December 2022

Strategy, Impact and Policy

evaluation of the 2021 implementation of Single Session Thinking and Single Session Family Consultation

Single Session Thinking (SST) and Single Session Family Consultation (SSFC)

Single Session Thinking (SST) is a structured and time-limited process where the young person and the clinician work collaboratively to determine the priorities and focus of the session. The SST approach treats each contact as if it may be the only opportunity (i.e., 'making the best use of the time you have'). It does not always mean only one session. The young person and the worker may decide another SST session would be useful. SST can be used in phone calls, 'walk-ins' and in person counselling or clinical sessions. The SST approach can be used with individuals and/or their family.

Similarly, Single Session Family Consultation (SSFC) brings the clinician, young person and their family together to collaboratively determine the focus of the work, and maximise the opportunity that one session brings. It is a solutions-focused and strengths-based approach to working on an agreed area of focus. The consultative process is engaging for family and may help clarify how the family will be involved in supporting the young person.

It can help workers to balance the needs of families alongside the needs of the young person.

The aim of SSFC is to improve the wellbeing of the young person and their family as part of the process of providing clinical care.

There is considerable research on the effectiveness of SST and SSFC, with a strong evidence-base for both approaches. Studies internationally have shown therapeutic improvements from single session therapy, with decades of research underpinning the approach (Bloom, 2001; Campbell 2012; Talmon, 1990). Similarly, the application of a single session approach to family therapy has a strong evidence base in Australia, with positive outcomes for young people and families (Hopkins et al., 2017). This evidence base provides a solid foundation for the implementation of SST and SSFC in headspace services across Australia.

headspace
National Youth Mental Health Foundation

2021 implementation activities

In 2021-2022, headspace National undertook a range of activities to increase the capacity of headspace to deliver SST and SSFC, primarily via the recruitment and training of champions across the headspace centre network. Champions initially completed self-paced online training on SST developed by The Bouverie Centre before attending a series of workshops and reflective practice sessions facilitated by headspace. These activities included:

- Two webinars for Centre Managers and Clinical Leads in the centre network
- Four half-day training sessions for state-by-state cohorts of champions, staggered throughout the year (Champion Training)
- Three reflective practice sessions with focus on practice
- Post training sessions with focus on implementation

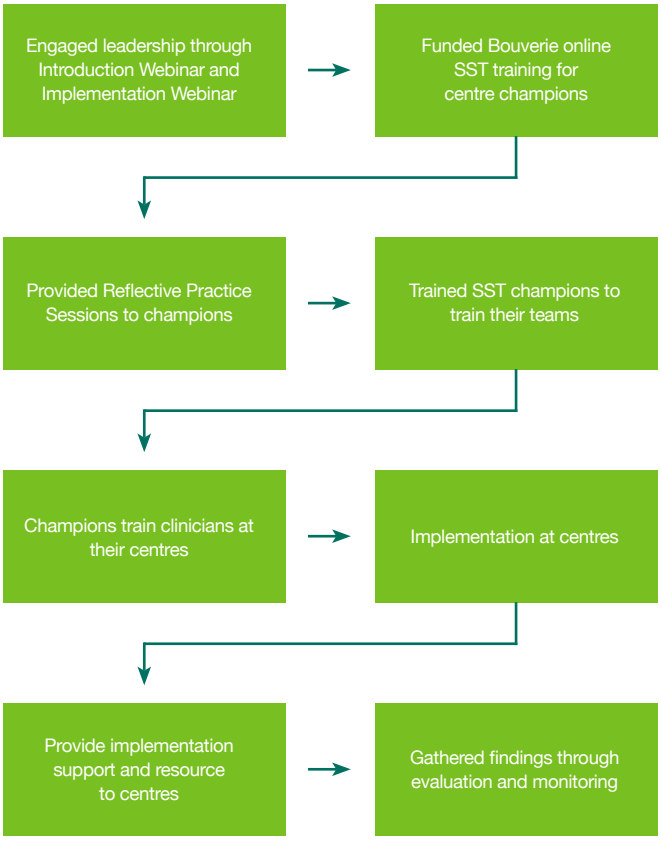

Figure 1.
headspace National led Implementation activities

evaluation focus

headspace National led an evaluation of the 2021 implementation of SST/SSFC across the headspace network. The evaluation aimed to investigate engagement and satisfaction with implementation activities (such as the reflective practice sessions and four-day Champions training – see Figure 2), as well as explore their short-term outcomes. The objectives of the evaluation were to:

- Describe and review the process and approach to implementation
- Describe and evaluate the implementation and uptake of SST and SSFC
- Understand barriers and enablers to delivery of SST and SSFC
- Capture short-term outcomes of the national implementation process, including increasing champions' confidence to deliver SST and SSFC
- Explore questions relating to sustainability and centres' ability to embed SST and SSFC into their practice

The evaluation did not examine the outcomes or effectiveness of SST or SSFC, as this was out of scope for this project and a focus of future work.

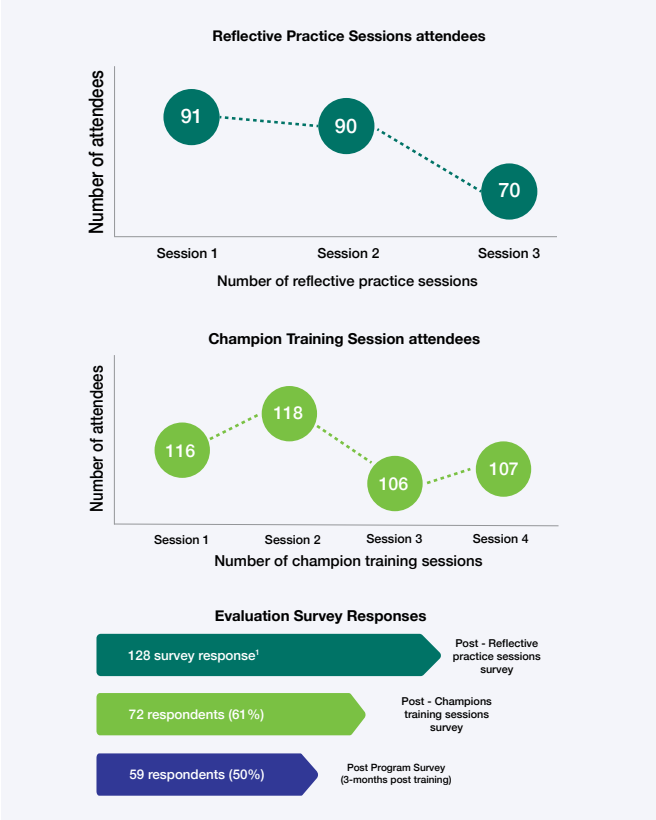

Figure 2.
Participant numbers, implementation activities and evaluation response rates

[1] Champions attended up to three reflective practice sessions, and completed an end of session poll after each. As a result, the number of respondents for the reflective practice end of session polls is higher than the number of champions participating in the national implementation.

what we found

Findings from the evaluation of the implementation of SST and SSFC have shown positive outcomes and promising uptake across the headspace centre network. There was strong engagement with the 2021 SST and SSFC implementation activities, with 119 champions from 64 centres[2] participating in implementation activities and working to embed SST and SSFC in their centre practices.

"I enjoyed having a go at role playing each important slide as this increased my confidence in delivering it to the team."
(Post training survey response)

"I gave training to key staff members in the office which meant that everyone was on board with the skills required to implement things. The training I received helped me feel confident to complete this."
(End of program survey response)

champions' self-reported confidence to provide SST/SSFC and train others to provide SST/SSFC increased significantly

One of the key intended outcomes of the national implementation was to increase the confidence of the champions to provide SST and SSFC themselves, as well as increasing their confidence to train someone else in SST and SSFC. The implementation activities bolstered the confidence of champions in both the provision of SST and SSFC, as well as improved confidence in training others to deliver SST and SSFC.

Participants indicated moderate levels of confidence prior to participating in the training (refer Figure 3), with an average of 5.7 out of 10 regarding their confidence to provide SST and SSFC, and a slightly lower average of 4.7 about their confidence to train someone else to provide SST and SSFC. These ratings increased significantly after the training[3], and these increases were maintained three months later. At the end of the data collection period, participants self-reported high levels of confidence to provide SST and SSFC (8.1) and high levels of confidence to train someone else to provide SST and SSFC (7.6).

the implementation activities have supported champions to understand how to embed SST and SSFC in their centre's practices

The reflective practice sessions in particular appear to have provided champions with the opportunity to learn from each other and share experiences of embedding SST and SSFC in their centre practices. Champions reported that the training helped them to understand:

- The applicability of SST/SSFC in their personal practice (99% agree or strongly agree)
- The value of SST/ SSFC for their centre (97% agree or strongly agree)
- How their centre might embed SST/SSFC (97% agree or strongly agree)

These outcomes are important enablers to embedding SST and SSFC in centre practices. A number of champions also noted specific changes they had made to their clinical pathway and centre practices to integrate SST and SSFC.

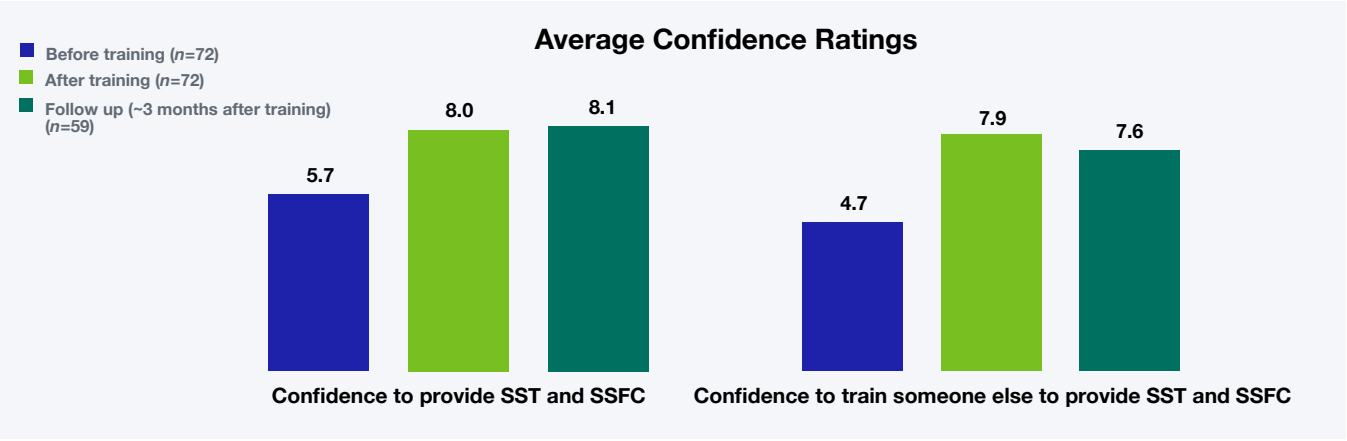

Figure 3.
Average self-reported confidence ratings; before training, after training, and at three month follow up

[2] Representing 45% of 141 centres that were operational at 1 January 2021

[3] Change in self-reported confidence to provide SST/SSFC and to train someone else to provide SST/SSFC were both statistically significant ($p<0.002$, (partial) Eta Squared $\eta 2 = 0.750$ and 0.779 respectively).

there has been a clear increase in the uptake of SST during the implementation period, with a small number of centres leading the way.

Alongside the implementation activities there has been a clear increase in the uptake of SST in participating centres, with the number of SST services provided increasing steadily during 2021 from 105 in January 2021 to a peak of 556 in November 2021 (Figure 4)[4]. It is worth noting that 70% of SST services delivered by participating centres in 2021 were recorded by 10 centres, with 35 centres recording fewer than 20 SST services across the year.

This suggests that the uptake of SST has not been experienced consistently across all centres.

SST can be provided as a young person's first service, in order to maximise their first engagement with the service, as well as being offered at any time during an episode of care. Figure 3 shows that SST appears to be consistently offered as both a first service option for young people, as well as at other points in their episode of care – from 1 January 2021 to 30 June 2022, 48% of SST services were delivered at visit 1; 52% at other visits throughout the episode of care.

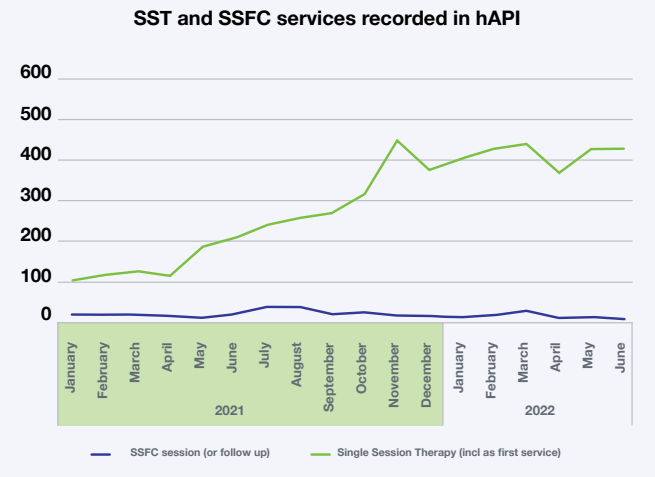

Figure 4.
SST and SSFC services provided, participating centres (1 January 2021 - 30 June 2022)

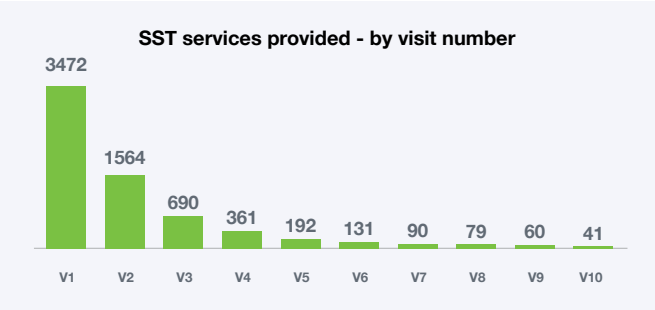

Figure 5.
SST services provided by visit (visit 1 to 10; 1 January 2021 - 30 June 2022)[4]

[4] Includes data up to and including visit 10.

The same increase in uptake of SSFC has not been as clear, with numbers of SSFC sessions remaining relatively stable across the implementation period, which is consistent with qualitative feedback from centres that suggest implementation of SSFC has been slower and there are additional barriers to the uptake of SSFC. Additionally, feedback from the centre network suggests that comprehensive recording of SSFC services has been challenging due to system constraints, and therefore data may underestimate actual service delivery.

barriers, enablers and, perceived benefits of SST and SSFC.

Enablers to embedding SST and SSFC

- Support and buy-in from management and staff was an important support for champions
- Training and reflective practice helped champions to build confidence, practice their skills and connect with others
- Having a clear and integrated clinical pathway was an important mechanism to embed SST and SSFC into centre practices

"Having the manager on board to implement the SST sessions via team meetings was very helpful. Also having other staff complete the online training was useful as they had background and context to aid implementation."

"We started identifying YP on our wait-list that could be good for SST. From there, clinicians would contact and explain this service to them. This worked well as YP were reassured they could go back on the wait-list if they chose."

Barriers to embedding SST and SSFC

- Busy workloads and competing priorites made it challenging for some centres to change their practice
- Workforce turnover made it difficult to sustain the benefits of training
- Staff lack of confidence remained a challenge for some, particularly around engaging families

"Some clinicians have found it difficult to explain SST without making it sound like YP can 'only get one session' so have been hesitant."

"A lot of people aren't confident to approach families - feeling they need family therapy backgrounds to provide this approach."

Perceived benefits of SST and SSFC

- Champions felt the approaches helped them to manage demand and reduce wait times
- Similarly, champions felt SST and SSFC helped to enable immediate support for young people and facilitated early intervention
- Champions appreciated the young person-centred approach and felt it helped to increase engagement with young people and families
- SST was felt to have other benefits for staff including reducing workload
- Champions felt SSFC had additional benefits including increasing engagement with families, improving outcomes for families and enabling a holistic, system focused approach to a young person's care

"Immediate and appropriate support, client led and it reduces the wait times. We have seen a 50% reduction (of young people going) onto the wait list as a result. "

"Increased access for YP [young person] starting their intervention sooner. For staff - reducing assessment/ paperwork getting to deliver the intervention sooner."

"SSFC benefits by upskilling staff to be able to work more effectively with parents. Parents feeling better able to support young people. Young people being able to have a safe space to discuss an issue impacting on them and the family."

"It is a very empowering process for the young person. They are able to get a quicker and more direct/helpful response and reduces our waitlist."

actions taken to embed SST and SSFC

Alongside barriers and enablers to implementation, champions were also asked to provide examples of actions they had taken to embed SST and SSFC into their centre. Examples included:

- Developing SST procedures, including SST in clinical pathways flow charts and practice manuals
- SST offered as standard practice for all new referrals
- Offering SST at multiple points (e.g., instead of intake or after allocation while on the waitlist)
- Adapting "script" in referral and triage follow up to offer SST at all relevant presentations
- Blocking out time in clinicians' calendars for SST sessions so these sessions can be scheduled in a timely manner if needed
- Ongoing training, sharing data, sharing positive outcomes each week, SST on intake forms and documentation pro forma, take away document
- Including SST/SSFC in the induction process for new clinicians

conclusion

The SST and SSFC implementation activities generated encouraging improvements in self-reported confidence amongst participating champions. This is an important indicator of workforce readiness and capacity to deliver an approach that may support the headspace centre network to increase engagement of young people and families. The number of SST services provided to young people during the implementation period showed a clear increase, suggesting that the implementation activities successfully strengthened the capacity of participating centres to deliver SST as part of their practice model, with the support of specially trained and supported champions.

There are still barriers to the implementation of SSFC across the centre network, some of which appear to be internal to the centre environment (a lack of confidence amongst staff, or competing priorities in busy centres) whilst others are likely to be more external in nature. (For example, a young person's hesitation to have their family involved in some instances). Future implementation activities could further examine barriers and enablers to the delivery of SSFC in the headspace network, while also sharing examples of good practice from centres who have been leading the way in terms of the provision of SST and SSFC. headspace National also intends to undertake further analysis and evaluation of the experiences and outcomes of SST and SSFC for young people, families and other key stakeholders.

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case study - headspace Upper Coomera

why did they introduce SST and SSFC?

headspace Upper Coomera introduced SST and SSFC (or 'headSTART') in order to address long wait times for young people in their area, as well as to provide a more responsive and timely service to better meet the needs of young people and families. headSTART is fully integrated into the headspace Coomera practice model, with headSTART being the entry point to the service so all new referrals are booked into a headSTART session in the first instance.

how did they introduce the approach and support implementation?

headspace Coomera utilised a positive change management approach to introduce the new framework, and to obtain feedback and build buy in. This included a number of preparatory activities to create a shared language and understanding of SST and SSFC:

- Developing a localised version to meet the requirements of the service and local community
- Discussing the new approach and timeframes at meetings prior to implementation
- Providing training for all staff members across headspace Coomera, including for clinical, administrative and community roles
- Having monthly meetings with Administrative and Clinical staff to discuss feedback, barriers and to problem solve solutions

The centre has incorporated hAPI data entry, including outcome data, into the headSTART process and developed a feedback survey with a QR code for young people and family members to fill out at the end of session.

"I can't overemphasise the importance of effective planning and communication, laying the groundwork with all staff and other stakeholders, initial training and then follow-up with the team over time to prepare for the implementation and embedding of the model. Having forums to discuss feedback, barriers and to problem solve solutions is also invaluable."
(Centre Manager - Upper Coomera)

what outcomes have they experienced so far?

headspace Upper Coomera has collected a number of examples of change and evidence for the effectiveness of SST and SSFC at their service. This includes feedback from young people and families that indicates that the vast majority of clients found their single session to be somewhat, very, or extremely helpful. They have also received positive feedback from staff who feel they are able to better meet the needs of young people and families in a timely way, and have experienced improvements to centre efficiency and demand management. One specific example provided by headspace Upper Coomera is presented below:

- *A young male presented with his mother for a headSTART appointment. The young person reported concerns related to anxiety/panic impacting his ability to communicate with his mum and to attend social events. The first headSTART appointment consisted of some initial assessment and identifying the most important issue that the young person wanted to work on. The rest of the session was used to explore the identified issue and provide strategies for the young person and his mum. A second therapy session was attended two weeks later, again exploring and providing strategies for managing anxiety. At the end of session check-in, both the young person and the mother reported that there was improvement and they were happy to close the file for now, knowing that they could call up again for another appointment when needed. Over the two sessions, the young person's total average MyLife Tracker score improved from 76 to 84 (out of 100); his coping improved from 62-75 (out of 100); and his relationship with his family improved from 76-88 (out of 100).*
- *The young person's mother also provided feedback that she was happy with how responsive headSTART was and that her son was able to be provided with support and skills straight away. She noted that she was impressed that there is the option to call back and simply book in for another session when needed.*

headspace centres and services operate across Australia, in metro, regional and rural areas, supporting young Australians and their families to be mentally healthy and engaged in their communities.

headspace would like to acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First People and Traditional Custodians. We value their cultures, identities, and continuing connection to country, waters, kin and community. We pay our respects to Elders past and present and are committed to making a positive contribution to the wellbeing of Aboriginal and Torres Strait Islander young people, by providing services that are welcoming, safe, culturally appropriate and inclusive.

headspace is committed to embracing diversity and eliminating all forms of discrimination in the provision of health services. headspace welcomes all people irrespective of ethnicity, lifestyle choice, faith, sexual orientation and gender identity.

headspace National Youth Mental Health Foundation is funded by the Australian Government Department of Health.

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