WALK-IN COUNSELING:

Addressing Trauma in a One-Hour Session

Cross Discipline Trauma Conference of Central Texas

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Arnold Slive, PhD [1]
Monte Bobele, PhD [2]

[1] 11603 Ladera Vista #27, Austin, TX, 78759, arnie@slive.ca, (512) 330---4300
[2] Psychology Department, Our Lady of the Lake University of the Lake University,411 SW 24th Street, San Antonio, texas 78207, mrbobele@lake.ollusa.edu, 210-4314006

Why Single Sessions?

- ✓ Push from MCOs in the US
- ✓ Reduces iatrogenic problems
- ✓ Excellent for managing wait-lists
- ✓ Especially suited for multi-cultural populations
- ✓ It happens anyway
- ✓ Why not? It's the usual, not the unusual

Types of Single Sessions

1. Unplanned
2. Single sessions by design
3. Walk-in single sessions

The Single-Session Mindset

- Every session has the potential to be a single session
- Each session may be the last
- We do one session at a time
- Psychotherapy is about key moments
- Rapid change is not only possible but common in human experience
- Therapist expectations are communicated overtly and covertly about how rapid and how much change can be expected
- There is no direct correlation between the duration of the complaint and the duration of the treatment
- There is no direct correlation between the severity of the complaint and the duration of the treatment
- We need to know less about the history of the complaint and the family than we think
- Families are far less interested in psychotherapy than are therapists
- The greatest opportunity for change comes in the earliest stages of therapy
- Therapy is a form of consultation

The Focus of a Single Session

- Help your client create a single-session mindset
- Slow down, listen, observe Narrow the database
- Stay in the present
- Avoid search for underlying / historical causes
- Create behavioral descriptions of problem and goals
- Attend to common factors
- Therapeutic alliance: Does your approach / model fit the family's expectations?
- Client theory of problem and change
- Family resources
- Learn what your clients want? Then give your clients what they want
- Develop contextual understanding
- Why now?
- What makes it a problem?
- Discover exceptions and prior successes
- Assess motivation and work with it
- Aim for small change
- Commendations

Single-Session Principles With Clients Who Have Experienced Trauma

- The client is in charge
- Choices
- Time management: a collaboration with client
- Slow down, listen, observe
- Why now?
- What does the client want?
- Accept what the client says
- Resources, strengths, what's going well, commendations
- Normalizing reactions
- The question of "why"?
- Dealing with risk issues
- The PTSD diagnosis: pros and cons
- Be aware of community resources

Setting Goals

(For the most part the criteria for goal described by solution focused brief therapists apply here)

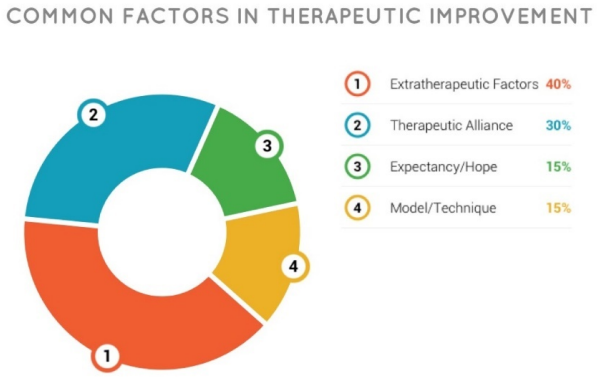
1. The goals must be important to the client
2. The goals must be small and achievable
3. The goals must be concrete, specific, and behavioral
4. The goals express the presence of something, or of a behavior, rather than an absence
5. The goals are expressed as beginnings rather than endings
6. The goals must be fit within the family's context, life style, culture
7. The goals should be perceived as requiring effort, hard work

We Don't	We Do
Invite lengthy discussions about the past	Get descriptions of the problem in the present
Encourage speculation about why the problem exists, underlying cause, pathology, or unconscious motivations	Assume that "the problem is the problem" as presented by the family
Assume that insight produces change	Focus on the problem as an aspect of human interaction
	Establish specific goals described in behavioral
	Assume that doing something different leads to

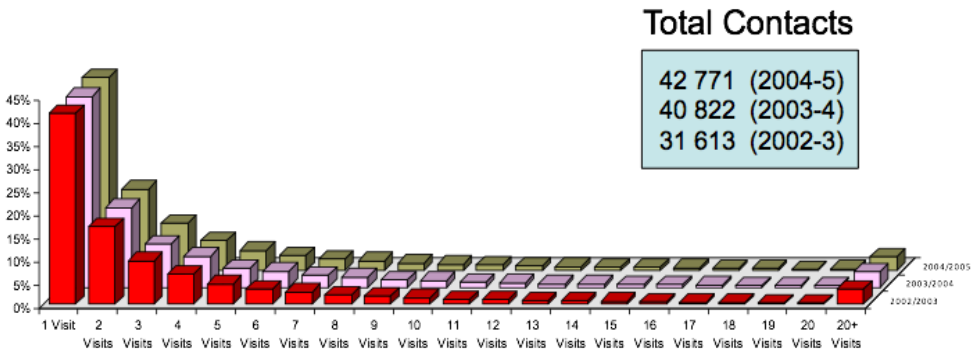
We Want Clients to Leave With

- A sense that they've been heard
- Increased hope / decreased stress
- Increased awareness of strengths and resources and how to make use of them
- Perhaps a new way to think about a problem
- Perhaps a "next step" for addressing a problem
- A positive experience with psychotherapy

Researchers' Findings



Community Health Counselling state-wide contact data



Literature Review of Single Session Therapy (SST) Studies

Nozomu ozaki
Ph.D. Candidate
Nova southeastern university

Sufficiency and Satisfaction

- **Sufficient** to address problems for between *44.3%* and *60 %* of clients
(Fry, 2012; Miller, 2014; Miller & Slive 2004; Perkins & Scarlett, 2008)

- **Satisfactory** for high percentage of WIS clients—between *74.4%* and *95.2%*
(Harper-Jaques & Leahey, 2011; Miller & Slive, 2004; Young, 2011)

Problem Improvement

- **Level of stress**
(Clements et al., 2011; Harper-Jaques & Foucault, 2014; Harper-Jaques & Leahey, 2011; Stalker et al., 2012)
- **Severity of clients' problems**
(Harper-Jaques & Foucault, 2014; Perkins, 2006; Young, 2011)
- **General functioning** (Stalker et al., 2012)
- **Psychosocial functioning among adolescents**
(Barwick et al., 2013)
- **Confidence in resolving problems** (Young, 2011)
- **Solutions and coping** (Harper-Jaques & Foucault, 2014)
- **Knowledge about resources** (Young, 2011)

Helpful Aspects of SST Reported by Client

- **Advice or feedback about problems**
(Correia, 2013; Miller, 2008; Miller & Slive, 2004; Nuthall & Townend, 2007; Sommers-Flanagan, 2007)
- **Immediate access to therapy (WIS)**
(Barwick et al., 2013; Correia, 2013; Harper-Jacques et al., 2008; Miller, 2008)
- **Being heard and understood**
(Clements et al., 2011; Correia, 2013; Miller, 2008)
- **Referral to other resources**
(Miller & Slive, 2004; Nuthall & Townend, 2007)

In-Session Processes of SST

- **Reciprocal and mutual process of meaning-making**
(Massfeller & Strong, 2012; Ramey et al., 2009, 2010; Sharma, 2012; Strong & Nielsen, 2008: Strong & Pyle, 2012; Strong & Turner, 2008)

- **Therapists' emphasis on clients' resources and strengths**
(Sharma, 2012; Strong & Nielsen, 2008; Strong & Pyle, 2012; Strong & Turner, 2008)

- **Therapists' client-centered stance and utilization of client language**
(Massfeller & Strong, 2012; Sharma, 2012; Strong & Nielsen, 2008)

Conclusion

- **Satisfactory, sufficient, and effective for wide range of clients and problems**

- **Little progress in methodological design**

- **Consistent with the previous literature reviews**
(Bloom, 2001, Bloom & Tam, 2015 ; Cameron, 2007; Campbell, 2012; Goodman & Happell, 2006; Hymmen et al., 2013; Gee et al., 2015; Paul & van Ommeren, 2013)

- **Limited number of qualitative research**

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