

Enhancing One-Meeting Potentials: An Introduction to Single-Session Practice in Healthcare

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all we
have is
now

Challenging assumptions

- Single-session therapy challenges many dearly held assumptions about therapy
- What are they?



Length of service?

- “On average, about 1/3 of people who consult a therapist don’t return for a 2nd session.”
- 59% left feeling satisfied with their treatment*, 88% reported improvement 3 months later
- About 30% of clients in outpatient psychiatric clinic came for one session

(Talmon, 1990)

What is it?

- Single-session therapy is not a specific intervention or a technique
- It is a process which includes initial phone contact, and/or completion of pre-session questionnaire, one face-to-face session, a follow-up phone call
- It assumes clients can make use of brief support to solve problems or cope with stressful events
- Assists workers to make the most of the first, and what may be the only, session for clients



Advantages

- Can help large numbers of people while freeing up time for those requiring extended attention
- Can address waitlists
- Services are more accessible

Rationale & uses

- Promotes accessible and timely services (offers support when most needed)
- Fits well with acute or episodic issues
- Wide range of areas:
 - Life & developmental transitions
 - Mental health & addictions
 - Acute care /hospital
 - Walk-in counselling clinics
 - Medical illness (outpatient)
 - Trauma debriefing



2 main practice areas

1. Acute or medical settings
 - Assessment of needs
 - Case management, resource advocacy
 - Family interviews to deal with illness or loss
 - “Waiting room group” for chronic illness
2. Walk-in therapy clinic or counselling service
 - Solution-focused or narrative approach
 - Views session as “consultation” on a current problem



Main assumptions

- “Even brief encounters have the potential to be therapeutic.”
- “Each contact is treated as if it may be the last, while laying the foundation for ongoing work, if required. Single Session work *makes the most of every encounter.*”

(Bouverie Centre for Family Therapy)



Main principles

1. Establish rapport quickly - be “active” and collaborative
 2. “Assessment” and “intervention” co-exist (i.e., not discrete stages)
 3. Focus on resources and coping
 4. Be flexible (i.e., use longer sessions)
 5. Avoid unnecessary history-taking and focus on immediate concerns (“narrow the database”)
 6. ‘Think small’ (slow down!)
- Could also be applied to crisis, brief, solution-focused, and narrative therapies

Focus on current problem/issue

- *“Historical fishing expeditions are ruled out. There just isn’t time.”*



What do *clients* find most helpful in healthcare settings?

1. Rapport building (“putting client at ease”)
2. Being directive and focused
3. Knowledge about issues (i.e., practical assistance with navigating services)
4. Empathy & compassion
5. Non-judgmental
6. Opportunity to talk about personal or sensitive issues (death and dying, grief, loss, sexuality, mental health, addictions, and relationships)

(Gibbons & Plath, 2009)

Limitations/challenges

- Alliance-building in couple & family – giving everyone a “voice”
- Complexity of issues (trauma)
- Balancing medical & psychosocial needs
- Managing assumptions & expectations (of self, clients, and other practitioners)
- Not for everyone and every situation!

Challenges for practitioners

- Single-session therapy is a common approach but unrecognized in field
- Little training or support
- Intense, complex, & demanding (requires multiple skills)



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Quote from hospital social worker

“Engaging clients, establishing rapport, assessing, providing information, validating, challenging beliefs and behaviour, and counseling are all happening within a fixed and very limited time frame.”

“It’s clarifying things with the client about ‘Do the understand what’s going on? What do they want to be going on?’ And conveying that, advocating their position to the rest of the team. Quite a significant role. It can be done in single sessions.”

(Gibbons & Plath, 2009)

Discussion

- In your RAAM clinic, what questions or strategies do you use to build rapport and establish a collaborative atmosphere?



Discussion

- How do you build on client strengths & resources?



Questions & comments

- Reflection: How could you use these principles in your current practice in the RAAM clinic?



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