

SINGLE-SESSION THERAPY BY WALK-IN OR APPOINTMENT

Administrative, Clinical, and Supervisory
Aspects of One-at-a-Time Services

Edited by

Michael F. Hoyt, Monte Bobele, Arnold Slive,
Jeff Young, and Moshe Talmon



“It is propitious to have readily available single-session therapy for those who often desperately seek the relief that psychiatry and psychotropic medications have not and are not able to provide. This book illustrates incisive and immediate interventions for such patients.”

—Nicholas A. Cummings, Ph.D., Sc.D., former President, American Psychological Association; President, Cummings Foundation for Behavioral Health; author of *The Collected Papers of Nicholas A. Cummings* and *Understanding the Behavioral Healthcare Crisis*

“All the most important authors, the most recent results, and the most important applications are in *Single-Session Therapy by Walk-In or Appointment*. It is the best resource for anyone who wants to know how to help people in each single — and often unique — session.”

—Dr. Flavio Cannistrá, Director of the Italian Institute for Single-Session Therapy, Rome; and co-editor of *The Italian Handbook of Single-Session Therapy*

“This informative and engaging book features detailed accounts of single-session therapy and highlights ways to implement walk-in clinics in a culturally sensitive fashion. Kudos to these pioneers for providing innovative ways to offer mental-health services.”

—Donald H. Meichenbaum, Ph.D., Distinguished Professor Emeritus, University of Waterloo, Ontario, Canada; and Research Director of the Melissa Institute for Violence Prevention and Treatment, Miami, Florida; author of *Roadmap to Resilience* and *The Evolution of Cognitive Behavioral Therapy*

“*Single-Session Therapy by Walk-In or Appointment* opens our eyes to the power of the single session as a service delivery model that crosses theoretical orientations, cultures, and contexts. This collection offers an outstanding guide for practice.”

—Shelley Green, Ph.D., Professor of Family Therapy, Nova Southeastern University, Fort Lauderdale, Florida; co-editor, *Quickies: The Handbook of Brief Sex Therapy*



Taylor & Francis

Taylor & Francis Group

<http://taylorandfrancis.com>

Single-Session Therapy by Walk-In or Appointment

Single-Session Therapy by Walk-In or Appointment is based on the finding that one session is often all a client will need and choose to attend. The option of a single-session responds to the growing need for greater accessibility and responsiveness of mental-health services. With considerable data supporting both the demand for and the effectiveness of walk-in and by-appointment single sessions, the field is expanding rapidly. This book includes many clinical examples and cultural nuances, as well as discussions of recent research, training and supervision, and implementation and administrative arrangements. This is an essential title for clinicians, program developers, and policy makers interested in providing the effective, client-responsive, economic option of one-at-a-time single-session therapy on a walk-in or by-appointment basis.

Michael F. Hoyt, Ph.D., is a psychologist based in Mill Valley, California. One of the originators (with M. Talmon and R. Rosenbaum) of the Single-Session Therapy approach, he is the author of *Brief Therapy and Beyond* and numerous other publications.

Monte Bobele, Ph.D., is Professor Emeritus at Our Lady of the Lake University in San Antonio, Texas. He coedited (with A. Slive) *When One Hour is All You Have: Effective Therapy for Walk-In Clients*.

Arnold Slive, Ph.D., is an adjunct professor at Our Lady of the Lake University in San Antonio, Texas. He coedited (with M. Bobele) *When One Hour is All You Have: Effective Therapy for Walk-In Clients*.

Jeff Young, Ph.D., is the Director at the Bouverie Centre at La Trobe University in Melbourne, Australia, where he and his team have trained thousands of professionals in the use of single-session therapy and helped many agencies implement SST services.

Moshe Talmon, Ph.D., is a clinical psychologist based in Israel. He is a lecturer at Tel Aviv University. One of the originators (with M. Hoyt and R. Rosenbaum) of the SST approach, he is the author of *Single Session Therapy: Maximizing the Effect of the First (and Often Only) Therapeutic Encounter*.



Taylor & Francis

Taylor & Francis Group

<http://taylorandfrancis.com>

Single-Session Therapy by Walk-In or Appointment

**Administrative, Clinical, and
Supervisory Aspects of
One-at-a-Time Services**

Edited by

**Michael F. Hoyt
Monte Bobele
Arnold Slive
Jeff Young
Moshe Talmon**

First published 2018
by Routledge
711 Third Avenue, New York, NY 10017

and by Routledge
2 Park Square, Milton Park, Abingdon, Oxon, OX14 4RN

*Routledge is an imprint of the Taylor & Francis Group, an informa
business*

© 2018 Taylor & Francis

The right of Michael F. Hoyt, Monte Bobele, Arnold Slive,
Jeff Young, and Moshe Talmon to be identified as the authors of the
editorial material, and of the authors for their individual chapters, has
been asserted in accordance with sections 77 and 78 of the Copyright,
Designs and Patents Act 1988.

All rights reserved. No part of this book may be reprinted or
reproduced or utilised in any form or by any electronic, mechanical,
or other means, now known or hereafter invented, including
photocopying and recording, or in any information storage or
retrieval system, without permission in writing from the publishers.

Trademark notice: Product or corporate names may be trademarks or
registered trademarks, and are used only for identification and
explanation without intent to infringe.

Library of Congress Cataloging-in-Publication Data
A catalog record for this title has been requested

ISBN: 978-0-8153-6237-1 (hbk)
ISBN: 978-0-8153-6238-8 (pbk)
ISBN: 978-1-351-11243-7 (ebk)

Typeset in Galliard
by Keystroke, Neville Lodge, Tettenhall, Wolverhampton

“A journey of a thousand miles begins with a single step.”
—Lao Tzu (6th century BCE)



Taylor & Francis

Taylor & Francis Group

<http://taylorandfrancis.com>

Contents

<i>List of Illustrations</i>	xiii
<i>About the Contributors</i>	xv
<i>Acknowledgments</i>	xxiii
SECTION 1	
Editors' Introduction	1
1 Single-Session/One-at-a-Time Walk-In Therapy	3
MICHAEL F. HOYT, MONTE BOBELE, ARNOLD SLIVE, JEFF YOUNG, AND MOSHE TALMON	
SECTION 2	
Administrative	25
2 The Three Top Reasons Why Walk-In/Single-Sessions Make Perfect Sense	27
ARNOLD SLIVE AND MONTE BOBELE	
3 Single-Session Therapy: The Misunderstood Gift That Keeps On Giving	40
JEFF YOUNG	
4 Change in the Winds: The Growth of Walk-In Therapy Clinics in Ontario, Canada	59
KAREN YOUNG	
5 Twenty-Five Years of Walk-In Single-Sessions at the Eastside Family Centre: Clinical and Research Dimensions	72
JANET STEWART, NANCY McELHERAN, HARRY PARK, MARGARET OAKANDER, BRUCE MacLAURIN, CINDY JING FANG, AND ALEXANDRA ROBINSON	

6	The Walk-In Counseling Model: Research and Advocacy	91
	LESLIE JOSLING AND CHERYL-ANNE CAIT	
7	Development of a Single-Session Family Program at Child and Youth Mental-Health Services, Southern Melbourne	104
	RACHEL BARBARA-MAY, PAUL DENBOROUGH, AND TESS McGRANE	
8	Single-Session Therapy in the Majority World: Addressing the Challenge of Service Delivery in Cambodia and the Implications for Other Global Contexts	116
	JOHN K. MILLER, JASON J. PLATT, AND KEVIN M. CONROY	
9	Walk-In Counseling Center of Minneapolis/St. Paul: The Magic of Our Model for Clients and Volunteers	135
	MARY WEEKS AND LORI ZOOK-STANLEY	
SECTION 3		
	Clinical	147
10	The Eternal Now: On Becoming and Being a Single-Session Therapist	149
	MOSHE TALMON	
11	Single-Session Therapy: Stories, Structures, Themes, Cautions, and Prospects	155
	MICHAEL F. HOYT	
12	One . . . Two . . . Three Ways to Help You Today: Therapeutic Models in a Single-Session Therapy Program	175
	MONICA BARNES, PATRICIA CARRUTHERS, AND MAJA GIGOVIC	
13	Working Within the Client's Cultural Context in Single-Session Therapy	186
	TERRY SOO-HOO	
14	"Coming In for Tune-Ups": A Family's Experience of Episodic Long-Term Single-Session Therapy at the Bouverie Centre, Melbourne	202
	KAREN STORY	

15 Westside Stories: Walk-In and Single-Session Therapy in San Antonio	221
MONTE BOBELE, CHRYSTAL FULLEN, BRITTANY HOUSTON, ASHLEE M. MARTINEZ, LACEY MOFFAT, AND JEANETTE SANTOS	
16 Single-Session Walk-Ins as a Collaborative Learning Community at the Houston Galveston Institute	251
SUSAN B. LEVIN, ADRIANA GIL-WILKERSON, AND SYLVIA RAPINI DE YATIM	
17 Co-Crafting Take-Home Documents at the Walk-In	260
SCOT COOPER AND “ARIANE”	
18 Coincidence Favors the Prepared Mind: Single Sessions with Couples in Sweden	270
MARTIN SÖDERQUIST	
19 <i>Terapia Breve Sin Cita</i>: Collaboration with a Marginalized Community in Mexico City	291
IRMA J. RODRIGUEZ	
20 Reflections on Providing Single-Session Therapy in Post-Disaster Haiti	303
BRIAN GUTHRIE	
21 Some Ways to End an SST	318
MICHAEL F. HOYT AND ROBERT ROSENBAUM	
SECTION 4	
Supervisory	325
22 The First Time: Teaching Skills that Prepare Interns and New Therapists for Walk-In Counseling	327
JOANNA BEDGGOOD	
23 Supervision and the Single-Session Therapist: Learnings from Ten Years of Practice	334
SANDY HARPER-JAQUES	
24 Capturing the Moment in Supervision	347
PAM RYCROFT	

SECTION 5	
Editors' Conclusion	367
25 Walk-In and By-Appointment Single-Sessions Now and In the Future	369
MICHAEL F. HOYT, MONTE BOBELE, ARNOLD SLIVE, JEFF YOUNG, AND MOSHE TALMON	
<i>Index</i>	380

List of Illustrations

Figures

1.1	What's right with you	14
2.1	"We get in, we get help, and we get out"	29
3.1	Collated statewide client visits for Victorian community health counseling services between 2002 and 2005	48
3.2	Pyramid of family involvement in "From Individual to Families: A Client-Centred Framework for Involving Families"	53
7.1	Mean <i>Session Rating Scale</i> scores for the young person, parent and sibling/other	111
7.2	Mean <i>Outcome Rating Scale</i> scores for the young person rated by the young person, mother, or father/sibling pre-SST (black) and at follow-up (white)	112
11.1	The first minute of my first SST session in the Kaiser research project, circa 1988	156
11.2	The temporal structure of SST	159
11.3	Context of Competence	161
11.4	New day, new hour, new chances	168
18.1	Couple counseling?	272
19.1	CAC advertising poster	294
21.1	The ending (termination) phases of a session (and treatment)	319
24.1	Therapy session structure	351
24.2	A supervision session structure	353
24.3	A supervision session structure: Including introduction and coda	354

Tables

15.1	Agenda for a SST at the CCS	222
18.1	Stress Reduction Comparisons	276
18.2	Increased Confidence Comparisons	277
19.1	Numbers attending the clinic	296



Taylor & Francis

Taylor & Francis Group

<http://taylorandfrancis.com>

About the Contributors

Editors

Michael F. Hoyt, Ph.D. is a psychologist based in Mill Valley, California.

One of the originators (with Moshe Talmon and Bob Rosenbaum) of the SST approach, he was a staff member at Kaiser Permanente for more than 30 years. He is a recipient of the APF Cummings Psyche Prize for lifetime contributions to the role of psychologists in organized healthcare, and has been honored as a Continuing Education Distinguished Speaker by both the American Psychological Association and the International Association of Marriage and Family Counselors. He has authored and edited numerous books, including *Brief Therapy and Managed Care*; *Some Stories Are Better than Others*; *The Handbook of Constructive Therapies*; *Brief Psychotherapies: Principles and Practices*; *Therapist Stories of Inspiration, Passion, and Renewal: What's Love Got to Do with It?*; *Capturing the Moment: Single Session Therapy and Walk-In Services* (with Talmon); and *Brief Therapy and Beyond: Stories, Language, Love, Hope, and Time*.

Monte Bobele, Ph.D., ABPP is Professor Emeritus of Psychology at Our Lady of the Lake University (OLLU) in San Antonio, Texas. He coedited *When One Hour is All You Have: Effective Therapy for Walk-In Clients*. He introduced the walk-in/single-session model to OLLU's Community Counseling Service over 20 years ago. He received the Texas Psychological Association's 2012 Outstanding Contribution to Education Award, and OLLU's 2013 Fleming Award for Teaching Excellence. In 2011, he was awarded a Fulbright Specialist Grant to help develop a walk-in service in a university clinic in Mexico City. He has since consulted on the opening of several other walk-in services in Mexico. He has taught graduate courses and trainings in single-session therapy in the U.S., Mexico, Australia, and Canada. He has also been involved in OLLU's program designed to train culturally and linguistically competent psychologists to work with Spanish-speaking populations and has co-led several immersion programs in Mexico.

Arnold Slive, Ph.D. is a licensed psychologist (Texas). He is an AAMFT Clinical Fellow as well as an Approved Supervisor for more than 25 years.

He is a visiting professor at Our Lady of the Lake University in San Antonio, Texas. He formerly lived in Calgary, Alberta, Canada, where he was a founder of Eastside Family Centre, and had a 20-year relationship with Wood's Homes as Clinical Director and consultant. He is a past president of the Alberta Association of Marriage and Family Therapy. He is the recipient of the Divisional Contribution Award (AAMFT) and the Innovative Services to Family Award. He is a Fulbright Specialist and coeditor of *When One Hour is All You Have: Effective Counseling for Walk-In Clients* (2011). Arnie now lives in Austin, Texas, where he consults to family agencies, operates a small private practice, teaches, and has assisted in the development of two walk-in single-session counseling services.

Jeff Young, Ph.D. is the Director of The Bouverie Centre, Victoria's Family Institute, La Trobe University in Melbourne, Australia. He is a clinical psychologist and family therapist who has worked, published, and presented in the area of mental health for over 30 years. Jeff and his team have trained thousands of professionals in the use of single-session therapy and helped many services implement SST as an efficient and accessible service delivery model. He is also developing a book describing an approach to therapy for working with people who don't like counseling or counselors. Jeff has been the President of the Victorian Association of Family Therapists, the President of the *Australian & New Zealand Journal of Family Therapy*, and a member of the editorial committee for the *Dulwich Centre Newsletter*. In 2017 he received the *Australian and New Zealand Journal of Family Therapy* award for distinguished contributions to family therapy.

Moshe Talmon, Ph.D. is a clinical psychologist based in Israel. He received his doctorate at the University of Pennsylvania and interned at the Philadelphia Child Guidance Clinic. He is a senior lecturer at the Academic College of Tel Aviv-Yaffo and the international program at Tel Aviv University. During his tenure at Kaiser Permanente (1985-1991) he initiated a series of studies on single-session therapy (with Michael Hoyt and Robert Rosenbaum). He is the author of the bestselling *Single Session Therapy: Maximizing the Effect of the First (and Often Only) Therapeutic Encounter* and of *Single Session Solutions: A Guide to Practical, Effective, and Affordable Therapy*; he is also the coeditor (with Hoyt) of *Capturing the Moment: Single Session Therapy and Walk-In Services*. He provides consultation, training, and supervision worldwide.

Additional Authors

"Ariane" is a young caregiver, high school graduate, and visitor to a walk-in therapy clinic.

Rachel Barbara-May, M.S.W., is the Chief Social Worker at Alfred Child and Youth Mental Health Service, Melbourne, Australia. She is also the workforce development coordinator at Headspace South East in Melbourne.

Monica Barnes, R.N., M.N., is a therapist with the Adult Mental Health Program and Single Session Walk-In Clinic at the South Calgary Health Centre in Calgary, Alberta, Canada.

Joanna Bedgood, M.S.W., R.S.W., is Manager of Student Wellness, Student Support Services, King's University College at Western University, Ontario, Canada. Formerly, she was the Director of the Walk-In Counselling Clinic at KW Counselling Services in Kitchener, Ontario, Canada.

Cheryl-Anne Cait, M.S.W., Ph.D., is an associate professor at the Faculty of Social Work at Wilfrid Laurier University and has worked at Laurier since 2002. She has over 25 years' experience working as a clinical social worker in community mental health and in inpatient and outpatient psychiatry with children, adolescents and their families.

Patricia Carruthers, R.P.N., Ph.D., is a Clinical Nurse Specialist in the Adult Mental Health and Single Session Walk-In Clinic at the South Calgary Health Centre in Calgary, Alberta, Canada.

Kevin M. Conroy, Ph.D., is a Catholic priest and the Director of Maryknoll Mental Health Program (Cambodia), which develops mental health services with the poor. He has worked in Cambodia for 12 years assisting to develop the graduate program in Clinical Psychology at Royal University of Phnom Penh (RUPP).

Scot Cooper, B.A., R.P., is a Registered Psychotherapist, international trainer and consultant in brief narrative therapy. He is a supervisor of the Child Clinical/Brief Services at HN REACH, a children's mental-health center in Caledonia, Ontario, Canada where he practices, supervises students, and oversees the Walk-In Clinic. He is also the lead for Brief Narrative Practices, a portal to personalized post-graduate specialty training and consultation in brief therapy.

Paul Denborough, M.D., is a child and youth psychiatrist and the Clinical Director of Alfred Child and Youth Mental Health Service and Headspace South East, Melbourne, Australia.

Cindy Jing Fang, M.S.W., R.S.W., is a Research Assistant at the Research Department of Wood's Homes in Calgary, Canada.

Chrystal Fullen, M.S. is a 4th year doctoral candidate at Our Lady of the Lake University. She works in the community providing psychotherapy and assessment services to children and adults at multiple training clinics. She supervises graduate students in OLLU's Community Counseling Service and is completing her dissertation on SST.

Maja Gigovic, M.Sc., R. Psych., is a psychologist at the Adult Mental Health Program and Single Session Walk-In Clinic at the South Calgary Health Centre in Calgary, Alberta, Canada.

Brian Guthrie, Ph.D., R.S.W., is Associate Professor, Department of Child Studies and Social Work, Mount Royal University, Calgary, Alberta, Canada.

Adriana Gil-Wilkerson, M.S., is a faculty member at the Houston Galveston Institute and is the Walk-In Counseling Program Coordinator. She is also a doctoral candidate at Sam Houston State University.

Sandy Harper-Jaques, R.N., M.N., R.M.F.T., is a marriage and family therapist and a registered nurse. She is the owner of Resonance Counseling and Consulting in Calgary, Alberta, Canada; and also works at the Mental Health Walk-In service at the South Calgary Health Centre.

Brittany Houston, M.S. is a 4th year psychology doctoral student at Our Lady of the Lake University. She has provided therapeutic and assessment services to adults and children in a variety of settings, including private practice, veteran hospitals, university counseling centers, non-profits, and schools.

Leslie Josling, B.Sc., M.Sc., G.Dipl., R.S.W., is the Executive Director of KW Counselling Services in Kitchener, Ontario. She has been developing and managing innovative psychotherapeutic services for children and adults for over 25 years.

Susan B. Levin, Ph.D., is the Executive Director of the Houston Galveston Institute; she is also on the faculty of Our Lady of the Lake University Master's psychology program, and is an Associate of the Taos Institute.

Bruce MacLaurin, M.S.W., is an Assistant Professor at the Faculty of Social Work, University of Calgary; and a Senior Researcher at Wood's Homes. His research and publishing is focused primarily on child maltreatment, youth at risk, child welfare service delivery, and outcome measurement. He has 15 years of front-line and management experience in non-profit child and family services in Alberta and Ontario.

Ashlee M. Martinez, M.S., is a Doctoral Candidate at Our Lady of the Lake University, and the General Mental Health Psychology Doctoral Intern at South Texas Veterans Health Care System in San Antonio, Texas. She also serves as an Adjunct Instructor at OLLU and Research Area Specialist for the Department of Family and Community Medicine at University of Texas Health, San Antonio.

Nancy McElheran, A.N., M.N., A.A.M.F.T., is a Licensed Clinical Nurse Specialist and an AAMFT Clinical Fellow and Approved Supervisor. She was the Director and Clinical Coordinator of the Eastside Family Centre in Calgary, Canada and was involved in its development and operation for 17 years. She maintains her consultation, supervisory and teaching role at the Eastside Family Centre.

Tess McGrane, M.S., M.Clin.Fam.Th., is leading the single session family therapy service at Headspace Elsternwick in Melbourne, Australia. She is also a senior nurse in the workforce development team at Alfred Psychiatry.

John K. Miller, Ph.D., L.M.F.T., is a Full Professor in the School of Social Development and Public Policy in the Department of Social Work at Fudan University in Shanghai, and an Adjunct Professor in the Department of Psychology at the Royal University of Phnom Penh (RUPP) in Cambodia. He is also the Director of the Sino-American Family Therapy Institute (SAFTI) and has been leading scholarly, academic, and humanitarian exchanges to Cambodia for the past 12 years.

Lacey Moffat, M.S., is a Doctoral Candidate at Our Lady of the Lake. She is currently a Doctoral Psychology Intern at the Southern Louisiana Internship Consortium in Baton Rouge, Louisiana. Her internship placement includes working with students at the Louisiana State University's Counseling Center as well as at East Louisiana Mental Health System in Jackson, Louisiana providing therapy and assessment to the adult forensic population.

Margaret Oakander, B.Sc. (Hons), M.D., F.R.C.P. (C), is an Associate Clinical Professor in the Department of Psychiatry, University of Calgary. She is the Clinical Medical Director of Sunridge Primary Mental Health Clinic and the Southern Alberta Shared Mental Health Care Program. She is also the Senior Medical Advisor for the Eastside Family Centre in Calgary and has consulted there since the Centre's inception in 1990.

Harry Park, M.S.W., R.S.W., is an accredited Clinical Social Worker and Supervisor with the Alberta College of Social Work. Harry was involved in the creation of the Eastside Family Centre in 1990 and with the development of its clinical approach and continues to provide consultation and supervision at the Centre.

Jason J. Platt, Ph.D., is a Professor at Alliant International University and the Director of the International Center for Therapy and Dialogue in Mexico City, Mexico.

Sylvia Rapini De Yatim, M.S., is a licensed professional counselor working with the bilingual team at the Houston Galveston Institute's Walk-In Counseling Center. She is also a doctoral student in the Counseling Psychology program at Our Lady of the Lake University.

Alexandra Robinson, M.Sc., is a previous student and clinician at Eastside Family Centre and is now a predoctoral clinical psychology intern at the International Multicultural Counseling and Education Center in Los Angeles. Alexandra is particularly interested in effective ways to use single-session therapy to serve the most vulnerable and underserved populations.

Irma J. Rodriguez, M.A., is the Director of Centro Atención a la Comunidad (CAC) in Mexico City; Faculty and Supervisor at Grupo Campos Elíseos (GCE, Mexico) and the Houston Galveston Institute (HGI), where she is the organizer of the International Summer Institute and a member of the International Certification of Collaborative Practices. She is a family therapist and also maintains a private practice.

Robert Rosenbaum, Ph.D., is a psychotherapist, neuropsychologist, and international teacher of Dayan (Wild Goose) qigong and Zen meditation. He is based in Sacramento, California. He was a co-originator (with Talmon and Hoyt) of the Single-Session Therapy approach.

Pam Rycroft, M. Psych., is a psychologist and family therapist who works at the Bouverie Centre in Melbourne, Victoria. Currently her work has a focus on supervising and training workers in various health and welfare roles.

Jeanette Santos, M.A., is a bilingual (Spanish-English) Psychology Doctoral Candidate at Our Lady of the Lake University. She is currently an active duty psychology resident at Lackland Air Force Base in San Antonio, Texas.

Martin Söderquist, Ph.D., is a licensed psychologist and family therapist. He is currently working as a couples counselor in Malmö, Sweden.

Terry Soo-Hoo, Ph.D., is Professor of Educational Psychology, California State University East Bay, Hayward, California. He is also the Clinical Director of the Mental Research Institute (MRI). He provides culturally sensitive therapy and conducts training and consultation for organizations and mental-health agencies.

Janet Stewart, R. Psych., is the manager of the Eastside Family Centre in Calgary, Canada. She has been with Wood's Homes as a crisis counselor and an intensive treatment and walk-in therapy clinician for 14 years. She has played a critical role in the implementation of the outcome measurement approach at the Eastside Family Centre.

Karen Story, B.A., M.C.P.P., M.C.F.T., is a social worker, child and adolescent psychotherapist, and family therapist. She currently works as a member of the Acquired Brain Injury team at the Bouverie Centre in Melbourne, Australia; she also maintains a private practice.

Mary Weeks, M.S.W., L.I.S.W., is Executive Director of Walk-In Counseling Center, in Minneapolis, Minnesota, started in 1969 as one of the first free, anonymous, no-appointment counseling centers with all clinical services provided by volunteers.

Karen Young, M.S.W., R.S.W., is the Director of Windz Institute, a brief and narrative therapy training center in Ontario operated by Reach Out Centre for Kids. Karen trains therapists and counselors at organizations across

Canada and internationally in single-session, walk-in, and brief therapies informed by narrative practices.

Lori Zook-Stanley, M.S.W., L.I.C.S.W., has a private psychotherapy practice in Minneapolis, Minnesota. She is a former Clinical Director of Walk-In Counseling Center in Minneapolis.



Taylor & Francis

Taylor & Francis Group

<http://taylorandfrancis.com>

Acknowledgments

Many heads, hearts, and hands collaborated in the making of this book. We express our deep appreciation:

- to the clients/patients whose stories are contained herein, to the authors who wrote the chapters, and to the agencies and other settings that provided the clinical services described;
- to Wood's Homes and the Eastside Family Centre for their generous support of the *Capturing the Moment 2: Scaling New Heights in Single Session Therapy and Walk-In Services* symposium held in Banff, Canada (September 28–30, 2015) where earlier versions of many of the papers contained herein were first presented; and to United Way, the University of Calgary, and PlyGem for additional sponsorship of the conference;
- to Lillian Rand and the editorial board at Routledge Publishing for embracing this project, and to Keystroke for its excellent production;
- to the writers, illustrators, and publishers who permitted use of copyrighted materials;
- to our respective academic and clinical institutions: for Hoyt, Kaiser Permanente, the Stanley Garfield Memorial Award for Clinical Innovation and the APF Cummings Psyche Prize; for Bobele and Slive, Our Lady of the Lake University, San Antonio; for Young, the Bouverie Centre at La Trobe University, Melbourne; and for Talmon, Kaiser Permanente and the Stanley Garfield Memorial Award for Clinical Innovation, Tel-Aviv University and the Academic College of Tel Aviv-Yaffo;
- to our colleagues, teachers, and students, for expanding the conversation about health and hope;
- to one another, for the pleasures of teamwork and mutual learning; and
- to our families and friends for their love and support.

Michael F. Hoyt, Mill Valley, California
Monte Bobele, San Antonio, Texas
Arnold Slive, Austin, Texas
Jeff Young, Melbourne, Victoria, Australia
Moshe Talmon, Herzeliya, Israel



Taylor & Francis

Taylor & Francis Group

<http://taylorandfrancis.com>

Section 1

Editors' Introduction



Taylor & Francis

Taylor & Francis Group

<http://taylorandfrancis.com>

1 Single-Session/One-at-a-Time Walk-In Therapy

*Michael F. Hoyt, Monte Bobele,
Arnold Slive, Jeff Young, and
Moshe Talmon*

The town of Banff, perched in the beautiful Canadian Rockies, was the site for the appropriately named Capturing the Moment 2: Scaling New Heights in Single Session Therapy and Walk-In Services symposium held September 28–30, 2015.¹ Building on the first Capturing the Moment conference, which was held near Melbourne, Australia during March 2012, an international group of presenters and a keenly attentive audience came together in Banff from Canada, the U.S., Israel, Australia, Haiti, China, Finland, Mexico, and Sweden to exchange the latest information about developments in the rapidly growing field of single-session, walk-in, and one-at-a-time therapy. Therapy models and techniques, cultural nuances, implementation of service delivery systems, issues of training and supervision, and research findings were discussed and explored.

While many of the contributions contained herein were inspired by those presentations, they are much amplified. The papers are carefully curated around the theme of single-session/one-at-a-time therapy (SST/OAAT), and there are papers in this book that were not presented at the conference and conference papers that were not included in this book. As will be discussed later, the book is distinguished by its clear focus on the practice of SST/OAAT, by its attention to the walk-in (and by-appointment) delivery model, by its range of contexts and applications, by a broad array of clinical case examples, and by its assortment of contributing expert practitioners.

The field of Single-Session Therapy (SST) is expanding rapidly, as more consumers use one-at-a-time (OAAT) services in clinics, health maintenance organizations, and walk-in (and call-in and online) counseling centers. The growing need for accessible services that are responsive to client need is increasingly being recognized by practicing professionals and by graduate students preparing for careers in healthcare, as well as by funders, program planners, and policymakers interested in cost-effective service delivery systems.

Intentional SST/OAAT

Although therapists have sometimes seen clients for one visit of successful therapy since the time of Freud (see Sproel, 1975; Bloom, 1981/1992), the concept of

intentional (or planned) Single-Session Therapy was most clearly articulated by Talmon (1990, p. xv; see Chapter 10 this volume) in his eponymous book, *Single Session Therapy: Maximizing the Effect of the First (and Often Only) Therapeutic Encounter*: “Single-session therapy is defined here as one face-to-face meeting between a therapist and patient with no previous or subsequent sessions within one year. As such, SST is the most frequently used length of therapy.”²²

Along with colleagues Bob Rosenbaum and Michael Hoyt, in the late 1980s, Talmon conducted studies of SST at a large health maintenance organization (Kaiser Permanente) based in Northern California. After examining the existing clinical and research literature, they retrospectively reviewed the charts of 200 patients who had *de facto* attended therapy for only one visit and found that many of the patients had been very satisfied with their one-session experience and did not feel the need for continuing therapy. Talmon and his colleagues then prospectively treated a series of 58 outpatients, ages 8 to 80, with a wide range of diagnoses. They presented statistical data and clinical examples in a series of publications (Talmon, 1990, 1993; Hoyt, et. al., 1992; Rosenbaum, et al., 1990). Their basic quantitative findings were that:

- over half of the patients (58.6%) elected to complete their therapy in one session even when more sessions were available
- more than 88% 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 (SST) versus those who continued for more sessions.

It is important to recognize that in the Kaiser study, clients were advised that although more sessions would be available if desired, the therapist’s intention was to work with them to see if one session could be adequate to meet their needs. Although earlier there had been reports of incidental one-off sessions where the therapists’ expectations were for on-going therapy, this “SST” approach was different. *SST is therapy that the therapist expects, from the beginning, to potentially comprise a single visit. The therapist acts as if the first session will be the last.* It is a planned, deliberate approach to make the most of the first encounter, informed by the research that shows many clients will not return for future planned sessions. As Hymmen, Stalker, and Cait (2013, p. 61) have written:

SST refers to a conscious approach to make the most of the first session knowing it may be the only session the client decides to attend—not to the situation where there is an expectation that the client will attend multiple sessions but chooses to attend just one. Service delivery methodologies that make the most of the first session, whilst providing options for further

support should clients decide they want further support can be scheduled or provided in a “walk-in counseling clinic.”

As we will see in the following chapters, there are many ways in which SST thinking can influence a range of practice situations. Single-session therapists employ a variety of theoretical models and work in diverse settings: clinics, private-practice offices, hospital consultation-liaisons, “second-opinion” interviews, and clinical demonstrations.³ What these practices all have in common is the idea that *all we really have is now and this one meeting may be enough—or may be all that the client will decide to attend*. Contact data suggests that when therapy is organized with a planned and deliberate attitude that one session may be sufficient, clients frequently decide one session is adequate and choose to attend only that one session; although perhaps 50% will decide they require further work and will return for at least another visit (Young & Rycroft, 2012; Young, Rycroft, & Weir, 2014—see Chapter 3 this volume).⁴

In his Foreword to Slive and Bobele’s (2011) book, Hoyt (p. xii) referred to SST as being “one at a time.” Bobele and Slive (2014) elaborated this idea in their chapter, “One Session at a Time: When You Have a Whole Hour.” We chose the title of the present volume, *Single-Session Therapy by Walk-In or Appointment: Administrative, Clinical, and Supervisory Aspects of One-at-a-Time Services*, to emphasize just that: *therapy takes place one contact at a time, and one contact may be all the time that is needed*.⁵ Rosenbaum (2008, p. 8), one of the co-originators of the SST approach, put it this way: “Psychotherapy is not long or short; to view it this way sets up a false dichotomy. Psychotherapy depends instead on ‘good moments’ where something profound shifts for a client. All the rest is preparation and consolidation.”

SST/OAAT addresses the dilemma of how to provide the opportunity for a single session to be sufficient while providing options for on-going care and support. This has led to innovative walk-in services. Developed in response to community consultation, walk-in services are beginning to have a considerable impact on health service provision in parts of Canada and the United States—and are expanding worldwide.

Walk Right In and Sit Right Down: A Brief History of Walk-In Services

Recognizing that, if it were accessible and affordable, many clients would come for psychological (and medical) help just at their moment of need, in 1967 both the Los Angeles Free Clinic (now called the Saban Clinic) and the Haight-Ashbury (San Francisco) Free Clinic were established to provide such services. Two years later, in 1969 the Minneapolis Walk-In Counseling Clinic (see Chapter 9, this volume) opened its doors. In Calgary, Canada, the Wood’s Homes Eastside Family Centre began in 1990 to provide walk-in/single-session community-based mental-health services (Clements, McElheran, Hackney, & Park, 2011; McElheran, et al., 2014; Slive, Maclaurin, Oakander, & Amundson, 1995; Slive, McElheran, & Lawson, 2008; see Chapter 5). In the early 1990s,

while on an American Association for Marriage and Family Therapy (AAMFT) site visit to Calgary, Monte Bobele met Arnie Slive and saw the innovative work being done; he subsequently brought the idea back to San Antonio, Texas, and began to incorporate WI/SST training and services into the graduate counseling psychology programs at Our Lady of the Lake University.

Slive, et al. (2008, p. 6) succinctly described the essentials of a WI/SST service:

Developed . . . as a result of community demands for greater accessibility to mental health services, walk-in therapy enables clients to meet with a mental health professional at their moment of choosing. There is no red tape, no triage, no intake process, no waiting list, and no wait. There is no formal assessment, no formal diagnostic process, just one hour of therapy focused on clients' stated wants. As well as meeting client needs, walk-in therapy is highly rewarding to professionals due to the simple fact that the clients' ability to access the service at their chosen moments of need without having to jump over multiple hurdles means that a large percentage are highly motivated. Also, with walk-in therapy there are no missed appointments or cancellations, thereby increasing efficiency.

Bobele and Slive (2014, p. 98) also noted that a walk-in session can be both a discrete event and part of a larger process:

We prefer to think of walk-in therapy as a solitary pearl. Pearls begin as a solution to an oyster's problem. The formation of a pearl has a beginning, a middle, and a point where it is complete. If a jeweler anticipates making a long string of pearls, then each one is understood as related to, connected to, the one before and the one to come. Therapy is a lot like this process. If therapists view each session as connected to the one before and a precursor to the ones to come, then no session truly stands on its own. Instead, it is always contextualized by what came before and the anticipation of what is coming after.

Many of the chapters in this book describe ways, both administratively and clinically, that such services can be organized to provide timely access. Clients⁶ who walk in often come expecting a single session—and some may intermittently return again for another single session, or for more continuous services.

The Emerging Empirical Basis for SST/OAAT Practice

Case studies and aggregate statistics are both empirical (from the Greek *empeirokos*, meaning “experienced” or “based on observation”). The idiographic-nomothetic debate has a long history in psychology and counseling (Cone, 1986; McLeod, 2007). *Idiographic* (from the Greek *idios*) means “own” or “private” and refers to what is individual or unique; *nomothetic* (from the Greek

nomos) means “law” and refers to what is common or general. Idiographic studies are usually qualitative (e.g., case reports), whereas nomothetic studies are usually quantitative and based on comparisons of numerical data across groups. Both can be valuable although, as May (1958) recognized, qualitative case studies actually can be *more* empirical because they are more experience-close and convey more of what actually happens in a therapeutic encounter.

Hurn (2005, p. 35) observed that “it seems that Single-Session Therapy may be very hard to define. In addition, the bespoke nature of the session produces many differences that can impede a sound methodology when researching this form of therapy.” Moreover, as Jerome Frank commented in his foreword to Talmon’s (1990, p. xi) *Single Session Therapy*, the brevity of effective SST may be problematic for researchers who assume that successful psychotherapy requires considerable time because “improvement after a single session must occur before the postulated therapeutic mechanisms [e.g., gradual working through of unconscious patterns] have had time to work” (p. xi).

SST is essentially a delivery system (not a specific “school” or theoretical approach – see Chapter 3). The most significant evidence supporting the adoption of a SST approach is client contact data that all schools of counseling and theoretical approaches need to address: *that a large number of clients will attend only one session, whether this is planned or not*. This simple finding has a profound implication for all approaches to counseling. SST is a contextual model, a socially situated healing practice that endeavors to activate clients’ own resources (see Bohart & Tallman, 1999; Duncan, et al., 2010; Wampold & Imel, 2015).

Most practicing clinicians learn from immersion in the study of their own cases (reflection and supervision) as well as those of others. Toward this goal, there is a considerable idiographic SST literature available (see Slive & Bobele, 2011; Hoyt & Talmon, 2014). However, nomothetic-quantitative research can also provide instruction and encouragement, demonstrating that all practitioners will have a significant number of clients attending for one session and that outcomes of this one session are often positive. Consider the following sampling, which was drawn from a broad range of service practitioners and contexts:

- Researchers have found that brief therapy reduces medical utilization, and this has been known for a long time (see Mumford, et al., 1984). Follette and Cummings (1967) reported a 60% reduction in medical utilization over a 5-year period after a single session of psychotherapy in a study at Kaiser Permanente. Cummings and Follette (1976) reported the benefits of SST to still be in effect after 8 years and attributed reduced medical utilization to decreases in emotional stress. Schade, Torres, and Beyerbach (2011) in a study in Santiago, Chile, reported a brief family intervention reduced medical costs for somataform patients.
- Malan, et al. (1968) in a study at the Tavistock Clinic in London found that 51% of “untreated” neurotic patients that had only an intake interview

showed less symptomatology; and in a follow-up, Malan, et al. (1975) reported that half of those patients, who were judged to have showed increased insight into a central conflict and to have expressed a sense of personal responsibility, were found to have made important and enduring psychodynamic modifications.

- Talmon (1990) found that, at Kaiser Permanente in Northern California, 34 of 58 (58.6%) outpatients with a variety of problems elected to complete therapy in one session and more than 88% reported continuing to benefit on 3- and 13-month follow-up.
- Kellner, et al. (1992), at the University of New Mexico-Albuquerque, reported two single-session treatments that significantly reduced recurring nightmares.
- Kaffman (1995) reported that of 211 patients in an Israeli kibbutz, one-third needed only one session of therapy to report continuous improvement.
- Boyan (1996) surveyed the first 50 families seen at the Bouverie Centre's SST pilot program. Of the 36 families who agreed to participate in the research, 53% elected to attend only one session, 78% reported that their presenting problems were much improved (56%) or a little better (22%) as a result of the one session and 100% said they would recommend the service to others. In another study (O'Neill, 2017) at the Bouverie Centre, 25 SST clients were interviewed by telephone and most reported that they were satisfied with the services they had received and those few who were concerned about the availability of services reported that their worries were alleviated once they met with the therapist.
- Campbell (1999) assessed the effectiveness of SST interventions on family coping. Results from 33 families who completed both the pre and post measures indicated significant reduction on the problem measures and significant increases on coping measures.
- Hampson, et al. (1999) at a child and adolescent mental health center in Canberra, Australia, found that 96% (N = 70) were satisfied with the scheduled SST and 88% reported the session helpful.
- Stacey, et al. (2001) reported that brief family therapy, including single session therapy, yielded enduring benefits for most children according to parents' questionnaire ratings and telephone interviews.
- Humfress, et al. (2002) found that a single session of motivational interviewing was more effective in helping psychiatric patients comply with and benefit from treatment than the counseling they would usually have received.
- McCambridge and Strang (2004), Daley and Zuckoff (1998), and Carroll, et al. (2001) found a single session of motivational interviewing to significantly reduce alcohol and drug abuse.
- Perkins (2006) and Perkins and Scarlett (2008) documented the effectiveness of single sessions with children and adolescents in Australia in comparison to a non-treatment control group.

- Lambrecht, et al. (2007) in Sheffield, England, reported reduced self-harm (overdoses and cutting) after one session of solution-focused brief therapy.
- Slive, et al. (1995), Miller and Slive (2004), and Miller (2008) reported high levels of client satisfaction for walk-in SSTs in several studies conducted at the Eastside Family Centre in Calgary, Canada.
- Weir, Wills, Young, and Perlesz (2008) reviewed community counseling services in Victoria, Australia, for more than 100,000 clients and found that 42% chose to have a single session even when more sessions were offered. Another study, by Carey, Tai, & Stiles (2013) in Alice Springs, Australia, also found that letting clients schedule appointments when they desired was effective and efficient.
- Gilboa-Shechtman and Shahar (2006), in an article aptly entitled “The Sooner, the Better,” present evidence in their study of psychotherapy for depression that early positive responders were more likely to maintain gains.
- Kashdan, et al. (2012) found in a randomized clinical trial that one session of exposure therapy yielded superior results. Similar one-session positive results were reported by Ollendick, et al. (2009) with youth in the U.S. and in Sweden having spider phobias; and by Basoglu, Salcioglu, and Livanou (2007) for people experiencing PTSD after the 1999 Turkish earthquake. Nuthall and Townend (2007) also reported a CBT-based early intervention to be effective in preventing panic disorder.
- Church (2014; also see Church, 2016) reported that emotional freedom techniques (EFT) in one session yielded positive results in a variety of studies involving anxiety and PTSD.
- Harper-Jaques and Foucault (2014) assessed 98 clients who completed all questionnaires one month after being seen at the walk-in service at the South Calgary (Canada) Health Centre and found high satisfaction, lower distress, and increased hope; moreover, 44% reported that SST was adequate.
- Stalker, et al. (2015) compared outcomes for clients served in a walk-in service to clients served in a traditional by-appointment counseling agency. Walk-in clients improved faster and were less distressed than the clients who were served at a clinic where clients were seen multiple sessions by-appointment after being on a wait-list.
- Bartlett, et al. (2008) in a review that summarized the rate of stopping therapy after the first session as approximately 50%, appreciated that clients often achieved their original goals in a relatively brief period of time, but they still framed much of their discussion in terms of “dropping out,” “early withdrawal,” and “attrition.” Westmacott and Hunsley (2010) found that the most frequently reported reason for stopping therapy was feeling better; a substantial minority of individuals also reported terminating because of treatment dissatisfaction or wanting to solve problems independently. In a meta-analysis of “premature discontinuation” in adult psychotherapy involving 669 studies and almost 84,000 clients, Swift and

Greenberg (2012) offered various definitions of “dropping out,” including the client stopping the intervention without meeting “the therapeutic goals” or before “completing the full course of the intervention.” They specified that “premature termination occurs unilaterally by the client, rather than through mutual agreement between the therapist and client to end treatment. Dropping out of therapy can be contrasted to both completing and rejecting therapy” (p. 547) and went on to note (p. 548) that “Therapist judgment has historically been considered the preferable classification . . . but this method depends on clinical judgment that can be biased and flawed . . .” They reported (p. 555) that “Dropout rates were highest when determined by therapist judgment (37.6%) and were lowest when determined by completion of a set of sessions (18.3%) or a treatment protocol (18.4%)” and acknowledged (p. 556) that, “In reality, some clients will recover from their distress and impairment in just a couple of sessions, and other clients may need 100+ sessions to recover . . . Research has found that therapist judgment is not always accurate . . . and clients and therapists sometimes disagree about how many sessions are needed.” Similarly, a large-scale (N = 8482) multi-national World Health Organization survey reported 21.6% “dropping out” of mental-health treatment after the second visit and an overall 31.7% drop-out rate “defined [drop-out] as stopping treatment before the *provider* wanted” (Wells, et al., 2013, p. 42, emphasis added). Unfortunately, they did not ask the *patients* why they had stopped treatment, and there was no mention of the possibility of successful single session (or other brief) therapy.

- Rodda, et al. (2015) reported single-session web-based counseling to be beneficial for people seeking help for problem gambling.
- Binfet (2017), in a randomized controlled study of 163 university students in British Columbia, Canada, found that a single-session 20-minute exposure to a therapy dog resulted in significant decreases in perceived stress and homesickness and significant improvement in sense of school belonging. Other studies (see Green, 2014) have also reported the benefits of single-session equine-assisted therapy.
- Ryan and O’Connor (2017), reporting from Ireland, describe a feasibility study of a single-session psychology clinic for parents of children with autism spectrum disorder. Good attendance rates and a relatively high level of satisfaction suggest the single-session structure is an acceptable format; the authors call for more detailed investigation of the impact of sessions on both parental anxiety and child outcomes, as well as to help identify more clearly who may benefit most from this model. Earlier studies (some already cited, plus Fry, 2012; Gee, et al., 2015; Gibbons & Plath, 2012; Nieuwboer, Fukkink, & Hermanns, 2015; Sommers-Flanagan, 2007) also indicate value, both in terms of early access and clinical outcomes, of SST child-family programs.

After conducting a thorough review of relevant databases, Hymmen, et al. (2012, p. 1; also see Cameron, 2007) observed: “The findings suggest that the

majority of clients attending either previously scheduled or walk-in SST find it sufficient and helpful.” They also recommended (p. 11):

This development provides a significant opportunity to begin a new chapter of SST research . . . While SST will likely continue to be adopted by resource-stretched community counseling and mental health programs, it remains vital that the field has evidence of the appropriateness and effectiveness of this approach.

The chapters in the present volume contain many additional reports, quantitative and qualitative, of successful SSTs.

Do People Really Benefit from One Session—and If So, How?

Extensive research and clinical experience (see Slive & Bobele, 2011; Hoyt & Talmon, 2014) have demonstrated that many people *do* benefit from one-at-a-time (single-session) therapy. A broad spectrum of theoretical approaches has been found to be helpful with many presenting problems (including anxiety and depression, grief, post-traumatic stress, self-harm, substance abuse, possible psychotic disorders, and intense interpersonal conflicts—not just “easy” cases). Our contributors provide additional important data about outcomes and processes later in this volume.

O’Hanlon and Weiner-Davis (1989, pp. 77–78) wrote: “We have observed enough ‘one-session cures’ to be utterly convinced that they are neither flukes, miracles, nor magic. Rather, something powerfully therapeutic occurs in the interaction between therapist and client during these sessions.” How does a single session help? While there is no simple answer, in their review of the literature on SST and walk-in services, Talmon and Hoyt (2014) identified three interrelated important factors: mindset, time and client empowerment—each covered in more detail below.

Mindset

Each session is approached as a singular event, based on the belief that something good can come from one session and that the one session may be the last. Eric Berne (the originator of Transactional Analysis; quoted by Goulding & Goulding, 1979, p. 4, emphasis in original) would approach every group therapy session with the thought, “How can I cure everyone in this room *today*?” Wells and Phelps (1990, p. 16) noted the pressures for briefer, more efficient treatments and predicted “The Survival of the Shortest.” In preparing a student for a first session with a new client, Jay Haley advised: “Maybe you don’t have a case really, except for the first interview. That would be nice, I think. Every therapist should shoot for one session” (Haley & Richeport,

2003, p. 33). Toward that end, Hoyt, et al. (1992, p. 69) report that they would begin sessions with some variant of the following:

Many people who come here and talk about their problems find that just one time can help a lot . . . I'm willing to work hard today to help you get a better handle on things. Does that sound like something you'd like to do?

Bobele, López, Scamardo, and Solórzano (2008, p. 87) highlighted the advantages of SST:

Our single-session model normalizes the client's experience as much as possible. Change was promoted by emphasizing strengths, abilities, and skills . . . The therapist must be willing to approach clients from the stance, "Each session has the potential of being a single-session," to create an expectancy of change.

Bobele and Slive (2014, p. 98, emphasis in original; also see Chapter 2 this volume) amplify: "[O]ur belief [is] that any session could be the last session. We don't conduct any session as if there will be another session. In other words, we do *one session at a time*" and our clients (and therapists) do not expect any follow-up contact, in person or via phone or Internet. Young (Chapter 3) suggests that SST is everything that follows clinically and organizationally from accepting three findings: that the most common number of session is one; that these sessions are typically reported as sufficient by clients; and that it is not easy, if possible at all, to predict which clients will attend once and which clients will elect to return for further sessions. Young, et al. (2014) earlier had noted that a client may require and want further sessions and the service system should be able to provide both of these potentials. Walk-in/SST services provide this support by eschewing red tape, which allows clients to return as easily as they started. (SST by appointment also provides ways clients can access additional support.) The availability of options for a return single session (or longer) actually may encourage some clients (and therapists) to engage in a first session as if it may also be the last session.

The expectations that therapists (and clients) bring to the encounter do much to shape what happens (see Battino, 2006, 2014; Kirsch, 1990). Bobele and Slive (2014) listed a number of ideas that inform their one-at-a-time SST mindset:

- Clients know what works best for them.
- Clients are far less interested in psychotherapy than are therapists, and prefer brief therapeutic encounters.

- Clients frequently choose to attend only one session and overwhelmingly express satisfaction with that session.
- Research demonstrates that most change occurs early in therapy, followed by ever-decreasing improvements as sessions continue.
- Rapid change is not only possible, but also common in human experience. There is no established direct correlation between the severity and duration of a complaint and the duration of effective treatment.

Time

Single-Session Therapy is predicated on the therapist's belief and expectation that change can occur *in the moment*. Bobele and Slive (2014) remind us that we have "a WHOLE hour"; and Appelbaum (1975) observed "Parkinson's Law in Psychotherapy," the tendency for therapy to expand or contract to fit the time allotted.

When the American baseball player-cum-philosopher Yogi Berra was asked, "What time is it?" he reputedly replied, "Do you mean NOW?" Indeed, there is no time but the present. The idea that "this is it—we may only have this one meeting" helps to concentrate the mind and conveys the existential implication to "get on with it." The idea is that SST can help engender a pleasant urgency (rather than feeling frantic or pell-mell) for the client and the therapist. Sessions are necessarily "one-at-a-time" but not necessarily only one time. If the therapist or client decides that more sessions are needed, it does not denote an "SST failure" – rather, it simply means that more sessions are needed. Creating a no-failure context for client or therapist when only one session is required or when more sessions are required is a critical challenge.

Client empowerment

The fundamental assumption of all forms of deliberate brief therapy, including SST, is that clients have the capacity to alter their thoughts, emotions, and behaviors in order to bring about significant and beneficial changes (Hoyt, 2009). The single-session therapist endeavors to create a "context of competence" (Hoyt, 2014—see Chapter 11 this volume), helping the client to apply his or her skills to solve the problem that has brought them to therapy (see Figure 1.1).

There is also the related belief that once a person has made a change, there can be a positive cascade of "ripple effects." Thus, Haley (1982, p. 23) wrote: "The small change invariably led to the larger one. As [Milton] Erickson put it, if you want a large change you should ask for a small one."

Single-session (SST) and one-at-a-time (OAAT) therapy are *client-led* (or "client-driven") in four senses of the term:



*"Basically, there's nothing wrong with you that
what's right with you can't cure."*

Figure 1.1 What's right with you (from *The New Yorker*, February 8, 1993. ©*The New Yorker*. Used with permission)

- (1) *It is the client who elects and initiates therapy.* SST/OAAT “strikes while the iron is hot” and “captures the moment” to take advantage of the client’s motivation.
- (2) *It is the client who defines the goals of therapy.* This may entail both a description of reducing or eliminating a symptom, problem, or bothersome situation (“I’ll not be so anxious and isolated”) as well as, often with the assistance of the therapist, the articulation of what will be going on instead (“I’ll be happy and more involved with people”).⁷ Taking a client’s goals seriously and giving primacy to the client’s views and values serves to engender hope and set a direction while creating a template for how therapist and client will work together.
- (3) *It is the client whose existing skills, abilities, and competencies are seen as primary in making a difference.* “Our remedies often in ourselves do lie” said Shakespeare (in *All’s Well that Ends Well*, Act I, Scene 1, line 216). As suggested by the cartoon in Figure 1.1, the strong focus is on whatever the client brings to the session that can be utilized to help the client achieve his/her/their goals. In this volume, various therapists—often identifying with a non-pathologizing solution-focused, collaborative, or narrative therapy approach—endeavor to identify and help clients apply

their own pre-existing (albeit sometimes overlooked) abilities. Consistent with the idea that it is clients' contributions and the therapeutic alliance that are most responsible for therapeutic change (Duncan, Miller, Wampold, & Hubble, 2010), in the following chapters readers will see how different therapists use their expertise primarily to help clients better use their own expertise.⁸ Clients and therapists both "capture the moment" and "create the moment."

- (4) *It is the client who decides whether one session has been enough (for now), or if more sessions (another one, or continuing) are in order.*

Therapy, Be It One Session or More, Is Not a Panacea

While many people do benefit from one-at-a-time (single-session) therapy, by walk-in or appointment, there remains a serious need for increased funding for all mental health and other social services. Researchers have demonstrated that very brief therapy may help some people, and thus may make additional services available for those who need longer-term work. We believe that greater attention to funding and supporting human needs is required if we are to move toward being a more humane and just world.

The Book in Hand⁹

One of the features of this volume is the range of approaches, clinical examples,¹⁰ cultural nuances, research findings, and many insights offered by the various authors. As an old African saying has it, "One head cannot contain all knowledge" (Turle, 1992, p. 105).

The book is divided into five overlapping sections.

Section 1 contains this **Editors' Introduction**.

Section 2: Administrative comprises eight chapters. In Chapter 2, "The Three Top Reasons Why Walk-In/Single-Sessions Make Perfect Sense," Arnie Slive and Monte Bobele explain why practitioners and agencies should consider adding WI/SST to their service delivery models. The advantages of walk-in/SSTs are demonstrated with a case example.

In Chapter 3, "Single-Session Therapy: The Misunderstood Gift That Keeps On Giving," Jeff Young describes some of the single-session family therapy work being done at the Bouverie Centre (who sponsored the first Capturing the Moment symposium in 2012) in Melbourne, Australia. He notes that the potential growth of SST may be facilitated by seeing it as a service delivery model, rather than as a specific model of therapy, that is relevant across services, disciplines, and client presentations. He also offers some observations on ways to increase effectiveness when working with clients who are reluctant to attend therapy or counseling.

In Chapter 4, "Change in the Winds: The Growth of Walk-In Therapy Clinics in Ontario, Canada," Karen Young gives an excellent overview of the way narrative therapy practices can facilitate successful walk-in SSTs.

In Chapter 5, “Twenty-Five Years of Walk-In Single Sessions at the Eastside Family Centre: Clinical and Research Dimensions,” Janet Stewart, Nancy McElheran, Harry Park, Margaret Oakander, Bruce MacLaurin, Cindy Fang, and Alexandra Robinson provide an overview of the extensive work done at the EFC in Calgary, Canada, along with several case examples of WI/SST and a summary of research findings.

In Chapter 6, “The Walk-In Counseling Model: Research and Advocacy,” Leslie Josling and Cheryl-Anne Cait describe some of the work at KW Counselling Services, which is located in Kitchner-Waterloo in southern Ontario, Canada. They present both quantitative and qualitative data to show how researchers can document and investigate practices to advocate for additional needed resources.

In Chapter 7, “Development of a Single-Session Family Program at Child and Youth Mental-Health Services, South Melbourne,” Rachel Barbara-May, Paul Denborough, and Tess McGrane provide statistical data about their clientele as well as accounts of clinical cases to illustrate ways that SST/OAAT services are used to address the needs of youth and families.

In Chapter 8, “Single-Session Therapy in the Majority World: Addressing the Challenge of Service Delivery in Cambodia and the Implications for Other Global Contexts,” John Miller, Jason Platt, and Kevin Conroy remind us that the majority of the world does not operate from typical Western psychological assumptions about problems and their resolution, and then go on to describe and beautifully illustrate different ways one-session interventions can be used effectively even in dire circumstances such as those that exist in post-war Cambodia. They emphasize to beware of any single story explanations and to remain acutely sensitive to cultural context wherever we may be working.

In Chapter 9, “Walk-In Counseling Center of Minneapolis/St. Paul: The Magic of Our Model for Clients and Volunteers,” Mary Weeks and Lori Zook-Stanley share the key elements of their model and the characteristics of “The Walk-In Way,” including the power of an all-volunteer team working together.

Section 3: Clinical comprises twelve chapters. In Chapter 10, “The Eternal Now: On Becoming and Being a Single-Session Therapist,” Moshe Talmon describes various elements of his evolution as a therapist, with a particular focus on issues like flexibility, versatility, humbleness, love and trust as alternatives to traditional views that favor therapists’ knowledge, mastery, and power.

In Chapter 11, “SST: Stories, Structures, Themes, Cautions, and Prospects,” Michael Hoyt offers observations on the history, methodologies, possible abuses, and future promises of Single-Session Therapy.

In Chapter 12, “One . . . Two . . . Three Ways to Help You Today: Therapeutic Models in a Single-Session Therapy Program,” Monica Barnes, Patricia Carruthers, and Maja Gigovic at the South Calgary Health Centre present a case example to illustrate how multiple therapeutic approaches based on differing theories can all be used synergistically to help the same client.

In Chapter 13, “Working with Clients’ Cultural Context in SST,” Terry Soo-Hoo uses a case example involving an Asian-American client to show how

essential it may be to understand and work within a client's values and belief system, especially when there are time constraints (as in SST) and rapidly forming a therapeutic alliance is important.

In Chapter 14, "Coming In for Tune-Ups": A Family's Experience of Episodic Long-Term Single-Session Therapy at the Bouverie Centre, Melbourne," Karen Story presents a case example of the use of intermittent SST family therapy to illustrate the effective and efficient use of resources.

In Chapter 15, "Westside Stories: Walk-In and Single-Session Therapy in San Antonio," Monte Bobele, Chrystal Fullen, Brittany Houston, Ashlee Martinez, Lacey Moffat, and Jeanette Santos portray a range of interesting case examples.

In Chapter 16, "Single-Session Walk-Ins as a Collaborative Learning Community at the Houston Galveston Institute," Sue Levin, Adriana Gil-Wilkerson, and Sylvia Rapani De Yatim describe and illustrate the use of Collaborative Therapy principles and reflecting teams that are the basis of their work. They also present some research data supporting the effectiveness of their walk-in service.

In Chapter 17, "Co-Crafting Take-Home Documents at the Walk-In," Scot Cooper and "Ariane" (a young client) collaborate to describe how they developed some special documents to both help the client and to help others. There is also a discussion, considered from a narrative therapy framework, of other types of take-home documents and their possible use.

In Chapter 18, "Coincidence Favors the Prepared Mind: Single Sessions with Couples in Sweden," Martin Söderquist describes the evolution of his team's work with couples and illustrates several examples with verbatim excerpts from sessions.

In Chapter 19, "*Terapia Breve Sin Cita*: Collaboration with a Marginalized Community in Mexico City," Irma Rodriguez illustrates with several culturally sensitive examples how "brief therapy without appointment" can be used to help those who might otherwise not receive needed services.

In Chapter 20, "Reflections on Providing Single-Session Therapy in Post-Disaster Haiti," Brian Guthrie also emphasizes the importance of cultural sensitivity in his moving account of how he was able to apply some of the general principles of SST ("when one hour is all you have") when doing relief work in 2012, two years after the terrible earthquake that devastated that country. A case example is provided to illustrate both what can be accomplished as well as limitations when facing major disruptions and lack of social services.

In Chapter 21, "Some Ways to End an SST," Michael Hoyt and Robert Rosenbaum discuss the tasks and skills associated with finishing well to enhance the potential benefits of SST.

Section 4: Supervisory comprises three chapters. In Chapter 22, "The First Time: Teaching Skills that Prepare Interns and New Therapists for Walk-In Counseling," Joanna Bedgood describes training methods, key knowledge and competencies, and specific clinical skills that are taught at the KW Counseling Service in Kitchener-Waterloo, Ontario, Canada.