Log</td>
<td>Parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Focus Group</td>
<td>Self</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 How can an SFBT approach be used to provide trainers with a useful framework?</td>
<td>Semi-Structured Interviews</td>
<td>FDW</td>
<td>As above</td>
<td>Thematic</td>
</tr>
<tr>
<td></td>
<td>Reflective Log</td>
<td>Parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Focus Group</td>
<td>Self</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Figure 6: Data gathering tools**

### 3.3. Selection of participants

FDWs for the setting approached parents on the playground that they knew were willing to participate in group work based on previous experience. I previously briefed the FDW regarding the following points:

- the workshops were to be delivered by an EP;
they were based on finding out what aspects parents would like to work on in their own family lives and also the strengths that they can bring to address issues;

- they were based on a group work format;

- they were part of the development of a parenting approach for Local Authority ‘S’ and their feedback would be helpful;

- they had not been targeted in terms of being viewed as experiencing particular family difficulties;

- there was no obligation to participate in the study;

- no undue influence would be exerted in order to persuade the participant to take part in the research;

- participants were free to leave the study at any time without being required to give reasons for leaving.

Anonymity and confidentiality was made explicit to the participants and this was maintained throughout. Interested participants were then invited to an introductory session where I introduced myself and explained the content of the sessions in detail and gave an overview of the project and study. The above points were emphasised again and parents were given a date to attend the first session if they wished to do so.

3.4. Epistemological position

In order to address the research questions in detail the methodology will be informed by a bottom-up approach, where the data is explored in an open-ended manner without hypothesis-driven or fixed, closed, research questions. This is more characteristic of qualitative, rather than quantitative methodologies.

Madill, Jordan and Shirley (2000) argue that qualitative methodology covers a range of different research methods that can be situated on a continuum according to their epistemological position. Positions can range from “radical relativist,” where the ontology is that there are no pure, objective experiences and the world is viewed as:

...indeterminate, disorderly and constantly in flux and thereby ultimately unknowable in any objective sense, (Moore 2005)
to “naïve realists,” where researchers seek to explore the reality and facts of ‘how the world is’ (Madill et al., 2000).

Lyons (2007) suggests other points between the two poles of the continuum: firstly, the position of critical realist, who “recognises that knowledge is not objective” (p160); and secondly, the contextual constructionist who acknowledges that “all knowledge is context specific and influenced by the perspective of the perceiver” (Lyons, 2007). As with any model attempting to represent the complexities of the ‘messy’ real world, the continuum is a little simplistic in that many of the approaches have overlapping epistemological stances, dependent upon the researcher’s interpretation.

This research is situated between the two extreme poles, and best relates to the epistemological position described as “contextual constructionist” (Lyons, 2007). It is underpinned by the ontological belief (or world view) that there are multiple realities, each being informed through social interactions and engagement with society. This stance is consistent with the social constructionist philosophy underpinning the whole SFBT approach as opposed to a structural stance being the pursuit of scientific ‘truth’ (Gergen, 1999).

In order to make sense of events and contexts, “individuals seek understanding of the world in which they live and work... (through)...subjective meanings of their experiences” (Cresswell, 2007). In this instance, the term ‘subjective’ applies purely to the participants understanding and what it means to them to live and experience a certain situation (Biggerstaff & Thompson, 2008). This research (as with SFBT) is concerned with lived experiences – the way things appear to us as we encounter them and how they are constructed through dialogue with other.

3.5. Case study design

The proposed methodology for this study is that of a single case study. There are two main approaches that are used in case study methodology; one offered by Robert Stake (1995) and the second by Robert Yin (2003, 2006). Both Stake (1995) and Yin (2003) base their approach to case study on a constructivist paradigm. This paradigm “recognizes the importance of the subjective human
creation of meaning, but doesn’t reject outright some notion of objectivity. Pluralism, not relativism, is stressed with focus on the circular dynamic tension of subject and object” (Miller & Crabtree, 1999). Constructivism is built upon the understanding that reality is socially constructed (Searle, 1995). An advantage of the use of case studies is that researcher and participant work closely together, while participants are enabled to tell their stories (Crabtree & Miller, 1999). The constructivist paradigm is consistent with the principles of SFBT.

A case study method enables a researcher to closely examine the data within a specific context. In most cases, a case study method selects a small geographical area or a very limited number of individuals as the subjects of study. Case studies, in their true essence, explore and investigate contemporary real-life phenomenon through detailed contextual analysis of a limited number of events or conditions, and their relationships. Yin (1984:23) defines the case study research method “as an empirical inquiry that investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used.”

In some case studies, an in-depth longitudinal examination of a single case or event is used, as is the case in this research. The longitudinal examination provides a systematic way of observing the events, collecting data, analysing information, and reporting the results over a longer period of time. In this sense the case study is a unique way of observing any natural phenomenon which may exist in the data set (Yin, 1984).

Case study method receives criticism in terms of its lack of robustness as a research tool and therefore crafting the design of a case study is of paramount importance (Yin, 1984). Researchers can adopt either a single-case or multiple-case design depending on the issue in question. In cases where there are no other cases available for replication, the researcher can adopt the single-case design, as was the case in this study.

However, the drawback of a single-case design is its inability to provide a generalising conclusion, in particular when the events are rare. According to
Yin (1994), generalisation of results from case studies, from either single or multiple designs, stems on theory rather than on populations. By replicating the case through pattern-matching, a technique linking several pieces of information from the same case to some theoretical proposition (Campbell, 1975), multiple-case design enhances and supports the previous results. This helps raise the level of confidence in the robustness of the method. In the instance of this study an attempt is being made to inform the development of Compass workshop delivery and materials in terms of learning about parents’ experiences and also the deliverability of the workshops for the FDWs. This is a learning process and therefore there will be a need to undertake further case study research in the future before firm conclusions can be drawn in these areas.

3.5.1. Category of case study
There are several categories of case study. Yin (1984) notes three categories, namely exploratory, descriptive and explanatory case studies. Firstly, exploratory case studies set to explore any phenomenon in the data which serves as a point of interest to the researcher. In this type of case study prior fieldwork and small scale data collection may be conducted before the research questions and hypotheses are proposed. As a prelude, this initial work helps prepare a framework of the study. A pilot study is considered an example of an exploratory case study (Yin, 1984; McDonough and McDonough, 1997) and is crucial in determining the protocol that will be used.

Secondly, descriptive case studies set to describe the natural phenomena which occur within the data in question, for instance, what different strategies are used by a reader and how the reader uses them. The goal set by the researcher is to describe the data as they occur. McDonough and McDonough (1997) suggest that descriptive case studies may be in a narrative form. The challenge of a descriptive case study is that the researcher must begin with a descriptive theory to support the description of the phenomenon or story. If this fails there is the possibility that the description lacks rigour and that problems may occur during the project. Third, explanatory case studies examine the data closely both at a surface and deep level in order to explain the phenomena in the data (Zaidah, 2003). On the basis of the data, the researcher may then form a theory and set to test this theory.
(McDonough and McDonough, 1997). Furthermore, explanatory cases are also deployed for causal studies where pattern-matching can be used to investigate certain phenomena in very complex and multivariate cases.

Other researchers also mention about other categories of case study. For instance, according to McDonough and McDonough (1997) other categories include interpretive and evaluative case studies. Through interpretive case studies, the researcher aims to interpret the data by developing conceptual categories, supporting or challenging the assumptions made regarding them. In evaluative case studies, the researcher goes further by adding their judgement to the phenomena found in the data.

Yin (1984) cautions researchers against any attempt to separate these categories or to conceive them as a hierarchy. Yin (1984) postulates that:

*A common misconception is that the various research strategies should be arrayed hierarchically. Thus, we were once taught to believe that case studies were appropriate for the exploratory phase of an investigation that surveys and histories were appropriate for the descriptive phase, and that experiments were the only way of doing exploratory or causal inquiries.*

The hierarchical view, therefore, is incorrect. Experiments with an exploratory motive have certainly always existed. In addition, the development of causal explanations has long been a serious concern of historians.

Finally, case studies are not only an exploratory strategy. In defining case studies, Stake (1995) distinguishes three types, the intrinsic, the instrumental and the collective. In an intrinsic case study, a researcher examines the case for its own sake. In an instrumental case study, the researcher selects a small group of subjects in order to examine a certain pattern of behaviour. In a collective case study, the researcher coordinates data from several different sources, such as schools or individuals.

This case study should be regarded as being a descriptive case study (Yin, 1984) that begins with the theory that SFBT might be a useful and effective approach in
developing compass workshops with parents. It will attempt to describe the phenomena as experienced by all those taking part (parents, FDWs and myself) and so in Stake’s (1995) terms it is also a collective case study. The results of the study will not be generalised but simply used to inform the further development and delivery of the compass workshop approach.

According to Yin (2003) a case study design should be considered when:

(a) ‘the focus of the study is to answer “how” and “why” questions
(b) you cannot manipulate the behaviour of those involved in the study
(c) you want to cover contextual conditions because you believe they are relevant to the phenomenon under study
(d) the boundaries are not clear between the phenomenon and context.’

In this instance, the case study was concerned with parents’ and family workers’ experiences from attending the delivery of the Compass Workshops. A case study was chosen because the case was the Workshops themselves, but the case could not be considered without the context, the parents in the school setting, and more specifically the individual experiences and interpretations of each person who attended. It was hoped that it would be in this context that positive change happened for the people attending. It would be impossible to have a true picture of change for families without considering the context within which it occurred.

Miles and Huberman (1994) define the case as, “a phenomenon of some sort occurring in a bounded context. The case is, “in effect, your unit of analysis” (p. 25). The ‘unit of analysis’ in this case is that of the Compass Workshops themselves. A common issue that researchers come across when conducting a case study is a tendency to attempt to answer a question that is too broad or a topic that has too many objectives. In attempting to avoid this problem, several authors including Yin (2003) and Stake (1995) recommend placing ‘boundaries’ on a case to allow for meaningful focus. Suggestions on how to bind a case include: (a) by time and place (Creswell, 2003); (b) time and activity (Stake, 1995); and (c) by definition and context (Miles & Huberman, 1994). This study sought to bind the case by restricting the area of focus to the following areas: data gathered during the 5 workshops undertaken (noted in a reflective log by myself and in interviews
with FDWs after each session), data gathered from an immediate focus group session and individual interviews with each parent and the family workers. There were also the 3 month follow-up interviews. Each discussion took place in either the context of the school or parents’ home and was defined by the semi-structured interview format.

There were, therefore, five data strands that informed this case study. These were as follows;

1. Semi-structured interviews with FDWs following each workshop.
2. Semi-structured interviews with parents immediately following the final workshop.
3. Semi-structured follow-up interviews with parents 3 months after the final workshop.
4. A focus group with parents and FDWs immediately following the final workshop.
5. A reflective log kept by myself at each stage of the process.

In gathering together the data strands, every effort was made to gather data from all available sources. It was acknowledged that a typical case study would have more varied types of data such as observations and measurements that would inform the study. In the instance of undertaking these workshops, such measures were not available and therefore the study may appear to be rather reliant on information gathered through interviews.

In terms of Miles and Huberman (1994) defining the case as “in effect, your unit of analysis” (p. 25) and the ‘unit of analysis’ in this case being that of the Compass Workshops themselves, the aspects that are of particular relevance to this study are defined by the research questions. In this sense the research questions break down into four overlapping units of analysis. In terms of the data strands outlined above informing these units of analysis, it is important to acknowledge that there will be more emphasis placed in certain data strands when analysing particular areas; for example placing emphasis on parental interviews when analysing research questions regarding how parents describe their experiences of attending the workshops. For the first 3 research questions the parent data is the main focus.
with FDW and the reflective log as supporting data. For the first 2 questions the parent data is the main focus with FDW and researcher log as supporting data. Although the emphasis placed on certain data strands when linking them to the units of analysis was not measured mathematically, it is still important to give an indication of to what extent this occurred. The following is a diagrammatical representation of the various emphases placed on data strands to inform each unit of analysis.
Figure 7: Emphasis placed on data strands informing each unit of analysis. (with size of arrow reflecting level of emphasis)

Research Questions:
RQ1. How do parents describe their experience of attending the solution-focused workshops?
RQ2. What, if any, changes do parents report both immediately following completion and after 3 month follow-up?
RQ3. How might the workshops be improved in the future, from other family workers and parents perspectives?
RQ4. How can an SFBT approach be used to provide trainers with a useful framework?
3.6 Procedures

3.6.1. Designing the Interview Schedules

In order to obtain sufficient information to respond to the research questions, it was considered important that the interview schedule allowed the participant to take a lead role in the interview whilst ensuring the collection of sufficient information in order to achieve the aims of this study and to answer the research questions.

Devising the semi-structured interview schedule was informed by the process advocated by Gillham (2000) and Smith, Flowers and Larkin (2009). Having considered the research questions and aims of the research, I then generated as many aspects or potential topics which could potentially be covered in the interview. This was achieved through combing the research diary for any potential areas of research alongside a thought shower of ideas. These ideas were then grouped into themes and duplicates were eliminated. The advice not to ask the research question directly (Smith, et al., 2009) further reduced the number of areas to be covered.

In addition to the above guidance, it was also viewed to be important for questioning to remain consistent with the solution focused approach. In this way the study remains coherent in terms of the approach that is the focus of the study and the data gathering strategy stemming from the same philosophy and using the same techniques. In essence this meant questions were based around two main directions; 1) ‘What works/helps?’ and 2) ‘If it were better- what would that look like/we be doing?’

In order to reduce potential researcher bias, the draft interview schedule was discussed with the two colleagues, and was amended following their input. The three full interview schedules (one for parent immediately following the final session, one for parent on 3 month follow-up and one for FDWs) can be found in appendix I.
3.6.2. Focus groups

Some researchers differentiate between what is simply a group interview and what is a focus group. Bryman (2004) maintains that there are several reasons as to why this might be the case and these are listed below.

- **Focus groups typically emphasise a specific theme or topic that is explored in depth, whereas group interviews often span very widely.**

- **Sometimes group interviews are carried out so that the researcher is able to save time and money by carrying out interviews with a number of individuals simultaneously. However, focus groups are not carried out for this reason.**

- **The focus group practitioner is invariably interested in the ways in which individuals discuss a certain issue as members of a group, rather than simply as individuals. In other words, with a focus group the researcher will be interested in such things as how people respond to each other’s views and build up a view out of the interaction that takes place within the group.**

Bryman comments that focus groups have been extensively used within the field of market research and within this field the focus of the enquiry is quite clearly defined with regard to views of a product or service (Moran et al, 2004). Focus groups are a form of group interview but are different from other types of interview in that there is an emphasis on the interaction that happens within the group as well as individual views. Hammersley (2000) contends that focus group work not only allows for the gathering of individual views but also an exploration as the reasons why such views or beliefs are held. Additionally, through exploring issues within a group context, individuals have an opportunity to challenge their own previously held beliefs. In this way participants own understanding of the area being explored can become wider and richer. May (2002) states that ‘within the focus group setting the researcher is not simply listening to what participants say, but in how they say it. The researcher is concerned with how group members receive what a person has to say’. To this end, the reflective log was used extensively during the focus group session.
3.6.3. Focus group procedures
The focus group was convened in the same room immediately following the final workshop session. Procedures were followed in line with the guidance outlined by Reeves & Hedberg (2003) (see appendix J). The questions asked during the focus group were open ended and, again, solution focused.

In facilitating the focus group, I was aware of the importance of the role. Gibbs (1997) argues that the effectiveness of the focus group facilitator is the key to a productive focus group. The American Statistical Association (1998) states that ‘the moderator’s job is to keep the group “focused” and to generate a lively and productive discussion’. As well as being able to plan the group, the facilitator needs to have effective leadership skills and needs to recognise how to obtain a balanced input from a diverse group of people. Gibbs (1997) also states that the facilitator needs good communication skills, and needs to be able to encourage a variety of levels of communication amongst participants in the focus group and this communication may include:
- asking open questions
- promoting debate
- probing for further details
- encouraging participant-participant discussion rather than participant-moderator discussion
- running group exercise

Although the moderator ‘leads’ the focus group their role is only to keep the discussion on track and should not influence the opinions of the group, this has been referred to as “structured eavesdropping” (Kitzinger, 1995). An outline of the questions is also available in appendix J.

3.6.4. Reflective log
Jasper (2005) contends that, ‘reflective writing has become established as a key component of reflective practice, and is central to the notion of learning from experience’. Literature in the area of reflective practice encourages the use of reflective writing as a method for extending critical thinking skills and powers of
analysis. These claims are equally applicable to the value of reflective writing as a tool for research.

Taylor (2003) suggests that ‘reflective practice tends to adopt a naïve or romantic realist position and fails to acknowledge the ways in which reflective accounts construct the world of practice’. This addresses the fact that there is no one objective reality, that any presentation is a construction of that reality according to the writer. Jasper (2005) maintains that this could present as a problem for reflective practice but it can be seen in a positive light in the use of reflective writing in research. This is because it can make visible the view and stance of the researcher, which might otherwise be hidden. The use of a reflective log, therefore, is again in line with the social constructionist stance of this study.

In going about the recording of the reflective log, attention was paid to the guidance outlined by Hampton (2009). A full copy of this guidance is available in appendix K. Hampton states that ‘Reflective writing is evidence of reflective thinking’ and that in an academic context, reflective thinking usually involves:

1. **Looking back at something** (often an event, i.e. something that happened, but it could also be an idea or object).
2. **Analysing the event or idea** (thinking in depth and from different perspectives, and trying to explain, often with reference to a model or theory from your subject).
3. **Thinking carefully about what the event or idea means for you and your ongoing progress as a learner and/or practising professional**.

It is suggested therefore that reflective writing is a more personal kind of academic writing and is written from a first person perspective.

### 3.7. Data analysis

#### 3.7.1. Rationale for method of analysis

Before deciding upon the use of thematic Analysis as the approach to data analysis for this study, a number of approaches to the analysis of the data were considered. In the initial conception, the researcher had identified Charmaz’s (2006) version of Grounded Theory as a suitable qualitative model of analysis. The
justification of this related to initial aims to generate a theoretical model to support 'successful parenting workshops'. Additionally, Charmaz's (2006) adoption of the social constructionist stance was felt to fit comfortably with the researchers underpinning assumptions already described. The approach contrasts with the arguably more prescriptive accounts of Grounded Theory (e.g. Glaser, 1992; Strauss and Corbin, 1998) which would appear to offer less creativity and flexibility in the analysis process.

The version of Grounded Theory provided by Charmaz (2006) is an inductive approach which aims to identify a theory that is constructed through an interaction with data. This contrasts with accounts suggesting that the theory will 'emerge' from the data. Charmaz (2006) considers that a new theory should be constructed with participants being actively involved. The approach is related to understanding 'meaning and actions'. Charmaz (2006) is keen to acknowledge and recognise what the researcher might bring to the research, suggesting that any review of the literature should be part of the analytical process. The process of Grounded Theory involves the systematic and cyclical development and refinement of 'codes', data collection, 'focused coding', 'refining conceptual categories' using 'memos', 'theoretical sampling', organising conceptual categories', 'integrating' concepts and 'representing concepts' in a theory. In this way it is similar in its approach to Thematic Analysis in terms of the cyclical approach to coding and categorising data. Indeed some within the academic literature (Ryan and Bernard, 2002) would actually consider thematic analysis to be a form of grounded theory. However, Braun and Clarke argue that a key difference between Grounded Theory and Thematic Analysis is that Grounded Theory is based around developing an overarching theory that 'explains' the findings within the data, whereas themes in thematic analysis seek to summarise or encapsulate the data, but not necessarily with the aim of developing a theory to explain it in the same sense. This study is not concerned with generating a theory that explains what is happening for parents and others involved in the workshops but rather it is more interested in exploring and understanding their own individual and collective experiences of attending.
Other approaches considered include Narrative Analysis and Interpretative Phenomenological Analysis (IPA). As a method of analysis, Lawler (2002) describes Narrative Analysis’ aims being to consider how people use stories to ‘make sense of their world’ (May, 2002). This is an approach which also fits within a social constructionist paradigm and is perhaps best suited to research related to life stories and oral histories. The ‘narrative’ is a way in which participants are seen to actively construct meaning from their reflection of experience. It is however, difficult to identify a systematic and consistent approach to conducting narrative research. In considering this as an approach, it was also felt that such an approach might not be entirely suited to, particularly where participants might find it difficult to express and process a ‘narrative’ regarding a part of their lives (attendance at the workshops) that took place over a relatively short period of time and also may not have played a particularly significant part of their lives. Similar issues may be raised in relation to IPA, an approach which aims to provide a detailed account of individual and personal ‘lived experiences’ (Lyons and Coyle, 2007). As an approach IPA would also be more appropriate if the focus of the research was based upon a ‘relatively homogenous’ sample (Smith and Eatough, 2007), e.g. only parents perspectives.

As Holloway and Todres (2003) highlight, common to all qualitative research methodology is the attempt to identify ‘themes’ indicative of ‘meaning’. In considering which method to select, Thematic Analysis presented as a ‘flexible, viable, suitable and accessible qualitative method within psychology’ (Braun and Clarke, 2006) through which themes could be explored and research questions addressed.

3.7.2. Thematic Analysis

The data collected within the semi-structured interviews was analysed using Thematic Analysis. Thematic Analysis does not align to a specific philosophical model; rather it is a process of managing and collating data. Braun and Clarke (2006) believe that qualitative analytic methods can be divided into two schools of thought. Within the first, there are those who are coming from a particular theoretical or epistemological position. For some such as conversation analysis (CA; eg, Hutchby and Wooffitt, 1998) and interpretative phenomenological
analysis (IPA; eg, Smith and Osborn, 2003) there is limited flexibility in how the method is applied within that framework. In essence, Braun and Clarke argue, ‘one recipe guides analysis’.

Other researchers coming from a particular theoretical position such as grounded theory (Glaser, 1992; Strauss and Corbin, 1998), discourse analysis (eg, Burman and Parker, 1993; Willig, 2003) or narrative analysis (Murray, 2003) where there are varying forms of the method, from within the wider theoretical framework. This second school of thought employs methods that are independent of theory and epistemology, and can be applied across a broad range of theoretical and epistemological approaches. Thematic analysis is often conceptualized as a realist/experiential method (Aronson, 1994; Roulston, 2001), but Braun and Clarke (2006) argue that thematic analysis is ‘actually firmly in the second camp, and is compatible with both essentialist and constructionist paradigms within psychology’ and that ‘through its theoretical freedom, thematic analysis provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex, account of data’.

The aim of the Thematic Analysis is to develop an understanding of which components of workshops have been helpful or unhelpful in the experience of the parents and professionals interviewed. The definitions of themes detailed by Braun and Clarke (2006) were used to identify aspects of the data.

In considering the analysis of the data it was important to consider what constitutes a theme. Patterns across the data set were identified and considered and formed a shared theme. Themes were also based upon the prevalence of the theme across the data set. Each data item was considered for specific themes that may be of importance. Once again, prevalence formed part of the development of the theme, together with the importance of the theme based upon how it fits with researcher expectations. However themes which are relevant to only one data extract were also identified and considered valid if they related to a specific aspect of the experience of the participant, or if they were of note to the researcher. This would constitute a theme of difference.
The identification of themes was carried out using an inductive, bottom up approach based upon the repeated reading of the data rather than trying to fit the data into a specific framework. Van Manen (1990) suggests that it is more honouring and respectful to the participants and to their data to carry out a repetitive reading until the themes become apparent rather than having preconceived structure.

It is recognized that researcher judgement constitutes an important aspect to the identification of the themes. In the hermeneutic phenomenological tradition this is considered both valuable and important and should be made clear (Braun & Clarke, 2006). As the themes are analysed and discussed, links will be made with the expectations of the researcher as well as with other research.

Through the data analysis the intention is to gain an in-depth, rich description of the experiences of participants who attended the workshops that does justice to the range of information they have shared. Although in doing this there will necessarily be some loss in complexity and detail, this would be outweighed by the value of gaining a thematic overview.

Braun and Clarke (2006) make a distinction between ‘inductive’ and ‘theoretical’ analysis. They give examples of inductive analysis such as Frith and Gleeson (2004) and state that it is essentially a ‘bottom up’ approach to analysing the data in its entirety and the themes that emerge may not have direct relation to the initial research questions that have guided the study and the interviews. Theoretical analysis applies a theoretical framework to the data and seeks to examine particular aspects of the data that are relevant to that framework. For example, in the case of SFBT it would be possible to look for examples of ‘exceptions’ or ‘scaling’ specifically within the data set. This would help us to learn about particular parts of SFBT approaches.

This study takes an inductive approach to thematic analysis. Although there is the psychological model of SFBT being applied during the delivery of the workshops, it is not the only part of the experience that the study is concerned with, as can be seen from the research questions. Braun and Clarke (2006) state clearly that the
type of thematic analysis being undertaken should be explicitly considered and
that there should be an ‘ongoing reflexive dialogue on the part of the researcher
with regard to these issues.’ The following textbox is an attempt to engage in this
process:

Reflective Log
In analysing the data in an inductive way it was important for me to attempt to ‘clear my mind’ of
both the research questions that had guided the study thus far and also my own prior knowledge of
SFBT. There is a temptation to recognise or pay particular attention to the reporting of elements of
the approach that are thought to be powerful or key aspects of SFBT. In undertaking the analysis,
there was a need to be aware of this bias and an attempt to look at the data ‘with fresh eyes’.

Patterns in what has been said are identified and then these can be interpreted as
to the significance of the pattern. In contrast, identifying themes at the latent level
attempts to identify underlying ideas and assumptions that underpin the
semantics. What emerges from this approach is a theory of what is being said in
terms making sense of the data and Burr (1995) argues that this is more in
keeping with the constructionist paradigm. The interpretive, latent approach is the
approach that will be undertaken in this study.
Utilising the 6-step approach detailed in Braun & Clarke (2006) provides a systematic and logical process to analyse the data see Table 9.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description of the process</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Familiarising yourself with your data:</td>
<td>Transcription of data, reading and re-reading the data, noting down initial ideas. - to be carried out by the researcher.</td>
</tr>
<tr>
<td>2. Generating initial codes:</td>
<td>Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code - to be carried out by the researcher.</td>
</tr>
<tr>
<td>3. Searching for themes:</td>
<td>Collating codes into potential themes, gathering all data relevant to each potential theme - to be carried out by the researcher.</td>
</tr>
<tr>
<td>4. Reviewing themes:</td>
<td>Checking if the themes work in relation to the coded extracts (Level1) and the entire dataset (Level2), generating a thematic ‘map’ of the analysis - to be carried out by the researcher.</td>
</tr>
<tr>
<td>5. Defining and naming themes:</td>
<td>Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme -- to be carried out by the researcher and triangulated with FDWs and parents</td>
</tr>
<tr>
<td>6. Producing the report:</td>
<td>The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis - to be carried out by the researcher.</td>
</tr>
</tbody>
</table>

**Figure 8: Thematic Analysis (Braun and Clarke, 2006)**

Firstly, the researcher carried out and transcribed the interviews personally which enabled familiarisation with the data. The data was then subjected to repeated re-reading and at the same time any ideas that developed were noted.

The second stage was to generate codes for the data. This was done by identifying interesting features of the data across the whole data set. This was carried out in a systematic fashion.

The third stage is the preliminary identification of potential themes. This involved collating the codes into roughly similar groups that can be described in a short statement. Often there are a range of potential themes identified at this stage.

The themes were grouped together with specific links being made between the themes. This generated a detailed map of the analysis a summary of which can be seen in the “Map of Themes” (appendix C) and constitutes stage 4.
This map allowed for similarities between themes to be identified and for the themes to be further refined. This refinement led to clear distinctions between themes to be identified with specific names for each theme. This is where it was important to refine the themes in accordance with the original data to ensure rigor and integrity of the analysis. This is stage 5.

The final stage is concerned with the writing of the report in which the themes will be explored with reference to the literature review and implications discussed. The research questions that initially guided the study will then be examined in relation to the themes.

3.8. Critique of methodology

3.8.1. Case Study design

Case studies have received a number of criticisms that need to be borne in mind when undertaking such research. Yin (1984) discusses three types of arguments against case study research.

First, case studies are often accused of lack of rigour. Yin (1984) notes that “too many times, the case study investigator has been sloppy, and has allowed equivocal evidence or biased views to influence the direction of the findings and conclusions”. In order to address this issue there has been every effort in this study to systematically analyse all data and report findings accordingly whilst acknowledging the author’s own epistemological position.

Second, case studies provide very little basis for scientific generalisation since they use a small number of subjects, some conducted with only one subject. The question commonly raised is “How can you generalise from a single case?” (Yin, 1984). However, Yin argues that this is a misunderstanding of the case study method in that the purpose is to generalise to theory, not to population as in statistical research. Furthering this argument in order to illustrate how the case study has scientific use, Flyvberg (2006) cites many historical examples from Einstein to Galileo where new discoveries and theories were developed and tested using single case study experiments. He further goes on to explain that the case
study is a means to explore and test hypotheses. George and Bennett (2005) have demonstrated the strong links between case studies and theory development, especially through the study of 'deviant' cases where observations are made that are not predicted by theory. Walton (1992) has also observed that “case studies are likely to produce the best theory.” He contends that this is due to the ability of a case study to explore phenomena in a much deeper way than broader, large group samples. Through this more detailed analysis of data the plausibility and generalisability of theory can be rigorously tested.

Third, case studies are often labelled as being too long, difficult to conduct and producing a massive amount of documentation (Yin, 1984). In particular, case studies of ethnographic or longitudinal nature can elicit a great deal of data over a period of time. The danger comes when the data are not managed and organised systematically, as is the case in this study. The parameters of the ‘case’ in question are clearly defined as the workshops undertaken with parents and the research questions are designed set parameters on the area of investigation. Time limits for data sampling are also clearly defined.

3.8.2. Insider research
The term ‘insider research’ is used to describe projects where the researcher has a direct involvement or connection with the research setting (Robson, 2002), as is the case in this study. The researcher was both facilitating the workshops and gathering the data that is the focus of the study. This approach to research contrasts with more traditional notions of scientifically valid research in which the researcher is an ‘objective outsider’ studying subjects external to his/herself (Denzin and Lincoln, 2000).

With insider research, the concept of validity can be seen as a difficult issue because of the researcher's involvement with the subject of study. Positivists argue that this level of involvement with a study threaten the researcher's validity due to a lack of objectivity. There is a lack of clear observation and therefore a 'true' representation of the world cannot be given (Kvale, 1995). the counter this argument that can be given by anti-positivists is that complete objectivity is impossible and the researcher's biases threaten validity even when efforts are
made to appear to be objective. This argument maintains that there is no such thing as a researcher who does not bring their own view of the world to analysis and that this should be acknowledged.

It has been argued that doubts regarding insider research can be applied to varying degrees to all research. For example, it is difficult to fully establish the honesty of subjects, and every piece of research is influenced by the researchers own life experiences and stance. In this sense, complete objectivity may be impossible to attain in any experimental methodology and its pursuit is to ignore the social constructionist position that this study takes. However the study will attempt minimise the impact of biases and carry out research with an awareness of the researchers own epistemological position in order that the research process is as transparent as possible (Hammersley, 2000). By making the research process transparent and honest, it is hoped that the reader can construct their own view which will be ‘equally as valid as our own’ (Cohen, Manion and Morrison 2000). Again, as with all good case study research it is therefore be important to make clear the techniques, data gathering ‘tools’, philosophical and epistemological stance in the reflective log. Every effort will also be made to gather data from a variety of sources and seek to triangulate data to ensure true ‘meanings’ are heard.

Many authors also cite a number of advantages to insider research. Some state the view that insider researchers have a large amount of knowledge which the outsider is not aware of (Tedlock, 2000). Tierney, (1994) state the view interviewees feel more comfortable and freer to talk with a researcher that is familiar to them. From a social constructionist perspective therefore, insider research can be viewed as increasing validity due to the added richness and ‘real life’ authenticity of the data that can be obtained. It is the researcher’s intention for this to be the case in this study. Through the delivery of the workshops, a rapport and trust would hopefully have built up between the group members and the researcher. It was made clear that workshops are part of a study and that their genuine views were being sought in the data gathering process. The rapport that was established over weeks working together helped to elicit these views more fully than if a stranger were asking the same questions.
3.8.3. Reflexivity

Parker (2004) states the idea of objective research is a myth because even when apparently studying from a detached, quantitative position, psychologists (and other researchers) are subject to “hunches, intuitions, hopes and assumptions” which influence one’s interpretation of the data. Unlike quantitative research, where this challenge is managed through an artificial ‘distancing of researcher from the area of research’, interpretative research, embraces this subjectivity (Parker, 1994). As Parker explains:

“Research is always carried out from a particular standpoint, and the pretence to neutrality in many quantitative studies is disingenuous”. (Parker, 1994)

From the moment of conception, with the formulation and development of the area of research, this project has been subject to the researchers own subjective positioning – the standpoint and perceptions which the researcher has about this topic. Therefore, it is vital that the following is acknowledged:

Explicit recognition of the fact that the social researcher, and the research act itself, are part and parcel of the social world under investigation.


Consequently the researcher’s subjective position, both in the area for research was formulated and its impact on the interpretative stance requires exploration. The following text box summarises the researcher’s position. There has been an attempt to outline the researchers own biases, predilections, interests, values, experiences and characteristics.

Reflexive position statement

I have been an Educational Psychologist for 11 years and have practised Solution Focused approaches for over half that time. I have read widely on the subject prior to undertaking this piece of research and also have attended many seminars on the subject. Unsurprisingly, given my own interests and investment of professional energy into the use and applications of SFBT, I am an advocate of it’s philosophy and techniques.

In being commissioned to develop a solution focussed parenting programme, I undertook a major task in terms of its design and development. I also therefore willingly acknowledge that there is a vested interest in the project and workshops being viewed as making a positive difference both by parents and practitioners.
3.8.4. Use of semi-structured interviews as a method for data collection

Issues that can occur and need to be planned for when undertaking semi-structured interviews are mainly concerned with researcher questioning skills and the data generated. A guide to the interview is generated ‘but (the researcher) is able to follow topical trajectories in the conversation that may stray from the guide when he or she feels this is appropriate’, Barnard (1998). This capacity to ‘stray’ from the questions in the guide is a planned for and integral part of the investigative approach; however it can cause difficulty in re-focussing the interviewee on the topic of research. In this instance, it is considered that the researcher knew the parent well enough and has enough skills in conducting conversations with parents that this was an issue. Barnard (1998) also makes the point that data from interviews can be difficult to collate, although in this instance the richness, variance and detail in the data is a plus rather than a hindrance to the study.

3.8.5. Use of focus groups as a method for data collection

Focus groups can be difficult to convene and with this in mind the group for this study took place immediately following the final workshop. In this way, the group were already in the room before the focus group was convened. There can also be issues concerning with the size of groups and researchers such as Morgan (1998 cited in Bryman, 2004) recommend smaller groups because they may have more to say on the topic. The group in this study was a manageable number and knew each other relatively well by the end of the final session.

Transcribing focus groups interviews can be a problem as who is speaking is important and well as what is being said. Bryman 2004 states:

…people’s voices are not always easy to distinguish. Also people sometimes talk over each other, which can make transcription even more difficult. In addition, it is extremely important to ensure that you equip yourself with a very high-quality microphone which is capable of picking up voices….from many directions. Focus group transcripts always seem to have more missing bits due to lack of audibility than transcripts from conventional interviews (Bryman, 2004).
These things can of course prove problematic when it comes to analysing the data gained from focus group interviews. With this in mind, the data was transcribed in the following days when people’s voices and contributions were fresh in memory.

### 3.9. Ethical considerations

In research of this nature there are a number of considerations that need to be made. For example, Jones (1996) provides a list of the rights of research subjects:

- The right to privacy
- The right not to be harmed by research
- The right to refuse to participate

For psychologists working in Britain the professional standards to be maintained in ensuring that these rights are protected are exemplified in the British Psychological Society (BPS) Code of Ethics and Conduct, (BPS, 2006).

All participants in this study were provided with details of the purpose of the study and the research methods to be used before being asked to give their agreement to participation (see consent form in appendix L). The names of all participants were to be deleted and replaced by a code linked to their roles, e.g. Parent 1:1 etc. All the FDWs concerned were treated as co-researchers and particular care was taken to minimise the risk of the study resulting in emotional or psychological harm to them. In order to ensure that each parent felt safe, respected and able to contribute to the group a set of ‘ground rules’ were established at the first session and revisited at the beginning of each subsequent session (see appendix M).

Anonymity and confidentiality was made explicit to all participants and it was also explained that this would be maintained except in exceptional circumstances. For example, if a child/young person or an adult revealed that they were being harmed in any way, then the researcher would have a duty to report to an appropriate authority, ideally with their knowledge and agreement, but this may not always be appropriate. Similarly, if the participant revealed an intention to harm another person, the researcher would have a duty to inform the relevant authority. Parents who did not wish to be interviewed at home were wishing to be
interviewed at home offered a range of venues (school, children’s centre etc.) in which to conduct the interviews.

It was also made clear to the parents at the first session that those who found themselves not making progress or expressing dissatisfaction with the approach would be offered individual SFBT work with myself and be debriefed regarding its effectiveness. If SFBT is not regarded as a ‘good fit’ for the parent, different approaches would be offered including Cognitive Behavioural Therapy, Psychodynamic approaches and also more traditional evidence based parenting programmes including ‘Triple P’ and ‘Incredible Years’.
CHAPTER FOUR.
RESULTS AND DISCUSSION

This chapter examines themes that emerged from the thematic analysis applied to the data gathered in this study (a detailed outline of the thematic analysis process can be found in appendix C). The emergent themes will be explored in some detail here and following this we will look at the research questions. This approach was used as part of the inductive, ‘bottom up’ approach to data analysis outlined in the methodology section and seeks to ensure that no valuable, informative data be excluded by focussing too early in the process on the specific research questions.

The inductive approach means the themes identified are strongly linked to the data itself rather than beginning the search looking for key elements of data or a fixed idea of what is being looked for. In this approach the themes identified can bear little relation to the specific questions that were asked of the participants. They are also not being driven by the researcher’s theoretical interest in the area. Inductive analysis is a process of coding the data without trying to fit it into a pre-existing coding frame, or the researcher’s analytic preconceptions. In this sense, this form of thematic analysis is data-driven. In contrast, a ‘theoretical’ thematic analysis would tend to be driven by the researcher’s theoretical or analytic interest in the area, and is thus more explicitly analyst driven. This form of thematic analysis tends to provide less a rich description of the data overall, and more a detailed analysis of some aspect of the data.

The thinking here is that this study is an organic, social constructionist approach to investigating a new way of working with parents. As such, the study is not taking a positivist approach to only gaining clear answers to research questions, but more trying to understand the whole experience.

As the ‘rich description’ of the data emerges, there is a need to discuss the interpretation of this data and how the themes had been identified and what they might mean. In terms of discussing these results it was decided that combining the results and discussion section allows for more coherence, because it allows the discussion of themes as they emerge and are explained, rather than explaining the emergence of a theme (which inevitably involves a level of description) in a results
section only to revisit this in a discussion session. It was thought that this approach may be rather repetitive for the reader.

Another reason the decision was made to combine results and discussion together was because the findings offered rich descriptions of experiences and contained complex ideas and issues. These can only be interpreted with some accompanying discussion regarding how this interpretation took place and at times referring to relevant literature. It was felt that if the chapter were to be restricted solely to the results, the discussion in the next chapter would appear somewhat detached and difficult to connect with the findings.

This chapter, therefore, will first identify and explore the themes that emerge from the entire data set and then use this understanding of the identified themes to explore the research questions.
The thematic analysis process described in the previous chapter led to the thematic map that can be seen in figure 9 below;

Figure 9: Thematic Map including main themes, sub-themes and secondary sub-themes.
4.1. Main themes

The main themes that were identified in the data are summarised below;

‘Attendance’: This theme is concerned with parents’ responses to being asked to attend the group and also some of the reasons why they decided to attend. Sub-themes also emerged regarding how parents might be approached in the future and the kind of information that would be helpful for parents who are approached in the future.

‘Feeling Comfortable’: This theme is concerned with how members of the group experienced the workshop process and the factors that helped them to feel comfortable both socially and in terms of the activities themselves. One key sub-theme in this area was found to be that parents appreciated the sense of not being the only family that has issues that they would like to improve. This links to the next theme identified in that ‘working in a group’ was a designed part of the approach to the workshops.

The Approach: This theme emerged from data that referenced particular aspects of the workshop process. Different sources of data picked up on elements of the work that were noticeable in terms of efficacy and/or in need of improvement for the future. Some of these elements (i.e. the time to reflect and the use of ‘experiments’) are part of the application of an approach using SFBT, whilst other elements were concerned with the nature of working within a group or the practical factor of providing a booklet for parents that guided them through the process.

Changes: This theme is concerned with the changes, or lack of them, that parents reported as a result of going through the workshop process. At points during the process some parents conveyed a sense that things were not moving forward for them. At other stages, parents and FDWs reported positive changes taking place both in terms of their own thinking and the behaviour of themselves and their families.
This chapter will discuss how each of these themes emerged in more detail with specific reference to the data. Participant’s responses are coded (see 2nd part of appendix C).

4.2 Theme: Attendance

Figure 10: Thematic Map for ‘Attendance’

4.2.1 Sub-Theme: ‘Why me?’

Initially, in order to engage parents in the workshops, they had been approached on the playground by a FDW who was familiar to them. The FDW had been very clear that the process was one, which was intended to be helpful, and that attendance would be purely voluntary. However, it does seem that even when approached by a ‘friendly face’ who provided reassurance, parents were still somewhat perturbed by the fact that they had been approached by a person from school who had offered for them to join a supportive group. This is apparent in the following excerpt from a follow up interview with a parent:

Interviewer: If we ran it again, and someone came to you and, say, F’s come over and said would you come on this Compass, what would you say?
Respondent: Yeah, I would recommend it and, but again, I think I’d made it clear it’s nothing wrong with your child, nothing to do with the school and things like that, it’s, it’s for you.

The sense three parents seemed to have made from being approached was that there might have been some sort of problem for their child that had been identified by school, as the following extract from the focus group regarding parental responses on being approached to join the group illustrates:
Parent1.FG: I didn’t really know what the group was for or why I was being asked, F just said it was…what did she say it was, something about like happy children and happy lives and happy children and that’s when I sort of...

Parent2.FG: I got a bit paranoi.

Parent1.FG: …that’s why I started thinking why, you know, what’s wrong with my child in school or something because…

Interviewer: Okay, and did F or L or anyone else kind of allay your fears around that or were you thinking that when you were in for the session?

Parent2.FG: Well she did say, “You know, there’s nothing wrong, there’s nothing wrong.”

Parent1.FG: Yeah, we just…

Parent2.FG: “You know we’re not targeting you” sort of thing.

Parent1.FG: For any particular reason, it was just…I still wondered ‘why are they asking me?’

It appears that three parents were initially wondering why they had been approached and that this may well have been a reflection on them, their parenting or their child. This would seem to be a natural response in terms making sense as to why they had been approached and potentially could represent a significant barrier to engagement. It is interesting that this reaction to being approached is not mentioned in Forehand and Kotchick’s (2002) ‘factors for successful implementation’ that were discussed in the literature review. Short and Johnston (1994) did refer to the possible stigmatisation of parents who were asked to attend but this was a specific reference to parents from different cultural or ethnic backgrounds. Even reassurance did not appear to completely assuage the assumption that there was something wrong. Furthermore, the parents did not initially understand the facilitator’s professional role and this again could have exacerbated their sense of ‘wariness’, as indicated by this extract from the focus group:

Parent3.FG: And I think if like we said in the beginning, if F had come and said, “You know, you’re doing this and a psychologist is going to come in and see you,” you’d think, oh no, again what is wrong with me and what’s wrong with my children.

Parent4.FG: Yeah, what am I doing wrong?

Parent3.FG: Yeah, so I think the word psychologist just does feel like
saying, isn’t that…aren’t they the ones where you lie on the couch and you tell them all your problems, that’s a psychologist, you know.

For these two parents, the fact that the facilitator was a psychologist would have heightened both their sense that there was a particular problem with their own children and also there is some misunderstanding about the role and what might happen during a group that is run by a psychologist. This aspect is also indicated from the reflective log entry following the above focus group:

The parents have just said during the focus group that they did not initially understand that I was a psychologist when they agreed to attend the group and this information might have made them wary of attending. It appears that the stereotype of the psychologist as someone who comes in to ‘treat’ people who are unwell is still very much alive. In undertaking this work, I think I have become so used to being perceived as a ‘psychologist’ that I have stopped thinking about it. Within my profession we may laugh off misconceptions regarding what we do and even become blasé about them. However, in working within communities, these misconceptions may still represent considerable barriers to engagement.

The professional title of ‘psychologist’ is one that the profession would hope is well understood in schools but the data here indicates that this is not the case out in the wider community. The issue of people’s perception of the educational psychologist’s role is one that seems to be mostly relevant before parents had actually attended the workshop. Once parents had actually attended the first workshop session, there appeared to be much greater clarity regarding the nature of the work being undertaken. Most parents reported a much greater degree of understanding upon attendance, as was the case outlined in the following contribution from a parent in the focus group:

Parent3.FG: When it was explained properly, not that F didn’t explain it properly, I don’t know whether F knew what it was herself to be honest.
Interviewer: Yes.
Parent3.FG: To when it got explained properly.
Interviewer: Okay.
Parent3.FG: You know, and then we realised it wasn’t…there’s nothing wrong with the children, there’s nothing wrong with us as parents, you know, and…the penny dropped when we actually got to meet you and go to the first session.

It would appear, therefore that in the delivery of this approach careful consideration needs to be given as to how to get parents to attend the initial session as meeting the facilitator and engaging in the first session raised some anxiety for parents. However once Moran et al’s (2004) ‘hurdle’ for programme delivery had been negotiated, it seems that the ‘keeping’ and ‘engaging’ parents was less of a barrier.

4.2.2. Attendance Sub-Theme: ‘Curiosity’

Three parents reported that a significant factor in their deciding to attend the workshops was curiosity. Some of the parents simply wanted to know what the workshops were all about, as illustrated by the following extract from a follow up interview with a parent:

Interviewer: Why did you end up coming to the sessions then?
Respondent: Well obviously I got invited to the group.
Interviewer: You got invited? But why didn’t you say no?
Respondent: I think, I was curious, it was curiosity at first.
Interviewer: Okay.
Respondent: And also that I’d been asked as well, you know, by F and that because obviously there is a big group of us and we do go on different courses but the fact that this was a bit different and she’d asked me and I wanted to know what it was about.
Interviewer: Right.
Respondent: So I was like oh right, I was quite, you know, I just wanted to find out like a bit more.
Interviewer: Okay. And what kind of information did you have at the time?
Respondent: Obviously in the playground when F approached me she said, she did say it was something to do with sort of wellbeing. You know, like if you’re in a family and you want to improve that. You know, so I was like, oh right, okay, you know, how are you going to do that?
For the above parent, who reported that she regularly attends events and activities in school, it did not seem to be an issue that she initially unsure about the nature of the work that would be undertaken in the workshop. The main factors appeared to be that it was an approach that had been invited to engage in by someone that she trusted and she wanted to find out more about something new that was going on in school.

Interestingly, the FDWs reported that it was the concept that the parents would be contributing to something ‘new’ that appeared to engage two of the parents. The following is an extract from an interview with both FDWs following the 1st workshop, in response to a question regarding how they had managed to engage the parents:

*FDW1.* I said it was a pilot scheme for a study. I said that we were going to be joining as well, I don’t know really much about it and just, it was five week sessions, five weekly sessions and they would be asked for their opinion at the end of it. And how, perhaps how they could change it and how they would recommend it could be changed, what else we could do and what went well. And I think definitely for those two ladies that hooked them in.

*FDW2.* That was the hook. Because we talked as well about who we felt would benefit, either because, you know, something had happened before and we thought these are parents that wanted some support but that they would want to feel part of it being developed and their opinions counted.

For these parents, the act of fully informing them that this was part of a doctoral study and that their voices would be prominent in terms of further developments was very important according to the FDWs. It is possible that the idea of being part of the development of the Compass Workshops approach rather than simply being a parent who attends a programme, gave the parents a sense of being more of an ‘equal partner’ in the process than having something ‘done’ to them. This sense of equality is touched upon in the following reflective log extract that was recorder after the 1st workshop session:
The power dynamic is interesting. I felt like I did loads of talking about how the workshops would go and the principles that were involved. When talking even basically about the principles of SFBT to parents, I am immediately placing myself as the expert in the room. I have the flipchart, marker pen and knowledge etc. This felt uncomfortable and not a stance I wanted to take. Also not reflective of the constructionist perspective of ‘people being experts in their own lives’. As soon as we started to talk about parents’ own feedback and that their views would be sought, it felt more equal. Parents had a lot more to say and I became someone who was just trying something and needing their help rather than the person who ‘knew the most’.

This extract indicates that the fact that the workshops were under development and also a subject of this study, was a significant factor in terms of how they were delivered and the researchers own experience of delivering. This experience of ‘co-constructing' the experience of the workshops alongside the parents is in line with the social constructionist stance of the study. It is an important development point for the Compass Workshops project as a whole that there will need to be the capacity to work in this way with parents and understand their own sense of the experience as we work together when the workshops are ‘developed’ and not necessarily subject to further research study.

4.2.3. Attendance Sub-Theme: Recruitment
During the focus group a FDW asked parents what they thought a good way to approach parents in the future would be. This seemed to stimulate debate regarding the type of information that should be provided prior to the parents attending. There seemed to also be a tension between people who may have felt singled out whilst also providing access to all parents, as outlined in the following extract:

Parent1.FG: I’d put a flyer.
Parent2.FG: I would, yeah.
Parent3.FG: Yeah, because as you say it’s when they target people that’s what they first think is why me.

Interviewer: Yeah. So there’s a ‘why me’ aspect?
Parent1.FG: Yeah.

Parent3.FG: Or then you might have someone saying, “Well how come she went and I haven't been invited,” because I got that a little bit.

Interviewer: Right.

Parent3.FG: “Oh right, so aren’t we going,” you know, what the usual...because we go on a lot of courses don’t we and it was like, “Oh well how come you’ve been invited,” and then that’s what made me a bit paranoid, you know, I was like…

Parent2.FG: Why haven’t they asked us, we always go?

Providing information to parents in the form of a ‘flyer’ appeared to be important to the parents involved in the above discussion. For them this would mean that all parents would be better informed on attending the workshops and that there would be equality of access for all with no one feeling either ‘singled out’ or ‘left out’. This approach was also favoured by one parent in this extract from her follow up interview:

Interviewer: What would be the most powerful way? Who would be the best person to approach?

Respondent: To recruit? Or to get them to recruit?

Interviewer: So would it be me? Would it be a head, would it be the class teacher? Would it be another parent, would it be the likes of F as a learner mentor?

Respondent: Well you, yeah F could approach them and then say well so and so’s been on it, if you need to know more information about it and what it’s about see them. I mean you could put something in a Newsletter about it or.

Interviewer: We could.

Respondent: Yeah.

Interviewer: So you offer it to everyone?

Respondent: Yeah and see who approaches you.

Interviewer: Right, yes.

Respondent: You know, offer it and then, or you know, you could put if you need more information either contact you direct or F or the school and then F could.
Interviewer: Yeah, so you’d offer it all out, and you have available information?
Respondent: Yeah and then F could say, well yeah this is our leaflet and dah dah dah, or whatever but go and see someone who’s already been on it and find out, you know, what’s, what it is about. And see if they’d be interested that way. Because then you’re not singling anybody out.

There is part of the reflective log that pertains to this particular sub-theme and is relevant here:

The parents suggested that distributing a flyer would be a good way to recruit parents to the next series of workshops. This was an approach that had been discussed with FDWs at an earlier point- with them expressing a clear view that distributing information to parents never seemed to be enough to ‘get them to come through the door’. The FDWs had been clear that in their experience, parents needed individual encouragement to come into school.

What appeared to be happening during the previous conversations was that, although the FDWs were not being dismissive of the parents’ contribution, they were keen to move the conversation on to how parents could still be individually encouraged:

FDW2.FG: What if we had a group of parents like yourselves would could sort of be a group of parents on the playground who maybe thought it was helpful and would talk to their friends about it, is that…is that better than being approached by the likes of L or myself? or is it…
Parent2.FG: Well…
Parent2.FG: …well I think so yeah because people…obviously your friends and that, they’re the ones that really, you know, trust and that isn’t it, I’m not saying no-one will know, you know what mean.
Parent5: Yeah, because when someone official approaches them and you do…
Parent2.FG: Yeah, that’s it.
Parent5: …again you get the worrying because when…I think as Hannah said to me, “F’s after you,” and I went, “Oh why?” you know, and…or even if like
the phone rings and someone from the school, “Oh what’s wrong,” you just automatically get that panic thing and…

Parents, FDWs and the researcher appeared to put a great deal of emphasis on the recruitment process and enhancing the likelihood of attendance. For the above parent, it was important to be approached by someone that she trusted if she was going to engage in a programme or activity in school. This would have avoided some of the ‘Why me?’ questions that emerged when approached by a member of school staff. It is hard to see how one could find a way for parents to recommend an approach that they had not engaged with themselves and so this ‘word of mouth’ approach would not necessarily be the way forward in a school where the approach had not been used before. However, in the school where these parents had undertaken the work, they appeared to be keen to recommend to others and this could be an important and powerful resource in recruiting from their community in future.

4.3. Theme: ‘Feeling Comfortable’

Figure 11: Thematic Map for ‘Feeling Comfortable’

4.3.1. Sub-Theme: ‘Settling in’

It was very important to all parents that they felt comfortable in their surroundings and felt socially at ease. Each parent commented on this at some stage in the data gathering process and it tended to be a high priority. FDWs also reported views that it was important for parents to feel relaxed and happy to attend. The first workshop was viewed as being particularly important in terms of parents
orientating themselves to working within the group and also getting to know each other and the facilitators. One parent reported that they were particularly anxious on first attending:

*Parent2:1*… doing something now, you know, getting myself to leave the house some days can be difficult.

*Interviewer*: Yeah.

*Parent2:1*: Sort of, you know, myself because that’s what school was making me feel like. I don’t like crowds and I’m not sure of myself when there are lots of people about.

*Interviewer*: Right.

*Parent2:1*: I was thinking that I just wanted to walk out the door and shut it rather than sit down when I first walked in.

*Interviewer*: Right, okay.

*Parent2:1*: But now I’m not, I’m, it’s like I can handle it now and enjoy it. I got to know you and everyone seemed really nice. People listened and there was no pressure.

*Interviewer*: Right?

*Parent2:1*: Yes, I calmed down pretty quick

Three of the five parents reported a level of being a little unsure of themselves during the first session. One of the other parents simply stated the following during the focus group:

*Parent4.FG*: The first…after the first, you know, one, the second one I did feel really comfortable. Obviously the first one I was a bit, you know what I mean, because I like to listen to what other people…and then talk.

*Interviewer*: Yeah, so…and I think that’s only natural isn’t it in the first group, that people are going to be…

*Parent4.FG*: That’s to do with confidence though isn’t it, it’s how you feel about yourself I suppose, yeah.

An important factor therefore, in people’s experience of the first group session particularly is a certain degree of trepidation regarding joining a group that is unfamiliar and undertaking to engage in an unknown process. For some parents
this took a significant amount of courage and this can be overlooked in the ‘busyness’ of the 1st workshop session.

Two parents found that worries over attending the first session were mitigated against by attending with a friend and knowing the FDWs already. The following is an excerpt from the focus group interview:

*Parent1.FG:* Yeah, well like most of my friends know you and F anyway don’t they so it wasn’t really scary to come in…they know I’m…that you’re here with me, you know.

*Interviewer:* Yeah, okay.

*Parent1.FG:* But if it was going to other places that F and I wouldn’t be at, you know, obviously if I had to go to a school where I did not know anybody then it would have been much harder. In fact I wouldn’t have come.

*Parent4.FG:* Yeah, I think it would be if other parents’ friends say that they will come it really is that much easier.

*FDW2.FG:* There’s a little bit about that trust also that if people thought, well we’ve done something with those staff before so therefore this must be alright, is that it?

*Parent1.FG:* Yeah, the trust is dead important. Without that you would not have got me here.

Knowing some members of the group, either the FDWs or the other parents seems to have really helped in being able to recruit some of the parents in the first place and also have helped in them settling quickly. This perhaps explains why those parents who attend courses or activities in the school tend to return as the people and the surroundings are familiar. Conversely, it is possible that those who rarely enter the school find it harder to do so due to unfamiliarity and a lack of social connection.
4.3.2. Sub-Theme: ‘Group size’

The number of people attending the group appeared to be very important to parents, FDWs and the researcher. All respondents reported favourable comments regarding the size of the group (5 parents, 2 FDWs and the researcher). In reporting favourably regarding the size of the group, all parents presented a view that larger groups were not preferable. One parent was very clear in a follow up interview regarding the optimal number of people to attend group sessions:

**Interviewer:** How many do you think?

**Parent5:** Four? Yeah four, that’s about a nice size because, I mean you’re not, you’re not, I don’t know whether if you do this in the future there’d be time constraints, but you know, we only had a certain amount of time didn’t we? I think we all got an equal share of that time but I think if there was too many people you wouldn’t get either as much information off them or you mightn’t get round to the whole group.

**Interviewer:** That’s true. How many would you say was a maximum?

**Parent5:** Maybe five or six. Yeah, no more than that because we would just have crowded each other. S was very nervous and I think the fact that we were a small group really helped her out.

**Interviewer:** I didn’t notice her nerves that much really

**Parent5:** No- she covered it well but she talked about it on the playground. I think she really liked that there were just a few of us and that we could become friendly

**Interviewer:** Yeah, it was very, it was very; we were all very much a part of the group wasn’t it?

As the following extract shows, data from the focus group also indicated that group size was important for two parents as well as a FDW:

**Interviewer:** Yeah, do you think that first group was able to do that, is there a way of that first group running better so that people settled quicker or was that just a natural thing…

**Parent4.FG:** No, that was just a nice…yeah, and the amount of people.
Parent3.FG: Yeah, the size of the group.
Parent3.FG: There wasn’t like over…
Interviewer: So you thought that…right, okay, so size of group was important?
Parent4.FG: I think if you get too many people there always seems to be one person who will take control.
Interviewer: Okay, what would you say in your opinion would be the ideal number in a group?
FDW2.FG: About no more than eight.
Parent4.FG: Six to eight.
Parent3.FG: Six to eight, yeah.

The extract above is reflective of the theme of group size contributing to people feeling comfortable due to the perception that it allowed people to get to know each other. Trust and friendship appeared to be generated within the group and this was regarded as a very important factor. Too many people being in the group was perceived by all as a possible risk to this. The following is an extract from the reflective log following the 2nd workshop:

Got a bit stuck today in that L couldn’t decide what her ‘goals’ were, what she wanted to be different. Had to get quite a rich description of home life and the areas that troubled her before she could identify where she might want to effect some change. Tempting to suggest or ‘donate’ an area/thing that she might do differently but then that would be my goal and not hers—therefore not SFBT.

In running a group that has a smaller number of participants, not only does it seem that parents felt more comfortable but also, the researcher felt more comfortable in working within the framework of the approach. It was possible to allow for additional time to talk things through rather than feel the need to force through the content of the programme due to needing everyone to have their turn.
4.3.3. Sub-Theme: ‘Listening’

Another aspect of feeling comfortable appeared to be the sense of being able to listen to each other and feeling listened to themselves. Parents appeared to be genuinely interested in each other’s lives and the stories that each other had to tell, as can be seen in this extract from a follow up interview with a parent:

Parent5:1: No I just really enjoyed it, I really enjoyed sitting and listening to other people as well, you know, their stories and things so yeah I enjoyed that. Everyone has a different story to tell and it’s nice to have the chance to listen without being in a rush with the kids and that.

This aspect of having the time to listen to what each other had to say was also picked up on in a joint interview with the FDWs. The following extract is concerned with a discussion that took place regarding a particular part of the group session where conversations between the parents and facilitator had been left to flow rather than brought to a premature ending:

FDW2.JI: I think if we’d have gone off completely sideways, and sometimes that does happen with the group where they’ll start talking about something else, then, you know, that can be a problem. But actually it was within the wider context of the group so it did feel, it felt natural.

Interviewer: Yeah. Do you think that, what’s occurring to me now is do you think that the parents would have felt that this is how it’s supposed to go? Would the parents have felt off task?

FDW2.JI: No. 
Interviewer: No?

FDW2.JI: No because we didn’t feel off, well I didn’t feel off task. 

FDW1.JI: No, no. It was part of, well it was sharing experience.

Interviewer: Hmm?

FDW1.JI: Like L said before, it’s, that is part of it. The listening to what one another has to say is what it feels like we are here for. It’s to do with them being the experts isn’t it?

FDW1.JI: Yeah.
The need to allow the parents’ time and follow the direction of their conversations that is reflected in this theme is consistent with Friedman’s (1996) description of a ‘constructive therapist’ as being someone who, ‘Co-constructs goals and negotiates direction in therapy, placing the client back in the driver’s seat, as an expert in his or her own predicaments and dilemmas’

4.3.4. Sub-Theme: ‘Not on own’

A sub-theme that appeared to be particularly powerful for all parents was the idea that they felt that they were not ‘on their own’ in terms of dealing with the difficulties that occur in family life. It seems that listening to other parents describing their own lives with their own particular ‘ups and downs’ in some way ‘normalised’ parents’ sense of their own difficulties. There were numerous references in the data to this sub-theme with the following extract from a parent follow up interview being a typical example:

*Interviewer:* Yeah. Was it; is that important do you think to be? Is that something that people would want to take from the group, that other people shared their experiences as well?
*Parent2:1:* Yeah, it feels a bit like a support network.
*Interviewer:* Right.
*Parent2:1:* You know, everybody thinks it’s only their children that are naughty, you know? But when you listen to other people you get, “oh mine do this and mine do this.” And then, as you say it’s, but try this and try that and I think it is like a bit of a support network.
*Interviewer:* Yeah. But is that, what impact does that have when you hear another parent say well mine do this?
*Parent2:1:* You think I’m not the only one [laughter].
*Interviewer:* Right. And is that helpful to think you’re not, yeah?
*Parent2:1:* Yeah.
*Interviewer:* Yeah.
*Parent2:1:* Yeah because sometimes since, I mean this is my longest time because I’ve been unemployed now, I’ve usually gone to work so I’ve been with the children and maybe I got it out of perspective.
Another parent stated the following in a follow up interview when asked about the process:

Parent3:2: Yeah I quite enjoyed it, I did quite enjoy it because I think sitting there and listening to everybody else is like you think you're the only one like, you know, it's all happening to you and it's not, everybody's going through the same.

The above parents point regarding ‘everybody going through the same’ is an interesting one. In my participation in the group I had been very careful regarding the feedback I gave from my own life in order to mitigate against alienating some of the parents. For example, during the period that we were undertaking the group sessions, my eldest child had done well in his Year 6 exams. For my family this was a significant event but not one that I thought would be helpful to share with the group in terms of not wanting to appear boastful and also not wanting to represent a view of my life as more fortunate from the other parents (I knew some of the other parents children were struggling in school). However, one of the FDWs had not taken the same approach in terms of disclosures regarding her own home life as can be seen from the following excerpt taken from the reflective log:

FDW1’s discussion about her family I found quite uncomfortable today. Her relating of experiences was, I felt, somewhat alienating in terms of descriptions of experiences that I am not sure some of the parents can relate to given that we are working in a socially deprived area and some of the parents are quite needy. FDW1 described pride at her daughter attending Oxford and then worry when she couldn’t make her mind up about studying medicine. I just don’t think it’s something that people can relate to.

The implication here is that if a valued element of the workshops is a sense that we are ‘all in this together’ as parents, then we need to be clear as professionals running the group as to what type of information we give about our own lives and our intentions in this need to be more explicit.

As well as feeling that they were not the only people in the world who were experiencing difficulties in managing their families, one parent also reported that the very fact that another member of the group was living in similar, realistic
circumstances to themselves made them better qualified to give advice/direction than a more academic source. The following extract is taken from the focus group:

Interviewer: Right. So the solution circle bit was something you enjoyed?
Parent4.FG: Your solution circle yeah. And I think, as you say, you get it all, you must not do this, you must not do that, don’t speak to your children like that. And I think half the people that’s wrote these manuals or, you now, telling you, they’ve never had a child. So they, you know, they haven’t got kids fighting in the morning when they’re going to work, the nanny probably does that for them you know, don’t they you know?
Interviewer: [Laughter] yes.
Parent4.FG: So they’ve not had a family life so they, I don’t think they understand the proper thing. So I think getting together with people who possibly share the same problems, you do come up with better solutions and, you know, things like that.
Interviewer: So it was the idea that you can share the problem with other people?
Parent4.FG: Yeah. To know you’re not alone, you know, you think, as you say, you think your kids are the world’s worst until you speak to other people and you realise that you’re not alone with scatty kids, or, you know, naughty kids or whatever. There are other people out there the same. And, you know, like you said yourself, the way they act and so I say well okay, I might do this and you might try that, the way you’ve done. And it is just other people helping you that helps you that solves your problems.

For the above parent it is important to not only have a sense that parents in the group were struggling with similar issues, but that seemingly, if you are struggling with family things and ‘real life’ you are in a better position to give useful advice. So here the example is not just of a member of the group feeling like ‘we are all in the same boat’ and therefore feeling a little better and less stressed about their current circumstances (as was the case for others who made reference to the ‘not on your own’ theme) but seems to be more than that. It appears that the above parent welcomed the experience and authenticity that a fellow parent in similar circumstances could bring to a problem solving situation.
4.4. Theme: ‘The Approach’

Another significant theme that emerged from the data was one concerned with the actual approach that was utilised in delivering the workshops. This refers to the specific techniques and practices that were used when working with the parents, such as the facilitator taking part in the activities, providing time to reflect and providing a booklet for parents to take home.

Linked to the above ‘not on own’ sub-theme for ‘feeling comfortable’ is that of each person in the room while the workshops are occurring are ‘all part of the group’. There was a conscious decision to include both FDWs and the facilitator in each of the activities involved in the workshops, as is made clear in this extract from the reflective log:

*I have made it clear during the first session with parents that both I and the FDWs are going to undertake the activities as very much part of the group. I do not want the parents feeling as if we are the experts in any way or that we (as staff) are in some way ‘above’ doing things that might help to improve family life. To take this stance would be damaging to relationships as how could I ask a fellow parent to undertake a task that I was not prepared to engage in myself without influencing the ‘non expert’ dynamic? Also, in setting tasks and giving information regarding*
my own family life this provides me with the opportunity to model
the type of tasks and language that I would like parents to use.

It was important to respect parents as ‘experts in their own lives’ and establish
positive, collaborative relationships. This can be seen as part of the ‘brief therapy’
approach outlined by Steenbarger (1992) in terms of making an effort to ‘establish
an early, positive therapeutic alliance’. In order to achieve this it was felt that all
members of the group should be treated as equally as possible, with no one
treated as ‘other’. The theme of everyone being part of the group is picked up
again in this extract from the focus group:

*Interviewer*: What else do you think enabled the group to run smoothly?
*Parent1.FG:* You as well, the way you are, the way you talk and that, you
was quite really, you know, relaxed and…
*Parent3.FG:* You’ve got your own problems the same as everybody else.
*Parent1.FG:* Yeah, and you put your input in so you’re not just asking me or
Liz, you have your version.
*Interviewer:* So is that…
*Parent3.FG:* It’s like you’re part of the group instead of just delivering it.
*Interviewer:* Well it was very much designed like that.
*Parent3.FG:* Yeah, that’s the way it felt. Yeah.

In a follow up interview, another parent made reference to the fact
that the facilitator had also taken part in group activities:

*Parent2:1:* I thought it was dead funny when you came back after setting up
an experiment with your kids and it hadn’t worked! Sorry.. I didn’t mean..
*Interviewer:* No that’s fine..it’s…
*Parent2:1:* It’s just made it normal ‘cos I was worried when I went away with
my thing to try that it wouldn’t work. It did like, I was just worried that it
wouldn’t then when you said that yours hadn’t worked I thought well if his
didn’t work then it will be ok to come back next week and have tried an
experiment that didn’t work. It took the pressure off me suppose

This theme was also picked up by a FDW in a joint interview following one of the
workshop sessions:
And I think that with you and I being part of it and the fact that we were being honest about our family situations, that it did appear that we were part of the group. And although we joked, this is about us. Sometimes it is about us because we’re humans as well but I also think that that gives an honesty to the group. That, you know, you as well, I mean this is your programme but you were sharing about your family and the things that go on there and I know when I’ve had feedback from other groups, that’s what the people like. That it’s not somebody standing up here who doesn’t know what they’re talking about. You know, they know that you’ve been through it as well; you’re living this as well.

The intention for everyone being part of the group was that everyone in the group should feel as though they are as equal as possible and everyone takes part. It is apparent from the above extract by the language ‘well if his didn’t work then’ that the facilitator was still regarded by this parent as being someone who had a little more knowledge or expertise than herself. Unwittingly, in sharing an experiment outcome that had not gone well the facilitator had influenced the dynamic further by modelling things to not working well and this being OK. It is possible that this conveyed the view that there was no such thing as the ‘expert’ who always gets things right and this parent felt that this ‘took the pressure off’.

4.4.2. Sub-Theme: ‘Time to reflect’
As previously stated one main principle behind the development of the workshops based on SFBT was to guide parents through a process rather than seeking to teach or deliver a curriculum with regard to parenting. The process, if working in the intended way, should provide an opportunity for parents to think about their own lives, how they would like life to be and also the positives that they bring to situations. The data appeared to reflect this intention in terms of a number of participants mentioning that they felt that the process had given them time to think as this extract from the focus group illustrates:

Interviewer: So what did you think about the idea of me asking you lots of questions rather than giving you ideas?
Parent5.FG: I thought it was really good, yeah.
Parent1.FG: Makes you think.
Parent5.FG: Yeah, I was just going to say, that’s one thing I have done, it’s really made think about things, step back and think, how, you know, I go about doing things. I know when I’m getting it wrong most of the time but just get stuck with it and carry on anyway.

Parent3.FG: I’ve started to write down my own ideas I’ve obviously forgotten what I was doing last week because I didn’t write it down. You just get so busy don’t you? I do stuff without thinking about it.

Parent5.FG: I forget as well. Its nice to get a chance to stop and think and plan its like a little moment out of life for me to think.

The theme of time came up again during a joint interview with the FDWs following one of the workshops:

Interviewer: Okay. How do you think, how do you think we did, and what was it that contributed?

FDW2.JI: Gave them time.

Interviewer: Gave them time?

FDW2.JI: Yeah you gave them time because at one point I was thinking ‘we’ve gone off here’ and I sort of looked back to you with my facilitator head on thinking, does S (facilitator) need to lead this back anywhere, because we’d never done it before, we don’t know how it’s going. You appeared quite fine so I carried on with it but I was sort of in two halves, part of it me was like yeah let’s talk more about this because it’s interesting. And part of me was like, are we out of time and a couple of times it came to me, is he on schedule?

Interviewer: Yes.

FDW2.JI: But that was just me being a bit concerned.

Interviewer: I know what you mean.

FDW2.JI: Was it going okay for you but I think for the group, the fact that you didn’t stop them that you allowed it to go with what they needed to do; I think that was really good. It would have been rude to stop them talking about their lives and they came up with some really good stuff all on their own.

Giving the group members time to think, talk and reflect is a theme that also came up in the reflective log that was recorded following a workshop session:
It feels really important early on to allow the parents to talk. They need to ‘warm up’ and feel confident in making contributions. If it’s just me talking, how can they generate solutions for themselves? To a certain extent this means stepping back and allowing conversation to flow ‘cos that’s what conversations and people do. People don’t just give clear answers to questions when socially interacting- they tend to go ‘all over the place’ and there needs to be capacity in the approach for them to be able to do that as long as we know where we are ultimately heading.

This extract would suggest that the workshop approach used here shares characteristics with the Alderian (Adler, 1927) approach to parenting work that allows for scope for less formal discussion and more learning from the group.

4.4.3. The Approach Sub-Theme: ‘Experiments’
At the end of each workshop the parents were asked to set themselves an ‘experiment’ that they might like to try before the following week. Parents were then asked to feed back on the outcomes from their experiment at the start of the next workshop. It was stressed to parents during the first session that these experiments were something to try and ‘see what happens’ and were not to be regarded as homework. There were no guarantees that they would be successful. Parents came up with ideas for experiments themselves based on the discussions that had taken place that week. This approach is consistent with the techniques of SFBT in terms of ‘involving clients in change efforts through…between session homework’ (Steenbarger, 1992). The data indicated that a part of the approach that struck members of the group was the experiments. The following is an extract taken from the focus group:

Parent5.FG: I liked the experiments, I think I’ll remember them most.
Parent1.FG: I liked it.
Parent5.FG: I liked it, yeah, a little experiment, just something to try out isn’t it?
Parent1.FG: Well that’s it because if it doesn’t work then you do it a different way.
Parent5.FG: Try it, you know.
Parent1.FG: So it is an experiment, everything’s an experiment isn’t it. I mean if a scientist does an experiment and it doesn’t work he will look at something else.

Parent4.FG: A different way to do it.

Parent5.FG: You’ve got nothing to lose have you by trying something.

Parent1.FG: I think if it had said homework people will feel obliged to do it, you know, but if…

FDW2.FG: And I think if you had called it a ‘task’ makes it quite work.

Parent5.FG: It does.

Parent4.FG: Whereas we are experimenting with this and that just giving it a go. It got quite funny trying little things and watching how the kids reacted ‘cos they didn’t know I was watching how they would respond.

The parents in the above excerpt appear to be putting some importance on the use of language and the fact that the things that they decided to do and feed back on were called 'experiments'. The use of the word ‘experiments’ appeared to give the parents the freedom to try to do things differently without worrying too much if they were successful, but rather thinking of new strategies as ‘just something to try’.

Experiments as part of the approach to workshops was also mentioned by three parents during follow up interviews. During a 3 month follow up interview, the following parent reported that it was an approach that she was still finding useful:

Parent4:2: Yeah. I really enjoyed hearing about other people’s experiments.

Interviewer: So, okay, good. Were there particular things, experiments that you did which, that you can remember?

Parent4:2: We’ve got an experiment running at the moment.

Interviewer: Oh right?

Parent4:2: We have a chart out there, what’s the chart? The “Mum No Shout Chart.”

Interviewer: Oh right [laughter]. Right. Okay, and how’s that going?

Parent4:2: Day one I got a tick, I didn’t shout on day one.

Interviewer: Fantastic! So Mum has her own chart?

Parent4:2: And then we have...
Child: Day two.

Parent4:2: We have a day two and I've not shouted, its quarter past eleven and I've not shouted yet. Mummy's going for the record!

Interviewer: Is Mummy doing well? Do you mark her chart for her?

Child: Yeah and if she does good we do good so we get sweets.

For the above family, experiments appeared to be making a positive difference even 3 months after last attending a workshop. There is a sense in the above conversation that the setting of experiments is seen as a fun activity and that its success or failure is something all the family are involved in. This could be contrasted with an approach which may advise a parent as to the way forward for their family and a parent risking a sense of failure if the strategy does not have a positive outcome. Rees (2004) emphasised the need for SFBT to elaborate on ‘what works’ for the client and in approaching the workshops in this way it was possible for parents to take forward that which was working for them.

4.4.4. The Approach Sub-Theme: ‘Booklet’

Another technique that was employed in the approach was providing parents with a booklet (see appendix N) that gave a brief description of each session and also served as a place where parents could note down the ‘experiment’ that they had set for themselves. The parents referred to this as a ‘handbook’ and group members had a number of things to say about it, not all of them positive. The following is an extract from a joint interview with FDWs:

FDW2.JI: To be honest I thought that handbook could be better.

FDW1.JI: Yeah we need to improve the handbook so that they’ve actually got something tangible that they own and, as you say, they can write in if they want to or just have for themselves. So perhaps just a little bit in there. Because as well what might be good is to have just a tiny bit of a reflective thing, I mean all I’ve done is stick mine in my diary, is what happened and how I felt about it at that time so that in six months time if I found myself in the same place I could actually read back and say ‘oh no’. There isn’t enough in there at the moment for parents to think it’s worth keeping hold of.

Interviewer: What else would you put in it?
FDW2JI: Maybe a bit more about what each of the sessions is about so that when they look back it will make more sense to them. At the mo it just looks a bit blank and scrappy

In a follow up interview with a parent, she also mentioned the booklet and reported that she had kept it and found it to be useful. She stated that she kept the booklet in her handbag and when she was about to ‘lose it with the kids’ she tried to remember to get it out and read some of the things that she had thought to do differently. However, she also stated that it can ‘be hard to remember to do stuff differently when you’re stressed out’.

With regard to constructionist approaches to therapy, Keeney (1982) argued that the words spoken within therapy itself are seen as ‘responsible for contributing to the construction of therapeutic realities’. Another constructionist approach to therapy that was mentioned in the literature review is that of Narrative Therapy (White & Epston, 1990). A key element to this approach is one of documenting the language that is used during the therapeutic session in order that is can be reflected on at a later stage. An originator of the approach, Epston (1994) remarked on the power of documenting therapeutic conversation as follows:

‘Conversation is, by its very nature, ephemeral. After a particularly meaningful session, a client walks away aglow with provocative new thought, but a few blocks away, the exact words that had struck home as so profound may already be hard to recall ... But the words in a letter don’t fade and disappear the way conversation does; they endure through time and space, bearing witness to the work of therapy and immortalizing it’

Epston (1994)

It appears that the booklet may need to improve but that for some parents it did serve as a form of ‘therapeutic document’ on some level.
4.5. Theme: ‘Changes’

Figure 13: Thematic Map for ‘Changes’

The third main theme that was identified from the data was that of ‘changes’. This refers to indications in the data regarding both changes that had been made by parents and also the absence of them. Some parents getting ‘stuck’ in patterns of behaviour that they were not happy with but feeling that they are unable to change.

4.5.1. Changes Sub-Theme: ‘Getting stuck’

A number of sources in the data indicated that, at times, parents felt that they were in a position that they did not like as a family but that they were struggling to identify ways forward. The following extract from the first follow up interview with a parent suggests that the parent was not clear regarding the nature of a problem until she attended the workshops:

*Interviewer:* And you mentioned that phrase, you ‘need to push on now’? What did you mean by that?

*Parent2:1:* It means I’m, see at first I sort of thought, you know, maybe there is something wrong with (my son) and they did say in school at the time, some of the teachers, he could have, he could have, you know, some form of autism?

*Interviewer:* Yeah. And coming to the group made you think?
Parent2:1: Well no, it did make me think because I thought it was all sort of me.
Interviewer: Right.
Parent2:1: Do you know what I mean and I thought no, I do need a bit of help I think, you know?
Interviewer: Right, okay.
Parent2:1: I have done what I can for myself and I thought well it must be something wrong with him but then you started talking about what I might do differently and saying that we could all do things differently but I didn’t think it was down to me anymore and I didn’t know what I could do.

It appears in the above extract that the approach taken in the workshops that ‘doing something different’ (McKeel (1996) was initially quite a challenge for this parent. Whilst placing the source of family difficulties within a developmental issue for her child, this parent had reached a point in her parenting where she was taking less responsibility for the issues that were occurring. In shifting to the view that as a parent she could behave differently and things might work a little better for her family she was then challenged to find something that she could do. At this stage in the process it seems that she had taken responsibility for trying to do things differently but felt powerless in terms of what actions she might take. This uncomfortable situation for the parent was unforeseen as the approach aims to clarify the active role we play in relation to problems and thereby provide a sense of empowerment regarding how things can be different. Future planning will need to take into account the possibility that by placing parents in a position of responsibility for making things work differently, the approach may be shifting them from a cognitive position that places responsibility outside of their control and that this may bring stress. There will need to be provision for the approach to reduce this stress and ensure that possible ways forward are explored with the parent before the end of the session.

Another area that a parent appeared to become ‘stuck’ was in deciding which area of family life they would like to focus on and change, as can be seen in a 1st follow up interview with a parent:
Interviewer: So that’s around Katie. But that wasn’t the issue you were discussing in the group is it?
Parent3:1: No because you know when things are happening, and you see when we were in the group I found myself talking more about Sam ‘cos he is in that school and Katie is older.
Interviewer: Yes.
Parent3:1: And I don’t think I should really be focussing, as I already said to you in the group as well, Katie always had this thing and called it the middle child syndrome and apart from being the only girl anyway she always felt like she got the blame for everything and things like that you see. So I thought really maybe I should be focussing more on K instead of S but I thought you expected me to be talking about S

An extract from the reflective log that was written following this interview reflects the researcher’s initial response to this parent’s dilemma:

S said she was very happy with the changes that she had made and that most of these changes had been made with her elder daughter who had not been the focus of L’s discussions during workshop sessions. In discussing outcomes with L it appears that she felt that outcomes were not good in that not much had changed between her and Sam and he had been the focus during the group. Big changes had happened between herself and Katie to think she had done the wrong thing by putting changes into place in her relationship with her daughter.

For the above parent the nature of ‘getting stuck’ was as a result of poor communication from the facilitator regarding the nature of the approach. Her feedback is in line with the SFBT principles of the approach but she did not understand that this was the case and was OK. It is a natural assumption for a parent to think that the child / parent relationship that is being focussed on in a parenting approach is the child that attends the setting where the approach is being undertaken. It is also likely that a particular area of concern for that parent may lie elsewhere in family life at that time. The fact that it is in line with the approach (based on SFBT) to focus on any area of family life of the parents
choosing and also that in making any positive change all family members are assumed to benefit should have been communicated more clearly.

The element of the sub-theme ‘getting stuck’ discussed above relates to two different areas of SFBT practice that were discussed in the literature review. The first of these was a failure to successfully implement a key aspect of brief therapy in that it should emphasise the ‘reflexive nature of therapeutic relationships in which client and therapist co-construct meanings in dialogue or conversation’ (Friedman, 1996). The facilitator and parents were working on different meanings through the same conversations. The second area is that mentioned by Rees (2004) in terms of how the therapeutic relationship should be ‘accepting of outcomes satisfactory to the client and (the therapy) is not in pursuit of perfect and wholesale change’. A better understanding of each of these elements on behalf of the parent and communicated by the facilitator may have led to less confusion for the parent in this circumstance.

Another parent with an older daughter reported ‘getting stuck’ in trying to effect change. The following extract is taken from a 1st follow up interview with a parent:

Interviewer: Right okay. What, what particular things were you thinking of putting into place?
Parent5:1: At the moment I’m having a little bit of trouble with me daughter and I know what I need to be doing and I just feel like I’m not.
Interviewer: And how old is she?
Parent5:1: She’s 15.
Interviewer: She’s 15?
Parent5:1: Yeah.
Interviewer: Right, okay.
Parent5:1: And I just feel at the moment that I’m not doing what I know I should be doing with her.
Interviewer: What do you think you should be doing?
Parent5:1: I know I should be just, she’s going through her exams and things like that at the moment as well and we know we should be sitting with them and talking to them and, but I just don’t feel like I’m communicating with her at the moment the way I should be. I know what I’ve got to do, it’s just...
Interviewer: And that would be what, sitting and talking?

Parent5:1: Sitting and talking, she’s quite stubborn and I’m quite stubborn myself to be honest with you. So that’s a bit hard, you know? I find her more harder to talk to than any of them so.

Interviewer: Right, and what, what are you doing? If that’s what you should be doing, what are you doing?

Parent5:1: I’m doing nothing. I’m being as stubborn as her at the moment [laughter].

Interviewer: When you speak?

Parent5:1: We’ll speak on, mildly [laughter].

Interviewer: And how long’s that been going on?

Parent5:1: Now and again, that’s been about a week now. And I know I’ve got to do something about it but I’m just thinking at the moment, I’m just gonna let it lie and let her know I’m not gonna put up with some of the things she’s doing lately so.

Interviewer: Right, so she’s doing stuff that’s worrying you?

Parent5:1: Yeah, and she’s got her exams and I do think an awful lot of it is related to her exams and things as well. But she’s just, she seems to be doing silly things and it’s just, I just think.

Interviewer: And you’re telling her off?

Parent5:1: Yeah.

Interviewer: And what does she do when you tell her off?

Parent5:1: She couldn’t care less. [laughter] I’m sad to say she’s as stubborn as me so. But I mean I know I’ve got to be doing something and I know I’ve got to put something in place, it’s just, I think I’m really trying to figure out myself as well what is the best way around it. So I’m just giving her a bit of time, that’s actually, well we’re trying to put something in place. I feel ok about it though ‘cos talking it through has helped me understand where I am at with it.

The above parent was quite clear regarding the nature of the difficulty in terms of both mother and daughter being ‘stubborn’ and the solution being ‘needing to talk’. However, she was not putting this strategy into place and there is a sense in her reference to being ‘stubborn’ that she felt that something might be lost (possibly
pride) as a result of her making an effort to speak with her daughter. For this parent the act of ‘talking it through’ does appear to have been helpful a fact that supports Lawson et al’s (1997) assertion that ‘the most valuable aspect of the therapy session is the opportunity to tell their story and be heard’.

In another extract form a joint interview with FDWs following a workshop, it was indicated that a parent had actually started feeling that she was ‘stuck’ with a problem but that when it was explored further, she realised that it was not the issues that she thought it was because the way that she had dealt with things thus far had served other purposes. The specific scenario was that the parent felt that they took all the responsibility for household jobs and that she wanted more help. However, through exploration she came to the conclusion that she liked it that way as she could control the running of the house:

  FDW2.JI: And actually she doesn’t want to change that bit because she finds, I don’t think she can change that bit and I could sympathise because I would find that bit difficult. And the answer she gave, the best scenario she could do would be to actually take herself away from the room where they would be chopping vegetables and helping.
  Interviewer: Yeah it was interesting that.
  FDW2.JI: Yeah. There were two goals L, there was, one about, she started with a perspective of “when I’m stressed and I’m expected to do everything I lose my patience and I respond in a non-patient way.” And then when we came back to revisit it, when we wanted to talk about what might she do differently, she then starts to describe a scenario whereby, on a different tangent where she’s doing everything and she wants them to do more. And then, but then she described doing more as peeling carrots, doing potatoes and this kind of thing and then quickly defined that then as a problem for her. She doesn’t want them to do the carrots and peel the potatoes because they don’t do it right. It causes her more hassle when they do it than when she does it herself and she wants it done right.

For the above parent, the process as perceived by the FDWs was helpful even though nothing changed. This is in line with social constructionist thinking in that the mother in this family has her own understanding of reality and what that looks
like for her in her family. In talking through the above outlined scenario, she had reconstructed a perceived problem as one that served a higher purpose for her. Others outside the family may judge her undertaking all the housework as a problem but if she does not construe it as a problem then it is not one for her.

4.5.2. Change Sub-theme: Positive Change – ‘Thoughts’
A significant sub theme within the broader theme of ‘change’ is that of positive change. Further analysis of the data indicates that change appeared to occur in two main, inter-linked areas, those of ‘thoughts’ and ‘actions’. Parents and FDWs reported that not only were they doing things differently as a result of attending the workshops but they was also a pattern of tending to think differently about family life in more helpful ways. The following is an excerpt from the focus group when parents are talking about an activity that attempted to highlight their strengths:

Parent4.FG: Well that’s it because I think sometimes you become can’t you...preoccupied with other things and...
Parent2.FG: You focus on other things.
Parent4.FG: Yeah, it’s the focus thing again where everyone can do it can’t they if they find something specific that they like to do, obviously mine was my art, plus all the other things as well what I’ve been talking about like stress and stuff, art is good for stress, it relaxes you doesn’t it? I forgot I was good at some things and its nice to know I can do stuff.
Parent5.FG: I think I began to appreciate my friendships as well because I think what was nice, it was also highlighting things that we do anyway, but when we do it how it made us feel, you know, the connecting with other people, that being the part of, I think that was really good because I admit when I first started I understood that I had mates and that but couldn’t see how they helped me when I was stressed out but they do.
Parent4.FG: Yeah, it’s like a build up isn’t it and then it builds up, like you’re getting up that thing what we said before like the ladder, when you find it hard you can’t see but if you know what you are good at and start doing those things and you’re there and you can see things more clearly and you know what makes you tick sort of thing don’t you and that’s what I noticed more than anything, yeah, so it was really good.
For two parents involved in the above discussion, a positive outcome from attending the workshops appears to be a change in their thinking. No changes in actions are explicitly stated in the extract but the parents were reporting feeling better for having reflected on particular aspects of their own strengths. For one parent it was a greater appreciation for her friendships, for the other it was to do with remembering that she was good at art and that this in turn both made her feel good about herself and also could be utilised as a resource in times of stress.

For the following parent, a change in thinking had led to an increase in her general sense of wellbeing. Again, no behavioural change is reported in this conversation, which was recorded during a 3 month follow up interview:

Respondent: Yeah, I think that, because I know sometimes when we walked home from the, after you’d finished it you did feel a little bit enlightened, would you say. Do you know what I mean? You just felt a little bit happier.

Interviewer: Yeah, that makes sense, yeah, okay.

Parent3:2: I think it was because it wasn’t, it’s not only your child that, there are others and that makes you feel a bit better.

Interviewer: And there are, there are things I can do to...

Parent3:2: Yeah to prevent it or cure it.

Interviewer: Yeah.

Parent3:2: You know, whatever. But we did, we just felt a little bit happier if that makes sense. I can do stuff about it if things get tricky…

For this parent positive change appears to have occurred in the sense of her feeling more knowledgeable or ‘enlightened’ regarding how things were for her family. She appears to feel empowered by a sense that she can put changes into place and cope when things ‘get tricky’. There also appears to be a cognitive shift in terms of her feeling better through a sense of ‘it’s not only your child’ who might be experiencing difficulties. This clearly links to the previously mentioned theme of ‘not (being) on your own’ in terms of dealing with difficulties in family life.

The following parent explicitly stated that she did not particularly wish to put significant behavioural changes into place for herself or her family but that the workshops had helped her thinking patterns to shift in a positive way.
Parent 2:1 Yeah, and it’s that thing as well because sometimes it’s like people get scared as well of change don’t they, you know, and that one there, right trying to think what you change in your family life or what you’d like to keep, you know, and it does make you think doesn’t it? Because I don’t like change and there’s a lot of people isn’t it and you just get stuck don’t you where, you know. So I’ve…I’m thinking now and I’m more appreciative and that helps me.

The above parent’s comments regarding people being ‘scared’ of change is interesting in that one might assume that a parent who was attending the workshops would be looking to implement changes. However, this parent did not want to actually do anything differently as she was apprehensive of what change could bring. For this parent thinking and being more appreciative was enough. A development point for the approach in the future is to make explicit the idea that changes in thinking are valued and expected as much as changes to parenting behaviour.

In a second follow-up interview a different parent reported that a significant amount of thinking has taken place on her part before any behavioural change had begun to take effect. With a regard to a problem, she had stated to the group that her family left her to do everything including sorting out arguments and that she wanted to be less involved:

Parent3:2: … when we done the group and then I spoke to you the first time you came, the first time, I don’t think I was as, I was putting into place what I said I was going to put into place. But I feel a bit further along the line I am, you know. The longer, I have put a bit more into place, as I say, I have been able to keep my mouth shut and let them get on with it as well.

Interviewer: Okay, that’s interesting.
Parent3:2: And I think it’s through that, that’s made me, you know, just think twice before I.

Interviewer: Yeah, I think that’s, it’s interesting that you, you say you didn’t do it immediately, was it something about over time that you kind of...

Parent3:2: I did, I done it but not, it took me a while to get there I think you know, keeping me mouth shut with them and letting him deal with it. While we
were in the group and when you last came out I was still getting involved in all their arguments and trying to sort it all out. No I am staying out of it and letting him (husband) deal with it. It took a lot for me to stop and it took a long time but I do feel like I got there.

Interviewer: So is that different from the last time that we spoke?
Parent3:2: I think so, yeah.

Interviewer: Right. So you sort of, I don’t know, I don’t want to put words in your mouth. So it’s kind of like as we were doing the group together you were thinking about the things that might be different.
Parent3:2: I knew what I needed yeah. It’s just hard and I knew it wouldn’t happen straight away. I knew if I left them to argue the things would get worse before they got better ‘cos it would take them ages to realise that mums not going to just wade in and sort it for them anymore.

Interviewer: So it happened more slowly but?
Parent3:2: Yeah it did happen slowly but, yeah I think I got there.

The parent in the above extract had taken time and consideration before putting any behavioural changes into effect. There is a relevant point here in terms of a solution focussed approach not having a fixed ending of involvement but rather client involvement ends when ‘mutually considered to be an unnecessary amount of time’ (Rees, 2004). In this sense the change that may take place through attending the workshops is not bound by the time scales of attendance but rather by the time the parent continues to consider the elements that were discussed. In terms of evaluation, the idea that change can take place quite some time after attending the workshops could present as a difficulty as it would be hard to say how much time can elapse before one could determine whether change had taken place as a result of attending.

Although FDWs sometimes appeared to recognise the value in changes in thinking, without these being reflected in behaviour, this did not always appear to be the case. An interview with the FDWs following a workshop indicated a degree of frustration on behalf of one of the FDWs:

*FDW1: She just doesn’t get it does she? She has all the skills and knows what she needs to do but she’s just not doing it. It’s frustrating*
FDW2: Well what do you think we should be doing about it- we can’t just tell her what to do?

Researcher: What is it you find frustrating?

FDW1: The fact that we can all see that she needs to stop doing as much round the house and she knows as well but no one is telling her. It’s like she can’t move on

The FDW in the above extract displays a sense of frustration with the approach and also there is an indication that she believes to ‘know’ what ‘needs to be done’ and is therefore placing herself as an expert in the parents life. This excerpt displayed a lack of understanding regarding the SFBT approach.

4.5.3. Sub-theme: Positive Change – ‘Actions’

Each of the five parents who were interviewed reported at least one aspect of positive behavioural change within their family life as a result of attending the workshops. The following is an extract from a three month follow up interview with a parent who had decided to work on reducing the amount of bickering between her two daughters. She also used the SFBT approach of ’scaling’ that had been utilised in the workshop sessions to measure her progress with ‘reducing shouting’:

Parent4:2: I’m calmer as well so I think I’m up to a five (on her ‘not shouting’ scale) and, as I say, it’s only day one of the summer holidays.

Interviewer: Fantastic!

Parent4:2: We could get further up the scale if they carry on.

Interviewer: Great, fantastic. And what is it then L that you’re doing? Or what’s different that’s, that’s helped you to move from a two to a five? I know you’ve touched on it already.

Parent4:2: I think we’re talking and explaining things.

Interviewer: Talking and explaining things?

Parent4:2: And we’ve got the charts to say.

Interviewer: Using charts...

Parent4:2: and reward stickers. Its all up on the fridge, we’ve got all sorts going on.
Later in the same interview the parent expanded further:

*Parent4:2:* But my chart is, if I shout I get a cross and then I don’t get a treat at the end of the week so I’ve got something to work to. These have got something to work to, if these don’t fight amongst themselves. And I think now even, even this morning we were sitting on the floor it was just sort of like a little bit and it was “she’s doing this” and I said “ah ah you know, you don’t do that.”

*Interviewer:* Yeah.

*Parent4:2:* It’s not a threat but you’ve got your little treat Fridays and things like that.

*Interviewer:* Fantastic. So you’ve got some system, you’ve put some systems in place for yourself there.

*Parent4:2:* Yeah, which they do, I think they are, hopefully they’ll stay like that.

*Parent4:2:* That worked well with the four of them, just speaking to them on their level and not shouting at them. Because I think they tend to rebel if you shout at them I think, they just do it even more, or more snider because I know, the girls said then, my girls said they’re gonna fight in a minute “mum, she’s doing this and she’s doing that.” So if you talk to them properly they are more likely to be straight and do what we want instead of being naughty and trying not to be caught.

This parent had managed to put three specific parenting strategies into place for her children: a reward chart for monitoring/reducing her own shouting, a reward chart for the children aimed at reducing bickering and a general approach to talk things through rather than raise her voice when issues occur.

The following parent reported clear behavioural change in managing not to become involved when the rest of her family began to bicker or argue. The extract begins with her discussing whereabouts on her SFBT scale she was with regard to her goal:

*Parent3:2:* I feel a lot better now, as I say it’s took me a while but I do feel a lot better now because I am taking a back seat. I get up and walk out the room when they start. So I’d say maybe about a seven.
Interviewer: Great!
Parent3: Because I do, and as I say, it makes me feel better because I'm keeping quiet, I'm staying out of their arguments and it's still getting sorted anyway. So yeah. It doesn't just hang on me
Interviewer: So you realised that the world still turns if you don't sort it out..
Parent3: Because I was always the moaner then and because I, you know, I joined in but I'm not now. They still row like but its nothing to do with me.
Interviewer: And if you try and fix it and it doesn't work?
Parent3: Yeah.
Interviewer: Then it's your fault?
Parent3: Yeah. So I'd say about a seven, because it's made me feel better as well for doing it. It took me a while but I got there.

It is interesting to note that the action that this parent reported was as a result of not doing something that she had noticed herself doing that wasn't helpful. Also, it is worth noting here that, although the parent reported that she felt positive about the change, she did not report that the arguing had stopped in the family or whether life was better for anyone else. This links to the issue raised by Moran et al (2004) and referred to in the parenting programmes literature review regarding the transfer of positive changes for parents into a tangible improvement in family life. It raises an interesting philosophical question regarding the idea of 'changes in thinking' compared to 'changes in behaviour'. In line with social constructionist thinking there is no 'correct action' rather just a perception of the 'right thing' and if this parent is doing what in her mind is a 'better' or 'correct' thing to do then this is accepted as being the case. It is another piece of work entirely to study the impact on family or family members' perceptions.
The following extract from a follow up interview suggests that family life had clearly improved in her family as a result of the changes that she had decided to put into place:

_Interviewer:_ ...and who’s gonna notice the changes that you’ve started to put into place? Have you done anything with that?

_Parent2:_ The noticing thing? Yeah I think Carl did because we are doing things more as a couple with the kids. We decided to together, more family time and talking about the kids more.

_Interviewer:_ Right.

_Parent2:_ So we’re sticking by each other.

_Interviewer:_ Ah right.

_Parent2:_ Do you know what I mean?

_Interviewer:_ Yeah.

_Parent2:_ Where before it was, well Dad said I could so you let them off rather than disagree even though they’re doing stuff you don’t like. You do it because the kids do tend to play you off as well.

_Interviewer:_ They do, yeah.

_Parent2:_ But now, now it’s a bit more communicating as well.

_Interviewer:_ Right.

_Parent2:_ So yeah, we are on a, it’s good.

_Interviewer:_ Okay.

_Parent2:_ So we, yeah he’s noticed it and I’ve noticed it about him too when me and him have been a bit better.

_Interviewer:_ Great, great. Have the kids noticed?

_Parent2:_ Yeah I think they have.

_Interviewer:_ Yeah.

_Parent2:_ Because they haven’t been, you know, they know now they get sent upstairs and there’s no point in arguing. They go upstairs and they go up to think about what they’ve done.

_Interviewer:_ Yeah.

_Parent2:_ And then they’re allowed to come back down again and apologise.

_Interviewer:_ And you’re managing to stay, you’re staying a bit calmer?
Parent2:2: Yeah and we’re doing that with them all the time. And even the twelve year old.

The behavioural changes for this parent appear to have made a difference for her and the rest of her family. She reports that her husband has noticed improvements and is behaving differently as well as her children being more ready to respond to parameters. The sustained changes for these parents may be reflective of the previously discussed quote with regard to SFBT made by Murphy and Duncan (1997):

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

It is interesting to note here that an approach based on the principles of social constructionist thinking has led to a parent developing an approach that would be advocated by more positivist parenting skills intervention packages for parenting. Indeed the approach adopted by the above parent is one strongly supported to the positivist evidence base put forward by Wilson (1980) who concluded that effective boundary setting and supervision leads to a reduction in behavioural issues.

In many ways the above quote could be seen as reflecting the essence of the SFBT approach. The idea that the client is the expert, not the facilitator is central to the philosophy of how SFBT works. It is this belief that the client has the resources to make changes and that changes that are made using these resources are more likely to be sustained that is core to the work. An interview with the FDWs following the workshop where the above mentioned parent first came up with the idea of behaviour charts for her children, indicated that this concept had not necessarily been grasped:

FDW1: I thought it went well, she came up with some good ideas

FDW2: Yes, the chart was a good one. It’s the same kind of thing that they talk about on Webster Stratton training

Researcher: Is it?
FDW2: Yeah, they talk about noticing the good things and rewarding use those kind of charts

FDW1: Its funny how you can come at it from different ways like Webster Stratton or this Compass approach and they end up in the same place with a behaviour chart. Different ways end up getting to the same thing really don’t they?

Further discussion followed this exchange as I was anxious that the FDWs had not grasped the idea that the parent coming up with their own solution was an entirely different approach to that of a more behavioural approach such as Webster Stratton. That a parent ended up using a behaviour reward chart as advocated by other approaches is not the relevant aspect but rather that it was her idea, she felt she could manage it and was thus empowered and enabled to sustain change.

4.6. Exploration of Research Questions

The research questions were formulated with the intention of guiding this study. As previously stated, the approach to the analysis of data was inductive in that the data was analysed in its entirety with the hope that valuable perspectives and meanings would not be lost by narrowing the focus too early. The intention for this section therefore, is to revisit the research questions in the light of the detailed thematic analysis undertaken above and attempt to answer them in terms of the themes generated. Each question will be explored in turn.

4.6.1. Research Question 1: How do parents describe their experience of attending Compass workshops?

The exploration of themes indicated particular elements of the workshops that parents found to be helpful. The strongest sub-theme in terms of number of comments made in this area was that parents found it helpful to have a sense that they were not on their own (called ‘not on own’ as a sub-theme of ‘feeling comfortable’). Outside of any changes or tangible differences made to family life, the fact that parents could connect with others who they felt were in similar circumstances appeared to be the most important factor to parents. They were interested in hearing each other’s stories and appreciated the size of the group.
enabling them to have a sense of being heard and attended to as individuals. It is interesting to note that this sense of social connection could be applicable to a number of approaches to group work and not just groups applying an SFBT approach.

The themes also indicated that parents found the approach of all staff including the facilitator being part of the group and engaging with activities to be helpful. The data suggested that this attempt at equity within the group enabled parents to feel less under pressure to ‘get it right’ in terms of the tasks that were set. Information from FDWs indicated that all members of the group were sharing experiences contributed to an atmosphere of collaboration and trust. This aspect of the group work does perhaps reflect the emphasis within the SFBT tradition for the therapist to ‘co-construct’ meaning alongside the client rather than adopt a position as an expert of advisor.

Parents also found being given time to reflect on family issues outside of busy lives to be helpful. Some reported that this gave them the chance to think about implementing changes to patterns of unhelpful behaviour. Parents also indicated that they found the setting of ‘experiments’ part of the approach to be helpful. These findings are in line with Steenbarger’s (1992) identified aspects of brief therapy in that they are an attempt to engage the client in a process of change through ‘between session homework’.

Some reported that the use of the word ‘experiment’ was useful in that it could be thought of as ‘a thing to try’ rather than as a task that they must get right and that this perspective eased their own sense of pressure to perform. The word ‘experiment’ was carefully considered in the development of the approach as other words such as ‘task’, ‘job’ or ‘homework’ were thought to risk being viewed as patronising or perhaps indicating that outcomes would always be positive. This is very much in line with the ‘do something different’ principle of SFBT that seats clients as the drivers of change in their own lives rather than being told what to do.

Although the SFBT approach does not encourage direct advice-giving and ‘telling people what to do’, the parents reported that they did appreciate the advice offered
by other parents and that they enjoyed the feeling of helping others in the group. It seemed to be as important for group members to feel as though they were being helpful as it was for them to feel as though they had been helped. One parent reported during a follow up interview that, ‘We didn’t do the solution circle but I still think we helped in a way…we gave advice and said I’ve had a similar problem why don’t you try it this way and it seemed to work for the other mum- we did an unofficial solution circle’. It appeared to be helpful for parents to be able to offer advice from a point of their own experience. In this context it appeared that the parents felt comfortable in giving advice and wanting to help and they were also excepting of any advice given.

In exploring the theme of ‘attendance’ one significant element with regard to parents’ experience of the workshops was that of their response to being invited to attend. A number of parents reported a response that was summarised in the sub-theme of ‘Why me?’ with concerns being raised that they were worried that there may be something wrong with their child or family in order that they had been asked. Focus group discussions indicated that the idea of being ‘singled out’ by the school staff for an unknown reason was one that had occurred to all parents and that this was not initially a pleasant experience. The parents had a range of ideas in terms of how this might be addressed in future through clearer dissemination of information and the use of parent advocates.

Alongside a sense of initial trepidation on being asked to attend, some parents reported that they were curious to find out more and that the approach seemed different from anything that they had seen offered by the school. Others reported that they were interested in the idea of being involved in the development of a new initiative that would be of help to others in their own community. The parents seemed to genuinely appreciate and enjoy their opinions regarding the general approach being sought. This approach to the research process could also be viewed as being in line with the SFBT principle of ‘the collaborative finding out of where the client wants to go’ rather than having a clear sense of what the sessions should contain from the beginning.
Three parents reported a level of nervousness upon attending the course for the first time; one in particular reported that they felt like ‘leaving the room’. Although these feelings were not apparent to myself at the time, it is of concern that the parents should have felt so uncomfortable. It is perhaps easily overlooked amongst professionals working in schools on a day to day basis that for those who do not work in education can find the environment quite unnerving or intimidating, particularly if the school is where their child is educated. It is perfectly natural for a parent to feel a need to perform ‘at their best’ in front of members of staff who are responsible for their children’s education. This aspect of the parents experience warrants further attention in future delivery of the approach.

The data encompassing the ‘feeling comfortable’ theme also suggests that these feelings of uncertainty soon passed in the first session and that parents looked forward to attending subsequent sessions. Key elements that appeared to address some of these concerns were that of meeting myself as the facilitator and also meeting the other members of the group. Parents also had a need to understand what it was they were going to be required to do and not do. For some parents the need for privacy was added to their sense of unease and they reported that they felt as though they may be asked to ‘dig out all the dirty laundry’ of their family life.

Parents reported feeling listened to and enjoying listening to other peoples ‘stories’. In a similar way to the parents feeling a need to be helpful to the other members of the group as much as to be helped, they also reported that the hearing of other people’s stories was as helpful/enjoyable as the opportunity to talk about there own family lives.

In examining this research question with regard to the theme of ‘the approach’ it is interesting to explore what is implied or ‘not said’ in the data. Each of the sub-themes of ‘experiment’, ‘all part of group’ and ‘time to reflect’ seemed to have some sense of these elements of the approach being in some way original, noticeable or ‘not expected’. In terms of the parents’ experience of attending and the sense they made therefore, we can look at each of these sub-themes and explore what they were perhaps surprised not to be experiencing. Specifically, it is possible that parents who remarked on the use of the word ‘experiment’ and that
this took ‘pressure off’ their performance may have been contrasting this approach with being given a ‘task’ in which they could either ‘succeed’ or ‘fail’ (one parent reported that it was a preferred term to ‘homework’). The facilitator being part of the group may have been contrasted with an approach whereby the facilitator delivered but was not engaging in activity and was therefore different from the others group members. The sub-theme of ‘time to reflect’ could be contrasted with a more ‘content driven’ approach where time to expand and explore the ideas of the parent group members was limited.

Two parents reported that elements of their experience of attending the workshops had been either a sense of confusion or ‘getting stuck’. For one parent this seemed to be as a result of a lack of clarity in the approach with regard to which aspect of family life she was ‘supposed’ to be working on during the sessions. Specifically, the parent felt that she should be discussing the parenting of her child who was attending the primary school setting where the workshops were taking place. This led to different elements of family life being discussed in the workshops than was the parent’s intention to action at home as her main concerns at the time were with her relationship with her older daughter who attended the high school. Although not explicitly apparent in the data, the parent feeling as though she was only allowed to discuss certain areas that were not of particular concern to her was probably a confusing and somewhat stressful experience.

4.6.2. Research Question 2: What, if any, changes do parents report both immediately following completion and after 3 month follow-up?

This research question is also explored in detail in the ‘changes’ theme section above. In terms of specific changes, table 15 below summarises all changes reported by the five parents at both the immediate and 3 month follow-up interviews. The context and nature of these changes will be discussed for each parent in turn.
Parent 1 reported having an older son in high school who was regularly getting into trouble in school. She also reported being fearful when her mobile phone rang in case it was the high school reporting that they had excluded her son as this seemed to be happening ‘about once a week’. The stress levels in the family appeared to be so high that upon her son misbehaving in any way, Parent 1 removed all privileges and games consoles from her son. This had resulted in very little communication and Parent 1 reported that she felt as though she ‘didn’t know’ her son any more. Parent 1 changed her approach to parenting by telling her son that she was prepared to listen to his side of the story when incidents occurred and that she would try to deal with things in a ‘calmer’ manner, ‘cos right now he just thinks I’m a b****’. Parent 1 was still continuing to listen after 3 months and reported that although incidents were still occurring ‘at least I’ve got to know him again now and we can talk, kind of’.

In the immediate follow up interview Parent 2 reported one change that occurred for her through attending the workshops was for her to ‘realise she needed help’. This was perhaps an unforeseen outcome for a parent and does not necessarily sit well within the SFBT approach. The idea of a client attending an SFBT session and having problems accentuated as an outcome could be viewed as inconsistent with the first principle of the approach outlined in the SFBT literature review, namely;

<table>
<thead>
<tr>
<th>Parent</th>
<th>Changes reported Immediately following workshops</th>
<th>Changes reported on 3 month follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>- Taking more time to listen to the children, not ‘just react’.</td>
<td>- Still listening more</td>
</tr>
<tr>
<td>2</td>
<td>- Realising needing help. - More appreciative of what she has</td>
<td>- Spending more family time - Seeking more consistency across parents</td>
</tr>
<tr>
<td>3</td>
<td>- Thinking 'I'm not on my own'- others have problems too, this is normal - Belief in ability to make changes</td>
<td>- Not joining in or taking responsibility for family rows</td>
</tr>
<tr>
<td>4</td>
<td>- Using 'mum don’t shout' chart</td>
<td>- Employing behaviour charts for mum and children - Talking through things with children</td>
</tr>
<tr>
<td>5</td>
<td>- Considering changes in relationship with teenage daughter</td>
<td>- Talking more with teenage daughter and having ‘our time’</td>
</tr>
</tbody>
</table>
1. *Clients have within them the necessary strengths, skills and resources to resolve their problems.*

That Parent 2 reported that she ‘needed help’ from someone else with regard to her family problems appears to contradict the first principle, although it could also be viewed that all clients who attend any type of therapy session are by definition seeking ‘help’ of some kind. It is my contention that the role of the SFBT therapist is not to deny that a client has problems or to ignore these but rather that the help needed is in eliciting the strengths and resources the client can utilise within their own life circumstances that can assist them with addressing it. However, it is still rather unusual for a person to attend what is essentially a ‘helpful’ session without appearing to have a clear sense that they would benefit from some ‘help’ before attending.

However, analysis of the 3rd and 4th SFBT principles does indicate more clearly perhaps that the principles of SFBT were still at play for parent 2. These principles are outlined below;

3. *If it works, do more of it: If it doesn’t work, do something different.*

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

In discussion with Parent 2 she reported that she did not ‘feel happy’ and in this sense could be regarded as being ‘stuck’ in her life circumstances and approach to family that left her feeling in some way unsatisfied. It is possible that her realisation that she needed ‘help’ reflected a realisation that some of the things that she was doing in her life ‘don’t work’ and that she needed to ‘do something different’ and that this only really came to light for her when she began to discuss a more positive future for herself and her family.

Principle number 4 may have been the most important for Parent 2. It was through the ‘finding out’ of where she would like her life to be that she realised it was not what she had at that present time and she was dissatisfied (reporting not ‘being
happy’). It was possibly at this stage that Parent 2 decided that change was necessary and that she found the motivational energy to seek ‘help’ and put things into place for herself and her family.

Parent 2 was a mother of two older children who attended the local high school and one younger child in key stage 2 of the host primary school. She had reported suffering from anxiety and depression to school staff during her attendance at previous courses that had been run by the school. Parent 2 did not particularly feel concerned by the behaviour of her children or family but more that she wanted more from her family life. A positive change that she reported as a result of attending the workshops upon immediate follow up was that she had become more appreciative of the things that she had in her family life and this appreciation made her ‘feel better’. Interestingly, she reported that the changes had slightly shifted over the three months since attending the workshops. Three months later she reported that specific changes had taken place with more time being spent together as a family and that ‘being together with the children’ had enabled her husband and herself to become more consistent in their approach to parenting.

Parent 3 had four children of primary school age and reported that she would like her household to be calmer and that she did not want to have to keep dealing with disagreements between her children and between her husband and children. She reported feeling that she ‘had to sort everything out…it’s always down to me to make it better for them’. Initially she reported helpful changes simply in the sense of ‘not being on her own’ in terms of experiencing difficulties as a mother and that this made her feel better about her own circumstances. Parent 3 also appreciated the ‘resource finding’ aspect of the SFBT work and reported that she had an increased sense of confidence in her ability to make changes, although she did not report any behavioural changes during her immediate follow up interview. However, Parent 3 reported significant behavioural changes in her 3 month follow and reported that she had told her family that she would no longer be taking part in resolving their issues and that other family members can settle disputes between them. She reported that this was a significant positive change for her.
Parent 4 reported that the major change that had happened for her family was that she was not becoming as stressed and ‘shouting’ at her children as much. She had reported that her two younger children were close in age and that they had been squabbling regularly and that she had found this ‘exhausting’. A particular incident that she reported was the children fighting over taking turns on the swing and that her response to this had been to ‘yell’ at the children to ‘stop it’ because she felt that she had run out of patience to listen to the children. Through the course of attending the workshops Parent 1 had decided to try not to shout as this approach ‘made things worse’ and to calmly talk through her children’s concerns instead. Parent 1 was still finding this approach to be helpful on 3 month follow-up with a particular aspect that she mentioned in both follow up interviews being the use of behaviour charts.

Parent 5 and her husband had three children with one now an adult and left home, another daughter in high school and also a boy in the younger end of the primary school. She gave an impression of being happy with the behaviour of her youngest child and reported that he ‘was not a problem’ and that he was ‘still her baby’. After some initial confusion in which Parent 5 felt that she was required to only focus on the behaviour of her children who still attended the primary school she decided that she would like the relationship to be better between herself and her teenage daughter. During the first follow up interview Parent 5 stated that currently the relationship was still ‘not good’ and that they were ‘not speaking’. However, she also appeared to be confident that things could change for the better and that she was going to alter in her approach. Parent 5 reported ‘I know her better than anybody’ and that she was going to ‘choose the moment’ to speak to her daughter about how they might better communicate with each other. Another complicating factor at this time was that her daughter was sitting examinations and her mother did not want to ‘put any more pressure on her’. On three month follow up Parent 5 reported that she had managed to change things significantly in terms of feeling closer to her daughter and creating opportunities for ‘our time’ where they could spend time together.
4.6.3. Research Question 3: How might the workshops be improved in the future, from other family workers and parents perspectives?

The main areas for improvement for the workshops appeared to have been reflected upon in the thematic areas of ‘attendance’, ‘feeling comfortable’, ‘the approach’ and ‘changes’. The ‘attendance’ sub-theme of ‘Why me?’ suggested that when being asked to attend, some of the parents felt worried about why they had been asked to attend. This appeared to be a considerable concern amongst most of the parents as reflected by feedback in both focus group and individual interviews. FDWs suggested that on initially approaching parents there should be more clarity as to why they had been selected to attend and that an emphasis on parents being asked to attend because they were viewed as being able to ‘make a contribution’ rather than in ‘need of help’. The ‘future recruitment’ sub-theme suggested that more information could have been provided in order to reassure parents and also suggested that a more ‘word of mouth’ amongst parents would be helpful in settings where the approach had previously been undertaken. In the focus group parents reported that they would have been more at ease if they could have asked another parent who had previously attended and FDWs suggested that it would have perhaps been a little less disconcerting for parents if the workshops were a ‘regular thing and just part of what we do’. However, as previously stated some parents reported that one of the reasons that they wanted to attend the group was because it was ‘new’ and that they had not ‘been on any courses like this before’.

The sub-theme of ‘settling in’ also indicated that there were elements of anxiety on behalf of parents on attending the first session but that these anxieties had passed once the first session was complete. Anxieties appeared to be concerned with a lack of knowledge regarding the nature of the approach which could possible be addressed (as with the above issue) through the provision of more information. This provision of more information could be linked to the improvements to the booklet that the parents were provided with in order to guide them through the course. Both FDWs reported that there was not enough information in the booklet and that it was not of sufficient quality for parents to necessarily keep hold of and use as a reference at a later date. Data gathered from the focus group also
indicated that one source of anxiety was that they had not met myself as facilitator until the first session. One parent stated that ‘Once I met you I was all right. I didn’t know what you were going to be like.’ A possible, if time costly, way of managing to ‘recruit’ parents in future may be for the facilitator to meet parents individually before the workshops begin or give a presentation to a group of parents before asking for interested parties to attend.

The final area for improvement reflected by the data provided by FDWs, parents and the researcher’s reflective log was that of when parents felt as if they were not moving forward in the process. The first requirement for improvement is that parents should not feel confused regarding the focus of the work that they can focus on in the group. One parent felt as though they needed to appear to working on her parenting of her younger son who attended the school where the workshops took place, although her real area of concern was that of her older daughter. This led to confusion and possible stress. It is envisaged that clear communication regarding the parameters of the work could have avoided this situation.

Another area that provided a sense of ‘stuckness’ was that presented in two different scenarios in which parents presented issues which they assumed an ‘objective’ outsider to their family may view as being problematic but which, through exploration, they found served a purpose for them as individuals and their families. However, there was a certain sense of pressure on behalf of the parent, perhaps, that they should seek to change the scenario as outlined because it may have been viewed unfavourable by the group or others. Again, as with the previous issue, a clearer explanation of the principles regarding social constructionist thinking and, specifically, that it is their own reality with no right or wrong way of living their family life could have been helpful here.
4.6.4. Research Question 4: How can an SFBT approach be used to provide trainers with a useful framework?

The pertinent themes with regard to this research question will be identified here with a further section regarding the implications for developing a training framework being discussed in the following chapter.

The theme of ‘attendance’ reflected some issues in terms of a training framework with regards to how to approach parents to attend in the first place. Some parents had the idea that they would like to be approached by other parents on the playground rather than a member of school staff. It was felt that this would feel less as thought the parent had been singled out as having problems and also that if another parent recommended the approach then this would have more credibility.

The theme of ‘Feeling Comfortable’ included elements regarding the nature of the power dynamic between the facilitator and the parents. A pertinent issue here appeared to be that more productive and ‘comfortable’ work took place (i.e. parents making deeper and more frequent contributions) happened when the facilitator was not delivering information to the group but rather became a member of the group itself and made ‘equal’ contributions to the group alongside the other members.

Another important factor in people’s experience of the first group session particularly was a certain degree of nervousness regarding joining a group that is unfamiliar and undertaking to engage in an unknown process. The reflective log indicated that perhaps the first session was a little rushed and that parents may not have been ready to make significant contributions at that stage. Some parents stated that one element that mitigated against their sense of trepidation was being able to attend alongside a friend and be familiar with some members of the group.

The theme of feeling comfortable also overlapped with the ‘listening’ part of the SFBT approach. Parents reported feeling comfortable with a small group size and the researcher also reported that the small group size enabled the capacity to truly
listen and ‘connect’ with what the parents were saying. Clearly group size is an important aspect that will need to be considered when considering a framework for training in the Compass approach. FDWs also reported that the parents being given time to talk about the things that they wanted to talk about without the facilitator trying to direct the conversations was also an important factor and again another reason to consider the time/space that is available to each member of the group.

Explorations of the ‘not on own’ sub theme of ‘Feeling Comfortable’ suggested some issues in this area that are relevant to the development of a training framework. Part of the approach is for all members of the group to make contributions as part of the group, including facilitators. One FDW made contributions from her own life that felt as though they may be somewhat alienating and reflective of experiences not necessarily common to the group. Although these were honest responses a greater need was identified for awareness amongst facilitators as to the purpose of making contributions and the sense of collaboration that it hopefully brings. The implication here is that if a valued element of the workshops is a sense that we are ‘all in this together’ as parents, then we need to be clear as professionals running the group as to what type of information we give about our own lives and our intentions in doing so need to be more explicit.

The theme of ‘Changes’ presented some issues that indicated some parents struggled with the idea of change. Integral to the approach is the assumption that the parent has resources that they can draw on and also that they can choose to do things differently. Future planning will need to take into account the possibility that by placing parents in a position of responsibility for making things work differently, the approach may be shifting them from a cognitive position that places responsibility outside of their control and that this may bring stress. There will need to be provision for the approach to reduce this stress and ensure that possible ways forward are explored with the parent before the end of the session.

Other aspects of the ‘Change’ theme emphasised that some parents were ‘stuck’ in some behaviour patterns and found these difficult to change. When these
elements of ‘stuckness’ became apparent, at times the FDWs appeared to lose or display a sense of understanding of the SFBT approach. There were some indications that the FDWs could become frustrated with the lack of change and step outside of the model in terms of wanting to tell the parents what to do or give advice. The FDWs also displayed a certain lack of understanding regarding the distinction between approaches to parenting and tended to have a view that it was the behavioural rather than ‘thought’ or cognitive changes that were important. Of particular concern was a scenario where the Compass approach was compared with Webster Stratton in terms of the outcomes for parents without displaying an understanding of the difference (crucial in the approach) between self determined goal and actions compared with those generated by advice or ‘donated’ by an ‘expert’. The former are more empowering and likely to become embedded in people’s lives according to the SFBT approach.
CHAPTER FIVE.
CONCLUDING REFLECTIONS

5.1. Summary of themes, relationships to research questions and aims

The aims of this research were as follows:

- To collaboratively develop the Compass approach and further understand how it can be delivered and the skills needed to deliver it in order to inform training and roll out.
- Developing an understanding of the efficacy of the use of SFBT with groups of parents.
- A significant role in the development of a process, rather than curriculum based, approach to working with parents.
- Developing a new means for EPs to work in a community based way with parents.

It is useful to reflect on what the emergent themes can contribute towards the research aims. The theme of ‘Attendance’ had the three identified sub-themes. As noted in the literature review regarding parenting programmes, one major issue for service providers can be managing to ‘recruit’ parents to take part. The sub-theme ‘Why me?’ reflected a sense of curiosity or trepidation on the part of parents when they had been approached to attend the workshops. Focus group and individual interview data indicated that the majority of parents had some concerns about this and that it was a significant issue for them. Many parents felt that they had been ‘singled’ out due to a perceived problem or difficulty that they may have been experiencing in family life. The ‘Future’ sub-theme reflected possible ways forward with these issues. It was suggested that a more positive explanation as to why a parent was being selected, such as because they had the skills to contribute to the group or because they may enjoy it, would be more preferable when they were initially approached. The data also indicated that parents would have appreciated further information, both verbal and written before attending in order to clarify the nature of the work they were being asked to undertake. The ‘Curiosity’ sub-theme was reflective of some parents’ view of the course prior to starting as being one of inquisitiveness and curiosity regarding the nature of the approach. For some
parents, one element in their agreeing to attend was that the workshops appeared to be different from groups that they had attended before.

The theme of ‘Feeling’ encompassed the sub-themes of ‘Settling in’, Group Size’, ‘Listening’ and ‘Not on own’. This theme was concerned with how the parents felt about attending the group and how comfortable they were when they were there. Some parents reported some initial difficulties in feeling comfortable in the workshop environment and overcoming nerves. These findings are consistent with those reported by Barlow and Stewart-Brown (2001) in that one of the three most important ways in which parents appear to benefit from parenting programmes was the support that they received from other parents. Smith (2000) was also mentioned in the literature review as reporting that disadvantaged parents had a preference for having 'other adults to talk to', over and above the availability of expert advice. Possible ways forward in this area to address this were suggested such as meeting the facilitator beforehand or being better informed as to the nature of the group. A significant amount of importance was placed on parents feeling that they were not the only people in the world who experienced difficulties with their children and families. This ‘normalising’ of parenting experiences appeared to provide a great sense of comfort and even relief to parents. Parents enjoyed being listened to and also the opportunities to listen to each other’s stories of family life. Parents also reported that they appreciated having a smaller group for a number of reasons, including it being easier to ‘get to know each other’ and also each member of the group having the time to be heard. These findings make a key contribution to the research aims of developing a process, rather than curriculum based, approach to working with parents.

The theme of ‘The Approach’ reflected feedback in the data that indicated significance in terms of how the workshops were delivered, from the fact that they were undertaken in the form of group work to some particular techniques of SFBT, particularly the setting of tasks and the non-directive approach to questioning. Each of these aspects of the approach was thought to be positive and helpful to parents. Again, these findings are helpful in addressing the aim of the development of a process based approach. The booklet that the parents were
provided with in order to guide and make notes during the sessions was found to be useful but in need of improvement in terms of content, information provided and layout.

The theme of ‘Feeling Comfortable’ reflected a variety of issues that were important to parents in terms of their experience of attending the workshops and gaining maximum enjoyment from them. Parents reported an initial apprehensiveness on attending in the first session and that this made them reluctant to contribute at first. This initial apprehensiveness was lessened once the parents became clear what was expected of them and how the process would work. Parents also felt that group size was important and the data indicated that some valued the fact that the group was relatively small in size, thereby enabling space for everyone to be heard. A sub-theme which is also linked to the theme of ‘The Approach’ was an emphasis on social connection as reflected in the theme ‘Not on Own’. The parents reported great value in being able to share and normalise experiences. Value was also placed on the advice and contributions from other members of the group due to them being parents themselves and giving ‘real world’ advice.

The final theme identified in the data was regarding ‘Changes’ that had or had not taken place for the parents as a result of taking part in the workshops. All parents reported some positive change with some reporting changes immediately following the final session and others reporting significant changes on three month follow up. Some parents maintained changes over the following three-month period whilst others changed their behaviour over this time. A number of parents reported that they had changed their thinking processes as much if not more than their behaviour with regard to particular issues that had been bothering them. For two parents this had quite quickly brought improvement in their own sense of satisfaction with their lives and behavioural change had followed later. A sub-theme in this area was one of ‘Getting Stuck’ and this reflected some processes that had taken place during the workshops that had led parents to feel somewhat powerless or unable to make changes. Further exploration of the data revealed that this may have been due to a lack of information provided by myself at the beginning of the process regarding the parameters of the work that could be
undertaken. These findings are perhaps reflective of the need for well-formulated goals, that are ‘detailed, salient and positively worded in behavioural terms’, usually leading to positive outcomes (Miller, 1997). The lack of clarity may have had a negative effect. A specific example of this was one parent who was dissatisfied with her relationship with her older daughter but was under an initial impression that she could only focus on her younger child who was in the primary school setting. These findings contributed towards another key aim of the study which was developing an understanding of the efficacy of the use of SFBT with groups of parents.

The key themes and sub-themes connect and answer the research questions in clear ways. For example the theme of ‘attendance’ provided much useful information regarding research question 4 in terms of informing a training framework that emphasises ways of recruiting parents that would be more likely to make them feel at ease and more likely to attend (e.g. being approached by ‘parent advocates’ rather than school staff on the playground). This theme also informed research question 3 in terms of improvements that could be made to the workshops by indicating that parents would appreciate more informal information giving before attendance and reassurance that there was nothing ‘wrong’ with their parenting. In exploring the theme of attendance it was also possible to answer research question 1 and thereby enhance understanding of parents experiences of attending the workshops, for example some parents reporting curiosity and a sense that the approach was ‘different’ from other courses that had been offered to parents by the school.

The theme of ‘Feeling Comfortable’ helped to answer research question 4 in terms of indicating that trainers should be emphasising the importance of facilitators being ‘part of the group’. The sub-theme of ‘settling in’ also indicated that there were elements of anxiety on behalf of parents on attending the first session but that these anxieties had passed once the first session was complete. This contributed towards answering research question 4 in terms of possible improvements to the approach being for the first session to be ‘light’ on content and be more about group forming until people feel more at ease in the second session. The strongest sub-theme in terms of number of comments made in this
area was that parents found it helpful to have a sense that they were not on their own (called ‘not on own’ as a sub-theme of ‘feeling comfortable’). Outside of any changes or tangible differences made to family life, the fact that parents could connect with others who they felt were in similar circumstances appeared to be the most important factor to parents. This reporting of experience contributes significantly to research question 1.

The theme of ‘Changes’ presented some issues that indicated some parents struggled with the idea of change. Integral to the approach is the assumption that the parent has resources that they can draw on and also that they can choose to do things differently. In terms of investigating research question 4, this information indicates trainers will need to be aware that the approach can place parents in a position where they feel quite pressured to act differently. There will need to be an emphasis on sensitive questioning and also clear communication of expectations from the facilitator regarding expectations being set by the parents themselves.

The theme of ‘Changes’ also informed research question 3 in terms of improving the Compass approach by providing clarity regarding the scope of the work being set by the parents themselves rather than it needing to focus on the child that they had in the school where the workshops were taking place. The parents should feel able to focus on any aspect of family life and that should be made clearer in future delivery. Clearly, this theme also made significant contributions towards the answering of Research Question 2 in terms of the changes that parents reported following attendance at the Compass workshops. These ranged from ‘Taking more family time’ to ‘Not taking responsibility for family rows’ and some changed over time between the first and second follow-up interviews.

5.2. Implications for policy

An implication for policy with regard to using the SFBT approach when working with parents was mentioned in the parenting programmes literature review and also indicated by one of the parents in the feedback data. Many of these issues are also covered by, and indeed initiated, Woods’s (2011) review into SFBT work with families. The essential issue is one of using a social constructionist approach to address parenting issues. A social constructionist approach would assume that
there is no such thing as objective ‘reality’ and that there are many versions of reality based on how different people’s version of reality had been constructed in a social context. This means that, as was the case for one of the parents in the study, a parent’s shift in thinking/perception of family life and/or parenting going well is accepted as such and that is the version of reality that is worked with. In the case of a parent in this study the view that things were ‘fine’ in her family even though she carried most of the burden regarding housekeeping did not carry a significant threat to her family’s or her own well-being and so was not a safeguarding issue. However, it would be possible in using an SFBT approach to working with parents for them to set goals or express a view of family life that would not be regarded as safe or in the child’s best interest from a safeguarding perspective.

All staff and professionals who work with children and young people in Local Authority ‘S’ are professionally and legally bound to follow safeguarding procedures when it is thought that a child may be at risk of harm in any form. Within this safeguarding framework a key concept is that outlined in Local Authority ‘S’’s Local Safeguarding Board procedures, which outline:

‘The impact of what parents, carers and agencies do for and on behalf of children and young people and the point at which agencies intervene if additional needs are identified’

and within this guidance outlines issues that indicate,

‘…children and young people who are potentially Children in Need (Section 17, Children Act 1989). These children and young people require referral to Children’s Social Care for assessment.’

There is a clear, inherent judgement in the above statement regarding a judgement of how a child should be raised and therefore, by default, what is an ‘incorrect’ way to raise a child. In safeguarding training undertaken by Local Authority ‘S’ staff there is a clear outline given as to what is ‘good enough’ in terms of how children are raised/treated and a number of issues regarding neglect and/or abuse are outlined as unacceptable. If, during the course of a parenting workshop, a parent did represent a view or share information that indicated
safeguarding issues (that were in their own view acceptable) it would be necessary to step out of the social constructionist model and into a positivist stance (the parent being informed that they did not meet ‘objective’ criteria as their behaviour and what is placing their child at risk).

There is a clearly a tension between the two stances of social constructionism and (as an officer of the local authority) making a judgement regarding quality of someone else’s parenting and trying to be objective in this regard. In the realm of safeguarding this tension is perhaps a healthy one in the sense that, as human beings and ‘corporate parents’ adults should not accept behaviour that is placing a child at risk of harm. However, it may be possible to take some steps to alleviate some difficulties by being clear about safeguarding policies and procedures before undertaking any work with parents. Indeed it is clear in the safeguarding guidance that if concerns regarding harm do become evident than the professional must raise these issues with social care colleagues. It is outside of the procedure for individual members of staff to make judgements regarding whether a referral is warranted and in this sense, the referral to social care is automatic rather than values-led. Another approach to undertaking possible SFBT work with parents, even if their children are at risk, would be to negotiate the goals that are set at the outset with both the parents and other concerned parties (such as social care). In this way one could seek to ensure that the elements of parenting behaviour that were of concern could be addressed through the session. Indeed, this tends to be the way that EPs approach direct therapeutic work with young people in schools in the sense that the child has already been referred by a concerned member of staff within the school and the school’s concerns shared with the EP before individual work is undertaken with the young person.

5.3. Developing a useful framework for training people in the Compass workshop approach.

The analysis of themes and exploration of research questions indicated a number of areas that need to be considered when developing a framework for delivering training on the delivery of the Compass approach. It was apparent that there were aspects of the approach that worked well and were valued as positive experiences and therefore should be emphasised. However, there were also areas for
improvement that were identified in this case study, with these developments needing to be reflected in a training framework.

5.3.1. Successful elements to be emphasised

- ‘Feeling Comfortable’- the importance of parents feeling welcome and at ease was highly valued and needs to be reflected in the training for the approach. The relatively small group size appeared to be welcomed and the training should reflect this, with a possible limit on group numbers being set at 6-7 members. The smaller group sizes also enabled greater capacity for each member of the parents to be heard and have their say. Training should also stress that it is important to let parents say what they feel they need to say and feel listened to as part of the collaborative nature of the approach. The need to do this, even if it is at the expense of losing some of the other activities planned for the session should be stressed.

- ‘Time to reflect’- Particular elements of the actual Compass ‘approach’ will also need to be emphasised in training others to deliver the workshops. Again parents stressed the need for ‘space’ in order to have time to think and take time out from their lives to think about how things had been working for them and their families. This space to think and generate ideas within their own resources is reflective of the contention outlined in the literature review that

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

  It will be important that training reflects that this ‘space’ is valuable in of itself, before any tangible changes are attempted.

- ‘All part of the group’- Another element of the approach that was highly valued was that the facilitators were also part of the group. Training will need to address the need for future facilitators to understand the need to
not place themselves in an ‘expert’ role and also be comfortable with sharing information about their own lives.

- ‘Experiments’- Parents particularly enjoyed the ‘experiments’ that were set at the end of each workshop and made note of the language used. It should be stressed to future facilitators that the use of the word ‘experiment’ was deliberately chosen and correctly identified by parents as indicating that the experiments were ‘something to try’ rather than ‘homework’ or ‘advice’ that, if followed, would work.

- ‘The booklet’- The final element that parents valued in the approach was the provision of the booklet. Parents appreciated that this enabled them to keep track of which session they were up to and also it provided them with a place to make notes regarding the various exercises and experiments. Future facilitators therefore will need to be organised and understand the importance of providing the booklet to each parent.

5.3.2. Areas for further development

- ‘Recruitment’- Parents would prefer to be approached by another parent and for information to be clear at the outset that there was nothing ‘wrong’. Ideally this would involve schools running the approach through a rolling programme in order that ‘word of mouth’ can develop on the playground and perhaps advocates being approached by school in order to disseminate information to other parents.

- ‘1st session trepidation’- An important factor in people’s experience of the first group session particularly was a certain degree of nervousness regarding joining a group that is unfamiliar and undertaking to engage in an unknown process. The main focus for trainers at this stage therefore is to stress the need for parents to feel settled and develop a sense of trust in the group and the approach. There needs to be less emphasis on content and the sharing of information at this stage, until the facilitator is sure that parents feel comfortable and able to take new knowledge on board.
• ‘All in this together’- Part of the approach is for all members of the group to make contributions as part of the group, including facilitators. One FDW made contributions from her own life that felt as though they may be somewhat alienating and reflective of experiences not necessarily common to the group. Future training will need to emphasise the need for contributions to the group to have a level of social awareness and an understanding of the purposes behind facilitators also making contributions from their own lives, i.e. It is not about facilitators changing their own lives for the better but more about modelling contributions to the group and also moving away from an ‘expert’ presenter model.

• ‘Assuming change’- Integral to the approach is the assumption that the parent has resources that they can draw on and also that they can choose to do things differently. Future planning will need to take into account of the possibility that by placing parents in a position of responsibility for making things work differently, the approach may be shifting them from a cognitive position that places responsibility outside of their control and that this may bring stress. Trainers will therefore need to be clear that parents should not feel under any pressure to make changes and that any changes that they would like to make can be made in small steps.

• ‘Change: thoughts’. A final aspect of training that needs to be considered is that of the changes that can take place in parents’ thinking patterns without these necessarily transferring into behavioural changes. This type of change needs to be openly acknowledged as valuable in order to avoid a sense of frustration on behalf of the facilitator who is waiting for something more ‘tangible’ to happen and also to avoid parents feeling that they had not delivered on expected outcomes.

5.4 Implications for EP practice
In exploring one of the research aims to develop a new means for EPs to work in a community based way with parents, a number of factors have become apparent.
5.4.1. Parental apprehension and recruitment

Another area that emerged for the themes was that of parental engagement and the issue of why the parents chose to attend the workshops in the first place. One parent stated (on behalf of herself and others in the group) that one factor involved in this was due to a group of parents regularly ‘attending courses’ in the first place. This appeared to be a significant factor in these parents feeling comfortable and settling well in the sessions. These parents were familiar with their surroundings and knew some people in the room before the workshop began. An aspect that needs to be considered here is that some parents are in a very different situation in that they do not have friends who are parents at the school, they do not come into the school regularly and are not used to working in a group environment. For these parents it is a much greater ‘leap’ for them to attend a workshop session in school, whatever the content of the session. These findings further emphasise the findings in the literature in which researchers (Levant, 1987; Ghate, Shaw and Hazel 2000) highlight the importance of practitioners and developers ‘understanding the market’ in terms of appropriate advertising and engagement of services and service users so that people are aware that the service is available and how it can be accessed.

Two points for EP and schools’ practice might be raised here. Firstly, some parents had attended courses in the school previously and regarded this experience as one that had helped them to feel comfortable in attending the workshops. It could be argued therefore, that by regularly running a range of courses and activities for parents’ schools (and EPs) increase the likelihood of parents attending the next one offered and also assist parents in feeling more relaxed and comfortable when they do attend. In this sense, running activities simply becomes part of the school ‘culture’ with regard to facilities for parents.

Secondly, in planning for delivery of group approaches with parents in schools and other settings, the fact that some parents have found attendance and engagement much more of a ‘hurdle’ to overcome than other should be planned for. Ways forward could include: initial visits to the parents’ home before attending the group in order to introduce the facilitator prior to the group session; inviting parents to attend with a friend even if the friend does not have children or their child does not attend that provision; and spending more time undertaking team building and
communication enhancing tasks in the early session before moving on to the more therapeutic activities.

5.4.2. EP as ‘part of the group’.

As facilitator of the workshops I took a conscious decision earlier on in the process that I would also be part of the group in the sense that I would participate in the activities, tasks and experiments that the rest of the group were being asked to undertake. I took this stance for a number of reasons developed through my experience of working as an EP with parents. Firstly, I have found that there is a risk that parents can perceive themselves as ‘getting it wrong’ when they are working with a professional in order to improve things for themselves and their families. On a human level I find it is a natural response to seek to assuage this anxiety by reassuring parents that ‘we all get it wrong from time to time’ and also that ‘we all do things differently’. In attempting to achieve this I will make reference to my own struggles with my own children and the different ways I have gone about parenting my own four children. I have found that this approach certainly appears to make parents feel more comfortable and relaxed, possibly due to their experiences being normalised and appearing to be less judged.

The second reason that I chose to take the approach of being fully part of the group was one of respectfulness and seeking not to take an ‘expert’ stance. The view of a social constructionist therapist is one who believes that people are the experts in their own lives and that the role of the worker is to facilitate change through recognition of this. Indeed, Friedman (1996) clearly described a Constructive Therapist as being one who emphasises the reflexive nature of therapeutic relationships in which client and therapist co-construct meanings in dialogue or conversation.

It did not sit comfortably with me to take an epistemological stance of being ‘non expert’ and yet sit in the group as a parent who has the troubles of the day to day to deal with and yet not take part. Put simply, just because I was the person in the room who knew about the ‘Compass Workshop’ approach, that did not mean that I was in some way above participating in or benefiting from the approach. If I
believed that it would be helpful for the other members of the group then surely I must have believed that it would be helpful for myself?

A final reason for taking full part and disclosing details about my own life during the workshop activities was a pragmatic one. I found that if parents were asked to make contributions to the group such as ‘3 things I like about my family’, they could struggle to make contributions at first. By the FDWs and myself making contributions to the group we can model the type of contributions that are appropriate. Also in being honest regarding aspects of family life that we may not be satisfied with, this also affords the opportunity to model the fact that it is all right to share these elements of life without fear of being viewed as failing. This knowledge is clearly helpful in meeting the research aim to develop collaboratively the Compass approach and further understand how it can be delivered and the skills needed to deliver it in order to inform training and roll out.

5.4.3. Parents as ‘co-developers’
The FDWs were clear in their feedback that a significant factor in managing to ‘recruit’ parents was that they were being asked to help in the development of something new. It seemed that this stimulated interest on behalf of the parents and also made approaching them in the first place to feel more respectful. It was certainly apparent in the reflective log that I found delivering the approach to parents in the context of it being a collaborative process of development felt more respectful and comfortable. One element of this is that it facilitated the social constructionist stance of ‘people being experts in their own lives’ rather than the facilitator being seen as the person with ‘the answers’. There is a tension here between the need to develop a coherent approach that, ultimately, can be consistently delivered with a high degree of quality by a range of professionals and also continuing to be able to allow for the ‘collaborative development’ factor that made a significant contribution. It may be necessary for the approach to continue to be flexible and adjust techniques and stances in order to remain true to the description of constructivist approaches as being in line with the Sluzki (1988) description of it being

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

At present, while the workshops are still being developed this is not an issue and the co-development of the workshops is helpful. At a later stage there will be a need to resolve this need for flexible co-development and whilst also retaining consistency.

There are a number of challenges in undertaking this approach to group work that needed to be addressed. The EP needs to feel comfortable in sharing personal information with the wider group. I did not have any issues with doing this as the parents had given me the privilege of talking about their lives and so I felt comfortable in reciprocating. The EP also is required to intuitively make contributions to the group that are humble and helpful to the group. It is ultimately the service users whom it is intended to benefit from the workshops and so the facilitator needs to make contributions that do not make their own personal experiences overshadow that of the service users or indeed alienate them. In my view this mainly consists of making as little contribution as is to remain genuine without making my own life the ‘central story’ whilst also showing humility in successes and family circumstances, e.g. it might be quite alienating to a struggling parent in a socially deprived area for the EP to bemoan why their child at private school is not achieving 10 A*s at GCSE. Although this is obviously an exaggerated example, there were occasions in the process of delivering the workshops where FDWs contributions tended to be unhelpful in terms of moving away from the parent’s own experiences. This understanding clearly informs the aim to develop collaboratively the Compass approach and further understand how it can be delivered and the skills needed to deliver it in order to inform training and roll out.

5.4.4. Development of the handbook
A final implication for EP practice is that of the development of the ‘brochure’ or ‘handbook’ that was distributed to parents. This was initially conceived as simply a document upon which parents could record the SFBT ‘experiments’ that they had set for themselves at the end of the session. However, for some parents the
document seemed to have more sustained relevance and became something that was referred to over time following the workshops.

5.5. Implications for research

5.5.1. When and how can we measure change?

In a first follow up interview immediately following the final workshop session one parents reported that she had not made any behavioural changes and that she was still ‘just thinking’ at this stage. In the 3 months follow up interview the same parent reported that she had made significant changes and that these had made a real difference to family life. In terms of evaluation, the idea that change can take place quite some time after attending the workshops could present as a difficulty as it would be hard to say how much time can elapse before one could determine whether change had taken place as a result of attending.

This links to the issue raised by Moran et al (2004) and referred to in the parenting programmes literature review regarding the transfer of positive changes for parents into a tangible improvement in family life. It raises an interesting philosophical question regarding the idea of ‘changes in thinking’ compared to ‘changes in behaviour’. It is entirely possible that changes in thinking, perception and construction of reality do not lead to changes in behaviour immediately if at all. The challenge to research here is where evaluation of changes in thinking or behaviour should be assessed. The possibility in this study is that changes may continue to occur following the three-month follow up evaluation. Indeed, it is a core tenet of SFBT approaches that ‘small changes lead to big changes’ and that these shift and grow over time. In this sense the therapeutic intervention simply ‘sows the seed’ for growth and change. It may be helpful for future studies to look at more long-term evaluation studies, particularly for approaches where changes in thought processes are an essential part of the approach.

5.5.2. SFBT or ‘Therapeutic Alliance’?

There is a tendency observed in the literature for theorists to set about proving the worth of their own particular model of choice in terms of its usefulness and efficacy. In evaluating the compass workshops, there was some emphasis from parents of ‘the approach’ but also a high degree of feedback regarding the
importance of ‘feeling comfortable’. In further research it may well be beneficial to focus on factors that are debated as ‘common’ to all therapies in terms of their influence upon outcome (Lambert, 1992). Some of the ‘common factors’ address the idea of the therapeutic relationship, suggested as being a ‘common factor’ itself (Bachelor, 1995). It is possible that the outcomes and experiences reported here are more to do with the ‘common factors’ or therapeutic alliance than the application of the principles and techniques of SFBT.

Lambert (1992) undertook a meta-analysis of over forty years of outcome research, concluding that four elements constitute fundamental ingredients of therapeutic efficacy, irrespective of approach. Lambert (1992) summarised his findings into four features and argued that the quantifiable evidence that existed to support the new description was extensive. The four features were extratherapeutic factors, relationship factors, placebo factors and technique factors. Evidence has also emerged from the qualitative field of study that has also contributed to a wider understanding of these factors (Rennie, 1994).

A more detailed description of the four ‘common factors’ and the extent to which Lambert’s (1992) research indicated their influence on therapeutic outcome is outlined below. Lambert expressed the level of influence for each factor in terms of ‘Percentage of Variance in Therapy Outcome’ (Lambert, 1992) in order to give an indication of the importance/influence of each factor:

- **Client Factors:** Improvement due in part to client (for example, strength, skill). Improvement due in part to environment (for example, social support). This factor was found to be responsible for 30% of outcomes.

- **Relationship Factors:** Improvement due to the client feeling a good sense of social connection with the therapist (for example, warmth, empathy, acceptance). This factor was found to be responsible for 40% of outcomes.

- **Placebo Factors:** Improvement due to clients having knowledge that they are being treated and their perceived credibility of the treatment. This factor was found to be responsible for 15% of outcomes.
• Technique Factors: Improvement due to specific techniques related to specific therapy models (for example, hypnosis, EMDR hand movement). This factor was found to be responsible for 15% of outcomes.

Evidence from both quantitative and qualitative research methods contributed to the formulation of Lambert’s (1992) model. Of the four common factors reported to influence outcome, the relationship is regarded as the most important (Lambert and Bergin, 1994). The literature in this area uses both the term ‘therapeutic relationship’ and ‘therapeutic alliance’ and both terms are used interchangeably by therapists and researchers alike (Bachelor, 1995). It is possible, indeed likely that a natural human response to be empathetic and help people feel comfortable as well as needing the workshop sessions to ‘run smoothly’ may have resulted in a nurturing of my alliance with the group of parents. The valuing of this type of support was mentioned in the literature review with particular reference to the training of ‘community mothers’ within the voluntary sector (Grimshaw and McGuire, 1998) and projects such as Sure Start, which are based on the community principles of self-empowerment and peer support. There is a further contention that that the success of parenting programmes depends on their capacity ‘to work with parents in a spirit of partnership that confirms the parent as a decision maker’ (Grimshaw and McGuire, 1998). In learning to incorporate the knowledge into the approach, this plays a significant role in the development of a process, rather than curriculum based, approach to working with parents.

In seeking to enhance the ‘therapeutic alliance’ factor a therapist may endeavour to adapt his style of working to meet client need but research into such responses is not clear (Norcross, 1993). Dolan et al (1991) suggest that such adaptations, however whilst not consciously made perhaps, are important if the therapy is to be successful, resulting in the effective therapist being viewed as an ‘authentic chameleon’ (Lazarus, 1993).

Such researchers suggest, for a therapist to conduct therapy effectively they need to adopt the appropriate ‘stance’, yet remain aware that whilst one client may consider a particular stance as helpful, another may view it detrimental to their
progress. For example, a therapist may find that a practical approach with emphasis on guidance toward action is considered helpful by the motivated client, as described by Prochaska and DiClemente (1986), whereas, ‘noticing’ style suggestions would be utilised more with a less motivated client, as proposed by de Shazer (1994). I certainly recognise the skills and approach ‘stances’ that are utilised in my own practise when discussing problems with adults and children and these may well have been a significant contributory factor to the outcomes and experiences of parents in the workshops.

5.5.3. Retaining meaning in thematic analysis
In examining of Braun and Clarke’s (2006) approach to latent theme analysis, I felt that the process of defining themes in terms of underlying meaning could be taken to the point where themes can become very abstract and lose some sense of meaning. The use of language is a fundamental factor in a social constructionist approach as it is a key tool through which meaning is constructed. It was therefore felt to be important to try to keep as closely to the language expressed in the data so as not to lose its original meaning, as it was the participant’s perceptions and experiences that were sought to be understood. I felt that Braun and Clarke’s (2006) example in their widely used paper developed and abstracted themes to the point where meaning became somewhat vague and perceptions indicated in the original data may have been lost. If words or phrases in thematic maps become more abstract, they become increasingly open to different interpretations from researchers and readers to the point that they could be viewed as not reflective of the original participants’ views. This study actively sought to avoid such abstraction in its analysis.

5.5.4. Data collection and SFBT model integrity
A final point with regard to implications for further research was that, while paying regard to guidance on how to construct semi-structured interview questions, it was also felt to be important for evaluation questions to be consistent with the SFBT approach. Put simply, this involved asking questions about ‘goals’, ‘What went well?’ and ‘What might be different in the future if things were even better?’. In terms of conducting interviews with all participants, it quickly became clear that these questions did not elicit responses that were particularly meaningful or ‘rich’
in their description. The problem was that questions such as these did not seem to ‘fit’ in conversational terms- the participants *simply did not talk in this way*. The challenge here was whether to continue to remain ‘true’ to the research model as envisaged by the researcher or to move away from the research questions and converse in a more natural way in order to make a ‘best attempt’ at discovering what participants actually thought. Although this flexible approach is part of the semi-structured interview approach, with subsequent questions being encouraged in many ways, there did appear to be a dichotomy between advocating a solution focused approach whilst also engaging in evaluative questions that were perhaps more ‘natural’ but also possibly concerned with problems and their nature (not part of the SFBT approach). These findings perhaps link to the idea of how much ‘problem-talk’ or ‘non-solution’ talk is useful that has been considered by Nylund and Corsiglia (1994), who argue that there exists no rule rather that the worker should provide space for problem descriptions to be heard, whilst also being alert to statements touching on potential solution paths. In this sense the researcher could maintain the conversation in any way that feels natural whilst also looking for indictors of ‘solution talk’ when they occur.

5.6. Contribution of the study

5.6.1. Local Authority ‘S’ ‘roll out’ of the workshops

As mentioned in the introduction section, this study was intended to inform a piece of commissioned work within Local Authority ‘S’ council. SEPPS have been commissioned to develop a group parenting approach called ‘Compass Workshops’ based on the principles of SFBT (the outline of this work is provided in the introduction). This study was part of the development of these workshops and was intended to be a final part of the development phase before training FDW staff and ‘rolling out’ the approach across phase 1 children centres. Three factors have influenced the progress of this roll out thus far.

Firstly, as with many local authorities, Local Authority ‘S’ has been subject to significant cuts and financial restraint over the past two years. Phase 2 and 3 children’s centres have been closed and staff have been made redundant. Phase 1 children’s centres remain but have a much sharper focus on their delivery and capacity is stretched. This sharper focus on delivery has resulted in local authority
management directing that parenting approaches that are delivered within the children's centres should be 'evidence based' and this has resulted in FDWs only being given opportunities for training in peer reviewed, extensively researched and statistically evaluated programmes. The main parenting approach that has been promoted is 'Triple P'. As a result, from a strategic, local authority perspective, Compass Workshops will be no longer part of a ‘core offer’ from Local Authority ‘S’ children’s centres.

The second factor that has influenced the future of the Compass Workshops was one on which this study had a major influence to the degree that the fact that the approach was no longer required to be ‘rolled out’ for FDWs to deliver across the borough came as some relief. The contribution of this study afforded the opportunity to explore the themes raised and research questions posed in this study. As a result on reflection I felt that the processes at play were simply too complex to cover in two days training. As indicated earlier in this chapter and elsewhere in the study, there was a need on behalf on the facilitator to be aware of not just the SFBT approach but also how to manage a group with varying levels of anxiety, provide reflection time, know when it was appropriate to follow lines of conversation that were not immediately relevant and when to re-focus the group. Changes that could be acknowledged were also quite subtle at times, more than one might observe at first glance and it took some sophistication to highlight and discuss these. A significant contribution of this study therefore was to highlight the various factors at play that helped to make the approach work and the level of understanding and skill it would take for a facilitator to maximise these.

The third factor that influenced the ‘roll out’ of the Compass Workshops approach was that Local Authority ‘S’ have significantly re-structured the funding of services and have moved the SEPPS service over to a traded service model. Currently SEPPS provide a council funded statutory service to schools and all other services are charged for. This situation means that Compass has become a valued ‘product’ that can be ‘sold’ to schools, children’s centres and other services. In this context, this study has helped to clarify the significant factors that emphasise positive engagement and successful outcomes for parents. It has also helped to develop understanding of what it takes to deliver the approach in terms of skills
and knowledge and thus reduced the likelihood of the service training up and
‘giving away’ the approach to less qualified staff. It would also not make sense for
the service to share a ‘valuable’ product with other services in a competitive
‘marketplace’.

5.6.2. Future for the workshops
Despite the significant cuts in government and council spending over the past two
years, the Compass Workshops have been a considerable success in Local
Authority ‘S’. Although they have not been officially ‘rolled out’ through children’s
centres as was initially planned, we have been commissioned by schools and
through other initiatives to deliver the approach in a number of settings. One
aspect to the cuts in spending has been an emphasis on commissioning. Put
simply, this has meant a fundamental shift from a council that provides a large
amount of services in a ‘top down’ approach to service delivery to users such as
schools and children’s centres to one of service users such as schools being given
the flexibility to commission the services that they value. In this context we have
been commissioned by 4 primary schools and one secondary school to deliver
compass workshops in their setting. In addition to direct commissioning from
schools, initiatives such as ‘Targeted Mental Health in Schools (TaMHS)’ (DCFS,
2008) have provided the opportunity to develop innovative approaches to
supporting wellbeing in schools and communities. Again a number of schools, both
primary and secondary, have been awarded funding in order to commission the
Compass Workshop approach. Feedback from parents and professionals has
been almost entirely positive, with schools appreciating the brief, ‘light touch’ and
flexibility of the approach. Parents have reported enjoying the experience of
attending the workshops and also positive outcomes for themselves and their
families.

A further development of the workshops is about to take place through the current
year of the TAMHs project in Local Authority ‘S’. This will involve undertaking the
workshops with parents of children who attend a school for pupils who have social,
emotional and behavioural difficulties. It is envisaged that whilst these workshops
are taking place with parents, SFBT work will also be undertaken in a group format
with the children of these parents. The two groups will then be brought together at
the end of the sessions in order to share resources, goals and narratives about their lives. It is hoped that this approach will support families in identifying positives in each other’s lives and helping one another to make changes and utilise resources. This project is in the early stages of development but the findings from this study have played a significant role in the development of a process, rather than curriculum based, approach to working with parents.

5.6.3. What has been added to the field of research?
As mentioned in the literature review, published reviews of literature appear to indicate a general lack of robust evidence regarding the effectiveness of SFBT. They also indicate that the more robust studies suggest the approach has some potential (Woods et al., 2011; Corcoran & Pillai, 2009; Gingerich & Einsengart, 2000; Kim & Franklin, 2009). As a single case study, this research could not meet the ‘best evidence’ criteria as laid out by reviewers such as Woods et al. (2011). However, as a qualitative study it has explored and added to the understanding of parents’ experiences of attending a series of workshops based on the principles of SFBT. The study has also contributed to the small amount of qualitative published work in this area alongside the quoted published works of Zimmerman (1996) and Selekmann (1991). Parents have reported that the approach was interesting, engaging and also that they had made positive changes in their lives as a result of attending. It is interesting to note that much of the data gathered in this study indicated that it was not necessarily the SFBT techniques or approach that were noted by the participants but more rather areas associated with why they attended and continued to attend, e.g. feeling comfortable and included in the group. It can be concluded therefore that as a result of this study, there is a greater understanding of the Compass workshops and parents experiences of them. This will enhance the future planning of the approach. These findings are supported in the reported qualitative research by Metcalf et al (1996), where EPs attributed positive outcomes to goal-oriented interventions in therapy (SFBT techniques), whereas clients stressed the significance of engaging in a helpful relationship. These findings are also reflective of literature from the area of parenting programmes such as Vaux (1998) who proposed that social support increases parents’ mental resilience in stressful situations. The stressful situation may come from being in the role of parent or from within the family itself or from other areas
of life but can be mitigated against by the increased self esteem and sense of self
efficacy that social relationships can provide.

Part of the Compass approach involved adopting a stance of the parents being the
‘experts’ and as such the content of the sessions could evolve around their needs
and what they wanted to talk about. The ‘non-fixed’ nature of the Compass
approach was necessary in order to enable parents to feel secure in the sessions
and also is in line with the SFBT principle of ‘The collaborative ‘finding out’ of
where the client wants to get to, is integral to the change process.’ However, this
approach does not lend itself to robust outcome studies as it becomes nearly
impossible to replicate sessions a second time around. The shifting nature of
SFBT was remarked upon by Woods et al (2011) who noted a difficulty in
establishing the effectiveness of SFBT due to the variety of therapeutic
components or processes that are used by SFBT practitioners. The parents in this
study reported that they appreciated being able to have the space to think, reflect
and contribute and that they were not directed to do tasks. They also appreciated
being able to set their own goals and the valuing of the relationships in the group.
Although the SFBT ‘stance’ around who is the ‘expert’ in the room can make it
difficult to undertake robust research, it also appears to be valued by the parents
who took part.

In terms of the practical factors for the delivery of a parenting approach this study
has contributed to the body of knowledge regarding Moran et al’s (2004) three
critical ‘hurdles’ in programme delivery. In terms of the ‘Getting’ of parents
(recruiting them to attend the programme in the first place), a great deal of the
data reported parental views that this was a particularly sensitive area. Parents
reported the risk of feeling ‘judged’ or ‘singled out’ for negative reasons. They also
stated a preference for being approached by a friend or fellow parent and also the
capacity to attend alongside a friend or relative.

This study has also contributed to the learning around ‘Keeping’ parents (ensuring
that they continue to attend). The parents reported that they enjoyed the social
interaction and also that there was potential for feeling a little ‘unsure’ during the
first session. These findings suggest that every effort in implementing a parenting
approach should be focused on making everyone feel comfortable and at ease during the first session and using activities/opportunities for people to get to know each other and feel comfortable. This should be prioritised over the therapeutic approach or content.

The data also indicated that the Compass approach was a useful way of ‘Engaging’ parents (making sure that sessions are interesting and involving in an active and meaningful way). This is consistent with research findings (e.g. Ghate and Ramella, 2002) suggesting that, upon attending a parenting approach parents are more willing to keep attending and engage in the process if they perceive it as being interactive, enjoyable and not overly directive. Kane et al (2007) emphasise that it is important to recognise ‘parents’ expertise in their own lives’ and stress ‘partnership by doing things with and not to families’ and, again, this is clearly consistent with an approach based on the principles of SFBT. This knowledge makes a key contribution to the research aim of developing an understanding of the efficacy of the use of SFBT with groups of parents.

5.7. What has been learnt

5.7.1. Process of reflective writing
The reflective log that was utilised in this case study was intended simply as another source of data that could inform the data analysis of the study and further bolster the robustness of the data set. However, as I used the reflective log through the course of this study I began to discover further benefits to its use. Initially I thought of the idea of using a reflective log as a rather onerous task but gradually began to look forward to this element of data recording as it became a framework for my thinking and learning in some quite profound ways.

5.7.2. Reflection and self awareness
Through writing down my thoughts I became much more aware of my own role in the process of facilitating the group and gathering data. The process of writing down encouraged me to think more carefully about why I said the things I said and the effect this might have had on the participants. I became much more aware of my own beliefs and in doing so, this provided more opportunity to challenge some
of these beliefs (e.g. whether to always adhere to the SFBT model and the cost vs. benefit analysis that needed to be undertaken in the data collection interviews).

5.7.3. Reflection and the connection of knowledge
The use of the reflective log also provided opportunities to connect previous knowledge with new knowledge. I found that parts of the feedback or experience that resonated with my knowledge of parenting programmes and/or SFBT practice that may have been forgotten over time could be reflected on more clearly through the process of writing about them. For example, when a parent mentioned a sense of nervousness regarding attending the first workshop session I could connect this with Barlow’s (2007) review suggesting the ‘how’ of implementation regarding a parenting programme could be as important as the content that was being delivered. This reflection further bolstered my understanding that as much time needs to be spent reflecting on the recruitment of parents, maintaining their interest and making them feel comfortable as it does in designing the therapeutic or ‘change’ element of the programme.

5.7.4. The use of SFBT with groups of parents.
This study has assisted in developing an approach to working with parents based on a therapeutic process and has found positive outcomes for parents. The learning that has taken place here is that it is possible to undertake process rather than curriculum based group work with parents and that they find the work both engaging and beneficial. It is perfectly possible that the Compass Workshops could have been simply too difficult to deliver or have been confusing, unhelpful or unengaging for parents. Happily, none of these were the case. This study has therefore been useful in learning and developing a new way of working with parents in a community setting and played a significant role in the development of a process, rather than curriculum based, approach to working with parents.

5.8. What might be done differently?
The SFBT assumption you can ‘do something differently’ if something is ‘not working’ presented some challenges for two of the parents in this study. The data suggests that over the course of attending the workshops, the parents appreciated
being given the space to consider their own lives and analyse the benefits form making changes and also their own abilities to achieve this. In each case change occurred but it happened more quickly for some than others. There was an initial sense of ‘being stuck’ for those parents who had not initiated behavioural change as quickly but were beginning to think things through a little differently. Some of the parenting literature addresses the issue of a cognitive change being as valuable as a behavioural one. Cedar and Levant (1990) give an example of how a cognitive approach could adjust parents’ attitudes and engender a more liberal approach and Greaves (1997) demonstrated that this style of programme could succeed in reducing parents’ self-criticism and guilt about parenting. Greaves also noted a reduction in parents’ sense of stress.

A development point for the approach in the future is to make explicit the idea that changes in thinking are valued and expected as much as changes to parenting behaviour. This is part of a broader point regarding the preparation for the delivery of the workshops before the first session takes place. Clearer verbal and written information to parents in attempting to gather interest and also prior to the first session would have been helpful in terms of lessening anxieties and providing clarity regarding the parameters and nature of the work we were about to undertake together. It may have also been helpful to present to all parents of the school in order that they could ‘put a face to a name’ and further reduce boundaries. This could also involve informal discussions and ‘tea morning’ activities all with the intention of reducing anxiety regarding the unknown and increasing knowledge of the nature of Compass Workshops. For those parents who may be further or disconnected from the school experience it could also be beneficial to undertake a home visit to explain the nature of the approach in the parents own environment. In the case of the FDWs, it would also have been helpful t times to have initially discussed the type of helpful contributions and disclosures that can be made to a particular group in a specific context.

5.9. Concluding remarks
This case study has sought to understand the experiences and outcomes for parents in the development of a new approach to working with parents in Local Authority ‘S’. These workshops are based on the principles and some techniques of SFBT and have also been prepared with an understanding of the literature
regarding other parenting approaches. The specific case that was the focus of this study was the delivery of the series of five workshops in one primary school with five parents and two FDWs in attendance. Thematic analysis of the data indicated key aspects of the experience and outcomes that were important to the participants. Parents reported initial anxiety but also curiosity on being approached to attend the group and also reported factors that helped them to feel comfortable in the group. Parents appeared to attach a great deal of importance on feeling valued and listened to within the group. This is supported by the literature from Barlow (1999) who argued that parents feeling ‘supported’ is a significant correlate of (a) how well parents report that they are coping with their role and (b) how highly they rate the service that they receive and that unless a programme achieves these elements it will not be considered as effective from a service users point of view. Of seemingly equal importance was the sense that all parents felt they were ‘in the same boat’ and the normalising of their family experiences.

Elements of the approach to the delivery of work appeared as themes in the data, particularly with regard to two ‘techniques’ of SFBT and the benefits of working within a coherent group. Parents reported a range of changes as a result of attending the workshops, both in terms of their thinking processes and behaviour as parents. For some parents these changes developed into different things over time.

The research questions were formulated with the intention of guiding this study and the approach to data analysis was inductive in that the data was analysed in its entirety with the hope that valuable perspectives and meanings would not be lost by narrowing the focus too early. However this approach to analysing the data also assisted in providing answers to the research questions.

There were particular elements of the workshops that parents found to be helpful, particularly the idea that they had a sense that they were not on their own and that group members could be mutually supportive to each other, myself included. The use of language also appeared to be important, with the use of the word ‘experiment’ to describe between session tasks being found to reduce the pressure to ‘perform’.
One significant element with regard to parents’ experience of the workshops was that of their response to being invited to attend and initial attendance. Some felt as though something must have been seen to be wrong or that they had been judged in some way and many reported nervousness of first attending. The parents had a range of ideas in terms of how this might be addressed in future through clearer dissemination of information and the use of parent advocates. A further improvement was considered to be in making the initial session as welcoming and comfortable as possible in order to settle nerves. Of interest to the parents was the idea that they were engaging in activity that sought their own input in order to further develop the Compass Workshops approach.

All parents reported positive change in their family life following attendance at the workshops. Some parents became a little ‘stuck’ along the way and it was felt that this was due to a lack of clarity regarding the fact that changes in thinking were as important as changes in behaviour. For some parents the nature of the changes they had made shifted over time with changes in thoughts perhaps leading to changes in behaviour. This posed an interesting question regarding the nature of change and when it can be established that it has taken place.

I feel that I have learnt a great deal in undertaking this study with regard to becoming a more reflective practitioner and deepening my understanding of the elements that are relevant for individuals and groups when going through a process of change. As a psychologist who uses the SFBT approach regularly in my practice, I began to develop the compass workshops with the belief that it was the techniques and underlying principles of SFBT that were the major contributing factors in facilitating change. The data gathered in this study, however, indicates that although some aspects of SFBT were valuable, more important factors including the need to feel comfortable, valued and connected to the people around you are crucial in people feeling motivated and able to overcome problems. I conclude that it is these elements in working with people that should be emphasised above all others, including therapeutic models and techniques.
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Appendix A
Compass
Project Outline

Project aims:
- To develop collaborative work with parents across a range of professions within the Local Authority ‘S’ Children’s Services. This work will be community based.
- Specifically, to develop a ‘strengths based’ parenting approach that focuses on what is already working well in families, rather than giving advice. This approach is called ‘Compass’
- Compass to be delivered through collaboration between Educational Psychologists and Family Development Workers, in Children’s Centres across Local Authority ‘S’.
- Compass will use a workshop format.
- The workshops will compliment, and be additional to, other existing parenting approaches that are underway in Local Authority ‘S’.
- It is also hoped that the knowledge and skills developed through the development of Compass may be useful in other areas of Family Development Workers’ practice.

The Approach
The project is based on parents attending a series of workshops that will guide them through a process of ‘goal setting’ and ‘resource finding’ for themselves and their families. In this sense, Compass is process based, rather than being a curriculum or programme that seeks to ‘teach’ parents how they can improve their skills.

In addition to assisting families in finding new directions for themselves, Compass also focuses on parents and carers wellbeing. The evidence base for well being has been distilled down into ‘5 Steps to Wellbeing’ by the New Economics Foundation in order to inform the government’s ‘Foresight’ programme. Each of these steps is discussed and tasks set over the course of the 5 weeks. This reflects the view that happy and healthy parents help to make happy and healthy families.

Compass Workshop Overview

It is envisaged that there will be a series of five workshops. The workshops are intended for all parents who may wish to attend, as well as those who may have specific needs. Numbers in the group can range between approximately 4-8 people (or families). It is estimated that each workshop will last approximately 90 minutes.

Workshops have two sections, the first being a process of inquiry that will broadly take the format of a Solution Oriented approach, namely;

- Hearing and acknowledging difficulty
- Setting goals
- Finding strengths and resources
- Using the group to normalise experiences of problems
- Next steps
We seek to empower families to move forward in their own way. We assist in identifying the strengths that are available to them.

The second part of the workshop takes place after a short break. A 'step' towards wellbeing is introduced and tasks are set collaboratively with parents. This is an attempt to gradually increase activities that promote wellbeing into the parent's own lives and varying contexts.

**Principles**
Compass is based on principles of strength-based psychological approaches including particularly Solution Focused Brief Therapy.

Key principles of Compass when working with parents are as follows;
- Parents and families have the necessary strengths and resources to make changes
- A focus on a positive future helps in finding solutions to problems
- If it works, do more of it: If it doesn’t work, do something different.
- Collaboration with others helps when making changes

**The National Agenda**
Parents are at the heart of the five outcomes for children in Every Child Matters: Change for Children, because parents can:

1. Promote healthy choices
2. Provide safe homes and stability
3. Support learning and enjoyment
4. Promote positive behaviour
5. Strive to achieve economic wellbeing

The role of parents and parenting support in improving outcomes for children has been emphasised in many national policies and initiatives including The National Service Framework for Children, Sure Start Children’s Centres and Extended Schools, Healthy Schools programme, Targeted Youth Support, and the Respect and Social Exclusion Action Plans 2006.

Valuing People 2001 addressed the need for support for parents with disabilities to enable them to bring up their children successfully.

In December 2007 the Government enshrined its commitment to better support for parents and families in a new ten-year Children’s Plan ‘Building Brighter Futures’.

**The Local Authority ‘S’ Picture**
Local Authority ‘S’ Children's Centres provide joined-up services for young children and their families. The aim is to support parents and provide access to services that will aid the development and well-being of young children. There is a newly formed parenting strategy in Local Authority ‘S’ which, in part, outlines the implementation of parenting programmes. There is an emphasis on evidence-based programmes but also provision for self-evaluation with regard to effectiveness. Central to the Local Authority ‘S’ Children and Young people’s plan are themes of ‘working together as a community’ and also a theme from consultation with parents and carers that it is not acceptable ‘to have a ‘one size fits all’ model of service delivery.’

Compass is ideally suited to work within our Children’s Centres to support the well-being of parents and their families. We will provide access to high quality
workshops that will compliment the skills and practices that already exist within our community based Children’s Centres. It is integral to the Compass approach that the family brings their own ideas, goals, strengths and knowledge. Each parent’s goals and strengths will be unique to themselves.

**Partners:**
Commissioned by Assistant Director Integrated Services
Local Authority ‘S’ Educational Psychology and Portage Service
Local Authority ‘S’ Children’s Centres
Local Authority ‘S’ Parenting Team

**Evaluation**

The evaluation of Compass will be ongoing in terms of practitioners being encouraged to adapt and adjust their approach to the needs of the parenting group and reflect on ‘what is working’. Additionally, the project will be more formally evaluated at a number of key points; after the initial pilot, after the materials have been revised and re-delivered, and also at the end of the first year (when Family Development Workers have delivered the workshops for themselves, with consultation from the Educational Psychologist). Evaluations will take place, linking with Local Authority ‘S’ Parenting Team (using the Parenting Programme Evaluation Tool) in order to ensure cohesion with the parenting strategy. More in depth evaluation will also take place in order to inform Doctoral research with the University of Manchester. There will be immediate feedback and 3 months follow-up with parents.

Evaluations will seek to obtain the views of all practitioners involved and, more importantly, parents who have attended the workshops. Parents’ views will be sought regarding short and longer-term outcomes for their families and also their views of the Compass workshops. The areas of Compass’s efficacy and individuals’ experiences of the process will also be explored with all practitioners involved. The quality of the training for FDWs will be evaluated in order to inform further roll out of the project.
Step-by-step guide to Workshops Development and Roll-out

<table>
<thead>
<tr>
<th>Step Number</th>
<th>Dates</th>
<th>Activity</th>
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| 1           | 02.09.2009 to 23.10.2009 | *Programme writing and development*
|             |                        | 1st pilot group of parents identified and 'recruited'                    |
| 2           | 02.11.2009 to 18.12.2009 | *Pilot workshops myself over 6 sessions at Children’s Centre.*
|             |                        | Canvass views of parents and Family Development Workers (FDWs)          |
| 3           | 04.01.2010 to 14.02.2010 | Workshops adapted in light of pilot feedback. New materials devised    |
| 4           | July-August 2010       | Workshops again delivered by myself and evaluated in terms of experience and outcomes for parents |
| 5           | November 2010          | *3 month follow up of previous workshops undertaken*
|             |                        | 2 days training for FDWs devised                                       |
| 6           | 1st Half Spring Term 2011 | 2 days training on principles of Solution Focused approaches and how to run workshops, delivered by EPS to FDWs for phase 1 children’s centre staff.
|             |                        | FDWs spend remaining period identifying and ‘recruiting’ appropriate parents |
| 7           | 2nd Half Spring Term 2011 | Compass workshops delivered in Children’s Centres led by an EP and shadowed by FDWs for that Centre. Parents for the following term identified and recruited |
| 8           | 1st Half Summer Term 2011 | Compass workshops delivered in Children’s Centres led by the FDWs for that centre and shadowed by the EP. EP acts as supportive consultant to FDWs |

*The highlighted steps are the focus of this study*
Appendix B

Compass Workshops sessions overview and example of 1st session

<table>
<thead>
<tr>
<th>Session Number</th>
<th>New Directions Focus</th>
<th>New Directions Activity</th>
<th>New Directions Extension Activity</th>
<th>New Directions Experiment</th>
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<tr>
<td>1</td>
<td>Intro: Parents settle in and 'sign up' to attend</td>
<td>Principles of the sessions are explained. Parents identify things they like to do as a family.</td>
<td>N.A. (no Solution Circle will be required)</td>
<td>Make a note of ‘5 things I would like to stay the same in my family’</td>
</tr>
<tr>
<td>2</td>
<td>Future Focus: A focus on a positive future enhances change</td>
<td>Identify an area of family life that each parent would like to change. Ask the question, 'If things were better what would that look like?' Introduce Solution Circles</td>
<td>N.A. (no Solution Circle will be required)</td>
<td>‘Something I might try to do differently this week’</td>
</tr>
<tr>
<td>3</td>
<td>Mapping Progress: Identifying ‘What works’</td>
<td>Retrospective scaling with regard to last weeks' experiment. Family members who have noticed change?</td>
<td></td>
<td>‘Where I would like to be on the scale next week and how I might get there’</td>
</tr>
<tr>
<td>4</td>
<td>Finding Resources: Identifying strengths and resources</td>
<td>Exploring the concept of and identifying ‘external’ and ‘internal’ resources</td>
<td>‘Resilience : Lance Armstrong’ s story’</td>
<td>The external and internal factors that contribute to a time when you are ‘doing well’ as a family.</td>
</tr>
<tr>
<td>5</td>
<td>Planning for Maintenance: Motivation and commitment to continue to do more of ‘what works’</td>
<td>Scaling: the key things that have made a difference. Utilising family members</td>
<td>External/internal contributor y factors to successes</td>
<td>‘3 simple things’ to continue doing</td>
</tr>
</tbody>
</table>
Appendix B

1st workshop guidance

Compass – New Directions (1st Session)

Welcome and Warm Up

Share following information with the group;

- Who will be facilitating the group (introduction to group facilitators)
- The nature of the project - it is a pilot across Phase 1 Children’s Centres and we would very much appreciate feedback
- There will be 5 workshop sessions. Each will last approximately 1½ hours. There will be a quick tea break at after about 50-60 mins.
- Aims of the workshops
  1. To support parents in making changes (big or small) that they think would be helpful to their families. This is why the workshops are called ‘Compass’, because it is about parents themselves finding new directions for themselves. It is important at this stage to create a relaxed atmosphere and be clear that we are not experts - the parents are (they know their families, children and lives best). Some self-deprecating humour may be helpful (e.g. a time when you were not at your best as a parent/ family member?)
  2. To support parents in developing their own Wellbeing

- Activity ‘Warm up’- Each member of the group introduces themselves. They are asked to state their name, number of children they have and their names. Finally they need to briefly describe an activity that they enjoy as a family. The group facilitator starts and gives an example of a very simple, non-costly activity, e.g. not ‘Going to Center Parcs’!

Explain the nature of the sessions

Hand out the Compass Parents booklets. Share the following information with the group;

The booklet is simply a way for parents to keep track of any ideas or thoughts that they may have during the session or at home. Emphasise that the booklet is meant to be helpful to parents; it is their own and will not be collected back in or in anyway checked - they are not back in school and it is not an exercise book!

The group facilitator is seen as an active member of the group. As well as introducing activities, they will also be making an equal contribution to discussions and setting their own experiments (the same as everyone else). It should be emphasised here that the facilitator’s view is no more or less valid than any other member of the group and that we can all make change to our lives that will make us (and our families) a little happier.

Ask parents to turn to page 4 in their booklet and explain that the workshops are split into two main parts. The first part is about finding a new way forward that parents would like to follow as a family. We call this part of the workshops ‘New Directions’. This part of the session is based on the principles of Solution Focused Brief Therapy. These are outlined in the opening pages of the booklet and will be discussed in more detail in a moment. Explain that this is a therapeutic approach that has been developed over a number of decades. There is strong evidence that it is an effective approach in helping groups, families and individuals to make changes in their lives.

At the end of the session, parents will be asked to try to identify an ‘experiment’ that they might like to try in the following week. They will therefore leave the session with experiments and they will be asked about the results of these experiments the following week. These can be noted in their booklets.
It is important to acknowledge that people are busy and that family life can be hectic. However, the experiments are set by the parents themselves and so should be manageable. They are not homework and parents will in no way be held to account the following week. It may be that parents change their mind between sessions and try something different from that which they had initially intended at the session. This is absolutely fine!

We will be working in pairs or as a group and, over time, more and more of the discussion will be group led as we get used to this way of working. Group facilitators are seen as being part of the group and will be fully participating in the activities and experiments themselves. At any time, members of the group can ‘pass’ if they do not wish to comment. Additionally, if there are any issues that members of the group would like to explore individually, following the session, then we will be available to do this. Emphasise that no one should feel obliged to contribute or be left with something that worries them, without having had the opportunity to discuss it further with a group facilitator.

Explain the structure of the sessions
Display the session outline on the flipchart

The outline of the workshops will be the same each week (it is slightly different in this session as it is an introduction). The outline will be as follows;

- Welcome and warm up
  Explain that warm ups can be helpful simply because it can feel a little unnatural explaining some things about family life in front of people we don’t necessarily know that well. It helps us to settle and get used to talking in groups.

- Review of Experiments
  New Directions Experiment-
  We are genuinely interested in how things have gone. Parents are not under any pressure to ‘perform’ or demonstrate how ‘well’ they have done. Group facilitators will also be setting and undertaking each of the experiments as members of the group.

- Set New Directions experiment
  Again, this is decided by the parents themselves

- Tea break.
  A time for informal chat and possible reflection on ideas from the 1st session
Appendix C
Outline and evidence of thematic analysis process & transcript codes

Stage 1
‘Firstly, the researcher carried out and transcribed the interviews personally which enabled familiarisation with the data. The data was then subjected to repeated re-reading and at the same time any ideas that developed were noted.’

Example transcript from an interview with FDWs
Interviewer: June 2010. Just on the [laughter], just on the loops it’s purely confidential this, do not worry. You should hear what I’ve got recorded, you should hear what I’ve got recorded from my family on that thing. Okay, so we just finished the second workshop. You both had to dip in and out, that’s fine. Right...any...have you had any feedback this week, parents mentioned it at all?

Respondent 1: Yes.

Respondent 2: Yeah I had. Well Linda comes to the Thursday group with me anyway and it was great because we talked a little bit about what we’d been doing and another parent that we had thought of asking actually asked me “oh how is that new course going?” And I would have pursued, bringing her but we thought we had enough so I didn’t but I did say to her “Frankie and I are going to do this again next year and Stuart’s going to come back.” So she was sort of pacified by that. But yeah, they are talking about it so.

Respondent 1: Yeah they definitely are talking about it.

Interviewer: What have they said?

Respondent 1: Well I see, well all the ladies on the yard but in particular.

Respondent 2: Liz.

Respondent 1: Liz and Sheila. And they’d said, the very next day they said how much they’d enjoyed it, really enjoyed it. Nothing like they thought it was going to be but they had really enjoyed it and were looking forward to the next session.

Interviewer: Right.

Respondent 1: They’d spoken to a couple of friends and they said, you know, when would be the next one, so obviously, yeah.

Respondent 2: Ah brilliant.
Interviewer: Okay, so did they mention anything about what they were expecting, how it was?

Respondent 1: Not really. I think.

Interviewer: Just a sense that it wasn't what they were after or it wasn't what they were expecting?

Respondent 1: Yeah. They thought it would be sort of more formal.

Interviewer: Right.

Respondent 1: And that you'd have to wait and perhaps say your piece and then the next person would say their piece.

Interviewer: Okay?

Respondent 1: They didn't realise that they could sort of.

Interviewer: It was a bit more conversational?

Respondent 1: Yeah.

Respondent 2: Yeah.

Interviewer: Okay, okay. Right. From today, I'm saying this so this gets recorded obviously. From today they all did their experiments, they seemed to understand them and gave quite positive feedback around them. Were you in Frankie when we were, I was trying to clarify the goals?

Respondent 1: Yeah, yeah.

Interviewer: You were weren't you?

Respondent 1: Yeah, hmm.

Interviewer: How did you think that went?

Respondent 1: It went well because there were definitely two goals for er.

Respondent 2: Linda.

Respondent 1: For Linda. But she didn't, she herself didn't realise it at the time and then when she was discussing it with the group she suddenly said herself.

Respondent 2: She knew who it was.
Interviewer: Yeah.

Respondent 1: And actually she doesn’t want to change that bit because she finds, I don’t think she can change that bit and I could sympathise because I would find that bit difficult. And the answer she gave, the best scenario she could do would be to actually take herself away from the room where they would be chopping vegetables and helping.

Example transcript from the focus group

Interviewer: [Transcription starts at 03:25]. Any comment at any time is fine, even if it’s not necessarily a response to a question that I’m asking, okay? Okay, I suppose the first question is why did you come and why…yeah, why did you come to the first session?

Parent3.FG: When we got invited? Well we got asked to come and I was curious as to what was…what it was about.

Parent2.FG: And why we’d been picked.


Interviewer: Right, and why…what did you think it was about before you came or did you just not know at all?

Parent1.FG: I didn’t really know, Frankie just said it was…what did she say it was, something about like happy children and happy lives and happy children and that’s when I sort of…


Parent2.FG: …that’s why I started thinking why, you know, what’s wrong with my child in school or something because…

Interviewer: Okay, and did Frankie or Laurel or anyone else kind of allay your fears around that or were you thinking that when you were in for the session?

Parent1.FG: Well she did say, “You know, there’s nothing wrong, there’s nothing wrong.”

Parent2.FG: Yeah, we just…

Parent3.FG: “You know, we’re not targeting you sort of thing.”

Parent2.FG: For any particular reason, it was just…
Female: Did she mention that it was like we were doing it as a piece of research or anything?

Parent3.FG: Yeah.

Parent2.FG: Yeah.

Parent3.FG: She said...she mentioned, you know, doing the questions at the end and stuff and is it a doctorate or PhD or something?

Interviewer: Yeah, doctorate, yeah. So in the future if it was to be pitched well to parents how do you think that it should be pitched, how could we do it in a way that'd have parents feeling that they wanted to come and they weren't worried about...

Parent1.FG: I don't know to be honest.

Interviewer: Do you think it's inevitable that people are going to think a bit of why they...what do you think?

Parent3.FG: I mean obviously from attending and feedback so I can pass it onto people who I know in the school, you know, friends and that and then if it does come...you know, come up again obviously they've got a little bit of insight into what it's about and, you know...

Example transcript from a 1st follow up parent interview

Respondent: Yeah yeah, after it was explained what was going on and everything and I think it was just the right amount of people there as well.

Interviewer: Okay.

Respondent: You know, there was more people there I think it might have been a bit uncomfortable.

Interviewer: Right. Can you tell me a bit more about that? How many, how many were there at that first session? About five?

Respondent: Yeah there was Laurel, Frankie popped in and out didn’t she?

Interviewer: Yeah.

Respondent: Linda, Sheila, me.

Interviewer: Yeah.

Respondent: You.
Interviewer: Yeah.

Respondent: And then the other lady, Sarah came on an occasion.

Interviewer: Yeah she did, she just came for the second one didn’t she?

Respondent: Yeah. Yeah so that was five. So that was...

Interviewer: Okay, and that was the right amount because?

Respondent: I think it gave everybody a chance to air their views you know, and discuss things. I think if there were a lot more people. I think if there were a lot more people you’d always get one dominant person in the group that talks a lot.

Interviewer: Yeah, it’s difficult to kind of rein that in is it, when there’s a broader group?

Respondent: Yeah and I think, I think they were all sort of like similar personalities and age wise as well.

Interviewer: Yeah.

Respondent: I think Sarah was younger obviously wasn’t she?

Interviewer: Yeah.

Respondent: But me and Sheila went to school together and Linda; she was the year above me so we were all similar ages.

Interviewer: Yeah. Okay, okay. And did you get to talk about what you wanted to talk about?

Respondent: Yeah.

Interviewer: Yeah.

Respondent: Yeah we did, we all had our own say on the subjects that came up and how you could help us and things like that.

Interviewer: Yeah. Did you feel that you were listened to?

Respondent: Yeah. As I said last week we didn’t do the circle thing but we.

Interviewer: No we didn’t did we? Yeah.
Respondent: Not officially but I think we did help, you know, it was “well why don't you” or, you know, “I've had a similar thing and I tried this way” so I do think unofficially they did do like a little bit of a circle.

Interviewer: Yeah. Was it; is that important do you think to be? Is that something that people would want to take from the group, that other people shared their experiences as well?

Respondent: Yeah, it feels a bit like a support network.

Interviewer: Right.

Respondent: You know, everybody thinks it’s only their children that are naughty, you know? But when you listen to other people you get, “oh mine do this and mine do this.” And then, as you say it’s, but try this and try that and I think it is like a bit of a support network.

Interviewer: Yeah. But is that, what impact does that have when you hear another parent say well mine do this?

Respondent: You think I'm not the only one [laughter].

Interviewer: Right. And is that helpful to think you're not, yeah?

Example transcript from a 2nd follow up parent interview

Interviewer: So it was the idea that you can share the problem with other people?

Respondent: Yeah. To know you’re not alone, you know, you think, as you say, you think your kids are the world's worst until you speak to other people and you realise that you're not alone with scatty kids, or, you know, naughty kids or whatever. There are other people out there the same. And, you know, like you said yourself, the way they act and so I say well okay, I might do this and you might try that, the way you've done. And it is just other people helping you that helps you that solves your problems.

Interviewer: Yeah. And did you think that the group worked well?

Respondent: Yeah yeah, I think it was just a nice size group. I mean we.

Interviewer: Do you think size is important?

Respondent: Yeah. Yeah because if you do get too many people it gets a bit lost if you know what I mean. It’s too much information I think sometimes if there's too many people.
Interviewer: Yeah. You mean in terms of the parents giving? There’s too many stories going on?

Respondent: Sometimes like that yeah, or it just, I think, we had what, four was there? Five?

Interviewer: Yeah four.

Respondent: Four? Yeah, that’s about a nice size because, I mean you’re not, you’re not, I don’t know whether if you do this in the future there’d be time constraints, but you know, we only had a certain amount of time didn’t we? I think we all got an equal share of that time but I think if there was too many people you wouldn’t get either as much information off them or you mightn’t get round to the whole group.

Interviewer: That’s true. How many would you say was an optimum?

Respondent: Maybe five or six. Yeah, because I think there was wasn’t there, because there was me and Linda, Sheila.

Interviewer: Sheila.

Respondent: Frankie popped in an out.

Interviewer: Frankie and it was very, it was very; we were all very much a part of the group wasn’t it?

Respondent: Yes, and I think as well because we all had, we knew each other as well sort of thing as well, didn’t we?

Interviewer: Hmm. Yeah.

Respondent: Which might have made it a little bit easier.

Interviewer: Yeah. Do you think there was, anything that we did or didn’t do that was helpful in terms of setting up the group and the group running smoothly?

Respondent: No I think, setting up the group, I think it was just, you did panic a bit when, you know, Frankie came and approached you in the yard and said do you want to do this and you think, oh why, why has she picked on me. Is there something wrong with my child, I think I mentioned that before.
Stage 2

The second stage is to generate codes for the data. This was done by identifying interesting features of the data across the whole data set. This was carried out in a systematic fashion.

Stage 3

The third stage is the preliminary identification of potential themes. This involved collating the codes into roughly similar groups that can be described in a short statement. These initial themes were identified and colour coded next to each printed out section of transcript that related to the theme. There was a large amount of coded data at this stage. There was a range of potential themes identified at this stage.

Photos of colour coded transcripts - grouped according to initial codes:

Photo and scan of initial coding notes:
The following is a table of the above illustrated initial themes and codes:

<table>
<thead>
<tr>
<th>Initial Theme</th>
<th>Initial Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deciding to attend</td>
<td>Why chosen? / Uneasy / wary</td>
</tr>
<tr>
<td></td>
<td>Attendance / Interest</td>
</tr>
<tr>
<td></td>
<td>Recommendation / Recruitment</td>
</tr>
<tr>
<td></td>
<td>Doing something positive / Active for family</td>
</tr>
<tr>
<td>Group support</td>
<td>Group size / Feeling comfortable</td>
</tr>
<tr>
<td></td>
<td>Chance to speak own view / problems and listen / Other perspectives</td>
</tr>
<tr>
<td></td>
<td>Help each other / Support</td>
</tr>
<tr>
<td></td>
<td>Not on own</td>
</tr>
<tr>
<td>How the group ran</td>
<td>Facilitator skills / Part of group / Time</td>
</tr>
<tr>
<td></td>
<td>Engagement</td>
</tr>
<tr>
<td></td>
<td>Not Telling / Not giving advice</td>
</tr>
<tr>
<td></td>
<td>Improvements</td>
</tr>
<tr>
<td></td>
<td>Noticing the positive / What we do well / Reframing</td>
</tr>
<tr>
<td>Change</td>
<td>Noticing the positive / what we do well / Reframing</td>
</tr>
<tr>
<td></td>
<td>Small things / Small changes</td>
</tr>
<tr>
<td></td>
<td>Setting own goals / Influence of others</td>
</tr>
<tr>
<td></td>
<td>Experiments / Things to try / Give things a go</td>
</tr>
<tr>
<td></td>
<td>‘+’ve changed / Helpful activities</td>
</tr>
<tr>
<td></td>
<td>Lack of change / Other stuckness</td>
</tr>
<tr>
<td></td>
<td>Chance to think / Reflection</td>
</tr>
<tr>
<td></td>
<td>Long term change</td>
</tr>
</tbody>
</table>

**Stage 4**

The themes were grouped together with specific links being made between the themes. This generated a detailed map of the analysis a summary of which can be seen in the “map of initial themes”

The map of initial themes can be seen in the photoscan below:
Stage 5

This map allowed for similarities between themes to be identified and for the themes to be further refined. This refinement led to clear distinctions between themes to be identified with specific names for each theme. The coded data excerpts were clustered and, literally, pasted around particularly named themes and subthemes.

Photo of ‘raw’ thematic map for the initially named theme: ‘The approach’

Photo of ‘raw’ thematic map for the initially named theme: ‘Feeling comfortable’
Photo of ‘raw’ thematic map for the initially named theme: ‘Attendance’

Photo of ‘raw’ thematic map for the initially named theme: ‘Change’
At this stage it was important to refine the themes in accordance with the original data to ensure rigor and integrity of the analysis. This revisiting of the data resulted in some minor adjustments to the above pictured thematic maps and resulted in the final thematic map that was reported in the study and is illustrated below:

Figure 15: Thematic Map including main themes, sub-themes and secondary sub-themes.
## Appendix C

### Interview transcript respondent codes

- **Code for Respondent**
- **Description- ‘Who?’ and ‘When?’**

<table>
<thead>
<tr>
<th>Code for Respondent</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent1:1</td>
<td>Parent 1, first follow up interview</td>
</tr>
<tr>
<td>Parent1:2</td>
<td>Parent 1, second follow up interview</td>
</tr>
<tr>
<td>Parent2:1</td>
<td>Parent 2, first follow up interview</td>
</tr>
<tr>
<td>Parent2:2</td>
<td>Parent 2, second follow up interview</td>
</tr>
<tr>
<td>Parent3:1</td>
<td>Parent 3, first follow up interview</td>
</tr>
<tr>
<td>Parent3:2</td>
<td>Parent 3, second follow up interview</td>
</tr>
<tr>
<td>Parent4:1</td>
<td>Parent 4, first follow up interview</td>
</tr>
<tr>
<td>Parent4:2</td>
<td>Parent 4, second follow up interview</td>
</tr>
<tr>
<td>Parent5:1</td>
<td>Parent 5, first follow up interview</td>
</tr>
<tr>
<td>Parent5:2</td>
<td>Parent 5, second follow up interview</td>
</tr>
<tr>
<td>Parent1.FG</td>
<td>Parent 1, Focus Group</td>
</tr>
<tr>
<td>Parent2.FG</td>
<td>Parent 2, Focus Group</td>
</tr>
<tr>
<td>Parent3.FG</td>
<td>Parent 3, Focus Group</td>
</tr>
<tr>
<td>Parent4.FG</td>
<td>Parent 4, Focus Group</td>
</tr>
<tr>
<td>Parent5.FG</td>
<td>Parent 5, Focus Group</td>
</tr>
<tr>
<td>FDW1.FG</td>
<td>Family Development Worker 1, Focus Group</td>
</tr>
<tr>
<td>FDW2.FG</td>
<td>Family Development Worker 2, Focus Group</td>
</tr>
<tr>
<td>FDW1.JI</td>
<td>Family Development Worker 1, Joint Interview following workshop</td>
</tr>
<tr>
<td>FDW2.JI</td>
<td>Family Development Worker 2, Joint Interview following workshop</td>
</tr>
<tr>
<td>Interviewer</td>
<td>The researcher (myself)</td>
</tr>
</tbody>
</table>
Appendix D

Literature Review 1: Selection of abstracts viewed from Ingenta search
Appendix E

Literature Review 1: Examples of use of internet search engines

Google Scholar:

- Social Care Online: better knowledge for better practice

eLSC:

Webcrawler:
Appendix F

Literature Review 1: Examples of library search for key authors

Berg, I.

DeShazer, S.
Appendix F

SFBT related website search

European Brief Therapy Network

Brief Therapy Institute
Appendix G

Literature Review 2: Examples of use of internet search engines

Socialcareonline.org.uk

Google Scholar

Webcrawler
Appendix H

Semi-Structured Interview undertaken with FDWs following each session

- Did you feel that parents were listened to and respected? (or ‘Did they get on ok with the facilitator, the group and feel comfortable?’)

- Did they get to talk about everything they wanted to talk about? Were they left feeling heard?

- Were the activities ok? (Fun? Relevant? Interesting?) Anything particularly engaging?

- Was it a good process overall? Do they seem to be engaging? Does it seem to be of some benefit? Do you think they will come back?

- Would you run the session yourself in a similar way? What would you keep? What would be different?

- Any other comments?
Appendix I

Compass Workshop Evaluation Interview schedule (Parent)
(Undertaken immediately following final session and 3 months later)

Semi-Structured Interview

- Did you feel that you were listened to and respected? (or ‘Did you get on ok with the facilitator, the group and feel comfortable?’)

- Did you get to talk about everything you wanted to talk about?

- Were the activities ok? (Fun? Relevant? Interesting?)

- Was it a good process overall?

- Would you recommend Compass to other parents?

- Any other comments?

Retrospective Scaling

Show the parent the scale marked out below and ask the two following questions.

When 1 was the worst for you and 10 is a whole lot better with regard to the problem that you focussed on in the workshops, where would you put yourself today?

If I had asked you before you attended the workshops, where would you put yourself?

What is happening that has allowed this movement to take place?
Appendix J

Focus group procedures (adapted from Reeves & Hedberg, 2003) and questions

Planning the focus group

- Identify purpose and audience
- Recruit participants
- Sign up and confirm participants
- Develop discussion guide
- Plan session logistics
- Logical considerations

Some of the logical considerations that need to be taken into account:

- A comfortable room
- Light snacks
- Close proximity to toilets
- Parking
- Good set of directions
- Greeter
- Have all viewing materials cued up
- Try to record audio and/or video the session

Running the focus group

- Be sure to set ground rules for the group, such as there is no right or wrong answer; jot down ideas as they come to you; respect other participants' right to speak.
- It is important to plan out your time and control the discussion in order to complete the agenda you have planned for.
- If there is not enough time to cover all questions, send a follow-up email, although this is less desirable.

A focus group moderator is also sometimes referred to as a facilitator. The effectiveness of the focus group moderator is the key to a successful focus group. The moderator’s job is to keep the group “focused” and to generate a lively and productive discussion. As well as being able to plan the group, the moderator needs to have effective leadership skills as he/she will need to recognise how to obtain a balanced input from a diverse group of people.

Choosing a moderator

The moderator also needs good communication skills, and needs to be able to encourage a variety of levels of communication amongst participants in the focus group and this communication may include:

- asking open questions
- promoting debate
- probe for further details
- encourage participant discussion rather than participant-moderator discussion
- run group exercise

Although the moderator ‘leads’ the focus group their role is only to keep the discussion on track and should not influence the opinions of the group, this has been referred to as “structured eavesdropping” (Kitzinger, 1995).
Appendix J

Outline of the focus group questions

- Why did you come to the group?
- Why did you keep coming to the group?
- Did you feel comfortable and settled in the group?
- Did you get to talk about everything you wanted to talk about? Were you left feeling heard?
- Did we talk about things that you expected to talk about?
- Were the activities ok? (Fun? Relevant? Interesting?) Anything particularly engaging/memorable?
- Was it a good process overall? Was it engaging/fun? Does it seem to be of some benefit/helpful? Do you think you would recommend to others?
- Should we run future sessions in a similar way? What would you keep? What would be different?
- Any other comments?
Appendix K

Reflective writing guidance (adapted from Hampton, 2009)

A possible structure for reflective writing

Reflective writing can be broken down into three parts: description, interpretation and outcome.

1 Description
What happened?
What is being examined?

2 Interpretation
What is most important / interesting / useful / relevant about the object, event or idea?
How can it be explained e.g. with theory?
How is it similar to and different from others?

3 Outcome
What have I learned from this?
What does this mean for my future?
Appendix L

Invitation to participate letter

Stuart Duckworth
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Ainsdale Hope Centre
Sandringham Road
Ainsdale
Southport
Tel: 01704 882038

Date

Dear *,

As previously discussed with you by a colleague in St *'s school, you are being invited to take part in a research study aiming to develop and evaluate an approach to parenting workshops and contributing towards a Doctorate in Educational Psychology.

The Title of the Research is as follows, Solution Focused Workshops for Parents: A case study of experiences and outcomes for parents and professionals. The research aims to inform the development of effective parenting workshops. Your name was initially put forward by X who suggested that you might be a person who would readily engage with such work and might enjoy the experience.

The approach will involve your attendance at 5 weekly 1 ½hr long workshops. Following the 5th workshop, there will be a 50 minute focus group aimed at exploring your experiences of the workshops and also a 40 minute interview about how helpful you have found them. The same interview will be undertaken 3 months later in order to ascertain if you have found them helpful over the longer term. Each workshop is facilitated by myself and will guide you through a process of questioning based on a technique called solution focused brief therapy. Putting it simply, the workshops aim to help you identify how you would like things to be for your family in the future and the strengths/resources that you have that might help you to get there.

It is up to you to decide whether or not to take part. If you do decide to take part you will be given an information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason and without detriment to yourself.

Sessions will take place in St B’s Primary Parents room and I can assure you that as a Local Authority ‘S’ Educational Psychologist, I have a clear CRB disclosure certificate.

Please contact me at the above address if you have any queries. I look forward to hearing from you.

Yours Sincerely,

...........................................................
Stuart Duckworth
Educational Psychologist
Appendix L

Information and consent form

Compass Workshops with Parents: An Overview

Introduction

Local Authority ‘S’ Educational Psychologists have developed and evaluated a new approach to group work with parents called ‘Compass Workshops’. The project has been successfully piloted alongside Family Workers in one Local Authority ‘S’ Children’s Centre and we are now at the stage of delivering an updated version in a Primary School.

Project aims:

- To develop a ‘strengths based’ parenting approach that focuses on what is already working well in families, rather than giving advice.
- Compass Workshops will be delivered through collaboration between Educational Psychologists and members of school staff across Local Authority ‘S’.
- The workshops will add to other existing parenting approaches that are underway in Local Authority ‘S’.
- It is also hoped that the knowledge and skills developed through introducing Compass may be useful in other areas of schools’ practice.

The approach

The project involves parents attending a series of 5 workshops that will guide them through a Solution Focused process of ‘goal setting’ and ‘resource finding’ for both themselves and their families. In this sense, Compass is process based, rather than being a curriculum or programme that seeks to ‘teach’ parents how they can improve their skills. Each session lasts for 1½ hours.

In addition to assisting families in finding new directions for themselves, Compass also focuses on parents and carers wellbeing. We introduce the concept of ‘5 Ways to Wellbeing’ and assist families in building some of this thinking into their lives. This reflects the view that happy and healthy parents help to make happy and healthy families.

Evaluation

The project is currently being evaluated as part of a doctoral study and this will be explained to you further during an introductory session if you are interested in participating. Any questions will be answered at this stage. You will not be placed under any pressure to participate in the study if you do not wish to do so and you can withdraw at any time. If you choose to participate, all personal details will remain confidential and your identity will be concealed for the purpose of data analysis. You will receive a summary of the findings on conclusion of the study.

If you have any queries please contact:
Stuart Duckworth, SEPPS- 01704 xxxxxxxx
Appendix L

Participant Consent Form

Please tick the boxes below in order to acknowledge your consent in the following areas:

I confirm that I have read the attached information sheet on the above project and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.

I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to any treatment/service

I agree to the use of anonymous quotes

I understand that the interviews will be audio/video-recorded

Signature of participant …………………………………. Date

Signature of researcher…………………………………. 
Appendix M

Parent group-developed ground rules for workshops

Group Ground Rules (agreed at 1st workshop)

√ Everyone is equally valued and listened to
√ Everyone has the right to ‘pass’ or just listen
√ We do not judge or criticized
√ What is said in the room, stays in the room (unless for research purposes where it will be anonymised
√ Everyone gets an equal amount of time and we take turns
√ We allow different points of view
√ Phones will be turned off or kept on silent- no using phones during the session
Appendix N

Sample pages from self-produced 'parents booklet'

Front Page

Workshop 1 outline page

Pages 2 & 3 giving brief outline of the concept and principles of the workshops
Appendix O
Literature review search strategies

SFBT Literature Review Search Strategy
The literature regarding Solution Focused Brief Therapy is very extensive and ranges from clinical applications to organisational change. In order to focus this literature review to areas that are pertinent to this study, the following research questions were formulated:

1. What are the principles and assumptions that underpin Solution Focused Brief Therapy?
2. How are these principles and assumptions put into practice?
3. What is the effectiveness of Solution Focused Brief Therapy?

Journals
Relevant literature was identified by using a variety of search engines and sources of information. A manual search of Educational Psychology in Practice, Volumes 19 to 25 (2003-2009) indicated that other authors had cited articles from the following journals:

- British Journal of Educational Psychology
- Child and Adolescent Mental Health
- Child Psychology and Psychiatry
- Educational and Child Psychology
- Educational Psychology in Practice
- Journal of Child Psychology and Psychiatry
- Journal of Consulting and Clinical Psychiatry
- Psychology Review
- School Psychology International
- The Psychologist

Keywords, phrases and wildcards
The following keywords, phrases and wildcards for use in the search were identified from sources such as Nelson & Frank (2007) and Ajmal & Rees (2001).
Discussions with other practitioners also provided useful contacts and references, such as the use of SFBT by Clinical Psychologists in North Local Authority ‘S’ (Dr. Lyndsey Hampson), EPs in Lancashire (Beth Turner) and also discussions and sharing of references with Professor Kevin Woods (University of Manchester) who had been commissioned to undertake a systematic review of SFBT by the DfE and was published in November 2011.

- Educational Psychology
- Origins
- History (of)
- Effectiveness
- School(s)
- Pupils (children, young people)
- Applications
- Limitations
- Practice(s)
- Technique(s)
- Principles
- Assumptions

Used in combination with:
- Brief Therapy
- Solution Focused Brief Therapy
- Solution

Process
An electronic literature search was carried out between 25th October 2010 and 10th November 2010 using the above keywords, phrases and wildcards in various combinations. Searches were made of the following databases:

- British Education Index (BEI)
- Educational Resources Information Centre (ERIC)
- Psycinfo
- Ingenta
Appendix D provides examples of a selection of the abstracts resulting from the Ingenta search.

Criteria for inclusion/exclusion
The criteria used for inclusion in the initial search were:

- Year range: Post 1998
- Language: English
- ‘Solution Focus’ or ‘Brief Therapy’ in title

The rationale for searching post 1998 was that a key article by Redpath, R. and Harker, M. (1999) ‘Becoming solution-focused in practice’ appeared in the journal ‘Educational Psychology in Practice’. Up to this point in time, there had been few articles regarding SFBT in Educational Psychology literature. Literature prior to this date will be reviewed through a search of ‘often cited’ authors.

The results were inspected by title and abstract. On the basis of this information, literature dealing with more general assumptions and applications of SFBT were selected, rather than papers concerning the use of SFBT in medical settings for ‘treatment’ purposes of diagnosed disorders. Particular weight was given to meta-analyses and systematic reviews. Citations of the documents identified by this process were investigated, for example using Google Scholar (see Appendix E). Often cited authors were also searched for in the Library Catalogue (examples can be be found in Appendix F). Main authors in SFBT generally and historically appeared to be as follows:

- Bateson, G
- Berg, IK
- de Shazer, S
- Erickson, M
- Haley, J
- Lipchick, E
- Miller, S
- O’Hanlon, B (or W)
Authors focusing on SFBT in schools were as follows:

- Ajmal, Y
- Metcalf, L
- Rees, I
-Selekman, M.D

**Internet Search**

With an awareness that there is a great deal of information regarding SFBT available on the internet, a search of and for key websites was undertaken via Google (see also Appendix F). Some of the larger websites were selected and links followed to other sites within the SFBT ‘community’.
**Parenting Programmes Search Strategy**

As was the case in the previous literature review, the literature regarding parenting programmes is very extensive. Again, in order to focus this literature review to areas that are pertinent to this study a number of research questions were formulated as a guide to the search. The literature search aimed to provide answers to the following questions:

1. What is current practice in the area of parenting programmes and support?
2. What are the outcomes for parents in each of these areas of practice?
3. What are the factors associated with the successful implementation of parenting programmes?
4. Where is further development and/or research required in the field of parenting programmes?

Literature was searched using the following electronic databases:

- International Bibliography of the Social Sciences
- The Cochrane Library
- ERIC
- PsycINFO

Search terms used for extracting abstracts included: “parent support”, “parent education”, “parent training”, “parent evaluation”, and “parent intervention”. A hand search of some of the key journals was also carried out to enhance coverage of the relevant literature. Searches generated lists of several hundred potentially relevant journals and books.

Abstracts were then checked for relevance, based on the inclusion and exclusion criteria set out in detail below. Full articles, chapters and books were then obtained and reviewed for inclusion. Internet searches were also carried out using general search engines (e.g. Google, Lycos, Webcrawler) as well as more subject specific ones (e.g. Social Science Information Gateway, socialcareonline.org.uk) (see appendix G).
Inclusion criteria:

Target population
Studies that worked with parents, or parents and children were included, but those working with children alone were not included. ‘Children’ included those in birth to 19 years age range. The term ‘parents’ was taken to include: carers, adoptive parents, foster parents, step parents and grandparents. Programmes focusing on improving couple relationships were not included.

Intervention type
This literature review covers a wide range of approaches from universal to targeted and from therapeutic through to early intervention/preventative. The interventions take a number of forms, varying from skills development, education, peer support/mentoring, home-based work, counselling and family therapy. The intensity of interventions ranged from low-level and low-cost to intensive and high-cost. The majority involved a form of one-to-one contact between services and parents. The services were from a number of contexts, including but not restricted to: health; social; education; leisure; youth justice and criminal justice.

Exclusion criteria
As previously stated, there is a large amount of literature in the area of parenting programmes. A number of exclusion criteria were generated, therefore, in order to focus the content, and to limit this review’s potentially very broad scope. For both reviews and individual studies, the exclusion criteria were as follows:

- Reviews that pre-dated 1985, unless a seminal work.
- Studies/reviews where the area was very specialized, i.e. where the target difficulty was on the severe end of the spectrum of disorder or problems.
- Individual evaluation studies that pre-dated 1990.