

IMPLEMENTING SINGLE SESSION THERAPY: LESSONS LEARNED SOFAR



Rautiainen Eija-Liisa, Virta Pertti
Dialogic oy, Kemijärvi municipality

SST – SINGLE SESSION THERAPY

(Slive, Bobele 2011, Talmon 1990, 2012)



- ❧ Single session is the most common length of psychotherapy.
- ❧ Single session therapy is usually unplanned, not purposeful.
- ❧ Half of the clients attended therapy only once > this was considered to be therapeutic failures, "dropouts"
- ❧ Talmon, Hoyt and Rosenbaum (1990): 58% of the clients did not require more

THE SST MINDSET



- ☞ Therapy is a form of consultation.
- ☞ We do one session at a time.
- ☞ Every session has the potential to be a single session.
- ☞ Each session may be the last.
- ☞ SST is not time limited –it is an open ended therapy.



- ❧ Rapid change is not only possible but common in human experience
- ❧ Psychotherapy is about key moments
- ❧ Emphasis on assessment → helpful?

- ❧ Therapist expectations are communicated overtly and covertly about how rapid and how much change can be expected
- ❧ Families are far less interested in psychotherapy than are therapists
- ❧ The greatest opportunity for change comes in the earliest stages of therapy

- ❧ There is no direct correlation between the duration or 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.

**SINGLE SESSION WORK
AT MENTAL HEALTH
PRACTICE IN KEMIJÄRVI**



KEMIJÄRVI MENTAL HEALTH AND FAMILY CLINIC

- ☞ Mental Health services to all,
 - ☞ Drug abuse services
 - ☞ Family Counselling services
-
- ☞ 10 clinical workers
 - ☞ Clients often stay for long a time in services



BACKGROUND FOR THE PROJECT

- ☞ Service delivery issues: resources <> demand
- ☞ Client feedback: hopes of
 - ☞ immediate response,
 - ☞ becoming heard,
 - ☞ continuity in services
- ☞ Creating context sensitive services
 - ☞ distances, resources
 - ☞ empowerment

- ❧ The importance of the clients' network
- ❧ Teamwork - reflecting team/narrative team
- ❧ Early intervention

RESEERACH PROJECT

∞ Action research:

- ∞ researcher, client and clinician participate in developing services
- ∞ collaborative co-research: client families and clinicians
- ∞ training and supervising process with the clinicians
- ∞ two data collection periods
- ∞ Two PhD studies, two post-doc studies

PHASES OF THE PROJECT

- ❧ First talks about the project
- ❧ Journey to Australia (Pertti Virta and Kari Valtanen) to Bouverie center
- ❧ Watching recordings from Australia together in the team
- ❧ First meeting with the team and the research team in Kemijärvi
- ❧ Skype meetings with the research team

- ❧ First two supervision days (fall 2015):
 - ❧ Formating a questionnaire to be used in SST-work
 - ❧ Training and practising how to inform the clients about the project, how to use ORS and SRS
 - ❧ Talking about SST work: for whom, how it differs from traditional work etc.
- ❧ Training for the team (one day with Jaakko Seikkula about dialogical approach)

- ⌘ Supervision days for 1,5 years (fall 2015 – end of 2016), seven days: watching together recorded sessions, talking about the work and the way of thinking, giving space for hesitations and obstacles too
- ⌘ Pilot phase of the data collection for 4 months (fall 2015)
- ⌘ Data collection for 11 months (2016)
- ⌘ SST – afternoon coffees every week

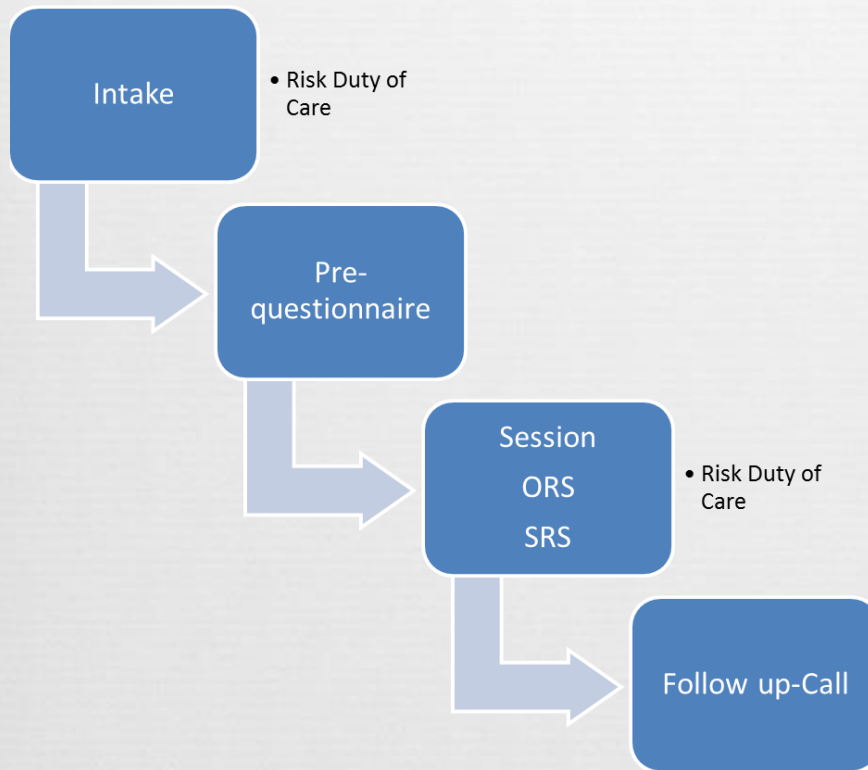
DATA THAT WAS COLLECTED

- ☞ All the sessions were recorded
- ☞ The pre-session questionnaire
- ☞ ORS and SRS
- ☞ Other questionnaires: GHQ-12 (General Health Questionnaire) and sWEMWBS (Short Warwick-Edinburgh Mental Well-being Scale)
- ☞ Follow up - call
- ☞ Co-research interview

SST PROCESSES



42 Families/clients



1. 29

2. 13

3. 4

PERTTI'S FIRST THOUGHTS

- ⌘ What kind of expertise is there in a meeting (or is there any?)
- ⌘ What are the reasons why a client chooses ongoing work - could a reason be found by studying the conversation?
- ⌘ Expertise - common understanding

PERTTI'S THOUGHTS LATER

- ∞ In what kind of a frame does the work take place?
- ∞ What is the first (bringing) frame and how does it change (process) in a session?

WHAT HAVE WE LEARNED?

- ❧ More training for the team members would have been useful.
- ❧ Recording of the sessions could have been started later.
- ❧ The idea of looking at the recorded sessions in the supervision should have been better understood together.

- ∞ Some team members were more committed to the project than others – only the active ones in the project? Permission not to take part to the project for others?
- ∞ Pertti's demanding role: Both the leader, researcher and therapist – how to share responsibility of the project in the team more evenly?

WHAT HAS BEEN USEFUL?

- ∞ The questionnaires (ORS and SRS)
- ∞ The realization that for quite many clients 1-3 sessions was enough
- ∞ Moving from working alone to working more together (as a team of two) and learning from one another

NEXT STEPS

- ∞ SST work continues in Kemijärvi
- ∞ Adult mental health team in Rovaniemi is planning to organize the services using SST ideas.

THANK YOU!

✉ Eija-Liisa.Rautiainen@dialogic.fi

✉ Pertti.virta@kemijarvi.fi