Single Session Thinking: Going global one step at a time

Abstracts

Day One

Morning Session I: 11.30am – 12.15pm

Stream 1: Adult Mental Health

Single Session Family Consultation: Making Family Involvement Accessible for Individuals, Families, Practitioners and Organisations

Authors: Brendan O’Hanlon & Naomi Rottem

This presentation describes how single session ideas have contributed to making family inclusion an accessible option for individual clients, families, practitioners and organisations in individually and adult focused services. Single Session Family Consultation (SSFC) is a hybrid model that combines ideas from single session work, concepts from ‘Family Consultation’, a model of family inclusion in mental health, and techniques from family therapy. SSFC was developed by The Bouverie Centre as a response to the constraints to family inclusion that operate in most individually-oriented services. These constraints to family involvement in care include: practitioners’ concern that family inclusion will threaten the relationship with their individual client, the anticipated ‘hot seat’ experience of the individual client in family sessions, the sometimes ambiguous purpose of family sessions for family members and lack of time and fears by all parties that sessions will become conflictual and out of control. This presentation will demonstrate how these constraints are addressed through SSFC and provides evidence that it is a favoured modality for the inclusion of families for those providing and receiving services. The challenges of implementing SSFC at an organisational level are also explored in the context of proposed future developments of the model.

Stream 2: Clinical Reflections

How to Be Brief & Single Session Therapy: The vital role of the therapist’s mindset

Author: Flavio Cannistrà

How is it possible to be brief in therapy? How can you help people in just a few sessions - even one? The so-called "verdict of Dodo" tells us that all the therapies are equally effective; we should then consider their efficiency - that is, how to make them last less. According to studies on common factors, much of the variance in psychotherapy depends on the characteristics of the person and the therapeutic relationship, but we believe that the mindset of the therapist is also fundamental. If they are not able to adopt a "brief therapy mindset" and, before that, a "single session mindset", therapy (and the person) may have no chance of lasting a few or even a single meeting. In this presentation we will give practical guidelines and describe case examples to illustrate the importance of adopting an adequate mindset to reduce the frequency of therapy.
Stream 3: Unique Applications
Sign Up, Meet Up, Speak Out: Single-Sessions in the Context of Meet-Up Groups
Author: Windy Dryden

For the past six years, I have been running a meet-up group from a CBT perspective. A typical group lasts two hours and includes me giving a lecture on a psychological theme and two single-session where I work with people from the audience who seek help for problems related to the theme of the lecture. In this session, I will present data on the themes raised by volunteers and discuss the advantages and disadvantages of this form of single-session therapy.

Stream 4: The Majority World
One Group Ericksonian Strategic Hypnotherapy Session for Earthquake Trauma: 4300 Cases Report
Authors: Rafael Núñez & Jorge Abia

After two 8.2 and 7.1 Richter scale earthquakes in southern Mexico, 4300 persons were treated with Group Hypnotherapy Single Session oriented towards own life care and post-traumatic stress disorder prevention, applied by Navy Health Professionals trained in Group Ericksonian Strategic Hypnotherapy. Groups of between 100 and 500 patients were formed. Results showed statistically significant difference between expected versus actual acute stress complications with p<0.05.

Stream 5: Child and Youth Mental Health
FOCUS - Family Oriented Collaboration Utilising Strengths - A Single Session/Brief Intervention Clinic
Author: Helen Mildred

In 2011, consistent with others, Eastern Health Child and Youth Mental Health Service (CYMHS) found that a significant proportion of people accessing our service, had attended only one session. Previous evaluation established that many families experienced this single session as having been helpful. This presentation outlines the processes and outcomes of a single session/brief intervention program developed based on the strength of this data. Our model is informed by Solution Focused, and Cognitive Behavioural and Acceptance & Commitment therapies. An additional feature is that the program was designed in conjunction with Deakin University School of Psychology to be a training clinic for clinical psychology students. It was a bold step to embed such a clinic within a tertiary public mental health service, whose clients/families are affected by significant and complex bio-psychosocial difficulties, often engaging in very risky behaviours. To offer a single session service option, was also a paradigm shift.

Here we present data from 206 children/young people aged 3-23, their parents/carers (where present) and clinicians, on aspects of client strengths, difficulties and mental health symptoms, which is compiled upon entry to, and exit from the service. Preliminary analysis shows that people generally benefit significantly from the work we mutually undertake. Further, we explore who, in our context, seems to gain most from the use of this model, and whether there are groups who are less likely to benefit. The data from a subset of this larger group is also compared to matched clients at EHCYMHS undertaking treatment as usual. Concluding, these various findings, learnings from and for practice, as well as aspects of training and the partnership will be open for reflection.
Stream 1: Adult Mental Health

Single Session Family Consultation: A Single Session Approach to Promote Family Engagement in a Public Addiction and Mental Health Service
Author: Catherine Renkin

Families are recognised as being important to recovery and wellbeing for people using mental health and drug and alcohol services and we acknowledge that they are increasingly being relied upon as partners in care by services staff.

Within our service, Single Session Family Consultation (SSFC) has been introduced as a brief intervention to promote structured, routine engagement with families. Building capacity of staff and supporting implementation of SSFC within clinical practice, across disciplines and teams, is an initiative we have taken to ensure we can offer a service that goes towards meeting family needs in addition to supporting treatment goals and recovery for consumers.

This paper will present the ongoing journey within a large, capital city mental health service to introduce SSFC to staff, consumers and families and outline the steps we have taken to implement this approach to family work across the service. Strategies utilised include: sponsorship by a service-wide Family Inclusive Practice Network, promotion to and engagement of a wide range of staff, development and provision of online and face-to-face training, mentoring and consultation for staff providing SSFC to families, facilitated group supervision and development of a research project to investigate further the topics/issues raised, the outcomes for families and the benefits and barriers of service-family engagement using the SSFC approach.

Stream 2: Clinical Reflections

Sudden vs. Gradual Realization: What Zen Teaches Us About SST
Author: Robert Rosenbaum

Zen Buddhism has grappled with the issue of sudden vs. gradual enlightenment for over 1200 years. A 10th century Chinese poem reads: “the teachers of North and South are different expressions of the same reality”- but that hasn’t resolved the argument. In this presentation, we will examine how the logical structures developed to encompass “not one, not two” help free us from dualistic confines, and lead naturally to a deeper appreciation of what systems approaches are (what Buddhists refer to as “interbeing”). The dynamics of practice-realization are integral to the therapeutic process, and can be accessed by deepening our appreciation of the non-separation of body-and-mind.

Stream 3: Unique Applications

Single Session Approaches with Infants
Author: Rosalie Birkin

Just over 20 years ago, a comprehensive community infant and early childhood mental health program was established in a Melbourne child and youth mental health service. The program is provided by a multidisciplinary team that includes psychiatry –including psychiatric registrars, psychology, nursing, occupational therapy, social work and speech pathology. The program has included direct clinical work with individual families or groups, mental health consultation with other professionals, community development, research, education and training.

Single session approaches have been one part of the practice of delivering direct clinical services to young children and their families within this program. Approaches have included a single session with one infant mental health clinician at the clinic; a single session with two infant mental health clinicians usually from...
different disciplines depending on the presenting problems; a one way screen session involving the infant mental health multidisciplinary team and sometimes the primary care professional already working with the family; or a collaborative session involving the primary health professional or welfare professional who has been attending to the infant and their family and will continue to provide services. The collaborative sessions with professionals already engaged in providing care to the infant, usually take place at that professional’s facility or within the young child’s ordinary environment, for example, the home or day care setting.

Each of these approaches will be illustrated by case examples. Emphasis will be given to single sessions where the primary health care professional is working collaboratively with the infant mental health clinicians at the primary health care facility.

**Stream 4: The Majority World**

*Single Session Therapy in the 'Majority World': Creating and Adapting Models to Fit Eastern Contexts*

**Author:** John K. Miller

Most models of therapy were developed in the West, where only 15% of the world’s population reside. This presentation will explore the utility of adapting Western single session therapy modalities for “majority world” contexts where over 85% of the Earth’s population reside. Several case examples from Asia will be discussed.

**Learning Objectives:**
1. Gain an understanding of current global “majority world” mental health situation and emerging needs.
2. Learn strategies to address the barriers to service including various innovative clinical delivery models designed to overcome barriers
3. Explore clinical case examples to assist in tying the concepts presented to actual clinical practice
4. Discuss methods of adapting Western models to fit global “majority world” contexts

**Level of Content:**
Global single session therapy; systemic principles and theory practices

**Key Concepts:**
Global mental health, adaptations of Western models for non-Western contexts, intervention, global perspectives, indigenous healing practices, novel clinical services, innovative practices, cultural congruence, cultural competence

**Stream 5: Child and Youth Mental Health**

*Alfred Child and Youth Mental Health Service: A decade of learnings: how single session and a team based approach works with families*

**Author:** Denise Fry

Alfred Child and Youth Mental Health Service (CYMHS) have now been running a single session program for the last 10 years. In that time, there have been pivotal learnings that occurred which have shaped our current framework and model.
Stream 1: Adult Mental Health

A Reflection on 13 Years of Single Session Work in Crisis Assessment Treatment Teams with Clients and Their Families Experiencing a Psychiatric Crisis

Author: Wayne Conron & Melissa Lowe

Single Session Therapy (SST) is ideally suited to psychiatric Crisis Assessment and Treatment Teams (CATT). This paper describes the lived experience of implementing and maintaining this therapy as an addition to CATT management across two teams over a 13-year period.

The paper will discuss how implementation was accomplished, including the support required to initiate and maintain the treatment modality and how it has been received by consumers, families and clinicians. It highlights the opportunity a psychiatric crisis offers to consumers and their families to assist in the development of a greater understanding of the mental illness, prognosis and management, aiding in the development of resilience and allowing for debriefing during the crisis period.

Included will be feedback from clinicians, consumers and their families regarding the addition of SST to an episode of care with CATT. It will reflect the changing opinions of clinicians, before and after implementation of the therapy, and how the addition of SST assists the team to think more systemically about consumers and their families. This enables more specific support of the particular needs of the families, and thus, the consumer. Highlighted are the benefits, limitations and difficulties of including SST to usual CATT care.

Finally the paper will expound upon how this work has changed the perspective of the teams, clients and their families by observations of the Consultant Psychiatrist that has supported this work across both teams –how the work encourages and directs clinicians on the team to more fully consider family dynamics and family needs as part of the treatment regime and how she has seen families develop a greater understanding and resilience around dealing with mental illness and crisis.

Stream 2: Clinical Reflections

You Said WHAT?!: Creative Therapy in Challenging Situations

Authors: Michael Hoyt & Monte Bobele

Interventions that trigger 'You Said WHAT?!' (YSW?!) responses are particularly useful and effective when approaching unusual client problems.

These interventions are characterized by:
1. Respect and empathy,
2. Surprise and attention-grabbing,
3. Humour,
4. Context-specific,
5. Acceptability, and

Drawing from the new book, "Creative Therapy in Challenging Situations: Unusual Interventions to Help Clients" (Hoyt & Bobele, 2019), this presentation will highlight several SST clinical examples as a starting point for a discussion about participants’ own experiences with such interventions, and as a launch point for their own creativity in therapy. Other issues, including ethics and originality, will also be discussed.
Over the past three decades, student mental health centres have noted a steadily increasing demand on services, both by the severity and complexity of presenting concerns and the increase in the number of students accessing services. Unfortunately, the current rate of increase in demands for services to address the millennial student needs surpass the increase in clinical availability and resources. Recently, the University of California Santa Barbara (UCSB) has begun to incorporate a Single Session Therapy (SST) service as an option to address clinical and student demand. The SST service being implemented at UCSB has been specifically adapted from established, well researched models to address the specific clinical and cultural needs of the student population. This presentation will provide an overview how the Single Session model has been specifically adapted to serve the university student population. Provided will be our findings of who and how to refer to Single Session in university settings, preliminary pre-and post-distress rating outcomes, and data demonstrating reduction in wait times for mental health services.

In 2015 the Ministry of Health in Aotearoa New Zealand launched the ‘Supporting Parents Healthy Children: Supporting parents with mental illness and/or addiction and their children’. The primary objective of this guideline is to support mental health and addiction services across sectors to enhance their partnerships with families/whānau. The programme focus has been on adult mental health and addiction services ensuring that parents of dependent children are identified early, and the needs of their children well considered. A key strategy for implementing the guideline has been the embedding of the practice of Single Session Family Consultation across sectors.

Aotearoa New Zealand has an unenviable record of health disparity, with disproportionate numbers of indigenous people (Māori) experiencing mental health and/or addiction concerns. To date, mental health and addiction service delivery has not kept pace with the need to provide specific and appropriately culturally-focused interventions. With this in mind, the Aotearoa New Zealand implementation of SSFC required significant partnership development with Māori practitioners, and consultation across the spectrum of mental health and addiction care. This has resulted in implementation that is culturally purposeful for Māori, and takes into consideration other ethnicities and cultures.

This presentation describes the journey of SSFC implementation in Aotearoa New Zealand to date, describes how a cultural context was integrated and works across a spectrum of mental health and addiction care.

The implementation of Single Session Family Consultation (SSFC) has helped our Child and Adolescent Mental Health Services (CAMHS) team to work in a more systemic and family-centred way over the last four years. We have found that our SSFC work is an effective intervention for children, young people and their families presenting with a wide range of complex mental health difficulties. For the majority of our referrals SSFC is the initial intervention provided, and utilises a multi-disciplinary team of five clinicians and a one-way reflective mirror.
This presentation will share our experiences of the implementation of SSFC and the challenges and learnings for our team. We will discuss our ways of working within a SSFC framework, our co-working model and reflective team practice. In addition, we will present data from our research into families’ experience of and satisfaction with the SSFC and if it addresses families’ worry and confidence in managing presenting difficulties.

Preliminary analysis of the results has indicated that over 50% of families found that one SSFC helped make a difference to the presenting problem, with no further CAMHS intervention required. Emerging results show reductions in family members’ reported worry about the presenting difficulties and increased confidence in managing the problems following the SSFC.

Our service continues to experience SSFC as an effective, family inclusive and well received intervention for a variety of complex mental health issues for children and young people. Our team has observed positive changes in how we work together, support each other and learn from one another. We intend to explore how we can build on our collaboration with families that enables us the opportunity to think creatively and flexibly to make the most of the time we have with each family.

**Afternoon Session III: 2.45 – 3.30pm**

**Stream 1: Adult Mental Health**
**Implementing SST into an Acute Assessment Setting**
**Authors: Jillian McDonald, Marianne Wyder & Paul Hickey**

A trial of The Bouverie Model of Single Session Work was conducted within an Australian public mental health acute care and assessment service. The trial revealed that while clinicians valued the approach, the Bouverie model’s process components were not feasible within this setting. Clinicians of the acute care and assessment teams were consulted. These interviews informed the adaptation of the model. A training and supervision package has now been established. This training package focuses on the framework and eight engagement skills. Consultations continue to be undertaken to inform the single session therapy framework adopted by the service.

This presentation will describe the process undertaken to adapt the framework, underpinning principles for implementation, and the potential implications of a system reorientation to therapeutic practices within this setting.

**Stream 2: Clinical Reflections**
**Lovely Fusion of a Walk-in Appointment with Single Session Work within a Melbourne-based Community Health Centre**
**Author: Dana Robson**

Single session therapy was previously trialed in a Melbourne-based community health centre in 2009. Now 10 years later we still use the main premises of single session work and it fits very easily within our client centered care model at the community health centre.

My presentation is to demonstrate the smooth way a social worker used single session work to enable a walk-in client with complex needs ask for help and then engage seamlessly with services because of the social worker’s intervention.

Waitlists and the demands of funding sources often inhibit single session being used in its purity but the essence of respect and giving clients what they ask for can still be used and works much better if the approach is collaborative and not ‘done’ to clients.
**Stream 3: Unique Applications**

**Chronic Pain and SST: A Singular Sensation?**

*Author: Robert Rosenbaum*

Chronic pain, by definition, does not go away. How could a single therapeutic session help someone suffering from chronic pain? This session will review myths about chronic pain, introduce findings from perceptual neuropsychology and place pain in the context of the systems in which sensations are always embedded.

**Stream 4: Workforce Support**

**Implementing Courageous Leadership in the Fast-Paced Work of Walk-In, Single Session, Solution Focused Therapy**

*Author: Kimberly Knull*

Single session, solution focused, walk-in counselling is a particularly fast-paced, complex method of therapy. How can we take care of our staff in order to maintain their wellness and give them the greatest chance of being their best, in all dimensions of wellness?

Over the past year, Momentum Walk-in Counselling (Canada), has turned its focus to the health and wellness of therapists, staff, students and volunteers. The initiatives we have implemented this year are:

1) Staff-created, leadership supported wellness plans based on emotional, physical, intellectual/mental and spiritual dimensions of wellness. Reviewed every 6 months with leadership.

2) Meditation before shifts to calm the mind and focus the heart.

3) Implementing the fundamentals of Brene Brown’s Dare to Lead work through a 16-hour training program. These include:


   a) Rumbling with Vulnerability - We are working to cultivate brave leaders and a courageous culture. There has been a call to courage by rumbling with vulnerability, an investment of time attending to fears and feelings, an exploration of armoured leadership vs. daring leadership, and a dive into empathy whereby connecting to the emotions that underpin an experience.

   b) Living into our values - identifying our values as an organization and cultivating leaders who live into their values and are never silent about hard things.

   c) Braving Trust - learning how integrity is choosing courage over comfort; it’s choosing what is right over what is fun, fast or easy; and it’s practicing your values, not just professing them.

   d) Learning to rise after failure.

Evaluation of the staff wellness program as well as learnings will be presented.

**Stream 5: Child and Youth Mental Health**

**CYMHS Network Meeting**

*Facilitated by Paul Denborough (Alfred CYMHS)*

*Trigger Talks: Teresa McGrane (Alfred CYMHS); Myf Murphy (Hobart CAMHS); Helen Mildred (Eastern Health CYMHS)*

Connect with others working in the Child and Youth Mental Health Services and Child and Adolescent Mental Health Services to share ideas and insight in single session thinking and experiences in implementation. Trigger talks will also stimulate discussion and offer processes to support networking.
Stream 1: Adult Mental Health

“We must all do this again sometime”: Implementation of Single Session Family Consultation in an Adult Mental Health Service in Melbourne

Authors: Christine Chiappini & Kristen Henley

Inner West Area Mental Health Service began its implementation of The Bouverie Model of Single Session Family Consultation in 2016 as part of the service’s development of its Evidenced Based Interventions for Working with Families. The Evidenced Based Interventions are founded in the service’s Recovery Orientated Principles which cover five practice domains including Family and Carer.

The implementation of Single Session Family Consultation has been developed in collaboration with families and carers with Lived Experience of Mental Illness.

Inner West Area Mental Health Service is an adult based service in metropolitan Melbourne working with adults over the age 18 and their families impacted by serious mental illness. The service has a significant number of consumers experiencing homelessness, substance use and family violence. Single Session Family Consultation (SSFC) was introduced in a community setting with the plan to be offered in bed based settings.

The service has a number of structures to support the implementation of SSFC including:

- Network & Local Organisational Commitment to SSFC
- Network wide staff training
- Local learning and practice development training
- Family Practice Supervision group
- Orientation to all new staff of SSFC
- Family Work Champions
- Imbedding SSFC practices in core clinical work
- Data collection
- Evaluation

This presentation will provide a brief overview of SSFC and outline the implementation process (barriers and enablers, challenges and successes). We will share results of data collated from families, consumers and clinical staff members’ evaluations of SSFC experiences and future directions.

Stream 2: Clinical Reflections

Points and Counterpoints: SST: What is essential, what is not?
Facilitated by Naomi Rottem
Trigger Talk: Pam Rycroft

In training Single Session practitioners at The Bouverie Centre, we have experienced a dilemma not dissimilar to one that Moshe Talmon wrote about in his first book, Single Session Therapy: Maximizing the Effect of the First (and Often Only) Therapeutic Encounter (1990): Whether to create a new therapeutic model, or simply to allow practitioners to work from their strengths, their own preferred model, and consider SST more of a service delivery approach than a different sort of therapy. Over time, however, participants in our training have asked for more clinical skills and ideas about what optimises the usefulness of a single therapeutic encounter. This has led us to articulate our own framework, a set of skills we see as useful and our own ideas about SST as a process, involving a number of contacts aside from the session itself. But practitioners come to training from very different service settings, and with very different client groups. And they will give us feedback that suggests that not every aspect of our approach is possible in their settings. It leads to the
question of what actually constitutes a single session approach? What aspects are essential, and what aren’t? The brief trigger talk will tackle this question – not necessarily answer it – and seek ideas from everyone present.

**Stream 3: Unique Applications**

**SST for Gamblers and Affected Others to Explore Themes of Guilt, Shame and Trust, Through Open Communication Considering their Strengths and Hopes**

Authors: Bonita Cohen, Gretta Daley, Vicky Northe

From Ruin to Recovery (Zable, 2013); “I am the black sheep in my family gambling-wise and am keen that none of the relatives get to know of my shameful and guilty activities”. Shame and guilt can get in the way for many whose lives feel controlled by gambling. This can impact values such as honesty, respect, loyalty and erode trust. Much is written about adaptation and resilience after loss; people emerging on the other side of challenging events and crises stronger and wiser (Gorman, 2011). Individuals facing illness for example can reflect diagnosis has created a focus on what is important in life. What happens to individuals who carry stigma associated with what happened to them and whose gambling has caused others to suffer? SST can offer space for gamblers and others to explore themes of guilt, shame and trust through open communication considering their strengths and hopes. State-Wide Problem Gambling and Mental Health Program (SWPGMHP) offers both primary and secondary consultation. Gamblers Help (GH) refer clients to SWPGMHP for a variety of reasons; mental health assessment, recommendations and SST. Gamblers and affected others are seen by two co-therapists and reflective team which includes the GH counsellor.

Our presentation includes cases to illustrate some successes and challenges. We reflect on who the client is, working with stuck feelings, facilitating both the gambler and affected others identifying helpful solutions and collaborative problem solving rather than looking to the experts. Expanding compassion including everyone in the system allowing time needed for all voices to be heard. We reflect on the reflective team being in another room giving feedback via video or in the Therapy Room, co-therapists offering in-session reflections and what happens when the reflection is perceived as not constructive.

**Stream 4: Eating Disorders**

**Family Inclusive Practice with Adults Affected by Eating Disorders: Adding Single Session Family Consultations to Treatment**

Author: Carmel Fleming

Eating disorders are serious illnesses with significant impact on the individual including elevated morbidity and mortality. Eating disorders also significantly affect the family system and can have a drastic impact on carers as well as dire consequences for interpersonal relationships. The family, in both adults and adolescent cases of eating disorders, is often heavily relied upon by health services to support treatment. Family interventions have been identified but there are barriers particularly with adults affected by eating disorders, who are a diverse group with a range of factors that impact on their response to treatment. Family developmental stage, resources, and capacity to be involved in client care also vary in adult clinical populations with psychosocial support for clients, and their caregivers, yet to be regularly implemented.

This paper describes research investigating the acceptability, utility and impact of single session family consultation (SSFC) as an adjunct to outpatient treatment as usual for adults affected by eating disorders within a large public health service. As part of a stepped model of interventions based on the ‘pyramid of family care’, a framework for family involvement with general adult mental health services (Mottaghipour & Bickerton, 2005), SSFC was offered as a low intensity option to clients and their families. Novel to the adult eating disorders field, SSFC proved to be acceptable to participants and feasible to implement, with an effect on the psychosocial presenting problems of adult clients with eating disorders and their carers accessing a typical treatment setting. The experience of participating in SSFC and the impact of this method is discussed with qualitative data from both clients and their family members presented.
Stream 5: The Politics of SST
Points and Counterpoints: The Politics of SST
Facilitated by: Michael Hoyt
Trigger Talks: Arnie Slive & Windy Dryden

Short trigger talks will lead into a lively discussion of The Politics of SST. The session will explore the potential backlash to this approach in different places around the world.

Stream 1: Adult Mental Health
Adult Mental Health Network Meeting
Facilitated by: Brendan O’Hanlon
Trigger Talks: Jillian McDonald & Wayne Conron

Connect with others working in the Adult Mental Health Services to share ideas and insight in single session thinking and experiences in implementation. Trigger talks will also stimulate discussion and offer processes to support networking.

Stream 2: Clinical Reflections
OAAT with Couples - Sweden Style
Author: Martin Söderquist

Working with couple counselling is not an easy task in itself and offering One at a Time (OAAT) to the couples requires a genuine trust in people’s capability and resources. Since 2011 we have offered couples in Malmö, Sweden, Single Session/One at a Time, done follow ups and evaluated our work. It has taken time, energy and a lot of work to implement this format of counselling with couples but it has been worth it - for us and for the couples.

When you have One hour/One session there are many aspects to take into account:
1) What to focus on, what to do and not do to make it a constructive session for the couple?
2) How to make sure you are working in the direction of the hopes and goals of the couple?
3) How to end the session in a way that gives the couple ideas and plans for the immediate future?

I will present some of the ideas that have been helpful for our team when developing our way of working with couples. Together we will walk through a couple of sessions to give you ideas for how OAAT Sweden Style might be used in your work.

Stream 3: Unique Applications
Open Consultations: Single Session Therapy
Consultants: Michael Hoyt, Naomi Rottem & Pam Rycroft

Delegates are invited to have one-on-one or small group conversations relating to Single Session Therapy with our experienced practitioners. In keeping with the walk-in philosophy, appointments are not required - come along to this session and present your question. An open consultations organiser will triage questions.
Stream 4: Eating Disorders
Collaborative Meetings with Young People with Eating Disorders and Their Families
Authors: Rachel Barbara-May & Paul Denborough

The Eating Disorders Program at the Alfred Child and Youth Mental Health Service (CYMHS) provides integrated, multi-disciplinary outpatient treatment to children and young people affected by eating disorders and their families. The program aims to provide intervention at the earliest possible time to promote good outcomes for young people. As the program is integrated within a child and youth mental health service, young people and families have access to a full suite of mental health services, including case management and specialist interventions as required. The program operates from key principles of ‘recovery is expected’, ‘families are engaged in a purposeful partnership’ and ‘parents are the best resource for change’. This workshop will provide an in depth description of the new Family Brief Intervention (FBI) that has been designed specifically for those young people presenting with early concerns around food and eating. Drawing on single session ideas, this is a collaborative family therapy approach that fully integrates and utilises multidisciplinary and lived experience expertise. The workshop will discuss the pre-meeting process and set up, the in-meeting clinical process and tailored follow up and continuing care for families and young people. Outcome results will be shared with participants and there will be case illustrations throughout the discussion.

Stream 5: The Politics of SST
Revisiting a conversation between Moshe, Bob and Jeff
Authors: Moshe Talmon, Robert Rosenbaum & Jeff Young

In 2006, Moshe Talmon and Robert Rosenbaum, flew half way around the world as hosts of The Bouverie Centre, in Melbourne. Moshe and Robert, who were members of the San Francisco based Kaiser Permanente SST research team that lead to Talmon’s highly influential 2009 book, Single Session Therapy: Maximizing the Effect of the First (and Often Only) Therapeutic Encounter, had not seen each other for 10 years. Jeff Young, from The Bouverie Centre, spoke with Moshe and Robert on film about what led to their engagement with SST and their developmental thoughts about it. At the time, Jeff along with Pam Rycroft and Shane Weir, had just completed the largest and most successful SST implementation project in the world, in Victorian Community Health Counselling Services.

This presentation will show key moments of these 2006 interviews as a starting point for Moshe, Bob and Jeff sharing what has changed and what has not in their single session thinking, in the 13 since those interviews. In keeping with the theme and philosophy of the symposium, audience members will be invited into the discussion.

Day Two

Morning Session I: 11.00 - 11.45am

Stream 1: Walk-in Services
A Story of Service Evolution: From Zero to 80 Walk-in Therapy Clinics in Ontario
Author: Karen Young

Since the year 2000 when the first walk-in therapy clinic opened in Ontario, Canada, there has been a remarkable growth of walk-ins in the province. Over the span of 19 years there have been approximately 80 clinics created, providing immediate access to a therapy session for children, youth and adults. Clinics are operated by organizations funded by provincial government and charity funders.
The initial clinics that opened prior to 2012 were grass roots initiatives by organizations with the intention of reducing wait times and creating quick access to therapy. Then in 2012, the policy paper, No More, No Less: Brief mental health services for children and youth (Duvall, Young, Kayes-Burden) assisted the Ministry of Child and Youth Services to restructure how children’s mental health services are accessed in the province resulting in a mandate for quick access to single session therapy at their funded organizations. This new directive propelled the creation of many more clinics and inspired growth of more clinics outside of children’s services. Further to this, a new model for mental health services for students at universities and colleges, Stepped Care 2 (Cornish, 2017) has initiated a groundswell of growth of walk-in counselling clinics on campuses across Ontario.

Ontario’s walk-in clinics generally operate using a collaborative, strength-based orientation and many specifically utilize a brief narrative approach. In 2014 funding was provided by the Ontario Centre of Excellence for Child and Youth Mental Health for evaluation of outcomes for clients attending walk-in clinics. The evaluation looked at the effectiveness of the single session at addressing the problem, developing a plan for responding to it, facilitating aha moments, and establishing a therapeutic alliance (Young & Bhanot-Malhotra).

In this workshop Karen will briefly summarize the above initiatives and developments that have supported this spectacular evolution in service delivery in Ontario.

**Stream 2: Clinical Focus**

**Complex and Challenging Issues in SST Work: 2 case studies**

**Author: Patricia Boyhan**

Two SST case studies which were challenging for different reasons will be presented. The first involved a child who was acting out following the remarriage of his mother and a move from Country Victoria to suburban Melbourne. The co-therapist and I thought we had provided good feedback to the mother and step-father, however on follow-up we found they were not happy with the outcome of the session. After presenting this case I will ask for feedback from the group. The second case involved a woman whose adult daughter had recently disclosed she had been sexually abused by her brother when she was a child. The daughter swore the mother to secrecy as she did not want to disturb family relationships. The mother was grieving that she had not protected her daughter and struggling not to confront her son, who was now happily married with children of his own. The mother had been referred by her GP who was seriously concerned about the mother’s blood pressure and anxiety state. Again, there will be discussion with the group and feedback will be invited.

**Stream 3: Research**

**How to Evaluate Your Impact**

**Author: Steve Patty**

All of us who work with people need a way both to prove and to improve our impact in the lives of those we serve. We need data to demonstrate what we are doing is making a difference. We also need data to show us how to get better. We need better ways to evaluate what really matters.

Too often, however, evaluation fails to give us a crisp and clear picture of impact. It is frequently burdensome, perfunctory, and unwieldy ‘a chore to perform’, not an exciting and incisive discovery of the keys to causing human impact. We tend to measure the wrong things in the wrong ways, making our evaluation inert and tiresome. How do we make our valuation better?

How do we:
- Design simple, elegant and meaningful evaluation?
- Focus on impact and not just output?
- Draw a line of sight between our people management practices and our ability to fulfil our mandate?
- Develop leadership capacity through evaluation?
Mobilize leaders and stakeholders to make data-driven decisions?

Demonstrate the value and impact of our programs to potential funders.

Based on the work of over a decade of capacity-building with hundreds of programs and agencies across North America, this presentation will provide innovative thinking and proven technique to help us prove and improve our impact.

**Project Impact Study: The impact we are having on our community and the ways we were failing our clients**

*Authors: Kimberly Knoll*

Working with Dr. Steve Patty from Dialogues in Action, Momentum Walk-in Counselling (Canada) participated in Project Impact, a 6-month course designed to make our evaluation process better and more meaningful. After creating questions to assess clients’ ability to believe, understand and take to heart the learnings 6 months later from their single session, solution focused therapy, the results were published.

There were surprising findings, and changes were made to the program based on the results. Over and over we had amazing feedback from clients, but the client comments in the ‘How can we improve?’ section of our feedback paperwork consistently expressed their desire for more therapy. There was no rule saying that they could not come back, so why was this coming up?

We realized that people’s preconceived notions of what therapy was supposed to look like was interfering with their perception of the therapy they received. It appeared that people thought that the number of session correlate with the severity of their distress. In addition, the cultural perception that the therapist is the expert is alive and well, and some people were not used to being the expert in their lives. Being given the option as to when to return for therapy was uncomfortable. Many people wanted a therapist-directed treatment plan. In order to counteract this, we simply gave a simple explanation of what SST is and how effective people find it to be.

The research was repeated a year later, analysing the impact of the changes on the clients’ experience. Early indicators suggest that the number of requests for more or ongoing therapy will decrease and the impact post session will be even more profound.

**Stream 4: headspace Sponsored**

**Families at First Sight: Making the First Family Session ‘All G’**

*Authors: Teresa McGrane & Ron Findlay*

Families who have not met the therapists until the session may then need to share and discuss with them various personal intimate issues. So how do we make it both a pleasant and user-friendly experience (and for staff too) as well as an effective and useful one?

We discuss our current adaptations and innovations in family single session thinking and practice in our headspace Elsternwick Single Session Family Therapy program that try to meet these worthy goals.

In particular, we will outline the following:

- **Selfie Smiles**
  Using technologically up-to-date ways to make the sessions as family friendly as possible.

- **Mixing modalities**
Within the session utilising aspects of Narrative, Systemic, some Family Attachment theory, and Communication skills and techniques (e.g. Gottman, “I” statements, Reflecting Back, Experience questions).

**A Family Practice**
Family members practising new communication skills in the room with the ‘experts’ as coaches.

**Stream 5: Indigenous Cultural Contexts**
**xSS = Extreme Single Session: Revolutionary Moments on Sacred Land**
**Author: Sophia Sorensen**

As Western-trained therapists, we are taught to control aspects of the typical counselling experience for consistency, stability and security. In contrast, I work in an environment which ultimately values cultural humility, demands tremendous flexibility, tests the limits of experiential practice, and invokes a questioning of lifelong beliefs. I work in a world which requires radical flexibility in tandem with adherence to a high standard of professional ethics.

I am the sole therapist working in outreach for the First Nations Health Authority on Vancouver Island, where I serve 39,300 First Nations, in three main families (Kwakwaka’wakw, Nuu-chah-nulth and Coast Salish), over a geographic area of 84,231 square kilometres. The First Nations Health Authority (FNHA) is the first province-wide health authority of its kind in Canada and has a vision to transform the health and well-being of BC’s First Nations and Aboriginal people.

The work of connecting and healing takes place on the unceded territories of Vancouver Island, when invited into community, my “office” may be a fishing boat in Kingcome Inlet, an ice-covered dock off the shores of Ahousaht, an empty health centre waiting room or a grieving family’s living room. Sessions may be shorter or longer than one hour; stories are shared, solutions are sometimes sought, and a spirit of collaboration omnipresent. Through a post-modern lens, I offer my witnessing of single sessions with one-time clients and the powerful “gifts and shifts” that have emerged on traditional lands. Despite trauma, both recent, past and historical, despite cultural, spiritual, physical divides, I have seen clients, community members, experience deeply altering change in one deliberate or inadvertent counselling session.

**Stream 1: Walk-in Services**
**Then and Now: 30 Years of Walk-In SST at the Eastside Family Centre - Trends over time**
**Author: Nancy McElheran**

The Eastside Family Centre (EFC) of Wood’s Homes is a Canadian leader in offering Walk-In Single Session Therapy. It is entering its 30th year of delivering mental health services to the Calgary Community. Research indicates the Centre has been consistent over time in meeting the needs of those accessing the walk-in service.

This presentation will highlight research findings regarding trends in client characteristics, short term outcomes and, more recently, client impressions of their walk-in session(s). The structure of the service and the quality/risk management system that is in place will be overviewed, including the use of teams and the supervisory methods and processes which are central to the counselling offered through the walk-in service.

A more recent development is the influence of social media on the lives and relationships of the people we see. This presentation will highlight some of the issues facing our clientele as they deal with social media. The recent introduction of single session e-therapy as an adjunct to the EFC walk-in service will also be overviewed. Case examples will be presented. Conversation regarding the experience of others will be encouraged.
Stream 2: Clinical Focus
The One-Off Project - An Accessibility Approach
Authors: Kate Cordukes & Kelly Tsorlinis

In 2018, The Bouverie Centre made a decision to offer all of its clients on their waiting list a one-off session with the view of delivering a more accessible service. The rationale also sits on the shoulders of single session ideas that have been well researched and documented, stating the idea that short, timely interventions can be useful for families and the sorts of issues that attract long term work or more brief work are difficult to predict. We are also interested in looking at what some of the micro-skills the therapist might need to develop to do this work.

Stream 4: headspace Sponsored
Three Perspectives on the Introduction of Single Session Family Consultation at headspace
Authors: Brendan O’Hanlon, Suzanne Fuzzard & Vikki Ryall

This presentation tells the story of the introduction of Single Session Family Consultation (SSFC) within headspace, an Australian national youth mental health service. The story highlights how a practice model like SSFC is a necessary but not sufficient element of achieving practice change. Many other elements are needed if a model is to deliver benefits on a meaningful scale.

This presentation draws on three perspectives of the implementation process: the internal champion - a clinical lead from a rural headspace centre, the mental health program manager at The Bouverie Centre a specialist family service responsible for introducing SSFC to headspace, and the Director of Clinical Practice within the headspace national executive. The story involving these three players commenced in 2013 with a successful submission for a pilot project at four headspace centres. By 2016 a national roll-out of SSFC was underway involving nearly 50 of the then 100 headspace centres. Now in 2019, six years after the pilot project, this presentation provides an opportunity to reflect both on what has been achieved and what has been learned along the way.

Like most implementation endeavours it has been a bumpy ride, at times exciting, inspiring, rewarding, frustrating, disappointing and difficult. This journey has generated some hard won and valuable learning which is likely to be of interest to any individual or organisation striving to introduce single session or any other new practices to an organisation. This learning addresses issues including timing, organisational and practice culture, the role of internal champions, the fit between models and practitioners, organisational authorisation and facilitation and effective partnership.

Stream 5: Indigenous Cultural Contexts
Working with the Mob: Keeping the end in mind
Authors: Alison Elliott & James Dokona

The benefits for using approaches informed by Single Session ideas with Aboriginal families are increasingly understood. In resource-poor contexts where time and funding may be limited and where Aboriginal families may have had a long journey getting to your service –having to tell their story many times– how can you make their current session really useful?

The perspectives and learnings from working with many Aboriginal families using Single Session attitudes and skills will be presented. For example, engendering power and control to the family through asking permission, co-constructing the session (building it together), learning the language of the family and taking a non-dominant perspective as the therapist are all important.

Using the family’s expertise about who they are, what they want, and what they know does and does not work for them is a key part of interventions such as Just Therapy, Single Session and Solution Focused. What do the
family want and how do we elicit this in a culturally safe way? How do we support families to make the most of the resources they already have? The practitioner holds the processes, ask questions that guide the session and help families see that the past, present and future have abundant resources.

These approaches with Aboriginal families are not without caution, especially where healing from intergenerational trauma and the effects of colonisation might be slow work. Barriers to this model will be considered.

Alison Elliot and James Dokona are Indigenous people and offer reflections about their co-work with non-Indigenous therapists and how this offers opportunities to reposition power and privilege in the counselling settings, which can in turn model new perspectives for families.

**Afternoon Session I: 1.30 – 2.15pm**

**Stream 1: Walk-in Services**  
**Open Consultations: Walk-in services**  
**Consultants: Nancy McElheran, Monte Bobele & Arnie Slive**

Delegates are invited to have one-on-one or small group conversations relating to walk-in services with our experienced practitioners. In keeping with the walk-in philosophy, appointments are not required - come along to this session and present your question. An open consultations organiser will triage questions.

**Stream 2: Clinical Work**  
**The HIV Post-Test Counselling Session: Achieving a positive result**  
**Author: Kieran O’Loughlin**

In Australian cities, clients who have recently tested HIV positive are often fast-tracked into a full psychosocial assessment within a specialist community-based counselling program. In recent years these assessments have come to serve the function of a single counselling session as clients may have to wait for up to several months to be allocated to a counsellor for ongoing therapy or, as is increasingly the case, they may not necessarily wish to return for ongoing therapy in the short-term. The session must therefore serve a variety of functions. The assessment component aims to gather information on the client’s current life circumstances to arrive at an assessment of risks posed by their diagnosis to themselves, their social relationships and/or other people. The session also provides the opportunity to explain the medical information already provided by doctors about their diagnosis and its implications for their current and future sexual behaviour. A further significant ingredient of the session is to support the client in deciding how soon they will embark on an ongoing daily regime of antiretroviral treatment to which they must strictly adhere for the rest of their lives. In addition, the sessions aim to assist the client to begin processing the psychological impact of their diagnosis and provide psychoeducation on managing this impact. These agenda items need to be carefully and sensitively integrated with the client’s stated priorities at the start of the session. This paper will discuss the author’s experience of applying the principles of single session work to these counselling sessions. Finally, it will make recommendations for its future application in community health settings with clients who have been diagnosed with a serious health condition.
Stream 3: Research
The Impact of Family Support on Parental Wellbeing Following a Young Child’s Diagnosis of ASD: A Pilot Study
Author: Aspasia Stacey Rabba

Although psychological distress in parenting a child on the autism spectrum is widely documented, the initial trigger of this stress remains uncertain. The period of diagnosis may be the earliest experience of parenting stress that families encounter.

Objective: An intervention model was developed to support parents/caregivers after receiving a child’s early diagnosis with the aim of improving family’s psychological wellbeing. We hypothesized that receipt of the intervention would result in decreasing parenting stress, symptoms of depression and anxiety.

Method: To determine feasibility of a tailored Family Support Program (FSP), a pilot study was conducted with 17 participants randomly allocated to one of three treatment conditions (T1=FSP, T2=access to an online resource, T3=treatment as usual) following their child’s diagnosis of ASD. The FSP comprised a single session of therapy (i.e., SST; family clinic) and access to an online resource (Pathways Beyond Diagnosis).

Results: Parents who received the FSP made positive gains in their psychological wellbeing compared to parents in T2 and T3. Parenting self-efficacy, satisfaction and interest significantly decreased in families who did not receive the FSP intervention.

Conclusions: The pilot investigation provides promising results, indicating that SST may be an effective treatment pathway for parents following a child’s early diagnosis of ASD. Future studies that examine larger cohorts of parents are needed to provide more insight about how SST benefits this population, and how to minimise further psychological distress. Given that families are particularly vulnerable and time-poor post-diagnosis, identifying a family’s unique strengths through tailored SST may be the most effective intervention at this time.

Stream 4: headspace Sponsored
headspace Network Meeting
Facilitated by: Suzanne Fuzzard (headspace) and Brendan O’Hanlon (The Bouverie Centre)
Trigger Talks: Simon Casey, Christie Huggins, Dominic Talary (headspace)

Connect with others working in the field of young people’s mental health services to share ideas and insight in single session thinking and experiences in implementation. Trigger talks will also stimulate discussion and offer processes to support networking.

Stream 5: Indigenous Cultural Contexts
From Houston to Ahousaht: Single Session Practices Applied in Unique Settings
Author: Adriana Gil-Wilkerson

We will discuss our philosophy and approach in relation to Single Session, Collaborative Therapy at our Walk-In Therapy Program at the Houston Galveston Institute, in Houston, Texas. We will demonstrate how our philosophical stance lends itself to working in single sessions and walk-in therapy with diverse members of underserved populations that may encounter difficulty in accessing services. We have discovered that many times clients may only come to one session or a series of single sessions due to circumstances in their environment that limit their access to therapy.

As Collaborative Therapists we engage with clients with the belief that they are the experts in their own lives and we invite them into conversations that may make a difference in their lives. Our intention is to hold a space to discuss possible ways for their identified struggles to dissolve through language, in dialogue.
We train professionals in Collaborative Practices in Single Session Therapy and Walk-In Therapy. Through our work we make connections with members of communities worldwide. When they train with us, they learn our Collaborative Philosophy and Practices and sometimes take their experiences into their next phases of professional development. We will discuss how we engage in training dialogue and work alongside co-therapists with reflecting teams to generate possibilities that can be accessed by our clients.

We will also be presenting such a connection that occurred with Sophia Sorensen, our colleague from Canada.

**Hope in Remote Places: Delivering Collaborative Single Session Therapy in Indigenous Communities in Canada**

**Author: Sophia Sorensen**

Crisis can be an opportunity for healing. As a Crisis Outreach Counsellor to First Nations Communities in remote areas in Western Canada, there is one opportunity to make a connection with clients with the hope of engaging in healing conversations. After being invited into Indigenous communities to support clients who are dealing with recent trauma, in many cases I encounter individuals also dealing with the consequences of intergenerational and historical trauma and losses, diagnosed and undiagnosed mental illness, substance use and socio-economic challenges.

Due to distance and circumstance, single sessions are the norm, and the context includes major, multiple systemic barriers to access counselling, often a lack of any counselling resources and/or a client history of negative therapeutic interactions. There are also layers of complexity and a high level of mistrust of those outside the community due to cultural differences and a history of colonization.

There are tremendous challenges inherent in these settings and the work is daunting; my approach has been greatly influenced by my learning at Houston Galveston Institute (Texas, USA), and it is present in my approach to every client interaction, and is effective at helping bridge the divides between both Indigenous and Western ways of ‘being’ in the world and Traditional and Western ways of healing.

I will present the specific aspects of Collaborative Philosophy and Practices that I apply in my work and the transformative experiences that have resulted.

**Afternoon Session II: 2.15 – 3.00pm**

**Stream 1: Walk-in Services**

**Single Session Interventions in a Custodial Setting**

**Authors: Erik Meurs & Dani Ashley**

Mental health clinicians working in custodial settings often see clients for a single session. Whilst this is not always by choice of the clinician, limitations in funding, high numbers of remandees and prisoners being moved around the system, do not always allow for ongoing intervention. Providing effective interventions within a custodial environment is further challenged by the nature of the environment the intervention is provided in, as well as the high complexity of this population due to their higher rates of illiteracy, unemployment, substance misuse, treatment resistance and mental illness. The issues these clients present with vary significantly, from needing support in adjusting to the new environment, severe difficulties with emotional regulation, acute mental illness and other complex behaviours.

What is the potential of a single session in a custodial environment, and what is being provided to the client in a 30-minute session? Does it enable clients to know that support is available? Basic mindfulness, emotion regulation, substance abuse information and sleep-hygiene seem to be very effective when used in a single
session. The recognition of single session interventions in a custodial setting needs further exploration, so clinicians can have an improved understanding of their approach in using these interventions. Additionally, exploration of measuring the effectiveness of these sessions is required. We hope to share our experiences with you during our presentation and gain more ideas on how to move forward with this concept.

This session aims to cover:
- an introduction and background to Mental Health Care in the Victorian prison system.
- Single session intervention sessions explained through real case scenarios.
- explore the different types of single-session interventions occurring.
- the use of handouts, creative tools and instructions to further embed the intervention after the session.

**Stream 2: Clinical Work**

**SST and the 9 Logics Beneath Brief Therapy Interventions: An integration to reduce the complexity of every single session**

*Author: Flavio Cannistrà*

After studying over 100 brief therapy interventions, the author found 9 logics, 9 categories in which every technique can be included. These can help to reduce complexity in therapy, finding the easiest ways to choose and to create specific and helpful techniques during the session. In this presentation an overview of the 9 logics is provided and the author will also reflect about some possible integrations in SST practice.

**Stream 3: Research**

**Points and Counterpoints: Research & International Collaborations**

*Facilitated by: Siân McLean*

*Trigger Talk: Ruth Perkins*

A short trigger talk will lead into an engaging discussion around Single Session Thinking research and international collaborations. The session will explore the complex questions and issues relating to its implementation.

**Stream 4: headspace Sponsored**

**Open Consultations: Single Session Family Consultations**

*Consultants: Brendan O’Hanlon, Bronwyn Dunnachie & Suzanne Fuzzard*

Delegates are invited to have one-on-one or small group conversations relating to Single Session Family Consultations with our experienced practitioners. In keeping with the walk-in philosophy, appointments are not required - come along to this session and present your question. An open consultations organiser will triage questions.