SINGLE SESSIONS WITH CHILDREN & FAMILIES
Institute #103

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Arnold Slive, PhD

Monte Bobele, PhD

Our Lady of the Lake University San Antonio, Texas

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1 11603 Ladera Vista #27, Austin, TX, 78759, arnie@slive.ca, (512) 330-4300
2 411 SW 24th Street, San Antonio, TX, 78207, mrbobele@lake.ollusa.edu, (210-431-4006)
Single Sessions With Children & Families

**Why Single Sessions?**

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

**Types of Single Sessions**

Planned
- By appointment
- By walk-in

Unplanned
- By mutual agreement

**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

Slow down, listen, observe

Narrow the database
1. Stay in the present
2. Avoid search for underlying / historical causes
3. Create behavioral descriptions of problem and goals

Attend to common factors
1. Therapeutic alliance: Does your approach / model fit the family’s expectations?
2. Family theory of problem and change
3. Family resources

What do your families want?

Give your families what they want

Develop contextual understanding
1. Why now?
2. What makes it a problem?

Discover exceptions and prior successes

Assess motivation and work with it

Aim for small change

Commendations

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

1. The goals must be important to the family
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 has requiring effort, hard work
Single Sessions With Children & Families

Single Session Format

Pre-session
Family walks in and is asked to fill out intake form. Team reviews form, selects therapist(s), and makes a preliminary plan that could include:

- Key questions such as: What does the family want today? Why is this a concern now? Who else is involved in the problem?
- How to include all family members that are present in the conversation.
- How to address possible risk issues based on intake form information.
- Addressing strengths that are hinted at in the intake form.
- Asking about pre-session change.

The Session

Introductory Comments: “Here are a few things to fill you in on how we work, and then we can go from there. We offer services as a walk-in clinic, kind of like a medical walk-in clinic where you can come back again any time, though you may not see the same person again. When we’re finished, I’ll do a short write-up of this session so if you come back again, we will have a record of what happened when you were here before. Some people find this hour is enough for them and some may like a referral for further services, and we can talk about that at the end. (Note: Mentioning that some families find one session sufficient plants a seed that one hour can work for them.) The way this works is that we will meet together for about 30 minutes. I have colleagues behind the mirror who may phone in with a question for me to ask you. After 30 minutes I’ll take a break and consult with my colleagues. Then I’ll come back and share our collective thoughts. This way you have the ideas of multiple professionals.”

Confidentiality and its limits.

A possible first question: “What are you hoping for in coming here today?”

The 20 to 30 minute session:
Engage, listen, observe. Take your time
What does the family want from today’s session?
Set small goals
Highlight strengths, resources, exceptions, and what’s helped in the past
Ask contextual questions such as: “why now?”, “what makes this a problem?”, “who is involved in the doing and maintaining of the problem?”
Just before the break, ask your family if there is anything else they think would be important for you and the team to know.

<table>
<thead>
<tr>
<th>We Don’t</th>
<th>We Do</th>
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<tbody>
<tr>
<td>Invite lengthy discussions about the past</td>
<td>Get descriptions of the problem in the present</td>
</tr>
<tr>
<td>Encourage speculation about why the problem exists, underlying cause, pathology, or unconscious motivations</td>
<td>Assume that “the problem is the problem” as presented by the family</td>
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<tr>
<td>Assume that insight produces change</td>
<td>Focus on the problem as an aspect of human interaction</td>
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<tr>
<td></td>
<td>Establish specific goals described in behavioral terms</td>
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<td></td>
<td>Assume that doing something different leads to change</td>
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**Intersession**

The team discusses how the conversation has gone so far and whether a strong therapeutic alliance is developing. It identifies commendations and suggestions or ideas the therapists will share with the family. (Note: If no team is available, it is still recommended that the therapist take a “think” break.)

**The 5 to 10 minute feedback to family**

- First commend/compliment the family based on the strengths and resources they described or you’ve observed. In some instances, commendations will be the entire feedback.
- You may introduce a new way of thinking about the problem (reframe) or something (a task) to try out.
- Third, discuss what’s next for the family such as no further sessions, future walk-in sessions, or a referral. Always invite families to return for another walk-in session as needed.

Ask if the session addressed what the family wanted.

*Notes*- The feedback part of the session should not be treated as the beginning of “session 2.”

**The Team Debriefs:**

The purpose of debriefing is feedback for therapist and team members. Also, we do not want team members to leave with a sense that something is unfinished.
We Want Families 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
Research

**COMMON FACTORS IN THERAPEUTIC IMPROVEMENT**

- Extratherapeutic Factors: 40%
- Therapeutic Alliance: 30%
- Expectancy/Hope: 15%
- Model/Technique: 15%

1 is the modal number of sessions

![Bar chart showing percentage of researchers with different modal number of sessions](chart.png)

Total Contacts

<table>
<thead>
<tr>
<th>Year</th>
<th>Contacts</th>
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<tbody>
<tr>
<td>2004-5</td>
<td>42,771</td>
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<tr>
<td>2003-4</td>
<td>40,822</td>
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<tr>
<td>2002-3</td>
<td>31,613</td>
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</tbody>
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Client Satisfaction with Walk-in Single Session

Researchers:
- Silverman & Seid (1984)
- Swenson (2004)
- Clements, McNeil, Hecker, & Park (2011)
- J. Young (2004)
- K. Young (2011)

% Satisfied:
- 90
- 80
- 70
- 60
- 50
- 40
- 30
- 20
- 10
- 0

Researcher
Walk-in/Single-Session Therapy Bibliography


Talmon, M. (2012). When less is more: Lessons from 25 years of attempting to maximize the effect of each (and often only) therapeutic encounter. The Australian and New Zealand Journal of Family Therapy, 33(1), 6-14. doi: 10.1017/aft.2012.2


