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< Original Paper: *Research and Experiment*>

The Development of the Revised Version of Solution Building Inventory Japanese version

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ABSTRACT. Solution Building Inventory, developed by Smock et al.（2010）, was to assess how focus on solution in daily life, and was 14-items, 5-point Likert scale. The purpose of this study was to develop the revised version of Solution Building Inventory Japanese version（SBI-R）and to examine reliability and validity of SBI-R. A total of 800 peoples completed SBI-R, DHS, and LOT-R. As a result, exploratory factor analysis found that SBI-R had one factor structure and was consisted 14-item. Confirmatory factor analysis had an acceptable fit to one factor model. The Cronbach's alpha of SBI was .92 and internal consistency. Moreover, SBI-R was positively correlated with DHS and LOT-R. These results indicated that SBI-R had good reliability and validity as a measure of Solution Building concept.

KEY WORDS: Solution-Focused Brief Therapy, Solution Building Inventory, Reliability, Validity

Introduction

Solution-Focused Brief Therapy (SFBT) is a help model established by de Shazer et al. (1986). The origin of SFBT is at Brief Family Therapy Center (BFTC) in Milwaukee. De Shazer and Berg has been developing help methods to improve people's lives through theoretical research (e.g., de Shazer, 1994) and empirical research (e.g., Gingerich et al., 1988) at BFTC. In the practice, SFBT emphasizes solution building rather than cause analysis of problems. Solution building consists of the client's clearly identifying their solution (De Jong & Berg, 2013), increasing the client's awareness of exceptions to their problem(s) (De Jong & Berg, 2013; de Shazer, 1991), and the client developing hope for their future (Berg & Dolan, 2001).

Smock et al. (2010) developed Solution Building Inventory (SBI) to measure the central construct of SFBT. The SBI is a 14-items English instrument measure that uses a 5-point Likert scale (Smock et al., 2010). Although the literature describes solution building as possessing three components, factor analysis yielded one factor scale (see Smock el al. (2010) for details). The SBI has been found to be a reliable (α= .88) and valid measure on both clinical (Smock, 2013) and non-clinical (Smock et al., 2010) populations.

Takagi et al. (2015) has developed a Japanese version Solution Building Inventory (SBI-J).

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SBI-J showed high reliability (α=.89) and validity: correlation with Dispositional Hope Scale (DHS) and Life Orientation Test (LOT-R). However, the SBI-J is different from SBI in one item was dropped after the factor analysis procedure. It is possible that the item contents of SBI-J created from the procedure of back translation may have become unnatural as Japanese expression and be difficult to understand. It is necessary to examine the possibility that unnatural Japanese of SBI-J influenced the composition of the scale.

The purpose of this study was to develop the SBI-J Revised (SBI-R) and examine its factor structure, reliability, and validity. DHS and LOT-R scales were used to test the convergent validity of the SBI-R. SBI-R will be consisted of the same number of items as original version of SBI.

Methods

1. Data Collection Japanese

In November 2018, researchers conducted a Web survey targeting university students and working peoples between 20's and 50's through research company (Cross Marketing Inc.). 400 university students (200 males, 200 females), 400 working peoples (200 males, 200 females) completed a survey containing the SBI-R, the DHS, and LOT-R. The average age of university students was 21.00 years old (*SD*=1.72), and the average age of working peoples was 40.23 years old (*SD*=10.96).

2. Questionnaires

1) SBI-R: Researchers revised the 14-items of SBI-J (Takagi et al., 2015). The development of the SBI-R included: (i) SBI-J items revised by one university professor and one graduate student specialized in SFBT. (ii) two university professors who specialized in SFBT, not involved in the revised process, confirmed that the items of SBI-R are natural Japanese and measure solution building. The final items of SBI-R are given in Table 1. The revised points were shown in Table 2.

The SBI-R is 14-items instrument using a 5-point Likert scale. Participants were asked for respond by number from 1 to 5 (1 = Strongly disagree, 5 = Strongly agree).

2) DHS: According to Smock et al. (2010), the concept of solution building, measured by the SBI, possess an aspect of hope. We used a Japanese version of the DHS, developed by Kato and Snyder (2005) to measure hope, to

Table1 14-item of Revised SBI-R

SBI-R 1	私は，解決策を生み出すことができる
SBI-R 2	私は，人生で起こって欲しいことに意識を向ける能力がある
SBI-R 3	私は，これまで自分に良い変化をもたらした出来事について考えることができる
SBI-R 4	私は，たとえ少しだけでも，それほど圧倒されていない自分の状況に意識を向けることができる
SBI-R 5	私は，人生における困難に上手く対処できるときがある
SBI-R 6	私は，自分自身，他者，自分の状況における，良いことに気づくことができる
SBI-R 7	私は，人生における数々の試練に立ち向かってきた
SBI-R 8	もしも，明日目覚めたときに，私の人生になにか奇跡が起きていたら，きっと自分や他者の変化に気づくことができるだろう
SBI-R 9	私は，自分が起こした，小さな肯定的変化に気がついている
SBI-R 10	私は，自分が困難な状況に対処できることを，実に誇りに思うときがある
SBI-R 11	私は，これまで過去における試練を上手く乗り越えてきた
SBI-R 12	私は人生をよりよくするための一歩を踏み出してきた
SBI-R 13	私は，自分の状況が部分的にはとても困難に思えても，良い面に目を向けることができる
SBI-R 14	問題を考えすぎることが，解決策を見つけるのに最適な方法だとは限らない

Table2 Revised points of SBI-R

	SBI-J		SBI-R
item 1	解決を生み出す	⇒	解決策を生み出す
item 2	意識を集中する	⇒	意識を向ける
item 3	No revision		
item 4	自分の状況がそれほど圧倒されていないとき	⇒	それほど圧倒されていない自分の状況
	意識を集中する	⇒	意識を向ける
item 5	上手く対処できているとき	⇒	上手く対処できるとき
item 6	自分の状況の中にある	⇒	自分の状況における
item 7	人生における数々の挑戦に取り組んでくることができた	⇒	人生における数々の試練に立ち向かってきた
item 8	自分の人生になにか奇跡が起こっていたなら	⇒	私の人生になにか奇跡が起きていたら
item 9	自分が生み出した	⇒	自分が起こした
item 10	自分が困難な状況に対処できたことについて、実に誇りに思えるようなときがある	⇒	自分が困難な状況に対処できることを、実に誇りに思うときがある
item 11	挑戦したこと上手にやり遂げたことが過去にある	⇒	これまで過去における試練を上手く乗り越えてきた
item 12	私は生活を向上させるために	⇒	私は人生をよりよくするための
item 13	とても困難に思えるときでも	⇒	とても困難に思えても
	良い点	⇒	良い面
item 14	最適な方法ではないかもしれない	⇒	最適な方法だとは限らない

test convergent validity. The DHS is a 12-items instrument using a 4-point Likert scale.

3) LOT-R: Smock et al. (2010) also used the LOT-R to test convergent validity. We used Sakamoto and Tanaka's (2002) Japanese version of LOT-R to measure goal setting and confidence in goal attainment. The Japanese version of the LOT-R contains 10-items using a 5-point Likert scale.

Results

1. Fundamental statistics

We show fundamental statistics of SBI-R in Table 3. We tested for any ceiling or floor effects in 14-item SBI-R scale. No effects were found.

2. Exploratory factor analysis

An exploratory factor analysis was run in SPSS on the SBI-R by major factor method, fixing the number of the factors to 1 in accordance with the factor structure of SBI-R

Table3 Fundamental Statistics of SBI-R

item	*Mean*	*Median*	*SD*
SBI-R 1	3.15	3	0.93
SBI-R 2	3.09	3	0.93
SBI-R 3	3.28	3	0.96
SBI-R 4	3.10	3	0.86
SBI-R 5	3.14	3	0.97
SBI-R 6	3.28	3	0.94
SBI-R 7	3.25	3	1.00
SBI-R 8	3.19	3	0.92
SBI-R 9	3.01	3	0.94
SBI-R 10	3.09	3	0.99
SBI-R 11	3.16	3	0.97
SBI-R 12	3.16	3	0.95
SBI-R 13	3.08	3	0.96
SBI-R 14	3.42	4	0.95

5-point Likert scale(N=800)

Table4 Factor Analysis (by major factor method)

item	factor 1
SBI-R 13	0.76
SBI-R 5	0.76
SBI-R 12	0.75
SBI-R 3	0.73
SBI-R 4	0.73
SBI-R 1	0.72
SBI-R 2	0.71
SBI-R 10	0.70
SBI-R 9	0.70
SBI-R 6	0.69
SBI-R 11	0.68
SBI-R 7	0.63
SBI-R 8	0.61
SBI-R 14	0.40

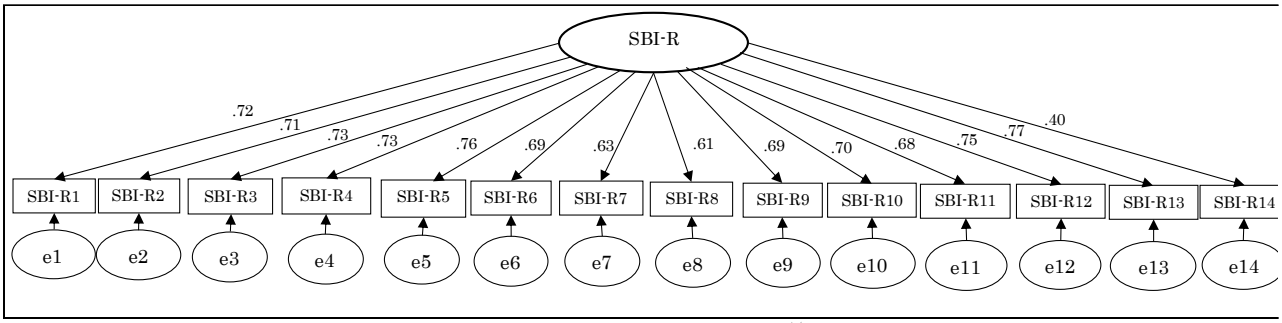

Fig. 1 Confirmatory Factor Analysis with 14-item Model of SBI-R

GFI=.94, AGFI=.91, CFI=.95, RMSEA=.07, RMR=.03

(Table 4). Any items with factor loading less than .30 were dropped from SBI-R. As a result, all items were adopted as SBI-R.

3. Reliability analysis

A reliability analysis was conducted on the SBI-R in SPSS. The Cronbach's alpha of SBI-R was α= .92.

4. Confirmatory factor analysis

In order to confirm the data-driven 14-item model of SBI-R, a confirmatory factor analysis was conducted using Amos (Fig. 1). The results indicated that the data-driven 14-item model met the criteria for a good model fit, GFI=.94(>.90), AGFI=.91(>.90), CFI=.92(>.90), RMSEA=.07(<.10), RMR=.03(<.10).

5. Validity of the SBI-R

In order to investigate the convergent validity of the SBI-R, correlations between the composite score of the SBI-R, the DHS, and the LOT-R were calculated (Table 5). A correlation matrix shows that the DHS (r=.419) and the LOT-R (r=.418) were moderately, yet significantly, correlated with the SBI-R. Composite scores of the DHS and the LOT-R were also significantly correlated with one another (r=.236).

Table5 Correlations of SBI-R, DHS, and LOT-R

Scale	SBI-R	DHS
LOT-R	.418***	.236***
DHS	.419***	—

*** *P<.001*

6. Differences between generations and gender

In order to investigate intergenerational and gender difference of SBI-R, two-way factorial

Table6 Two way factorial analysis of variance of SBI-R

			SBI-R	
generation	gender	*n*	*Mean*	*SD*
student	Men	200	3.19	0.76
	Women	200	3.22	0.61
20-29	Men	50	2.97	0.72
	Women	50	3.16	0.61
30-39	Men	50	3.11	0.77
	Women	50	3.18	0.66
40-49	Men	50	3.01	0.54
	Women	50	3.16	0.63
50-59	Men	50	3.30	0.61
	Women	50	3.20	0.68
generation			1.49	n.s.
gender			1.75	n.s.
generation×gender			0.75	n.s.

analysis of variance was conducted with generation and gender as independent variable and SBI-R as dependent variable (Table 6). As result, interaction was not significant (F=0.75, p>.10, η^2=.004). Also, neither generation nor gender main effects were not significant (F=1.49, p>.10, η^2=.002; F=1.75, p>.10, η^2=.002).

Discussion

1. The reliability and validity of SBI-R

In this study, the items of SBI-J were corrected to natural Japanese expression. And two university professors who familiar with SFBT confirmed that the items of SBI-R are natural Japanese and measure solution building. Reliability and validity of SBI-R was examined by Web survey targeting university students and working peoples between 20's and 50's.

High reliability of SBI-R was confirmed by Statistical analysis. Confirmatory factor analysis of the SBI-R found that this measure has one factor scale. And all items assumed as SBI-R were adopted. Then SBI-R consisted of the same number of items as original version of SBI. In addition, the SBI-R possess a high internal consistency (α= .92). This finding is consistent with the original SBI measure (Smock et al., 2010).

SBI-R show high convergent validity. Smock et al. (2010) indicated that the DHS and LOT-R are significantly correlated with SBI. SBI-R was also significantly correlated with DHS and LOT-R. Therefore, the SBI-R has sufficient validity.

2. Differences between generations and gender

Two-way factorial analysis of variance found that generation and gender doesn't have any effect on score of SBI-R. This result indicates that SBI has high generality.

3. Directions for future research

This study found that the SBI-R is a valid and reliable measure of solution building. Smock (2014) validated the SBI with a clinical sample and future research on the SBI-R is expected to confirm these findings on a Japanese speaking clinical sample. In addition, future research on the SBI-R will investigate how to increase SBI.

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<Case Report>

The Study of Consultation for Supporting Teachers: The Case of a Female Junior High School Student who must decide her Course

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ABSTRACT. Consultation is regarded as an important activity of school counseling. In Japan, various experts should get together, discuss, and support each other to solve the various complicated problems at school. In this study, I am going to think over the effective consultation of teachers to solve the problems of the female junior high school student who must decide what course should take. In this case, although the teacher want to solve the problem, the teacher's action for the student kept the bad relation between the student and her mother. I shared this vicious circle with the teacher and urged him to change his action to solve the problem. Through this case, we need to think of the system including not only the student and her family but also family and teacher. Giving teachers the opportunity to use their specialty effects on solving problems. I discussed about the possibility to make consultation for teachers effective.

KEY WORDS: consultation, school counseling, multi-occupation collaboration, resource, solving effort

Introduction

In Japan, school counselors were stationed at some public schools in 1995 and the number of the placement expanded from 154 to 21,764 (Japan Ministry of Education, Culture, Sports, Science and Technology, 2015a). School social workers, the experts of social welfare have been stationed since 2008 and are on the increase year by year. In special education, occupational therapists visit school and give counseling service or workshops (Japan Ministry of Education, Culture, Sports, Science and Technology, 2011).

MEXT (2015b) said that various experts should get together and support each other to solve the various complicated problems. As it is, experts as well as teachers are needed to solve the problems.

Kato, T. (2008) said that cooperation is not only supporting each other but also collaboration and consultation. It is the course of interactive action of each specialists to solve the problems. The good relationship among specialists makes good cooperation. In addition, a counselor should play significant role to make good relationship among them. As for school counseling, it is obvious that consultation for teachers makes a large

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proportion of the activity of the school counselor (Shimada, H., 1999; Imura, O., 2001). According to the investigation of Diltz, P., Dilani, M., Jeffry, M. L., & Kimberly, M. L. (2011) , it shows that 79% of school counselors provide consultation and consultation is important overseas as well as in Japan.

There are two ways of consultation. One is provided by the specialist and the other is provided by all the members as the specialist like Collaborative Process Model (Idol, L., Whitcomb, P. P. & Nevin, A., 1995). At school, the latter tends to be chosen to aim at making good relationship of each other and improving the ability to solve the problems. In Japan, consultation is identified as the meeting for strategy to discuss about how to solve the problem of the children (Ishikuma, T., 1999). Consultation is regarded as an activity which reflect the situation of cooperation between teachers and school counselors (Doi, M. & Kato, T., 2011). Cooperation among various specialists is a key to provide effective consultation.

However, not all the school counselors are good at providing effective consultation from the beginning. I think this is because most of the school counselors cannot come across the chance to see the model of effective consultation. Sato, M. & Kase, S. (2014) pointed out that there is only a few studies regarding the concrete , effective and continuous way to provide consultation. Therefore, we need to show the concrete examples and analyzed its theory.

I am going to discuss the effective consultation through the case that I provided the consultation to a teacher and solve the problem.

Session

I have worked at this public junior high school for 3 years. I worked 8 hours once a week.

About the case

The client was a female junior high school student. She was in the 9th grade. Her family consists of five members, father, mother, younger sister, younger brother and her. She has left her house since February, X year and lived with her grandparents and her aunt on the mother's side (Figure1).

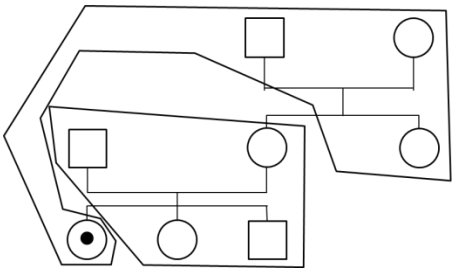

Figure 1: Client's Family

She asked her homeroom teacher that she wanted to receive counseling and her teacher asked the author to provide her counseling. Her teacher said, "She is not a bad girl but often makes people around

her irritated because she talks too much, even I sometimes got frustrated with her. She has stayed with her grandparents because she has not got along with her mother. She is quite selfish."

Session#1: Early December, X year

Background:

I asked her why she wanted to receive counseling. She said, "I have stayed in my grandparents' house since I had quarrel with my mother. I get in touch with my mother but whenever I meet my mother, we quarrel. So I do not want to see her. But I must meet her when the interview among teacher and my mother and me. So I want to know what I should do."

She stayed in her grandparents' house when she was a younger child because her parents had to move another prefecture to do their work. After they came back, she had to stay in her grandparents' house because her parents were busy caring for her little sister and brother. Therefore, her grandparents are like her parents for her.

The pattern of quarrel with her mother:

I asked her how the quarrel with her mother happens. She said, "My mother told me something severely and I cried, and couldn't talk back. Then she told that she got angry and wanted to cry because of me. I want to talk back to her but probably she will get mad at me. So I apologize and make quarrel finish."

About the course:

I asked her whether she could talk with her mother about her course because the next interview among teacher and mother and her is the opportunity to talk about the choice of her course. She said, "My mothers' opinion about the course is different from mine. I want to enter A high school because I can go to the university on a recommendation in that school. But my mother is opposed to my opinion because the tuition of the university is high. She recommends me B high school but my teacher told me that it is too difficult to pass the exam. My mother doesn't know the level of each school so I don't want her to suggest any opinions about my course." Consensus between she and her mother was yet to be reached regarding her course.

About the interview among them:

I asked her what she hopes to change. She said, "I want her not to push her opinion on me and she may get angry because of my grade. But I want her not to yell at me. Whenever she yells at me, I can't say anything, I don't want to quarrel with her." She wanted to make the relationship with her mother better then I asked her what she hopes to her mother. She wanted her mother just to say, "Do your best." She said, "If she ways so, I could do my best." She wanted her mother to accept her effort.

I asked her to react differently from usual when her mother gets angry with her and see how her mother reacts her.

Consultation for her teacher: After Session#1

After the first counseling with her, I explained her homeroom teacher about what she was worrying about. The teacher said, "I understand how her mother feels about her. I have told her mother about her bad behavior at school every time she made the trouble. She must grow up." I made assessment like Figure2.

Figure 2: The vicious circle among the teacher, mother and the client

Her mother scolded the client and she talked back to her mother to be accepted her effort. However, it made her mother even more irritated and it made the client keep away from her mother. Moreover, teacher told her mother only about her bad behavior at school. Her mother focused on only her daughters' bad behavior and it made her mother angry.

Then I asked the teacher to explain 3 points to her mother. One is to tell the difficulty to pass the exam of B high school and another is to tell complement of the client to her mother. In addition, the other is to ask her mother to encourage her daughter. The teacher accepted these suggestions to improve the relationship of the client and her mother.

Session#2: Mid- December, X year

About the interview among the teacher, mother and the client:

I asked the client the interview among them. She told that her grade was getting better and her teacher praised her effort, so her mother could not find the reason to get angry and did not have to quarrel with her. In addition to this, the teacher told her mother that B high school is not suitable her grade and her mother agree to that and school of choice became A high school. A high school has a good supplementary lessons system and she thought it would help her. She wanted to work to help people in the future.

Some ideas when she talked to her mother:

I asked her about how she changed her attitude to her mother. She told that she did not resist her mother when her mother scolded her. When I ask her to mark your feeling at one hundred perfect score. She said, "75 points. I can

communicate with my mother well and my grades are getting better and my mother accept my opinion about the course. I am satisfied with that."

From this experience, we got hypothesis that her mother understand the explanation from not the client but other person. So I finished the counseling to her making sure to use help from others when she was about to quarrel with her mother.

The later state:

In the end of January, X+1 year, the client went to talk with nurse teacher, but her condition was good and stable. In the mid- February, X+1 year, she passed the entrance exam of A high school. I asked the nurse teacher to ask her to come to the follow- up interview, but she said, "I am busy going shopping with my mother, and our relationship is quite good."

Discussion

1. Regard the specialty of the teacher as a resource:

In this case, I provide not only counseling to the client but also consultation to the teacher. As Kato, T. (2008) said, cooperation is a process for solving problems that always require two-way interaction in order to make use of both specialties. Specialties means resources in Brief Therapy. The important point is whether we can use resources that each specialist has or not.

In this case, the specialty of the teacher is used as leadership to guide the course. Her mother did not agree with her daughter's opinion about her course, but the teacher accepted the client's opinion and show her mother it was appropriate for her and suggest her mother not to put her daughter into a corner. It made significant progress in the relationship between the client and her mother. Moreover, the teacher praised the client in front of her mother and it shows the model of the way to treat the examinee.

2. Description of the communication pattern including a teacher:

On the other hand, the specialty of school counselors is that they can make assessment from the objective viewpoint. In this case, the teacher regarded this problem as the relationship between the client and her mother but I made a hypothesis that to solve this problem. We needed to add the relationship between the teacher and the family (Figure3). The teacher told her bad behavior to her mother to make the client improve her behavior and solve the problem. However, actually it caused the quarrel between the client and her mother. The teacher did not notice that his behavior made the problem more complicated.

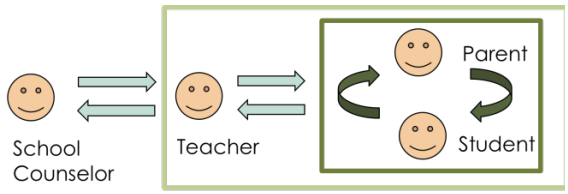

Figure 3: Assessment including the teacher

We need to make sure how the teacher try to solve the problem. We have to think about the possibility of keeping bad communication pattern because of their wrong effort to solve the problem. In this case, if we draw the vicious circle except the teacher, the possibility to solve the problem depends on only the client's effort, but it was difficult way to solve the problem. To change their relationship was quite difficult and it may be exhausted her. In fact, the client was often defeated by her mother and found no ways to change the relationship. I tried to advise her to change her behavior to her mother but it has already done and fallen through and continued to keep the same pattern of communication: the First- Order Change (Watzlawick, P., Weakland, J. H., & Fisch, R., 1974). I thought it was difficult to change her mother through changing the client's behavior. Therefore, I relied on the teacher to solve the problem. If I include a teacher into vicious circle, there will be a possibility that something will change. The teacher has a good motivation to solve the problem and easy to work in practice. In this case, consultation to the teacher changed the relationship between the client and her mother. It means the way of coping changed from leading to supporting. It also means the role of the relationship has changed and been settled: the Second- Order Change (Watzlawick, P. et al., 1974).

In this way, school counselors make assessment through seeing various relationship and should intervene in the point that is easy to change. In consultation for teachers, we should show the various point of view to solve the problem such as relationship between the student and his or her parents, or teachers and family and so on.

3. Prospect:

In this study, I discussed the possibility to expand the way of solving the problem through the assessment including teachers as well as the family. According to Caplan, G. (1970), consultation has four forms. 1. Client-centered case consultation, 2. Consultee-centered case consultation, 3. Management-oriented management consultation, 4. Consultee-centered management consultation. This case is classified as 1. We need to accumulate such kinds of cases more. It indicates the models of effective consultation.

According to the survey to elementary school teachers, school counselors should make a good relationship with teachers and students every time, everywhere

because it makes good consultation (Cholewa, B., Scott, G. E., Thomas, A. & Cook, J., 2016). Yoshikawa, S. (1999) who propose the Systems Consultation told that top priority of the consultation depends on the relationship with the members concerned. In this case, I do not discuss how to make good relationship with the teacher but we should also accumulate the study for how to make good relationship. I would help teachers and school counselors that are lack of first hand experiences and make them provide good consultation.

Appendix

I took care of paying attention to private information.

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<Case Report>

The Use of the Three Steps Model after the Great East Japan Earthquake : A Case Study in the Treatment of Flashbacks

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ABSTRACT. After the Great East Japan Earthquake, many citizens experienced severe psychological reactions. This paper describes a three steps model characterized by solution-focused brief therapy sessions. In one particular case, this method was successfully utilized over the course of only two sessions by a therapist who was able to treat and resolve the flashback episodes of an adult female client who saw full recovery and complete normalization of her traumatic symptoms within two years, and all without the use of traditional trauma-oriented treatments. This study examines that particular case, and although there are limitations to this study due to the absence of a control group and its focus on a single case, it remains important and worthwhile to examine the remarkable effectiveness of this three steps model for clients with post-traumatic stress disorder.

KEY WORDS: Great East Japan Earthquake, Flashback, Solution-focused brief therapy, Three steps model, Post-traumatic stress disorder

Introduction

At 14:46 on March 11, 2011, a massive undersea earthquake measuring 9.0 on the Richter scale caused a tsunami that devastated the shoreline of eastern Japan from the Kanto region to the Tohoku, and the Iwate, Miyagi, and Fukushima Prefectures in particular. The tsunami damaged Tokyo Electric Power Company's (TEPCO) Fukushima Daiichi Nuclear Power Plant (NPP), creating a catastrophic radiation hazard in Fukushima Prefecture. In total, 15,897 people died, 2,533 people were declared missing (Japan National Police Agency, 2019), and about 51,778 people are still living as internally-displaced persons as of 2019, eight years after the earthquake (Japan Reconstruction Agency, 2019).

The survivors experienced both physical and mental suffering. Post-traumatic stress disorder (PTSD) is a common psychological problem following natural disasters such as earthquakes and tsunamis (American Psychiatric Association, 2013; Weathers, Keane, & Foa, 2009), and the Great East Japan Earthquake left many survivors with PTSD symptoms. The proportion of the adult population who suffered PTSD symptoms was as high as 21.6% in 2011 and 18.3% in 2012 (Yabe, et al., 2014).

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One of the primary PTSD symptoms is the flashback, or the reexperiencing of a traumatic event, and the Diagnostic and Statistical Manual of Mental Disorders has listed such persistent reliving/reexperiencing phenomena as a diagnostic criterion for PTSD (American Psychiatric Association, 2013). Osuch et al, (2001) noted that flashbacks are unlike normal memories in that patients report that "I feel like I am back there" (i.e., when and where the traumatic event occurred) and experience a loss of control. The flashback is an autonomic response that is physiologically much more similar to a panic attack.

Psychotherapy is a treatment of PTSD, including the flashback, that has been found to be effective. Exposure therapy (ET) and eye movement desensitization and reprocessing (EMDR) have also been found to be effective in the treatment of PTSD symptoms (Watts et al., 2013; De Bont et al., 2016).

In fact, ET and EMDR have been highly recommended for the treatment of PTSD, with much evidence in support of its effectiveness (Department of Veterans Affairs and Department of Defense, 2017). ET includes imaginal exposure to the traumatic memory and in vivo exposure to reminders of the trauma or triggers for trauma-related fear and avoidance are characterized by a series of procedures designed to help individuals confront thoughts using safe or low-risk stimuli that are feared or avoided (Foa et al., 2008). In studies of earthquake survivors in Turkey, intervention groups that employed self-exposure instructions on PTSD were statistically more effective than control groups after treatment (Başoğlu, Şalcioğlu, Livanou., 2007; Başoğlu et al., 2005). Regardless of the earthquake survivors, many studies found significant pre- to posttreatment changes on standardized measures of PTSD severity (Cahill et al., 2009).

EMDR, developed by Shapiro (2001), is a multistage treatment for PTSD that involves the particularly unique process of desensitization and reprocessing. The core intervention requires the client to recall trauma-related memories while also attending to some form of external oscillatory stimulation typically facilitated by the therapist moving a finger from side to side across the client's field of vision. The client's experience have shown rapid changes in a client's emotions, insights, sensations, and memories and the reduction of subjective distress with each bilateral stimulation (Shapiro, 2001; Shapiro & Laliotis, 2011). Some clients reported feeling as if their brain was cloudy (Broad & Wheeler, 2006). For tsunami survivors in Sri Lanka, case studies illustrated that EMDR is an effective treatment for PTSD in general, with specific utility for disaster-related PTSD (Jayatunge, 2008). Additionally, systematic reviews of

EMDR have shown statistical and clinical significance in reducing PTSD symptoms, anxiety, depression, and other forms of distress experienced by survivors of natural disasters (Natha & Daiches, 2014).

Based on the evidence, ET and EMDR are effective forms of psychotherapy for the treatment of PTSD, though there are drawbacks. ET involves frequent exposure to frightening memories and thus can impose unnecessary burdens on the client. Porges (2017) has even indicated that ET might increase sensitivity to the stimuli associated with a traumatic event. As for EMDR, its implementation requires additional training and cannot be carried out unless a therapist is qualified to employ this rather rarified treatment. This becomes a problem in the event of a large-scale disaster, as the number of qualified therapists available to provide such a treatment is limited and will quickly become strained.

Furthermore, while the effectiveness of ET and EMDR on PTSD has been proven, there are cases in which the deterioration of personal relations with those around the client can lead to these treatments becoming ineffective. On the other hand, though, there is also no evidence to support the idea that solution-focused brief therapy (SFBT) is less effective than these other established treatments. SFBT has a powerful effect on improving communication and is successful in avoiding the risk of failing personal relations (Otsuka, 2012).

As a form of SFBT, the three steps model is an effective method in the treatment of PTSD (Wakashima et al., 2012). In this model, PTSD symptoms have been shown to undergo spontaneous improvement in many cases. The therapist gives the client advice on how to concretely cope in this method, which is composed of the following three steps:

Step 1: Normalize

Therapists normalize the symptoms and reactions in clients of a disaster. Normalizing comments show empathy for the client and assure them that the symptoms and reactions in clients of a disaster are a natural human reaction.

Step 2: Do More of What's Working & Compliment

Therapists endorse clients that act and cope independently. Therapists make sure to point out differences and improvements from the client's previous psychologically imperiled states. They show clients that PTSD-like reactions reduce gradually over time in many cases.

Step 3: Reframing & Paradox

Therapists give clients some suggestions for intervention. They show that when PTSD-like and grief reactions are avoided,

the more uncontrollable client tend to become. Therapists thus suggest that clients do something different, such as courageously confront the problem.

The three steps model need not necessarily employ Step 3. If clients with disaster stress problems realize their response is a natural reaction and their symptoms are slowly alleviating, they have the option to wait and see if these problems resolve themselves without confronting them directly. When clients experience a slow natural recovery and a disturbed daily life, therapists might be more willing to employ Step 3. This model primarily addresses traumatic memories, including grief or PTSD-like symptoms. People are generally proactive in accessing their memories. However, people with traumatic memories can became confused because traumatic memory can often feel as if they are being invaded. Step 3 thus makes the create meaning for an intervention and pay attention to their problem.

Also, the three steps model is not only used independently, but can also be implemented in combination with other psychotherapy techniques such as EMDR and TFT (Wakashima & Usami, 2013).

The case report in this study examines the application of the three steps model to the clinical case of an adult woman who suffered from flashbacks. In this case, the flashback episodes are resolved before attempting the implementation of EMDR.

Case description

The client is a 43-year old female living in the Tohoku area with her husband. She is an office worker. On March 11, 2011, she was subject to a natural disaster, the Great East Japan Earthquake. In 2013 she began attending counseling sessions under the therapeutic care of the author. The client's employer gave her a stress test (K-6; Kessler et al., 2002), and her results exceeded the cut-off point by over 13 points. The counseling sessions were confined to a two-week period.

Session 1

The therapist asked the client, "What are your goals from our working together?" The client answered, "Compared with what I was before the earthquake, the efficiency of my work has declined, and I have become less active, so I expect that this situation will only get slightly better." It was revealed that her problem with being less active arose with the earthquake.

She came to think of going out on social occasions as troublesome and avoided drinking with coworkers because of a previous incident where she had said harsh things to a junior coworker. She therefore tries not to drink alcohol. She used to play music in a band before the earthquake, but since the earthquake she

has distanced herself and no longer sees them socially. The problems with her workplace efficiency, though, are relatively recent and began occurring only several months prior to her first counseling session. The trouble she experiences is not remarkable in its severity, but it takes a noticeably longer time to look through unfamiliar documents. Also, she found herself unable to read books unrelated to work. On weekdays she feels occupied because of work, but on her days off she feels a state of emptiness. She finds herself going to the office on Monday mornings and hurriedly finishing a job that she brought home with the intention of finishing it over the weekend only to find herself not able to finish it. She does not miss her deadlines, however, and is thus able to avoid problems at work. In addition to these problems, she lost her parents to the Great East Japan Earthquake. On the other problems, she recounted the episodes of her increased weight, enthusiasm for drinking alcohol, taking out her frustrations on younger coworkers, and so on.

Her post-earthquake flashbacks occurred on a daily basis, and she feels invaded by these past experiences and images (her parents were swept away by the tsunami, she saw the faces of corpses, she recalled the smell when she went to the afflicted area, saw her destroyed home, she was haunted by the fact that her parents were swept away by the tsunami although she did not actually see it happen, and so on), and she uses a lot of energy to deal with them.

Regarding her medical history, she visited a psychiatrist where she underwent PTSD prevention in the early days after the earthquake, but she has not been there since, deciding that she often cried at home after drinking prescribed medicine with alcohol.

The therapist listened to her story using the three steps model. The therapist normalized that the reactions she had to the trauma were normal reactions, even in their perceived abnormality (Step 1: Normalize). The therapist gave the client compliments about how she was doing her best even in this time of difficulty (Step 2: Do More of What's Working & Compliment). The therapist determined to not use Step 3, but instead opted for EMDR, which has a strong record of addressing flashback memories, because it was the flashbacks that were severely impacting her daily life. The therapist explained the merits and drawbacks of EMDR and recommended doing EMDR at the next session. The client replied that she wanted to try it.

Session 2 (Two weeks after the first session)

Since the last session, the client explained that her condition had gotten better and she was improving her

efficiency at work. She was also able to read three books in two weeks. Her coworkers said she was smiling more. Regarding her flashbacks, they were not occurring as often and had almost become invisible, as if they were a "haze." She said the following: "When I heard what EMDR is, I realized that I am in a serious situation. Because everyone has had the same disaster experience, I didn't want to speak much about how much trouble I was having with my situation."

Therefore, the therapist did not employ EMDR, and instead complemented her current state and told her she would be willing to talk again whenever the client needed.

Follow-up session (Two weeks after the second session)

The therapist noted that the client's state had been calm since the last session. The therapist therefore determined to terminate the sessions based on the relatively calm state of the client at both the follow-up and second session.

Discussion

The purpose of this study is to examine the effect of applying the three steps model to a client suffering from flashback episodes. As a result of the model's implementation, the flashback symptoms were reduced. Furthermore, a salutary effect appeared as if EMDR had been utilized. In this case, only Step 1 and Step 2 of the three steps model had been employed. The model is a method centered on utilizing the knowledge that the nature of PTSD symptoms is that they naturally alleviate with time. (Wakashima et al., 2012).

In addition to the three steps model, it was assumed that informing the client of the EMDR technique, and the possibility of utilizing it on her, exerted a normalization effect. The effectiveness of the ET and EMDR for PTSD has been demonstrated, but for a deterioration of the interpersonal relationship of a client, these therapies have no effect.

On the other hand, SFBT can handle both the PTSD symptoms of an individual and the problems of interpersonal relationships because it avoids the risk of poisoning personal relationships and has a powerful effect on improving communication (Otsuka, 2012). Therefore, some documented cases made use of a combination of EMDR and SFBT (Grandison, 2007).

As client interest in psychotherapy grows, it is expected that the number of clients who feel the need for a specific treatment regimen will also increase. Therapists are needed to ensure the client's adequate understanding of psychotherapy techniques and to introduce the psychotherapy method desired by the client. Psychotherapy for effective PTSD treatment can have two effects on clients: a psychotherapeutic

effect and a reframing effect. The psychotherapeutic effect refers to the effects of the psychotherapy methods themselves. The reframing effect, on the other hand, is used to convey to the client that they were in a terrible situation when the psychotherapy was conducted. Therefore, for the effective treatment of PTSD symptoms, when therapists use not only the three steps model but also ET or EMDR as a method, it is necessary to be able to deliver a meta-message that conveys the idea that "you [the client] are in a very difficult situation."

In the case of large-scale disasters such as the Great East Japan Earthquake, these effects are focused only on unhealthy, negative phenomena, such as PTSD. However, in many cases, the symptoms of PTSD or disaster-related stress have been proven to reduce with the passage of time (Yabe, et al., 2014; Wakashima et al., in press). In recent years, rather than the negative aspect, a concept focusing on the positive aspect of individuals such as Posttraumatic growth (Tedeschi, and Calhoun, 1996) and Posttraumatic success (Bannink, 2008) has appeared. If a future large-scale disaster occurs, it is assumed to be necessary that focusing on not only the negative aspects, such as PTSD, but also on the positive aspects, such as Posttraumatic growth or Posttraumatic success, will be crucial in overcoming the crisis.

However, this study was a report based on a single case. Also, the client had flashback symptoms, but she was not diagnosed with PTSD. Furthermore, there is much complexity in the various manifestations of PTSD. Therefore, it is not possible that the results of this research immediately can be adapted to all PTSD symptoms.

Conclusion

Despite these limitations, it was possible in this case to alleviate the symptoms of the flashbacks from which the client had suffered in a relatively short period of two sessions. For the client with symptoms of PTSD, the idea that not only carrying out the therapy but also emphasizing to the client that the "therapy will be carried out" brings reframing and normalizing effects to a difficult situation. It is necessary for the therapist to be aware of these effects to most effectively carry out the more traditional forms of psychotherapeutic treatment.

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<Short Case Report>

A Single Session with Mother Who reframed her Daughter's Dating Relationship

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ABSTRACT. In this case, IP had been absent a high school for a few days, after she troubled with her boyfriend. Then, her mother came to see school counselor (SC). The mother said, "I hope my daughter to break up her boyfriend". However, if mother told IP to do so, she argued that her mother did not understand her at all, and did not listen to her mother. SC formulated a bad circle as described above. Then, SC emphasized that IP is kind and great, and her mother appreciate them. SC told the mother how excellent she was and intervened "please send a message to her that you really understand your daughter's feeling." After the session, the mother changed how to approach her daughter. Then her reaction was also changed, and they peacefully talked to each other. After all, IP started smoothly to go to school again. The mother regarded that the relationship between her and her boyfriend was complementary communication which means that her boyfriend is in one-up position to control her and her position is one-down. After the session, however, the relationship established in the mother changed into meta-complementary communication which means that the position of IP and her boyfriend seems to be one-up and one-down, respectively. After all, mother could give them the choice to break up or not. And she changed interacting with her daughter, IP started to go to school again.

KEY WORDS: Normalization, Utilization, Meta-complemental communication

Introduction

In this case, IP had been absent a high school for a few days, after she troubled with her boyfriend. Then, her mother came to see school counselor (SC). IP and her mother were regarded as "problem" by the school, because their relationship was codependence. This case finished in a single session for utilizing this relationship. In this report, we'll discuss how mother reframed the relationship of IP and her boyfriend through the session.

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Case Summary

IP and her boyfriend were third year high school students They were in the same club, and started dating at the first grade. Teachers of their high school often guide them because they were always together even in public. Furthermore, her boyfriend had gotten along with another girl student, which made IP get angry and break a toilet. Therefore, IP was a

troublemaker for school. Her mother was also a troublemaker, because she criticized the school staff to protect IP anytime.

When IP was absent school, teacher recommended IP and her mother to have a counseling. On the day, IP did not come to school, so only her mother came to the session.

Case Process

① Clarification of problem

First, SC asked mother what distressed her. The mother said, "I hope my daughter to break up her boyfriend". Mother thought that he said to IP, "someone spoke ill of you," because he wants to monopolize IP. Therefore, IP didn't know what and whom to believe, and she could not go to school. Then, SC asked a starting question, "what do you want to talk about to feel glad to be here?" Mother answered, "I want to break up my daughter and her boyfriend. For that purpose, I can do anything!" However, if mother told IP to do so, she argued that her mother did not understand her at all, and did not listen to her mother. SC formulated a bad circle as described above. The more her mother required her to break up with him, thus, the more she move away her mother.

② Exception

Mother told stories that seemed to be "exceptions". For example, when IP decided not to go to school, she spent time calmly at home and said "I want to do my best for study and club." Her mother thought that her daughter was a great girl. In addition, when IP was fine, she sometimes said "I wonder why I love him." Her mother heard that her boyfriend was not cared for at his home. Thus, the mother thought that IP sympathized with him, and she might not help going around with him.

③ Utilization and intervention

SC said, using the mother's words, "it is normal that you want to break up them. But, your daughter seems to understand your thought. On the other hand, she may be painful because of her kindness and can not break up with him. Nevertheless, you really understand her kindness, I thought." SC emphasized that IP is kind and great, and her mother appreciate them. The mother agreed and said "my daughter is kind, and commiserate with her boyfriend." SC told the mother how excellent she was and intervened "please send a message to her that you really understand your daughter's feeling." Mother said, "Surely. If possible, I want to break up them as soon as possible, but it cannot be decided without her decision."

After the Session

The next day after the session, IP and her mother came to school, and talked

with her class teacher. The mother said, "I had always circular conversations with my husband. After the session with you, I changed how to approach my daughter. Then her reaction was also changed, and we peacefully talked to each other." After all, IP started smoothly to go to school again.

Discussions

In this report, we want to discuss two points below. First, how did SC process her resistance, and led intervention. Second, how mother reframed relationship of IP and her boyfriend.

① Processing resistance

As one of processing resistance, normalization is considered useful. This mother wanted to break up them as soon as possible. This feeling was a sign to care for IP, but telling IP to break up made her feel that her mother does not know anything. After all, telling IP to break up was considered false solution. Then, SC expressed understanding mother's feeling, and normalized her mind. This provided relationship with mother and SC, and processed resistance.

Moreover, this mother's way of thinking had been considered codependent on IP and troublesome by teachers of the school. However, SC dared to utilize this codependence, and complimented the mother on that the mother had comprehended her feeling that she could not have broken up with her boyfriend because of her kindness. Additionally, SC intervened the mother to tell IP that you understand your daughter. Utilization is a basic principle for solving problem proposed by Milton Erickson (Watzlawick, Weakland, & Fish, 1974). He often utilized not only present problem and symptom, but also obstinate belief, delusion and behavior (William, H. O., 1987). In this case, SC highlighted the words that IP is kind and great" said by mother and the view that the mother appreciate IP. Therefore, it is considered that the mother's resistance could be processed and intervention was accepted.

② Reframed relationship

Mother thought that IP's boyfriend wanted to control and monopolize her. But the mother thought that the reason why they did not break up is not only his possessive feeling but also IP's kindness and sympathy for him. Then, SC expanded the context so that the mother became convinced that IP is kind, so she cannot help going around with him. That is, the mother regarded that the relationship between her and her boyfriend was complementary communication which means that her boyfriend is in one-up position to control her and her position is one-down. After the session, however, the relationship established in the mother changed into meta-complementary communication

which means that the position of IP and her boyfriend seems to be one-up and one-down, respectively. In other words, meta-complementary communication is intentionally communicating complementarily to control the other person. Mother changed her thought of the relationship of IP and her boyfriend from complementary communication to meta-complementary communication. After all, mother could give them the choice to break up or not.

In this case, although mother and daughter's codependency is regarded as problem, SC dared to utilize the relationship, which enables IP to attend school. The frame of IP's kindness could be a treatment double bind, because whatever she does with the frame, her mother would think her behavior as her kindness.

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< Short Case Report >

Diagnosis helps the patient
: Counseling with a mother worried about her son's behavior

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ABSTRACT. Diagnosis helps the patient. In this paper, we show that diagnosis have the potential to protect abilities, efforts, and personalities. In one particular case introduced in this study, a mother who was anxious about the son of a high school student who visited a psychiatry who was hiding in the parents talks. In the case, the diagnosis is used successfully as a amulet. The purpose of this study is to examine how the diagnosis works for the case. It is important to focus on the use of the function of the word diagnosis based on pragmatism.

KEY WORDS: The function of diagnosis, Pragmatism

Introduction

Diagnosis (the name of an illness or a disability) sometimes helps the patient. This function of getting diagnosed has been called "gain from illness." Diseases and disabilities can protect a person's abilities, efforts, and personality, among others. This paper introduces such a case study and discusses how a specialist can manage this process.

Case description

The client (CL) was a mother in her 40s. She visited the author's counseling room, after being introduced by an acquaintance. Her family consisted of the client, her husband, and the Identified Person (IP, a senior high school student). Her chief complaint was that she wants to consult a specialist about IP who visited a mental clinic secretly from his parents.

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Session 1

IP recognized that he might have ADHD and visited a mental clinic without telling his parents. The clinic staff called his home and said that the staff forgot to give IP a document. IP's mother got to know that IP visited the mental clinic because of this phone call. IP was diagnosed as having ADHD tendencies at the clinic. Concerta 10mg, Sulpiride 100mg, and Etizolam 0.25mg were prescribed, and IP was instructed to take the medicine once a day. His father got to know about the prescribed medicines and said, "Nonsense! The diagnosis is wrong." The next day, IP took the day off from school for the first time. Now, IP has meals with his family but does not talk during the meal. After eating, he immediately goes back to his room. The CL is also worried about the situation.

CL stated that "IP might have experienced

setbacks for the first time after entering senior high school and found that he was poor at studies compared to other students," "I think it is not good for him to use the diagnosis as an excuse for his current state and pretend that everything is ok if he is taking medicine." The therapist (TH) asked her, "What do you expect of the counseling provided here?" CL said, "I don't know how to deal with IP. None of treating him too carefully, leaving him alone, or meddling with him too much might be ineffective."

After listening to her, TH explained two things that CL and IP's father could do. Firstly, they should stop arguing about the hospital and the diagnosis. Also, IP and his parents had a conflict over the medicine, which increases IP's worries. The CL should tell IP at least to inform her when he goes to the hospital, and that there was no need to talk about the content of his consultation or his medicine. Secondly, the diagnosis might protect IP from being hurt. IP might blame himself for his lack of ability and not try if he is discouraged by his poor academic results. Therefore, his diagnosis might have become a charm that protects him and parents should not deny the diagnosis. The diagnosis protected IP's self-esteem. Moreover, the parents should watch over him.

Moreover, CL recognized that the prescribed medicines caused high physical dependence. She said, "We are anxious about him taking the medicine because we are his parents. I want to ask the doctor about the process by which he made the diagnosis. Is it ok?" TH said, "When you meet the doctor, you should keep your position as parents worrying about your child. You should avoid doubting whether the diagnosis is correct or not, which would lead to doubting IP. Finally, the TH advised that IP must have made a great effort to enter high school by compensating for his disabilities if he had ADHD tendencies." CL said, "I want to tell IP that he has so far made a great effort."

Session 2

IP's parents (CL and IP's father) came to counselling. TH asked them about IP's conditions since the first session. CL answered that IP was taking medicine, started to participate in family conversation, and smile, and became calmer than the time of the first session. IP's father said, "When talking with IP before the first session, we told him to get a second opinion because we were worried about him. Then, IP objected, asking why we (parents) try to control him despite his decision and action." TH said, "IP may be refusing to visit other hospitals or clinics because he is afraid of being diagnosed as not having ADHD. In that case, the cause of his current condition might be regarded as his lack of ability or effort. More problems such as school refusal might be caused if IP gets more depressed by such a diagnosis. For the time being, it is important to support him so that he wouldn't get more depressed."

One of the problems currently faced by IP included difficulty in getting up in the

morning. Every morning CL gently wakes up IP and his father asks him, “Are you ok?”. IP’s father asked TH, “How should I deal with IP? Worrying too much might not be good, I think…” TH suggested, “How about treating him in an excessively supportive manner and making him think that he is not in such a bad condition?”

IP’s father said, “I want to bring IP to this counseling room.” TH said, “It is important to add meaning to the reason for inviting IP to the counselling room. You should take the position of worrying about your son. It might be better that you bring IP here after you receive explanations from the clinic doctor.” After one month, CL gave a phone call and said that CL and IP would come to see TH. IP was to come to the next counseling without knowing that the parents had already referred to the counseling room.

Session 3

First, TH spoke only CL without IP’s presence. The reason for doing this is as follows. IP might wonder why TH knew specific details because IP did not know that his parents had already visited the counseling room. Even if TH mentioned this, IP would think that it was told by the CL before, during the current session. Later, TH had a session with only IP.

TH asked IP, “Do you have any problems now?” IP answered, “I cannot concentrate on studying” and said, “I can concentrate on studying without being distracted by comics or TV when I take the medicine prescribed by the clinic.” TH asked, “Don’t you need medicine when you are able to concentrate on studying?” IP answered, “I might not need medicine.” The goal of this session, which was shared by TH and IP, was to become able to concentrate on studying without taking medicine. Moreover, TH explained that Concerta leads to high physical dependence and that the effect of the medicine decreases with time, and therefore, the amount of medicine needs to be increased. IP answered smiling, “I am surprised to hear about this problem.”

IP’s daily routine was “going to school by bicycle early in the morning, conducting morning athletic club training activities, taking classes, doing club activities, coming back home, having dinner, taking a bath, studying, and going to bed. IP went to a cram school twice a week on weekdays. TH said, “Aren’t you too busy? When you get tired, you cannot concentrate on things. You should take a rest so that you will be in your best condition next year.” TH gave IP two tasks. Firstly, IP should make time when he doesn’t have to study. TH told IP that it is important even for working adults to divide working and spare time. Secondly, IP was told that he should study before taking a bath on the days when he doesn’t have to go to his cram school. TH explained that the

parasympathetic nervous system is activated by taking a bath, which relaxes the brain.

Next, TH interviewed CL. CL said, "I have never noticed my son having any problems. I know about ADHD because of my work, but it was a surprise for me that my son is taking Concerta." TH asked, "What do you usually talk with IP?" She answered, "For now, I tell him to take care of himself before everything."

TH asked CL about her own life. CL said, "I cannot sleep until IP goes to bed, worrying about him. I usually watch TV when IP is up, and I can relax." CL's sleeping time decreased after she got to know that IP visited the clinic. TH said, "You must be tired because you are not sleeping enough." CL answered, "I'm not feeling well but that is not because of my son, but because I caught a cold,." TH said, "I think IP was courageous to visit a mental clinic all by himself." CL said, shedding tears, "I was shocked when I got to know he went to the clinic without telling me. However, it is an independent step because he made a decision by himself."

Finally, the tasks given by TH to IP were shared between CL and IP in the joint session.

Session 4

Only CL came to consult because IP said, "I don't need to go because my problems have been solved." CL explained that IP was in the middle of exam week and didn't want to be absent from school. IP said about the status of his medication that "I don't need to go to the clinic anymore" after the third session. It seems that now IP doesn't go to the clinic or take any medicine.

CL said that IP still stayed up till late, she was not sure whether IP was able to concentrate on his studies or not, and she was anxious because IP did not express his intention clearly to CL. Although IP does not talk about studies and his future courses with CL, he often talks about his hobbies including topics such as celebrities and pop idols. TH said, "That's rare for high school boys. You and your son seem to have good relationships." CL said, "I will try to interact with him more often."

Session 5 (three months after the fourth session)

Only CL came to consult TH. TH asked her about IP's visit to the clinic after IP came to the counseling room. CL said, "Now he doesn't go to the clinic or take any medicine." TH asked her about IP's current condition. CL said IP retired from club activities because he became a third-year student, but he doesn't seem to study so hard. However, no major problems were observed. Furthermore, it was confirmed that IP's father was supportively involved with IP. Therefore, the counseling was completed.

Discussion

The purpose of this study was to show that for IP who had a psychiatric visit behind their parents, the diagnosis may be linked to protecting his personality and ability. In this case, Although CL in this case seems to be concerned about the diagnosis of IP and the effects of drugs, it does not know how to relate to IP. As a result, IP has stopped going to hospital and taking medication, and can now spend without major problems. The therapist's vision and assessment was to ensure that Cl's worrying about psychiatric visits to IP did not hurt the personality and ability of IP. The intervention on CL was also aimed at making IP deny himself the diagnosis by the paradox "I worry about more supportive" based on this assumption. On the other hand, in the session with IP, his current state can be explained by linking the importance of sleeping time and time management, the superiority of parasympathetic nerves, etc. so that he can act to concentrate on study even if you quit medicine. It functions as an intervention that does not hurt.

Diagnosis can be utilized as a frame to protect abilities, efforts, and personalities. In this example, the “Bind the narrative” (Wakashima & Hasegawa, 2000) by adding meaning to the meaning, such as that the diagnosis functions as a "amulet", and there is room for improvement of the life rhythm rather than IP. Thus, this case was solved.

Conclusion

The case ended with a brief period of four Cl sessions and one IP session. The word diagnosis (illness or disability) may have an aspect that helps oneself. The function of such a diagnosis can protect ability, effort, and personality. Therefore, communication that suspects a diagnosis or a hospital may function as communication that threatens the person's personality. The function of pragmatic based diagnosis is important.

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