Single Session Work

Paperwork
Initial Letter to Client

Date

Dear ..........................................., 

I am writing to confirm that you have been booked in for a single session at ( ) service, (address) at (time) on (day & date). We will attempt to achieve as much as possible in this session.

Between now and your session, it would be really helpful if you could note the things that happen to you and / or your family that you would like to keep happening in the future. We are enclosing a questionnaire, which we would like you to complete and bring to the session with you. This will help the case-worker/counsellor/s to find out more about your goal(s) and where you are up to.

At the end of the session the counsellor will arrange a follow-up telephone call at a time negotiated with you. If you believe the single session is sufficient, your counsellor will close the file but make it clear that you are welcome to re-contact the service at any time in the future. You will also be given the opportunity for another single session if you wish, or to be placed on the waiting list for further casework/counselling assistance.

Please allow at least 90 minutes for the session.

Look forward to meeting you.

Regards,

Please Note: This Community Health Service has a policy of asking you to pay a fee of $6.50 if you have a Health Care Card or $10.00 if you are working. Please pay at reception before your appointment. If you have difficulties paying this fee, please speak to the counsellor when you attend the appointment. You will not be refused a service based on inability to pay.
**Pre-SSW Client Questionnaire**

Welcome. To assist us to maximise the effectiveness of the consultation, please complete the following questionnaire and bring it with you to your session.

There are different ways to fill out the questionnaire; some families call a family meeting to fill it out, some families photocopy it and everyone fills out their own questionnaire and sometimes only the person who has requested the consultation fills it out. Do what suits your family.

Name of person(s) filling out the questionnaire:

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What are the main issues that bring you to this service?
(a) Greatest problem:

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(b) Second greatest problem:

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How upset / worried are you about these problems? (Place a cross on the line)

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(1) Not at all                                           As worried as I could possibly be (10)

How often do these problems happen?

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(1) Not at all                                           All the time (10)

Are there other difficulties you are coping with now? Please outline below:

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How much is the problem (or problems) interfering in your life?

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(1) Not at all                                           Dominating my life completely (10)
What made you decide that now was the right time to seek help?

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How confident do you feel in dealing with the problem(s)?

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(1) Not at all                                                                           Extremely (10)

If casework / counselling was successful, what would you / you and your family
be doing differently?

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Since you first contacted the centre, what have you noticed happening to you
(and your relationships with others) that you would like to keep happening in
the future?

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Often when people are in a stressful situation it is easy to forget to ask all of
the questions you want to ask. Therefore, we suggest you list the major
questions you would like addressed below.

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........................................................................................................................................
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SSW Summary

Family Name: ...........................................................................................................

Date: ............................................ Therapist(s): ...................................................

Family Genogram (indicate who is in the household)

Who attended the session? ............................................................................................

Who filled out the questionnaire? ..................................................................................

Presenting issues or problems as described by the referrer:
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........................................................................................................................................

Presenting issues or problems as described by clients (specify whose definition):
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........................................................................................................................................

What solutions have been attempted so far?
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Major themes, issues discussed and interventions:

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How did the session end? (Include responses to interventions):

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Issues for the case-worker / counsellor:

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Follow-up arrangements (specify date):

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...........................................................................................................................
...........................................................................................................................

Questions to ask at follow-up:

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...........................................................................................................................
...........................................................................................................................

See attached documents:
Assessment forms: π Tick if applicable
Progress Notes: π Tick if applicable
Other: π Tick if applicable
Letter to Referrer

Dear…………………………

Re: Referral of (name) for casework/counselling.

(Name) has been offered (date) for an appointment for what we call Single Session Work (SSW). It is important to emphasise that this does not involve any limit to services for this client. It is a framework that involves a longer-than-normal, face-to-face interview and telephone follow-up. If, at follow-up, both client and counsellor agree that further contact would be useful, the client is offered either another single session or the option of being placed on the waiting list for ongoing counselling. Even if clients find the one session provides enough help for the time being (which happens about half the time), it is made clear to them that they can re-contact the centre at any time in the future for further help.

Clients have found this to be more responsive and helpful than the traditional ‘waiting list’ system. Counsellors find it a more collaborative and respectful way to work.

If you have any questions or concerns about this, please feel free to contact us at ………………………………..

Thank you for your referral.

Yours sincerely,
**Take Aways**

Use this sheet to list anything that you and/or your counsellor think is important to take away from the session. It may be a summary of important points that came up, ideas about things to do, useful resources, or perhaps things you have learned or re-discovered about yourself or your family that are important to remember.

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Next steps: What would be a useful next step for you to take?

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Phone call follow-up is on:

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Post-SSW Client Questionnaire

Name of person(s) responding to this questionnaire:
..............................................................................................................................................................................................
You nominated:
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..............................................................................................................................................................................................
..............................................................................................................................................................................................
as the main problem which brought you to counselling, and
..............................................................................................................................................................................................
..............................................................................................................................................................................................
..............................................................................................................................................................................................
as your second greatest problem.

Δ How upset / worried are you about this problem (or these problems) at the present time? (Place a cross on the line)

                                                                                                             (1) Not at all                                           As worried as I could possibly be (10)

I How often do these problems happen?

                                                                                                             (1) Not at all                                               All the time (10)

η How much is the problem (or problems) interfering in your life?

                                                                                                             (1) Not at all                                               Dominating my life completely (10)
In what ways?
..........................................................................................................................

α How confident do you feel in dealing with the problem(s)?
..........................................................................................................................

(1) Not at all  Extremely (10)

You nominated the following questions as those you would like addressed within the Single Session:
..........................................................................................................................

To what extent do you feel these questions were addressed?
..........................................................................................................................

Office use only:

<table>
<thead>
<tr>
<th></th>
<th>Pre-session</th>
<th>Post-session</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Δ How upset/worried:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I Problem frequency:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>η Life interference:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>α Confidence:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

π Client willing to be sent Client Satisfaction Survey - Tick if applicable
SSW Phone Follow-up Form

Date:.............................

Person(s) spoken to:

........................................................................................................................................

Current situation:

........................................................................................................................................

Summarise things that have changed:

........................................................................................................................................

Summarise things that haven't changed:

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List any further suggestions or interventions:

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Other comments (see over):

........................................................................................................................................

Outcome decisions:

π No further action

π Refer on.......................................................(to)............................................

π Further SSW................................................(date)........................................

π Lodged on waiting list.................................................................................................

Evaluation form sent to client?  π Yes  π No
SSW Evaluation Letter

Date:............................

Dear ....................................

In order to improve our service to clients, we rely on the feedback from people such as you who have used the counselling service at (.....................). We are particularly interested in getting feedback on your experience of the Single Session you received within the last couple of months.

With this in mind, I am including a client satisfaction survey in the hope that you will fill it in and send it back in the enclosed reply-paid envelope. These forms are entirely confidential and are sent directly to our Senior Clinician (........................), who is evaluating the Single Session process. In order to provide the best possible service to you, we may wish to contact you about the feedback you have given us. If you are willing to be contacted, please write your name and telephone number at the end of this form. If you do not wish to be contacted, please do not write your name on the form.

Thank you for your cooperation.

Yours sincerely,
SSW Evaluation Form

Thank you for taking the time to fill in this form. Your feedback is important to us and will help us improve our service. In order to provide the best possible service to you, we may wish to contact you about the feedback you have given us. If you are willing to be contacted, please write your name and telephone number at the end of this form. If you do not wish to be contacted please, do not write your name on the form. Your answers will be treated confidentially and will go to a separate member of our team to ensure your comments are completely anonymous.

If you require assistance to complete this form, please phone .................

Using the following scale, please answer the following questions:

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Agree more than disagree</th>
<th>Neutral</th>
<th>Disagree more than agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

I clearly understood the single session process.
1------------2------ ------3------------4------------5------------6------------7

The information I received before the single session was helpful.
1------------2------ ------3------------4------------5------------6------------7

The questionnaire helped me get maximum benefit from the session.
1------------2------ ------3------------4------------5------------6------------7

The session helped me set clear goals.
1------------2------ ------3------------4------------5------------6------------7

I was able to talk about what is important to me.
1------------2------ ------3------------4------------5------------6------------7

The session helped me move towards an acceptable solution.
1------------2------ ------3------------4------------5------------6------------7

The session has helped me understand my situation more clearly.
1------------2------ ------3------------4------------5------------6------------7

I feel more confident in dealing with my situation in the future.
1------------2------ ------3------------4------------5------------6------------7
One thing that I liked about the session was:

...........................................................................................................................
...........................................................................................................................

One thing that I disliked about the session was:

...........................................................................................................................
...........................................................................................................................

Please mark the line below to indicate the overall usefulness of the session.

1--------2--------3--------4--------5--------6--------7--------8--------9--------10

1 (not useful)                5 (reasonably useful)             10 (extremely useful)

Any other comments?

...........................................................................................................................
...........................................................................................................................
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...........................................................................................................................

I am willing to be contacted to discuss the feedback I have provided on this form. (Please note that although you are willing to be contacted, there is no guarantee that you will be called.)

Name:..................................................................................................................

Contact phone number: .....................................................................................
SSW Worker Questionnaire

What has been the feedback from clients during the follow-up phone call?
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How has Single Session Work influenced your practice?
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What have been the benefits of a Single Session approach?
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What have been the drawbacks of a Single Session approach?
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What would you suggest we do, if anything, organisationally to further support Single Session Work in our service?
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Other comments please.
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...........................................................................................................................

Name of Staff Member (Optional):
...........................................................................................................................