

17 Nov 2021 – ACMHN

Introduction to Solution Focused Brief Therapy using Single Session Thinking

(When 1 hour is all you have, and all you need)

David Hains

Left Turn Solutions

President, Australasian Solution Focused Association

Chairperson, Journal of Solution Focused Practices

When I asked my friends for info ... 1

Hi David,

Here is a transcript of a recent session with a client.

It was difficult for me to figure what I could send you given that essentially the work I do with perinatal clients is exactly the same as what I might do with other clients!

(Frances, NSW)

Frances supplied a transcript of a session that I can send you with other resources

SF24/21

BUILDING HOPE, EMPOWERING CHANGE

5-6 AUGUST 2021

**SINGLE SESSION THERAPY - JUST HOW MUCH CAN YOU
DO IN AN HOUR?**

AUSTRALASIA & OCEANIA 2:30 - 3:30PM (AEST, BRISBANE)

David Hains

24HR Global Online Conference
for the Solution Focused Community

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David Hains
President
ASFA

Rebecca Seal
Team Leader
Hespath Victor Harbor



[This workshop from SF24 can now be watched on YouTube](#)

What are your BEST HOPES
for this workshop?

Keep your responses strictly to what
happens here in the next hour.
i.e. what do you want to
see/hear/discover/understand/know
and experience in the next hour?

Let's imagine that you get what you came for (and more), and these 'best hopes' are realised. What difference will that make to you in your life/work/counselling/career?



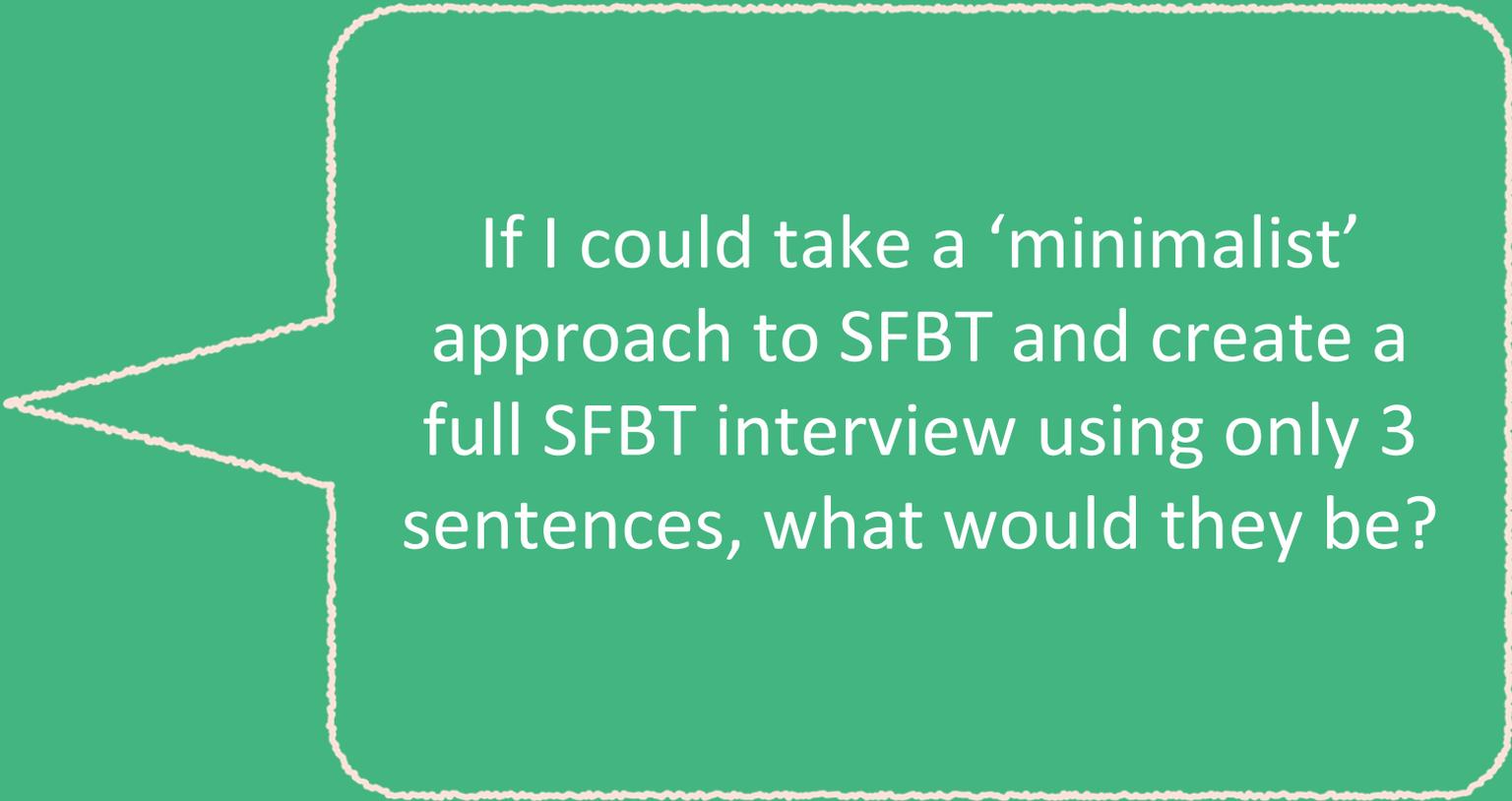
So, after today, who* will be
the first to notice this
'difference'
(ie the difference you just
heard about)

*Think - boss, colleagues, clients



So what specifically will they notice about you in what you do and the way you do it?

Explore and be inquisitive +++
(you can say “what else?”)



If I could take a 'minimalist' approach to SFBT and create a full SFBT interview using only 3 sentences, what would they be?

What are your BEST HOPES
for coming here today?

What are your BEST HOPES
from coming here today?



What else?

What are your BEST HOPES for coming here today?

Establish what they want
Introduce 'hope' at the earliest opportunity

What are your BEST HOPES from coming here today?

A description of this thing(s) occurring in the future

What else?

Detail, detail, detail

When I asked my friends for info ... 2

One story that comes to mind from one of my clients experiencing postpartum depression - she said she was so excited after I asked her about her best hopes, and what she wants. She said she had a hard time sleeping after that session because no one had ever asked her what she wants or hopes for, and it opened so many new areas of consideration for her (her words).

“One advantage of this type of perspective is that it tends to change the nature of what one finds in [clients]. Simply stated, if one studies only [clients’] problems, one finds only problems.”

DeFrane, M. (1999) “Strong families around the world” p.13

“The answers you get depend upon the questions you ask.”

Thomas Kuhn

What is SFBT?



When Patch gets his nickname:

<https://www.youtube.com/watch?v=bKLQBuSPVwQ>

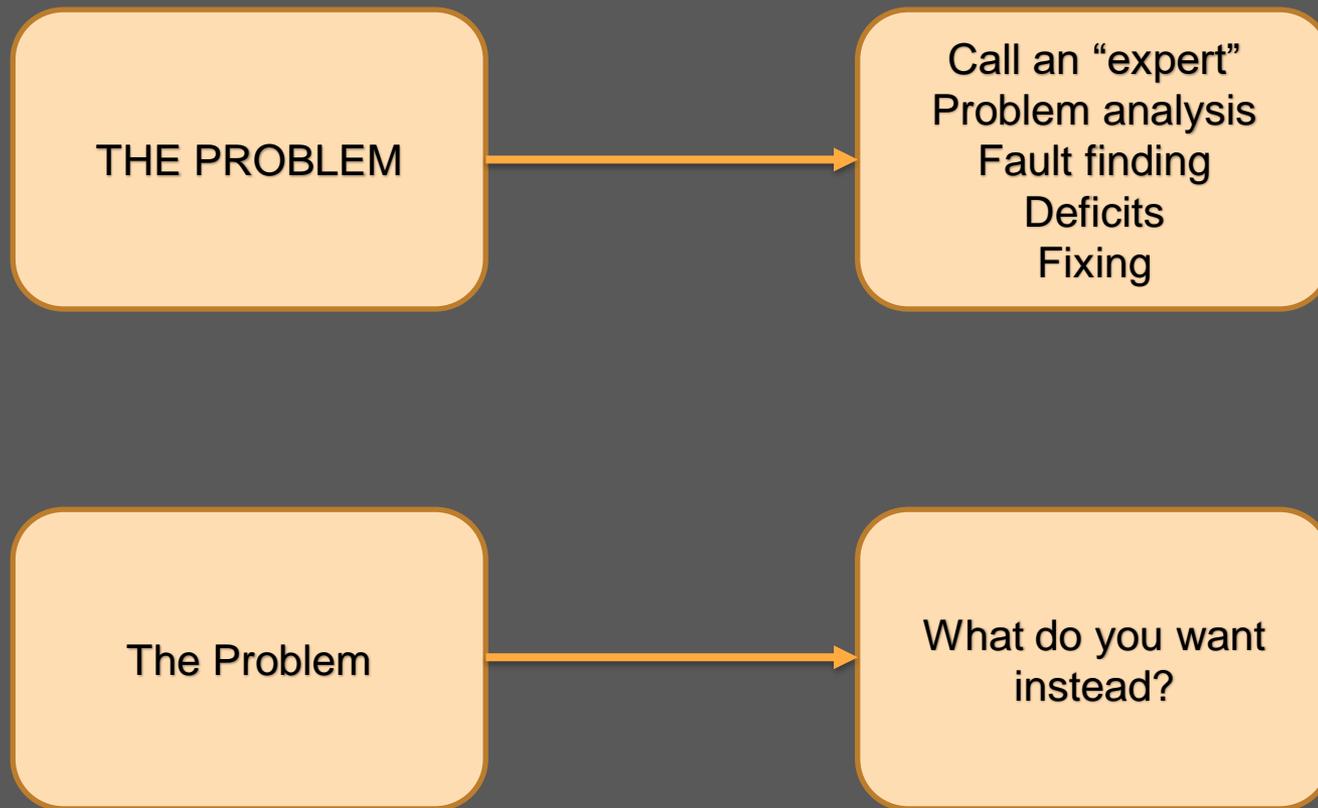
#1

Thinking about the video that you have just seen, discuss and speculate about: What is Solution Focused Brief Therapy?

“When I focus on what’s good today, I have a good day, and when I focus on what is bad, I have a bad day. If I focus on a problem, the problem increases; if I focus on the answer, the answer increases”

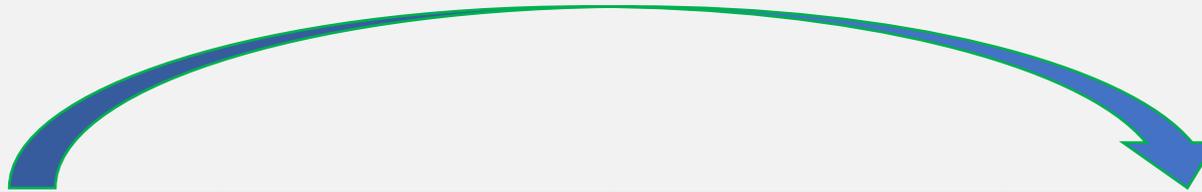
Alcoholics Anonymous (1976) Alcoholics Anonymous: the story of how thousands of men and women have recovered from alcoholism (The big book). Alcoholics Anonymous World Services, New York.

2 different ways of thinking



The Left Turn ABCD model for “better”

Moving from where you are, to where you want to be

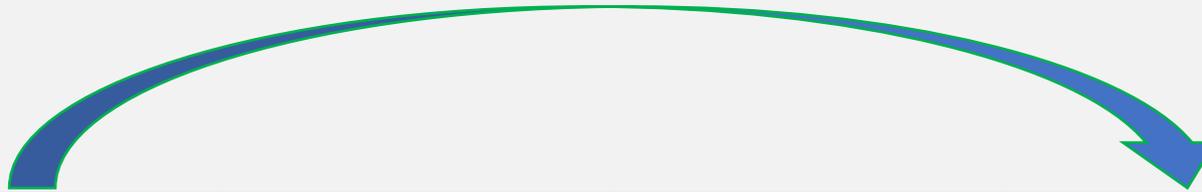


The problem is over here – Don't look back!!!

| <p style="text-align: center;">A</p> <p>Where Are you?</p> | <p style="text-align: center;">C</p> <p>Currency Connections & Coping</p> | <p style="text-align: center;">D</p> <p>Doing</p> | <p style="text-align: center;">B</p> <p>Where do you want to Be?</p> | Feedback, affirmations, next steps |
|--|---|--|--|------------------------------------|
| <p>Problem-free talk</p> <p>Best Hopes</p> <p>Common Project</p> <p><u>Orientation</u> to a “Preferred Future”</p> | <p>VIP’s</p> <p>Strengths</p> <p>Exceptions</p> | <p>Scaling Questions</p> <p><i>Step by step</i></p> <p><i>What will be different?</i></p> <p><i>What will people notice?</i></p> | <p>Preferred Future</p> <p>Miracle Question</p> <p><i>detail, detail, detail</i></p> | |

The Left Turn ABCD model for “better”

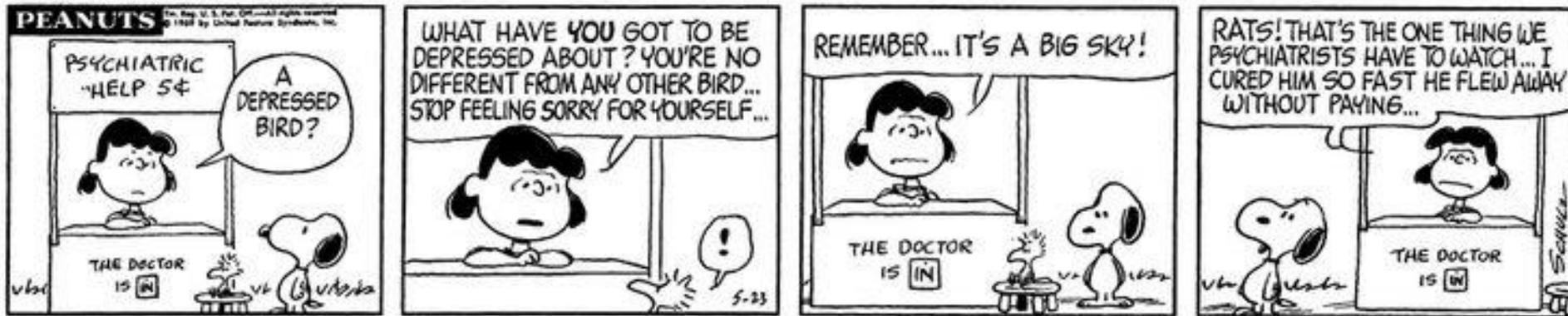
Moving from where you are, to where you want to be



The problem is over here – Don't look back!!!

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|--|--|--|--|------------------------------------|
| The starting place Transforming a problem into a goal/possibility Common project Changing your perspective Considering the context Stating an objective | Making use of what's already there Skills, resources, and strengths What's already going well Prior successes When it could have gone bad, but didn't Existing relationships – family, friends, team, clients, anyone | Scaling questions Small steps – what's next? K.I.S.S. – staying on the surface If it works – keep doing it If it doesn't work – try something else Language | Your preferred future Possibilities (present & future) Meaning & purpose Simple & clear description of what “better” would be like: <ul style="list-style-type: none"> • What you are doing differently • What you will notice • What others will notice | |

My introduction to SFBT & My introduction to SST



HOW BRIEF DOES IT GET? WALK-IN SINGLE SESSION THERAPY

ARNOLD SLIVE, PH.D., LIC. PSYCH.
Our Lady of the Lake University
NANCY McELHERAN, R.N., M.N.
ANN LAWSON, M.A.SC., R. PSYCH.
Wood's Homes

This article describes how the concept of brief therapy can be effectively taken to its logical extreme: walk-in single sessions. At a community based counseling center in Canada, clients can access mental health services at their chosen moment of need without the red tape of formal intake processes and wait lists. Research that supports the concept is discussed, the model of service delivery is described, and case examples illustrate the basic features of the clinical approach.

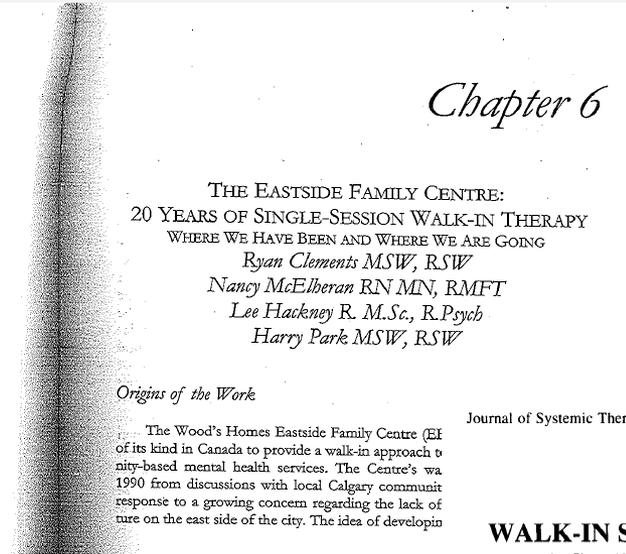
Lucy, after assisting a "patient" at her "Psychiatric Help: 5-cents" stand:

"Rats! That's the one thing we psychiatrists have to watch . . . I cured him so fast he flew away without paying."

—Charles Schulz (2005)

An increased demand for accessibility to mental health services accompanied by a diminishment of resources around the world has forced mental health practitioners to innovate and devise a variety of new programs and service delivery strat-

These papers, along with any of the other papers that are referenced, are available if you would like to send me a message via: www.leftturnsolutions.com.au/contact-us



Journal of Systemic Therapies, Vol. 27, No. 3, 2008, pp. 78–94

WALK-IN SINGLE SESSION TEAM THERAPY: A STUDY OF CLIENT SATISFACTION

JOHN K. MILLER, PH.D.
University of Oregon

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When One Hour is All You Have

ble and economically feasible service similar to the city's growing number of walk-in medical clinics began to take shape as a strategy to deal with an increased need for quality mental health services.

The Centre's original intention was to address local community needs as the community defined them. Wood's Homes' Chief Executive Officer and Board of Directors, along with the provincial authority for the delivery of mental health services, have supported the Centre's mission.

Chapter 6

To maintain this community driven philosophy side the advisory group to promote the Centre's services, schools and key community resource centres to face meetings. Linkages with the area's hospital emergency systems were created and then enhanced by recruitment to provide consultation at the EFC four days per week.

This is a study of client satisfaction with walk-in single session team therapy, a clinical delivery system that offers immediate accessibility at moments in time determined by the client. Individual adults, couples, or family members over the age of 18 (N = 403) responded to questionnaires, given immediately after the therapy session, aimed at assessing client satisfaction with their walk-in single session team therapy. Client satisfaction was assessed in five variables: satisfaction with the overall walk-in single session team therapy service, the reception service, intake paperwork, explanation of confidentiality, and consulting team approach. Results indicate 81.9% of the clients reported overall high satisfaction with the walk-in single session team therapy service, with the greatest strengths of the service reported being immediate accessibility and the caring attitude of the therapist. Higher satisfaction was reported for some presenting concerns (sexual abuse/assault, self-esteem, and child behavior issues) than for others (anxiety and stress). Written feedback regarding the perceived strengths and recommended changes for the service is also reported. The article concludes with a discussion of how walk-in single session team therapy has utility in the overall clinical delivery system.

INTRODUCING BRIEF THERAPY INTO A COMMUNITY MENTAL HEALTH SERVICE

LANCE TAYLOR, M.SC., R.PSYCH.
Rocky Mountain Brief Therapy Institute,
Cochrane Alberta, Canada

PHILLIP WRIGHT, M.A., R.PSYCH.
Alberta Health Services, Red Deer Alberta, Canada

CHLOE COLE, R.P.N.
Alberta Health Services, Red Deer, Alberta, Canada

The existence of lengthy wait lists, a not uncommon condition found in many public community mental health services, prompted a small team that was performing the intake function for its clinic to launch a pilot project of Brief Therapy. Amidst a traditionally oriented service and in the face of understandable skepticism, this team constructed a coherent plan of action founded upon the solution focused model of brief therapy. Not only did the results more than validate the team's initial expectations, they so impressed their management team with their data, that even in times of marked fiscal restraint, the Brief Therapy Program was expanded.

INTRODUCING BRIEF THERAPY INTO A COMMUNITY MENTAL HEALTH SERVICE

- * **13 months - 554 clients**
- * **98% of clients reported that they were satisfied with the service they received**
- * **re-enrollment rate for closed cases during this time period was 0.01% (6 clients)**
- * **waiting list for other therapy program dropped from 39 to 17 days**

The existence of lengthy wait lists, a not uncommon condition found in many mental health services, motivated the Rocky Mountain Brief Therapy Institute, performing the intake function for its clinic to launch a pilot project of Brief Therapy. Amidst a traditionally oriented service and in the face of understandable skepticism, this team constructed a coherent plan of action founded upon the solution focused model of brief therapy. Not only did the results more than validate the team's initial expectations, they so impressed their management team with their data, that even in times of marked fiscal restraint, the Brief Therapy Program was expanded.



Single Session Thinking 2020

Michael F. Hoyt¹, Jeff Young² and Pam Rycroft²

¹ *Independent Practice, Mill Valley, CA, USA*

² *The Bouverie Centre, La Trobe University, Brunswick*

This update presents key developments since Talmon's original (1990) publication, including an account of the three international symposia which have taken place since the last ANZJFT special edition on single session therapy in 2012, and the major compilations that followed the symposia. Underlying elements that unite different single session approaches are explored, and an attempt is made to provide a terminology that is inclusive and coherent. As reflected in the title, the term 'single session thinking' is suggested as an over-arching term for the approach that is no longer limited to the therapy room, but reaches into many different contexts. In conclusion, possible future clinical and research developments in the field of single session thinking and practice are reflected upon, and the implications for contemporary health care delivery considered.

Keywords: single session thinking, single session work, brief therapy, by-appointment and walk-in services, health care delivery

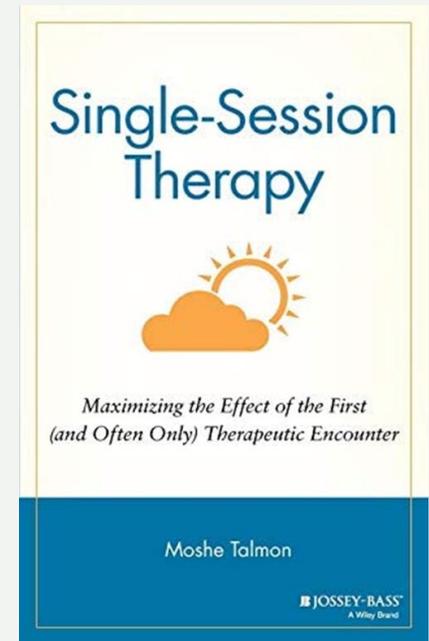
Key Points

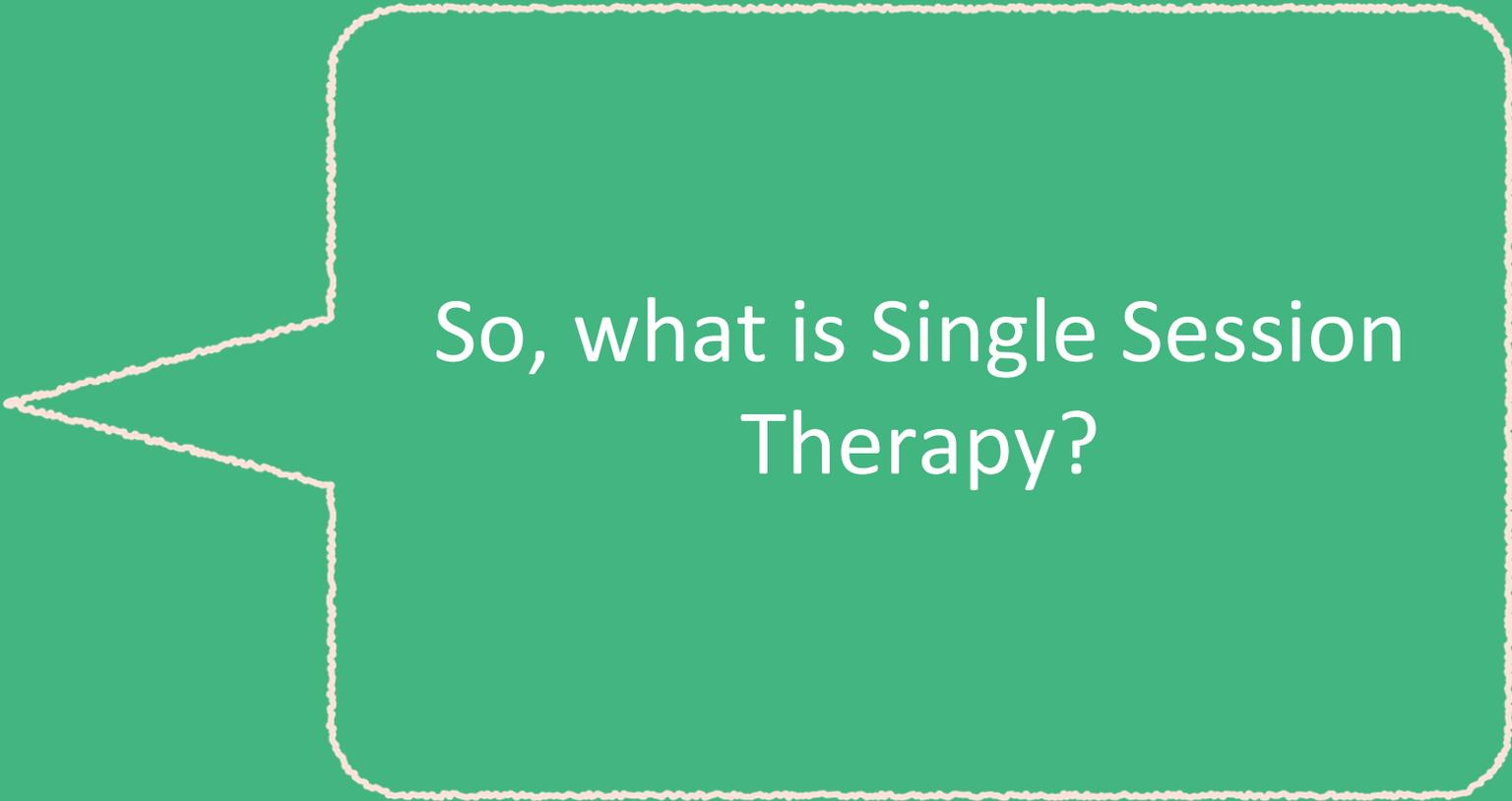
1. Since the publication of Moshe Talmon's (1990) seminal text, the philosophy and practice of a single session therapy (SST) approach has been adapted to a range of service contexts around the world.

Israeli psychologist, Moshe Talmon (1990), while working in a health maintenance organisation (HMO) outpatient clinic at Kaiser Permanente in Northern California, noticed that a considerable number of his patients as well as those of his clinic colleagues (regardless of their respective theoretical orientations) came for only one visit. Collaborating with Robert Rosenbaum and Michael Hoyt, Talmon took the big step of contacting 200 only-seen-once patients to find out what had happened and why they had not returned – and made the surprising discovery that most had gotten what they had come for and were satisfied by the results of their one visit to the clinic. This led to Talmon et al. conducting the first prospective study of single session therapy (SST) to see what might be accomplished if the therapist (and client) approached that visit as if it could be the only one.

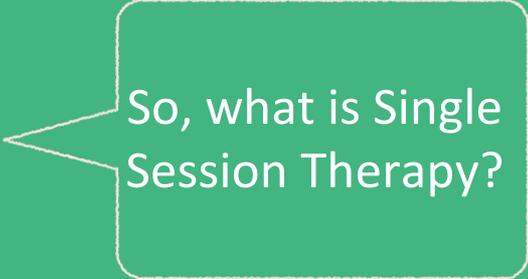
The basic findings of the Kaiser study were:

- thirty-four of 58 patients (58.6%) elected to complete their therapy in one session even when more sessions were available;
- more than 88% of the one-session patients reported significant improvement in their original 'presenting complaint' and more than 65% also reported 'ripple' improvements in related areas of functioning; and
- while not experimentally assigned to one session or longer, on follow-up there was no difference in satisfaction and outcome scores between those who chose to stop after one visit versus those who continued for more sessions





So, what is Single Session
Therapy?



So, what is Single Session Therapy?

Single-Session Therapy (is) everything that derives attitudinally, clinically, and organizationally from accepting three findings, two backed by research and the third by our clinical experience.

Finding #1: that the most common number of service contacts that clients attend is **ONE**, followed by two, followed by three . . . irrespective of diagnosis, complexity, or the severity of their problem (Talmon, 1990).

Finding #2: that the majority (often about 70 –80%) of those people who attend only one session, across a range of therapies, report that the single session was adequate given their current circumstance (Bloom, 2001; Campbell, 2012; Talmon, 1990).

Finding #3: it seems impossible to accurately predict who will attend only one session and who will attend more, a proposition that has significant clinical and organisational ramifications.



Of course this approach is
only for simple problems,
isn't it?

In 1982 a family with 27 problems came to
therapy ...

Hopwood and de Shazer (1994) p.558

In 1982 a family with 27 problems came to
therapy ...

“Two weeks later when the family returned, my [de Shazer’s] colleagues and I were surprised when the family described 27 different things that had happened that they wanted to continue to have happen. 25 of the 27 were directly related to the 27 concerns listed during session one. When asked, the family members said that they thought the problem that brought them to therapy was solved and therefore no more sessions were needed”

Hopwood and de Shazer (1994) p.558

“What can be done with fewer means is done
in vain with many”

William of Ockham

‘Ockham’s Razor’

“SFBT practitioners tend to believe that most clients have better ways to spend their time than talking to therapists”

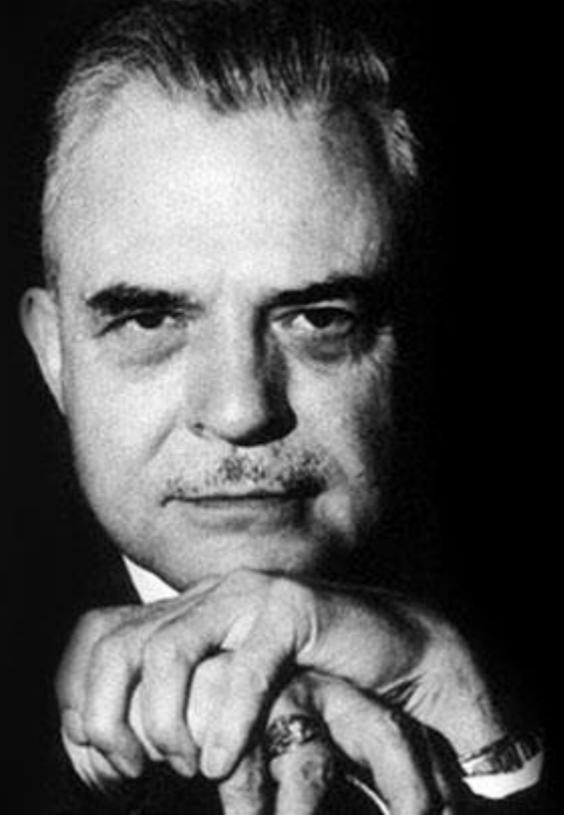
Ratner, H., George, E., Iveson, C. (2012) “Solution focused brief therapy: 100 key points and techniques” p. 21

“Successful work depends on knowing what the client wants from the therapy. Once this is established, the task of therapy is to find the quickest way there”

Ratner, H., George, E., Iveson, C. (2012) “Solution focused brief therapy: 100 key points and techniques” p. 21

People do not come
into therapy to change
their past but their
future.

Milton Erikson

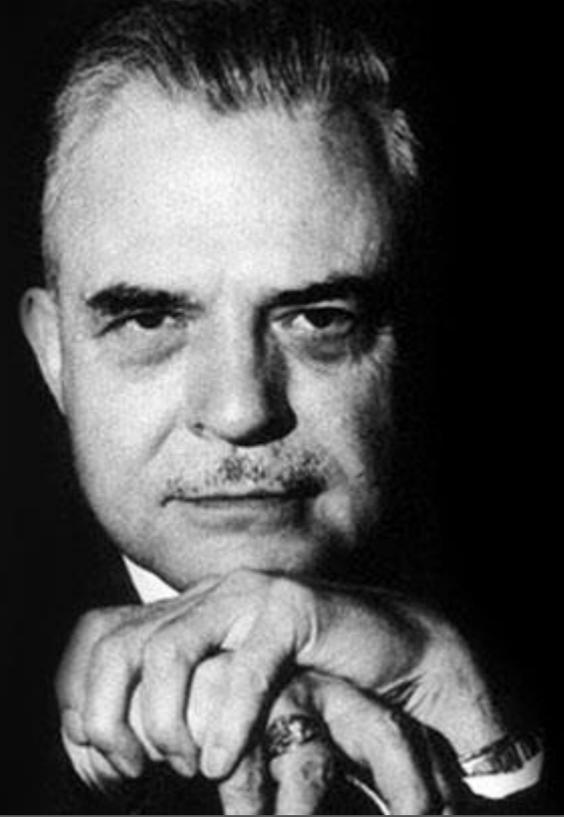


[The African Violet Queen \(Erikson\)](#)

[The African Violet Queen \(O'Hanlon\)](#)

Don't ask why the
patient is the way he is,
ask for what he would
change.

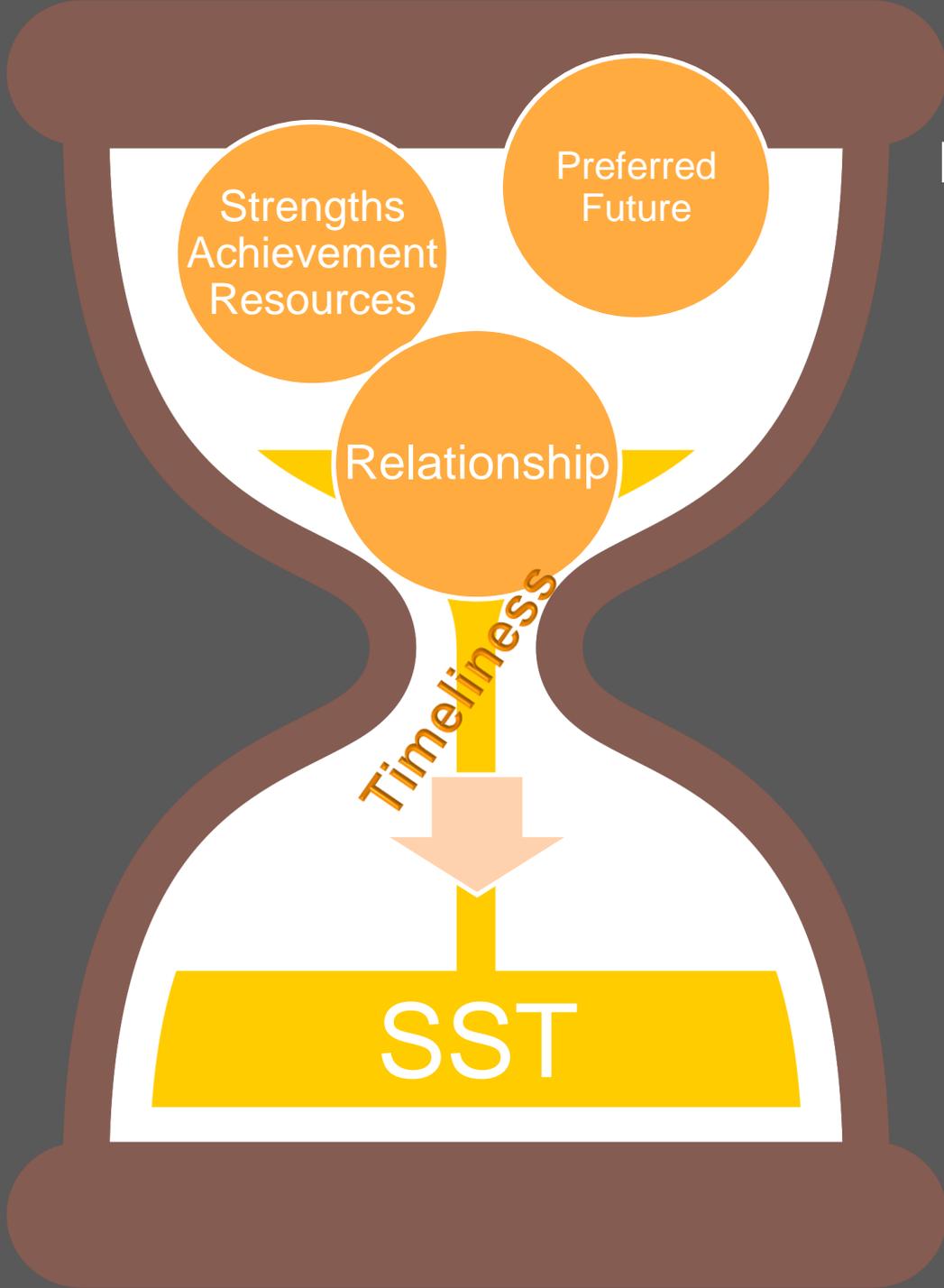
Milton Erikson



A brief model of SST

(i.e. the “No Bullshit Approach to therapy”)





Hains (A few days ago)

My “typical” single-session approach

1. Pre-session questionnaire
2. Welcome, introductions, consent, practical information
3. Small talk, finding likes, supports, strengths, VIPs
- 4a. What is the thing to address today? Review questionnaire
- 4b. What would be different if this is gone?
5. Miracle Question
6. Scaling
7. Checking in
8. Summarise, feedback, acknowledge effort
9. Follow-up & practical notes

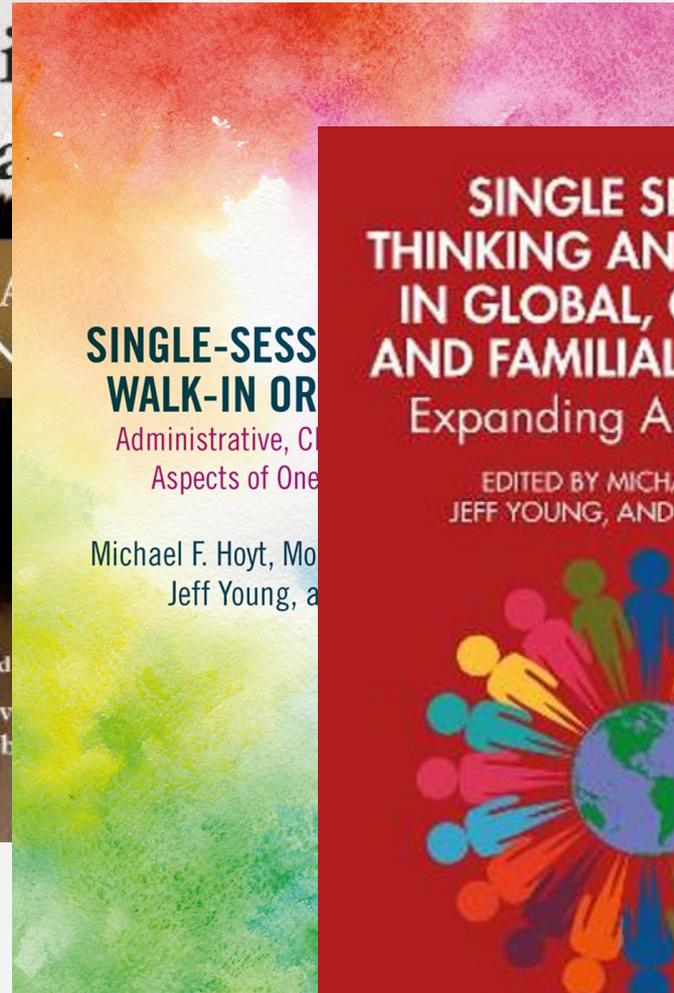
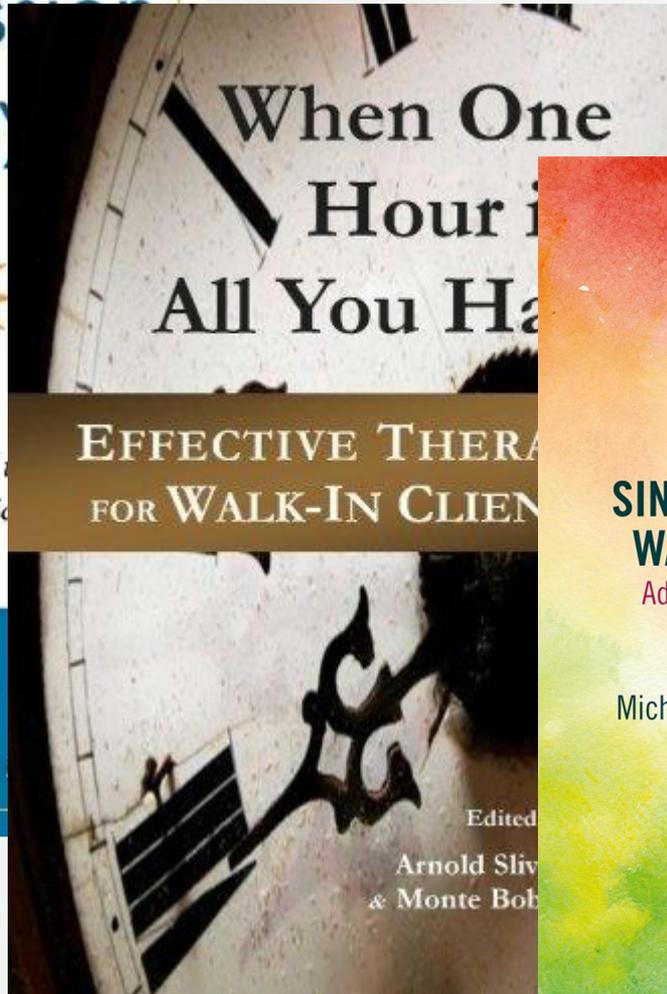
Books

Single-Session Therapy



*Maximizing the Effect of
(and Often Only) Therapeutic*

Moshe Talmon



SINGLE SESSION THINKING AND PRACTICE IN GLOBAL, CULTURAL, AND FAMILIAL CONTEXTS Expanding Applications

EDITED BY MICHAEL F. HOYT,
JEFF YOUNG, AND PAM RYCROFT

Michael F. Hoyt, Moshe Talmon,
Jeff Young, and Pam Rycroft



FOREWORD BY MOSHE TALMON



SST Training and resources

Australia - <https://www.bouverie.org.au/training>

Windy Dryden

https://www.youtube.com/watch?v=iT_XmacU83U

Fabio - https://www.youtube.com/watch?v=2l1e2qDUN_M

Moshe - <https://www.youtube.com/watch?v=iYG2WV3LI-I&t=427s>

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<https://www.eventbrite.com.au/o/david-hains-left-turn-solutions-15426567324>

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