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An Expert Understanding of the Single Session Mindset

Samuel Porter[a], Tim Pitt[b], Martin Eubank[a], Joanne Butt[a] and Owen Thomas[c]

[a]Research Institute of Sport and Exercise Sciences, Liverpool John Moores University, Liverpool, United Kingdom; [b]Mindflick, Hathersage, United Kingdom; [c]Cardiff Metropolitan University, Cardiff, United Kingdom

Postal Address

Samuel J. Porter, 2 The Barn, Mindflick, Hathersage Hall Business Centre, S32 1BB

sam@mindflick.co.uk

Abstract

Following Moshe Talmon's (1990) ground-breaking work on single session therapy, the philosophy and practice of single session therapy has expanded across the world. Critically, and regardless of context and approach, single session therapists support adopting a 'single session mindset' (Cannistra, 2022; Hoyt, Young & Rycroft, 2021). Our study sought to clarify expert's understanding of this mindset with empirical evidence. Ten world leading figures in single session therapy were interviewed against this aim. Reflexive thematic analysis highlighted a single session mindset is founded upon nine core beliefs and seventeen attitudes which are intentionally embraced, before and during single session work. This mindset aligns the therapist and client towards the possibility of creating change within a single session. The findings provide empirical clarity on the concept of the single-session mindset, offering valuable insights for practitioners attempting to implement brief methods into practice and for trainers who are helping others to do so.

Keywords: Single Session Therapy, Single Session Mindset, Single Session Thinking, psychotherapy integration, brief therapy

An Expert Understanding of the Single Session Mindset

Single session therapy (SST) emerged as a distinct form of brief therapy in the early 1990's, pioneered by Moshe Talmon. Talmon's (1993, 1990) work was of influence, when ascertaining that more than 200 patients who had undergone a single therapeutic session expressed satisfaction with the therapy they had received, a finding which contradicted his expectations. Subsequently, research on single session therapy has been shown to be effective, sufficient, and beneficial across many populations and contexts (see Pitt, Thomas, Lindsay, Bawden & Hanton, 2015; Slive, McElheran & Lawson, 2008). Furthermore, single session therapy has been lauded for its cost-effectiveness and suitability for clients with specific concerns and who are ready to engage in therapy (Campbell, 2012; Hymmen et al., 2013). SST has been guided by a range of theoretical models (e.g., Cognitive Behavioural Therapy, Solution Focused Therapy, Narrative Therapy, MRI Strategic Therapy), practised in a range of contexts (e.g., walk-in therapy, family therapy, health services, sport, public services) across several areas of the world (e.g., North America, Canada, Australia – see Hoyt & Talmon, 2014; Hoyt et al., 2018; Hoyt, Young & Rycroft, 2021 for review).

Key figures in single session therapy have noted connections across single session practice terms despite the variations in how it is applied; be that through differing theoretical models, different therapeutic contexts, and/or across different continents (Cannistra, 2022; Hoyt et al., 2021, 2020). At its core, single session practice is characterized as a planned, intentional attempt to address the presenting concerns of an individual within a single visit (Hymenn et al., 2013). "One At a Time Therapy" (OAATT) and "Single Session Thinking" both denote the idea of the practitioner approaching the first session *as if* it will be the only one, whilst supporting further work if requested by the client (Cannistra, 2022; Hoyt et al., 2021, 2020). "Single Session Thinking" has been positioned to capture the spirit of a single session approach, whilst highlighting common features such as attitude and mindset,

accessibility, and empowerment; of which attitude and mindset remain fundamental (Hoyt, Young & Rycroft, 2020). In fact, Rosenbaum (1992) wrote: “Training clinicians in single session therapy is more a question of inculcating a certain attitude than it is of passing on a set of techniques” (Hoyt, Rosenbaum & Talmon, 1992, p. 77).

Research on the Single Session Mindset (SSM) has recently been led by Cannistra (2022), who in his founding review, positioned fourteen principles which highlight a SSM (see Table 1). Furthermore, several practitioners have documented (e.g., book chapters, review papers, public presentations) their own principles for how a SSM is enacted in their work (Hoyt et al., 2020). Though not explicitly described as a SSM, Bloom (1981) was perhaps one of the first therapists to discuss the translation of single session thinking into practice by suggesting that certain attitudes (e.g., be prudently active, keep track of time), actions (e.g., identify a focal problem, build in a follow up plan) and choices (e.g., keep factual questions to a minimum, avoid detours) can promote effective single session practice. Relatedly, in the US, Rosenbaum, and colleagues (1990) proposed 11 attitudes practitioners can adopt which are helpful for single session therapies (e.g., focus on pivot chords, leave the door open). More recently, several other leading figures in single session therapy have positioned their own principles for translating single session thinking into practice (see Dryden 2020; Rycroft & Young, 2021; Slive and Bobele, 2011).

In this study we aim to empirically ground the concept of a SSM. With the ever-growing emergence of single session therapy, and a practitioner led recognition that mindset is a key feature of this approach (regardless of theoretical model or context), our research aims to empirically illuminate how expert practitioners understand and apply a SSM. By doing so, we hope to provide deeper conceptual clarity to the term SSM and offer practical guidance for those wishing to practice in such a way. To establish clarity, it is essential to position our understanding of 'mindset'; and, to do so we draw upon the work of Cannistra,

who, after reviewing the basic characteristics of a SSM, defined mindset as "…a series of beliefs which influence the actions and decisions taken in the course of therapy", whilst also noting the role of attitudes, which are "a feeling or way of thinking that affects a person's behaviour" (Cannistra, 2022, p. 2). Critically then, beliefs refer to cognitive representations held by practitioners (e.g., the client/therapist is the expert); whereby attitudes (built upon their foundational beliefs) reflect an affective (e.g., worry, hope) and behavioural component (the tendency or inclination to act in a particular manner towards the client).

Method

Research Philosophy

Given the aim of our study was to explore single session therapists (SSTs) unique understanding and application of a SSM we subscribed to ontological relativism and epistemological constructivism (Patton, 2015; Smith & Sparkes, 2016). By adopting a critical constructivist orientation, SSTs were encouraged to freely express their perspectives on a SSM through effortful reflection and discourse (Patton, 2015). Whilst subscribing to this stance, we considered language integral to knowledge production, as it is shaped by social interaction, meaning-making, and personal experiences, which can vary and evolve across contexts and time (Patton, 2015). Therefore, participant discourse was valued in both individual and contextual forms to allow a thorough exploration of the diverse contributions individuals made in constructing meaning from their experiences (Braun & Clarke, 2022). This necessitated us appreciating the nature, source, and subjective insights associated with the phenomenon under investigation (Patton, 2015); allowing us to analyse and seek to understand the multiple truths and individually constructed realities that existed across each participant's unique perspective, dependent on contextual pragmatics (Krane & Baird, 2005; Maxwell, 2016). This critical perspective allowed for a deeper interpretation of meaning beyond what was explicitly described, providing additional contextual insight and a more comprehensive understanding of their realities. Ultimately, this approach enabled us to

pragmatically position the knowledge gained from this work so others can evaluate its usefulness in real-world contexts.

Participants

We felt that to truly understand the essence and application of a SSM, we must understand the perceptions and experiences of those immersed in SST. Therefore, we used purposive sampling to recruit SSTs who: (1) have/are leading the advancement of SST; and (2) were/are actively practicing as a single session therapist. We also recruited SSTs from varied geographical locations who practiced across contexts, given the different conceptualization and application of a SSM across the world. Twelve individuals were approached for interview, with ten agreeing to take part (seven males and three females, see Table 2). An initial recruitment invitation was sent out with participant information sheets; written informed consent was obtained from all SST's and a subsequent interview was arranged. All SST's consented to be named in full on the provision of informed consent. The ethics committee of the first author approved the procedures in the study (23/SPS/008).

Procedures

Data Collection

Due to the geographic dispersion of SSTs, all interviews were conducted via Zoom. Interviews were recorded using a digital voice recorder and transcribed verbatim by the first author. Drawing on our philosophical stance of critical constructivism, a semi-structured interview guide shaped the interviews (informed by Cannistra, 2022; see Appendix 1). This also helped establish rapport and enabled lived experiences (Lincoln, 2007; Patton, 2015) of SSTs practicing with a SSM to be discussed. Interviews began with a broad, open-ended question related to the essence of a SSM ("What do you believe to be the essence of a SSM?"). From here, interviews were driven by the participant as the expert of their own experiences with prompts helping generate further discussion (Smith & Sparkes, 2016). Upon

completion of interviews, transcripts were inspected, and key questions identified to follow up with all SSTs via email (e.g., "Can you tell me more about how you practically adopt this mindset ahead of therapy?") through member reflections.

Data Analysis

Braun and Clarke's (2022) six-phase approach to reflexive thematic analysis (RTA) shaped our analysis approach. In phase, the lead author immersed themself in the data by listening to the audio files and reading the transcripts multiple times to gain familiarity and comprehension. In phase two, systematic coding was conducted across the entire data set, with relevant codes noted and collected. This included generating a mind-map to explore potential ideas. The analysis approach was primarily inductive, with the first author using his interpretations of SST's data to generate themes and patterns. However, deductive analysis was also utilized, informed by existing research on a SSM (e.g., Cannistra, 2022). In phase three, we cautiously established candidate themes by organizing potential themes and codes into groupings on a thematic map. These themes were defined and arranged to create a coherent conceptual understanding and narrative that made sense to both the research team and SSTs. Reviewing the themes in the fourth phase ensured coherence between the coded data and the candidate themes. This process involved seeking input from two critical friends, external to the research team, who had industry experience as chartered research-practitioner sport psychologists (practicing SST). Phase five involved refining and defining the themes to ensure that the data within each theme aligned appropriately. In phase six, the report was written, allowing for careful consideration of the data and the presentation of findings. This phase also facilitated continual refinement as new ideas emerged, leading to analytical coherence and a clear interpretation of the entire data set. To enhance rigor in the reflexive process, SSTs were involved in every phase of the data analysis, ensuring that the narrative remained consistent in their expert understanding of SSM.

Methodological Rigor and Research Quality

We employed five main approaches to assist methodological rigor and research quality: researcher background, researcher reflexivity, interrater reliability, critical friends, and member reflections (McGannon et al., 2019). First, we recognized our research/practice roles, beliefs, and assumptions influenced the research process. As sport psychologists with experience in high-performance contexts (e.g., sport, business, education, finance, travel), implementing and actively researching SST, we were personally invested in the topic. To address potential biases, we used reflexive practices, documenting our thoughts throughout the research project. This helped us become aware of how our backgrounds, motivations, preconceptions, and beliefs might have influenced data collection, analysis, and presentation. To further enhance rigor, we sought the input of critical friends who had diverse expertise, research interests, and experiences unrelated to SST. This allowed for challenging and critiquing at each phase of data collection and analysis (Smith & McGannon, 2018). We also used interrater reliability, comparing coding decisions between the lead researcher and the research team to assess agreement in evaluating the transcript data (MacPhail et al., 2016). This collaborative process of checking and sharing alternative viewpoints and interpretations led to a shared and empirically supported interpretation of the data and final thematic structure. Moreover, since the SST's perceived experiences were interpreted and represented by the researchers (Danermarck et al., 2019), we hoped to maintain the complexity and nuances described by the SSTs. We aimed to achieve this goal by using contextual examples from the SST's' descriptions and ensuring multivocality. Across phases two to six, SSTs engaged in member reflections to ensure there was a robust, meticulous, enriched, and accurate understanding of a SSM (Smith & McGannon, 2018)

Results

Following our RTA of the data, we defined SSM as: "A core set of beliefs and attitudes (about people, therapy, and change), which are intentionally embraced and enacted, before and during single session work, in order to align the therapist and the client toward the possibility of creating change within a single session". This is achieved through SSTs setting themselves and their clients practically; something in interview Cannistra termed "mind-setting". We discovered this involves the therapist preparing their mind, body, spirit, and physical environment through specific priming behaviours ahead of therapy. SSTs also helped set their clients' perspectives prior to therapy, to align them with a SSM. The use of various strategies (e.g., elevator speech), organizational structures (e.g., intake team) and processes (e.g., pre-session questionnaire), were used by SSTs to help establish this alignment. The goal being to foster a shared understanding and synergy between the client and therapist regarding the nature and process of therapy.

Our RTA found nine commonly held beliefs and seventeen commonly held attitudes (about people, therapy, and change) which sat at the heart of a SSM (see Table 3). These core beliefs and attitudes informed the therapist's role, approach, goals, decisions, and actions in therapy. Table 4 further illuminates the essence of each of the SSM attitudes. Our analysis highlighted how a SSM is the primary component connecting SSTs, regardless of approach or context (which varied across all SSTs). Explicitly, the findings showed commonalities in beliefs and attitudes (about people, therapy, and change) held across SSTs, despite differences in theoretical model or use of techniques (see Figure 1). This distinction between the practice and mindset of SST demonstrates the mindset commonalties between therapists practicing SST, despite differences in therapeutic approach and techniques (e.g., as described by Barnes, Carruthers & Gigovic, 2018). Lastly, we also summarize and situate the practical recommendations SSTs discussed for 'mind-setting' (Cannistra, 2022).

The Core Beliefs and Attitudes of the Single Session Mindset

1. About People

SSTs held three common beliefs and attitudes 'about people' (see Table 3).

1.1 Clients are the experts in their own life.

SSTs held the belief that clients are experts in their ability to identify their problem, understand it's nature and nuance, and express what may or may not work best for them in therapy. Thus, an attitude SSTs adopt is to always adopt a collaborative stance with their client by understanding their perspective on the problem, actively involving the client in constructing an obtainable focus for, and/or solution from therapy. SSTs recognized that at times, clients may not be able to gain awareness of a potential focus, solution or what may work best for them. So, when needed, SSTs would offer suggestions (i.e., session focus or solution), but from a point of proposition, rather than through imposition. Clients could then reflect on whether this would fit into their world, with their unique resources and preferences. This was demonstrated by Rycroft, who shared:

> *"Collaboration is a word that's thrown about a lot, but it's (SST) truly the most collaborative work that I've done, because I actually do have to rely on my client. Not everybody is willing to do that, to really want to work with them very directly, to really consult them, co-create with them and actually learn from them as well".*

Other findings in this theme alluded to the preferred power dynamic between the client and therapist, with Talmon suggesting: "Most of the therapeutic power and abilities stay with the person in front of you and not necessarily because of you, never underestimate your clients". Fry built on this nicely by sharing:

> "*You have to let go; 'you' are not the expert. Just because you have great knowledge, you are not the expert, you are a mechanism to help facilitate this person, this person who likely knows themselves very well… to try and find some solutions where they're*

currently stuck… The clinician is not supposed to be the expert. The client is the expert in what they need and what's best for them".

1.2 Clients have strengths and resources to make things better.

SSTs described using a resource-based or strength-oriented approach, contrasting against deficit or pathology-based models. Instead of viewing issues as illnesses or pathologies, SSTs prioritized identifying and utilizing clients' internal and external strengths or resources in support of their goals, while harnessing the power of hope and optimism. Rosenbaum noted:

"One thing in my mind is, just don't get in the way. Just don't make things worse. Which is not always easy. We can frequently make things worse, by focusing on the problem. Tell me about the problem. When did it start? What do you think is causing it? Who is responsible? Digging it in and in and in".

Hoyt supported these suggestions:

"It's very different than what most therapists start with, the idea that we're going to get acquainted; do an intake, that leads to a number of realms we need to explore. We don't really want to try to make changes until we've got it all understood, because we don't want to rock the boat. I think that's based on a bad idea that people are very fragile, they don't have capacity, they can't do it, we've got to go slow. We don't want to have trauma of course, but we do want to have impact. And one way to have impact is to be focused and elevate the strengths, skills, and capacities of the client. Look for hidden solutions, strengths or competencies which may be getting overlooked".

SSTs noted that clients' resources took various forms (e.g., cognitive, emotional, relational) and rested either in the individual or their systems of reference. But clients would sometimes struggle to recognize or effectively mobilize these resources when facing challenge. All SSTs regarded these resources as a foundational starting point for intervention, acknowledging

their role in supporting the therapeutic process. During sessions, SSTs engaged in active conversations to identify and access clients' strengths or resources. That is, they held a belief that these strengths/resources were significant facilitators of change, so dedicated a substantial portion of their work to guide clients in identifying and harnessing them. Thus, SSTs adopt an attitude to always look for what is working and connect clients to their strengths and resources. Talmon highlighted this here:

> *"In acknowledging what clients have, we help them move away from feeling upset, angry, depressed, and anxious about the things they cannot do or do not have. So, the role* (SSTs) *is to connect somebody to what they already have and connect the way we hear them and the way they experience or yield themselves with creativity".*

McIntosh complimented this well:

> *"The therapist believes in the resources of the family, or the person. So, they try to help them, recalibrate them, realign them, help get them unstuck and moving in the service of a higher order life, with higher order principles and engaging them with their solar plexus about what it is to live the life they want to live".*

To highlight this in practice, Hoyt shared:

> *"A woman came in who was having some problems with her husband. She says I've been in equestrian for 20 years. This is a big part of her identity, her life, she sounds like she's good at it. So, what am I going to say? Let's talk about something you're not good at and be discouraging? No, let's put them in their competence mode, instead of their incompetence mode. She said I train horses, where are we going with this? I said, can I ask, if a horse was having a problem, what are some of the things you do to train it? Well, you break it down into small steps, you use positive reinforcement, then they do something. You reward them. And I said, you know, ma'am, if you can train one large mammal, you can train any large mammal. And she laughed, and said*

> *you know, you're right... But it was again, looking for her resources in one area, she's an animal training expert and seeing how we can bring those over".*

1.3 People are always changing.

SSTs described a belief that clients are constantly evolving and changing; something we should expect, given that change is a ubiquitous aspect of life. With this belief in mind, individuals are viewed as dynamic beings, continuously undergoing transformation, whether internally or in response to external factors. In the therapeutic context, SSTs therefore voiced that the possibility of change is an inherent and welcomed part of life and the therapeutic process itself. This understanding helped SSTs believe clients have an inherent capacity for growth, adaptation, and change. By embracing change and expecting it, SSTs suggested they and their clients were able to effectively respond to the ever-evolving challenges with a renewed sense of hope, optimism, adaptability, and resilience. With this in mind Bobele said: *"I would want to remind people that rapid change is common. It is not the exception; it is the rule".* As a result, and as noted Talmon, therapists should expect change:

> *"I used to view every therapeutic process as a very, very long one. But realised that people and the world are always changing. And so, the change processes start long before the first session, and continue long after the last session, whether it's one session or more… So, always expect and hope for change. People constantly evolve, they don't always realise they're evolving, or they're making progress. Because in our work, most people come when they're down and demoralised, when they're stuck or when they feel sick. But whatever changes are taking place in the body and the mind and their surroundings, they ignore it. They don't realise it".*

Rosenbaum built on this by highlighting the dynamic nature of people and the world:

> *"Expect change because it's the way things work. Everything is constantly in motion. Gregory Bateson used to say all stability is based on change and all change is based*

on stability. So even to say it's in motion is a little misleading. But it's this dynamic process that is forever ongoing and given that there's this ongoing process of change, we have to expect it. Take a stream flowing, it doesn't take that much to divert a stream, if you just put your hand in there, it starts moving around your hand, it's already a little different. So, starting from expecting change just makes sense".

2. About Therapy

SSTs held five common beliefs and eleven common attitudes 'about therapy' (see Table 3).

2.1 One session can be enough.

All SSTs described approaching every session with the understanding that it might be the sole encounter with the client. This was underpinned by the belief that one session can be sufficient for the client. Furthermore, this approach entailed the therapist conducting the session with the intention of it being self-contained. One helpful attitude to facilitate this way of working was to expect good to happen as noted by Talmon:

"The most important part of the mindset is that the therapist believes something good can happen in that hour. So, I think there's that optimistic core, inside a single session therapist that good can happen out of this hour. But each session is completed unto itself. It's an event with a beginning, a middle and an end. That doesn't mean we can meet only one time, they can come back and come back".

Critically, SST requires a clear and attainable focus for therapy, which is co-created between therapist and client. Hoyt highlighted this attitude in the following golfing metaphor:

"So, part of the mindset is, find out where the hole is on the golf course, where they want to go and then listen for anything that would be useful, that could help them get to where they want to go and make sure that the hole is an achievable hole".

This mindset gives single session work a clear purpose within the allotted time and an increased possibility of the client moving in the right direction, whilst also leaving the door open for further work. This attitude was described by Cannistra:

> *"Erickson would say one session is enough directly and indirectly. All session, we try to open the possibility that one session is enough. Enough for the moment, enough for now to try to go alone, because at the end, you say my door is open".*

Nonetheless, SSTs avoid leaving loose ends, or structuring sessions in a way where another appointment is necessary or recommended. As suggested by Young, this approach creates a rich context for change, with each party experiencing the power of the 'here and now':

> *"You treat the first session, especially, as if it's the only session…If the client also feels like it's potentially the only one, then you have synergy and framework to basically talk about what's the most important thing. To spend that whole session responding and trying to get some resolution to that most important thing. And, if you create that context for the family, they'll treat that first session as if it's the last, knowing that if they want or need more, they can have it, so then they can invest in the moment, and be in the zone… It creates a really vibrant context for change".*

2.2 The therapist just needs to get the client moving.

All participants described the significant impact small changes and interventions can have on a client's journey. They recognize that by mobilising the change process and focusing on getting the client moving in the right direction via; a well-placed nudge, the striking of a pivotal chord, a reframe of a problem, or a clear and manageable step forward in the right direction, remarkable transformations can unfold. McIntosh highlighted this in a metaphor:

> *"The work is really about helping the family to knock a domino in the right direction. They often have come to therapy, with the dominoes lined up, but they just keep*

hitting the first one the wrong way. So, the mindset is, I don't have to push all those dominoes over, I just have to help them knock the first one in the right direction".

Furthermore, by embracing the principle of small interventions, SSTs recognize that seemingly minor (yet purposeful) adjustments can create profound ripple effects; particularly when accumulated over time. Bobele articulated this attitude in this reflection:

"I think, for many reasons, people say they have really big problems that take time to solve. And I don't argue with them that it may be a big problem. But I ask, so what may be a small piece of this big problem, that if we got that little piece out of the way, it would free up a little bit more energy to tackle the next piece? I get them to think about eating an elephant, you do it one bite at a time. So, when they leave, maybe they've taken the first bite, or have accomplished one thing. And nothing succeeds like success, so if somebody has some success at tackling any part of their problem, they'll have more energy, they'll become more optimistic and hopeful they can take the next step… There's a favourite quote of mine from Milton Erickson, which is small change leads to big change… It's part of the canon of human wisdom. Rome wasn't built in a day, it's common in our human understanding that big things start small".

However, one principle in many forms of traditional therapy is that change takes time and requires intervention equal to the level of change needed. SSTs reject this notion, stipulating that deep insight does not necessarily create deep change, and change can happen instantly with the right attitude and actions of the therapist. In this regard, SSTs acknowledge that aiming for small, manageable, and simple interventions is highly effective, in contrast to pursuing grand objectives and overwhelming transformations. SSTs noted how their role is not to provide all the answers or orchestrate radical shifts within a single session; instead, they focus on facilitating the client's journey by offering gentle support and strategic

guidance, knowing that in some circumstances, client's may be advised that another session is needed and that they can return for further therapy if desired. Hoyt summarised this belief:

> *"I think society has inculcated the belief that change is slow, you have to dig in, and change is terribly painful. You've got to get to the root of the cause, that sort of agricultural metaphor, we're going to pull it up by the root, we've got to expose the basis of it rather than, well, if you make these small changes, we will in fact, get things going in a better direction… So, the essence, is trying to get the person to see I could make some change now. Now that change could grow, it could ripple; I don't have to solve the entire thing all at once. You know, behaviour is talking about successive approximations to the goal, or one step at a time, the journey of 1000 miles begins with a single step - that kind of an idea. So, getting people unstuck, giving them the idea, if you can make some small change, that would be good. And, when one thing changes, if you think systemically, other things are going to change, they're going to respond to you differently. You get a positive feedback loop, a virtuous cycle instead of a vicious cycle, you build up instead of being knocked down".*

2.3 The therapist should play an active role in creating a sense of hope within the client to maximize each therapeutic encounter.

All SSTs believed they should play an active role in maximising each encounter with a client. Hoyt shared: *"It's mostly to inspire people, it's to have optimism, hope, energy, more than any particular technique. It's the belief. Change is possible. And it's possible now, the only time you really have any power is right now".* This was amplified by Rycroft, who articulated the need to adopt an attitude of 'rolling up your sleeves':

> *"In essence, it's bringing everything we have available to us, rolling up our sleeves, being absolutely ready and available to work in the moment with people's agenda*

> *about what's important here and now. Being respectfully direct and transparent, utilizing everything we can bring, to see where we get to in the time that's available".*

SSTs believed instilling a sense of hope in the client helped accelerate rapport and maximised each therapeutic encounter. Crucial to this was the need for SSTs to actively create the context for change through organisational processes and by recognising the role their own thoughts, behaviours and emotions played in the change process. Fry highlighted this when suggesting: *"I think transference and countertransference in single session work is vital. People have to feel the spirit of this approach from the clinician, you have to embody the optimism and hope needed for them to believe this can happen".* Additionally, the pragmatic core to SST enables SSTs to utilize therapeutic expertise, resources, and different levels of guidance. Hoyt shared a description of this attitude:

> *"We want to elevate the strengths, skills, and capacities of clients. But we therapists have skills and strengths. I know a lot about sleep disorders. I know a lot about substance abuse. First, I want to know what they've tried, get them to do more of whatever works, but sometimes it may also be new things I can offer".*

Hoyt continued by building on the golfing metaphor for describing the role of the therapist:

> *"The expression of, we're not the player, we're the caddy, we assist, we hand them a club, we give them advice, but ultimately, I don't say, let me hit this one for you. As a caddy, you ask, so where's the hole? What's the goal? Then what resources, strengths, abilities does the client have I can utilise to help them get there?"*

Slive also adopted a similar metaphor:

> *"My mindset is, I'm trying to help them find the hole on the golf course. As the caddy I might take a certain club out of the bag and say this is the one you need and I might also throw a lot of the clubs out of the bag, you only need these two".*

It is important to note that the SSTs active role should not be misconstrued as being forceful, authoritative, or manipulative. This is balanced with the belief that the client is the expert of their own life and has the ultimate decision-making authority to determine the most suitable approaches to achieve their goals. Instead, the therapist takes responsibility for thinking and acting in ways that are most beneficial to the client during the single session (and contracts this with the client early), while respecting their unique needs, requests, goals, and individuality. As a result, this enabled many of the SSTs to use the most appropriate method, technique, or theoretical model to help their clients in the most pragmatic and efficient way.

2.4 Every session should have a beginning, middle and end.

All SSTs described the importance of each single session having a clear beginning, middle and end. A clear beginning ensured both parties agreed a clear focus/goal for the single session. This clarity maximized the context for creating change within the therapeutic encounter. With this focal point agreed, SSTs moved to the heart of the session, identifying, and mobilising the client/therapist's strengths and resources. This enabled SSTs to adopt the attitudes of; be pragmatic and using time wisely; and being laser focused and on track. The ending formed a crucial place as a platform for reflection, action planning and feedback. Of paramount importance was the client's comprehension of the steps to be taken upon leaving the session with a sense of optimism and hope for change. Bobele shared:

> *"To be a really good therapist, you need a plan for what you're going to do in the session. I think it was Patton that said the best battle plans go down the tubes when the first shots are fired. So, I always think that if I go in with the plan, I may not be able to follow it. But at least I'll know when I'm off track and what I need to do to get back on track. So, checking in all the time to make sure that we're on the right track".*

Equally, Rycroft articulated:

> *"Being able to travel the journey with the client, being more of a travel guide or a companion… Ensuring every session has a beginning, middle and end, and mapping it back to what the presenting complaint or goal was. Consulting them, checking in, making time your friend, and balancing that process and content. You know, having your own version of that map, where you bring your own personal style to it and your chosen theoretical model, it gives you a set of guideposts".*

The clear structure for a single session enabled therapists to quickly develop rapport, establish focus, and identify opportunities to help client's move towards their desired goal. This empowered therapists to provide direct feedback, be transparent and candid, assign tasks during the session, suggest changes in behaviour outside the session, interrupt when necessary, and involve others where appropriate. Young portrayed this in the following:

> *"…checking in through the session to see we're on target. So, as the therapist you don't assume you have this beautiful intuitive intuition, and empathy of how the person is thinking and feeling. Hopefully, we're reasonable. But we know, scientifically we're not great at it…And, then asking, if we only had one session, what do I want to share with that client if I never saw them again? For me, that was one of the most beautiful parts of single session thinking, I could all of a sudden, be totally upfront and generous sharing all my thoughts and ideas in a respectful, helpful way".*

2.5 Treat the person and their situation, not their diagnosis.

All SSTs rejected the diagnostic model of therapy and avoided diagnostic processes that aimed to classify clients and their problems into fixed diagnostic categories or assigned labels. They avoided interpreting their client's statements through pre-existing psychological theories or terms. Instead, SSTs focused on examining how the problem manifested and impacted their present situation, rather than delving into historical origins or seeking causal explanations (e.g., how is this a problem for you right now?). Thus, the therapist's placed

importance on extracting functional descriptions and investigating the nature of the problem, as described by the client. Young highlighted the need to focus on concrete, not categorical descriptions of a problem in his description of this attitude:

> *"… Their explanation of the problem might be the problem. Jay Haley had this great comment at a workshop. A person asked, "what would you do with a client that had a history of sexual abuse, major drug problems, was bipolar and had some psychotic tendencies"? He basically said, "I wouldn't let that be the problem". If you ask the client what they wanted to walk away with, they wouldn't describe that. But if you ask the client, what is your problem, what do you want to work or walk away with. They'd say are I'm struggling with x, y, z. It would be quite specific.*

With this focus, SSTs adopted an attitude of bringing their clients into the 'now'. Hoyt shared:

> *"So, one of the problems is, as therapists, we often think of big issues and in global terms. They have an authority issue, an intimacy issue, a self-esteem issue, a confidence issue. They're big issues. So, self-esteem, how you rate or value yourself - when it's a little bit better, what will be the first thing you'll be telling yourself differently that tells us you're doing a little bit better? What would that look like? If the man on the moon looked through the window, what would he see you doing differently? So, try and get it down to a size where it's achievable and descriptive. The philosophy of modern science only exacerbates these categories, these diagnostics, these labels - which really don't map onto people's experiences all that well".*

Hoyt also described how clients often do not live in the present, something that contributes to them remaining stuck.

> *"People come in thinking; 'it did this to me before', or' it will do that to me in the future - I can't think about the future'. It's the mindset shift from the historical or*

future to the now. Bring clients into the present moment rather than one step behind or two steps ahead. To - what is it right now, while we're here? How is it impacting you right now?".

3. About Change

SSTs held one common belief and two common attitudes 'about change' (see Table 3).

3.1 Change occurs in different forms.

Several SSTs described a belief that change can occur in many different forms. Central to this belief was: change can happen rapidly (but may take time); problems do not have size or scale; and most change happens outside of therapy (but may occur within). Talmon noted: *"I explain to clients that sometimes more is indeed necessary, and sometimes more is indeed better, but often it can happen fast, and yet still take time".* Other SSTs noted, as clients and their problems are always changing, change will happen before therapist's meet their clients and will continue long after they have met them. Critically, SST enabled clients to meet therapy at their point of readiness and with high volition for change. With this in mind, Cannistra described how people are already changing before arriving for therapy:

> *"Many people, in the weeks and days before the session find an improvement. Tick the box to say if your problem is worse or the same, improvement or almost solved. Some may say, I experienced a change - a positive change today or before the session".*

SSTs acknowledged the context of the client's life and life itself, rather than therapy, as the ultimate teacher. As clients spend significantly more time outside of therapy than in it, SSTs recognized the impact of the client's environment, experiences, resources, actions, and interactions in shaping outcomes. This was not to diminish the role therapists' plays in creating the context for change; but realization that fundamental change can occur through the application and integration of insights, skills, and strategies learnt in therapy (as well as unexplainable factors). Thus, SSTs and their clients worked together knowing outcomes are

influenced by a multitude of factors, both within and beyond the therapy room. As a result, SSTs recognised an interventions' value lay not in its grandeur or complexity (bigger is not necessarily better), but in its ability to ignite momentum and guide the client towards positive change. However, this could challenge the therapist's sense of self-worth and ego as this way of working required therapists to adopt a non-attached stance to client outcome. Therefore, SSTs need not let their ego get in the way, remain hopeful and trust the client after they leave the therapy room. Rycroft alludes to these attitudes here:

> *"You must have a healthy ego, in the sense of - and this really builds on the common factor's idea - the clients are the heroes of change. It's not us* [therapists], *we can create the context for change. But we can't make it happen".*

As did, Fry, in the following sentiment:

> *"You're using the momentum when it's there, when the person has volition to want to do something about it. 40% of change comes from what those extra therapeutic factors. It's interesting, because you can't define them, it's usually something that means something for the individual, so you could be walking down the street, and there was something on a sign that then consolidated the person's thinking of, yes, I need to do that; or they have an aha moment - driven by something completely obscure they come into contact with. There are so many other things that are non-tangible, that are influencing what's changing for people as well. But you may have been there at that opportunistic time to influence that change process for them".*

Rosenbaum added:

> *"We have 50 years of psychotherapy research now, and all the research shows the biggest factor is the client… Whatever the therapist does, the client takes it, and turns it into what is going to be useful for them… Every patient needs something different".*

Discussion

This study has added empirical evidence for grounding the concept of a SSM and how this can be applied. We achieved this by exploring how ten expert SSTs understood and applied a SSM in their practice. Nine core beliefs and seventeen core attitudes (about people, therapy, and change) of a SSM were identified (see Table 3). Here, readers will appreciate the interconnected nature of beliefs and attitudes, particularly when reflecting on the rich quotes from the world leading SSTs interviewed. These beliefs and attitudes were intentionally embraced and enacted; before and during therapy to align the therapist and client towards the possibility of creating change in a single session (Hoyt, Young & Rycroft, 2021). Table 3 offers practical recommendations for how a SSM can be translated into practice through 'mind-setting'. Our analysis highlighted how a SSM is the primary component connecting SSTs, regardless of approach or context (which varied across all SSTs). Specifically, our findings showed commonalities in beliefs and attitudes (about people, therapy, and change) across SSTs, despite differences in theoretical model or use of techniques.

Our study adds empirical evidence to the individual accounts noted in professional practice literatures, by aggregating expert opinion on what a SSM is and how it can be applied. In doing so, the nine beliefs outlined in our results provide deeper conceptual clarity to the concept of a SSM. This is further contextualised through the discussion of seventeen attitudes: 'take a collaborative stance', 'look for what is working', 'connect clients to their strengths and resources', 'get clients moving in the right direction', 'expect good things to happen', 'co-create and agree an obtainable focus', 'see every interaction as whole and complete in itself', 'leave the door open', 'aim small and simple', 'roll up your sleeves', 'use your own skills and resources', 'be pragmatic and use time wisely', 'be laser focused and keep on track', 'focus on the now', 'be concrete not categorical', 'don't let your ego get in the way' and 'remain hopeful, trust the client and empower them'. Table 4 describes the essence of each of these attitudes in further detail.

Implications for Training

Our results (see Table 3 and 4) enable the development of a structured framework for facilitating the adoption of a SSM, which carries implication for practitioners seeking to adopt this mindset and for educators responsible for teaching it. Recently, Hoyt and colleagues (2021) discussed the need for further training and implementation in single session therapy. They suggested 'implementation' needed prominence to enable single session thinking to be translated from 'ideas into actions' (Hoyt et al., 2021; Young, Weir & Rycroft, 2013). Thus, our results prove timely to this discussion, and complement this stance. For example, many of the SSTs interviewed in our study, offer formal training in SSM via taught online and in-person programmes (based on varied professional accounts). Table 3 and 4 could help trainers to facilitate and structure exercises which stimulates trainee reflection against a clear conceptual framework for a SSM. Our results provide an evidence-based approach to describing the core elements of a SSM that could enable trainers to facilitate exercises which allow for deep philosophical introspection in a consistent and structured manner. For example, it could enable exploration between the core beliefs of the SSM against different therapeutic models and their associated theoretical assumptions (e.g., How might you integrate a SSM within an acceptance and commitment therapy approach?). This exercise could prove important, given the need for integration to be conducted with clear structure, utility, and rationale (Pitt et al., 2020). Lastly, with the continual expansion of SST across contexts, future training should look to consider how training in SST/SSM can be scaled with more pedagogically informed, quality-controlled methods, with the field of Motivational Interviewing, who now have over 1300 trainers worldwide, providing possible example and inspiration (Hall et al., 2015; Madson, Loignon & Lane, 2009). Nonetheless, trainers are initially invited to consider how curriculum design, resource development, pedagogical strategies, assessment, supervision, and peer vision could be altered given our findings.

Implications for Practice

As Rosenbaum (1994) commented, "... the phenomenon of single session therapies seems to cross theoretical lines" (p. 234). As long as therapists are "... willing to regard single visits as potentially self-contained psychotherapies, single session therapies can offer a special opportunity for therapists interested in psychotherapy integration" (p. 234). Consequentially, a SSM can lend itself to integration with all therapeutic approaches (Pitt et al., 2015). SST has the potential to fit many different theoretical orientations (e.g., Barnes et al., 2018), provided therapists are willing to accommodate the beliefs and attitudes of a SSM. The SSM can be seen to represent a 'way of being' with clients and within therapy in order to help maximise each therapeutic encounter. Results from the current study outline a clear set of beliefs and attitudes that appear to be an essential aspect of single session work, many of which may challenge more traditionally held beliefs and assumptions of many therapeutic models and forms of training (e.g., one session can be enough vs real change happens gradually and requires multiple sessions). Hence, in order to work in this manner, practitioners may have to unlearn many things learnt in traditional therapeutic training and create shifts in their mindset. This may prove challenging given that a practitioner's beliefs are the most stable and enduring aspects of their professional philosophy (Poczwardowski, Sherman & Ravizza, 2004), and navigating this shift warrants further investigation.

Nonetheless, our results provide practitioners who are wanting to implement a SSM into their practice with an explicit reference to compare and reflect against in relation to their personal beliefs and attitudes regarding therapeutic interactions. Practitioners should reflect on whether the beliefs which sit at the heart of a SSM (Table 3) are congruent with their current personal beliefs (e.g., What do I currently believe about change? How does this differ from the SSM beliefs about change?) and their experiences in relation to both sets of beliefs (e.g., What evidence do I have which supports/does not support this belief? What experiences

have I had which supports/does not support this belief?). Practitioners wishing to adopt a SSM in their practice should also consider ways to embrace the attitudes highlighted in Table 4. These attitudes are perhaps easier to adopt quickly into single session work (requiring less reflection that questioning one's beliefs), although practitioners are encouraged to find their own ways of embracing and implementing these attitudes in a way that feels congruent to them. Finally, practitioners are encouraged to explore the practical mind-setting suggestions seen in Table 3. Of note, many of these mind-setting suggestions are contextually driven, and primarily enabled through organisational structures, processes, and practices. Thus, readers are invited to reflect and consider how their own contextual pragmatics may afford these mind-setting suggestions, whilst also being encouraged to find new, innovative, and congruent ways to 'mind-set' themselves and others.

Limitations

Despite offering novel insight into the understanding and application of a SSM, there are noteworthy limitations. Although suitable to address the research question, the characteristics and size of the sample reflect a need to understand insight from (a) SSTs from a broader spread of geographical locations, for example South America, Europe and/or Asia, and (b) more female SSTs. The study was only able to provide a cross-sectional account of the understanding and application of a SSM from a group of mostly white, male, and English-speaking SSTs, primarily based in North America. Furthermore, our study only examined those practicing in therapeutic contexts, narrowing the possibility for more contextual nuance around the concept of a SSM and 'mind-setting' possible in other contexts (e.g., sport, corporate, health and medicine). An alternative research design would have also facilitated the possibility of understanding the topic through a phenomenological lens or by obtaining clients perceptions on their experiences of joining SSTs in a SSM. Critically, it would be valuable to investigate the obstacles, emotional complexities, and uncertainties encountered

by practitioners as they endeavour to transition their practice toward single-session work in future research. Importantly, this may provide more contextual depth and understanding to the study and identify appropriate interventions for training and practice.

Conclusion

To conclude, the current study sought to clarify and contextualize expert's understanding of this mindset with empirical evidence; building on the excellent work of Cannistra (2022) and the individual accounts documented in professional literature over the past thirty years. This was achieved after interviewing ten leading figures in SST, who shared how a SSM is founded upon nine core beliefs (about people, therapy, and change) and seventeen attitudes which are intentionally embraced and enacted, before and during single session work. In doing so, it enables the therapist and the client to work in tandem toward the possibility of creating change within a single session. Our results outline a clear set of beliefs and attitudes that appear to be an essential aspect of single session work, many of which may challenge more traditionally held beliefs and assumptions of many therapeutic models and forms of training. Thus, the findings offer invaluable insight for practitioners, by offering applied guidance on how they can intentionally adopt this mindset in practice, regardless of context or therapeutic orientation. Crucially, practitioners should reflect upon the fundamental beliefs at the heart of a SSM and how this may align with their beliefs about people, therapy, and change, whilst also considering how they may adopt the different attitudes (and mind-setting suggestions) in their practice. Scholars are invited to consider deepening our understanding of a SSM by including SSTs from more diverse contexts, and via different research designs.

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Table 1

The Fourteen Principles of a SSM (Cannistra, 2022)

Principles
A single session may be enough.
The therapist can play an active role.
People have resources they can use to feel better.
The client is the expert in their own life.
Different methods may be used.
Further sessions may be needed.
SST is suitable for different contexts and needs.
It’s fine to aim for small or simple interventions.
It’s fine to have less prior knowledge.
It’s best to stick with process and the here and now.
Results are mainly achieved outside the session.
A structure is needed for the single session.
A client-therapist relationships can be established rapidly.
Nothing is taken for granted.

Table 2

Participant Information

Name	Location	Interview Duration
Arnie Slive	United States of America	86 minutes
Bob Rosenbaum	United States of America	88 minutes
Denise Fry	Australia	49 minutes
Flavio Cannistra	Italy	79 minutes
Jeff Young	Australia	62 minutes
Jen McIntosh	Australia	62 minutes
Michael Hoyt	United States of America	109 minutes
Monte Bobele	United States of America	86 minutes
Moshe Talmon	Israel	59 minutes
Pam Rycroft	Australia	81 minutes

Table 3

Core Beliefs and Attitudes of a SSM with Mind-Setting Suggestions

Core Beliefs	Core Attitudes	Mind-Setting Suggestions
About People ▪ Clients are the experts in their own life. ▪ Clients have strengths and resources to make things better. ▪ People are always changing. **About Therapy** ▪ One session can be enough. ▪ The therapist just needs to get the client moving. ▪ The therapist should play an active role in creating a sense of hope within the client and for maximising each therapeutic encounter. ▪ Every session should have a beginning, middle and end. ▪ Treat the person and their situation, not their diagnosis. **About Change** ▪ Change occurs in different forms.	▪ Take a collaborative stance. ▪ Co-create and agree an obtainable focus. ▪ Look for what is working. ▪ Connect client to their strengths and resources. ▪ Expect good things to happen. ▪ See every interaction as whole and complete in itself. ▪ Leave the door open. ▪ Aim small and simple. ▪ Get clients moving in the right direction. ▪ Roll up your sleeves. ▪ Use your own skills and resources. ▪ Be pragmatic and use time wisely. ▪ Be laser focused and keep on track. ▪ Focus on the now. ▪ Be concrete not categorical. ▪ Don't let your ego get in the way. ▪ Remain hopeful and trust the client.	**Before a Single Session** Prior to therapy, SSTs described utilising (a) pre-session questionnaires designed to help clients identify a clear goal for therapy and mobilise their strengths and resources, (b) methods of communication designed to communicate what SST is and how it can benefit clients (e.g., websites, brochures, advertisements), (c) formal communications sent out to prospective service users via intake teams or broader organisation, (d) reminding themselves of the principles of SST ahead of sessions, (e) having a practice map which can guide their questioning, decisions and actions and enable a clear beginning, middle and end, and (f) engage in priming behaviours which assist in creating neutrality and flexibility in their mind, body and senses ahead of therapy. **During the Single Session** During therapy, SSTs described utilising (a) elevator speeches which explain SST and myth bust the client's beliefs about therapy and change, (b) engage in grounding and relaxation techniques to create space and time in therapy (c) use reflective teams and (d) using check-in questions to ensure the conversation is on track. **After the Single Session** Finally, after therapy, SSTs described how they would (a) contact clients after therapy to check progress, (b) provide further accountability measures to ensure clients drive responsibility for creating the change they seek, (c) reflect on their own practice ahead of the next session, and (d) use peer supervision and training to improve practice.

Table 4

Summarising the Core Attitudes of a SSM

Core Attitudes	Summary of the Attitude
Take a collaborative stance.	It is your job to work *with* the client to work out what they want and how they can move forward.
Co-create and agree an obtainable focus.	Work with the client to define a tangible and realistic outcome for the current session.
Look for what is working.	Purposefully notice positive aspects of the client's situation that are problem free, or where their strengths and resources are preventing their situation from being worse than it currently is.
Connect client to their strengths and resources.	Be explicit in highlighting the client's inherent strengths, resources, and capabilities and how they can utilise them right now.
Expect good things to happen.	Anticipate that the session will lead to positive outcomes and keep an optimistic outlook (of progress being made).
See every interaction as whole and complete in itself.	See each conversation with the client as an opportunity to create change.
Leave the door open.	Explicitly ensure clients are made aware they can return for further sessions if they so wish.
Aim small and simple.	Break down complex and overwhelming problems into a manageable frame on the current issue. Then ensure clients have a realistic and tangible step they can take which can move them forwards in the right direction.
Get clients moving in the right direction.	Leave clients with a realistic and tangible step which they can take which can move them forwards in the right direction.
Roll up your sleeves.	Bring a positive energy to each session with a real desire to make progress and move the problem forward in one.
Use your own skills and resources.	Be willing to draw upon your own skills and resources to mobilise change.
Be pragmatic and use time wisely.	Make sure you have your own structure for a session which allows you to have a beginning (co-create a clear focus), middle (mobilise change) and end (action planning).
Be laser focused and keep on track.	Keep focused on the agreed aim of the session and don't allow yourself or the client to move too far off this track. When noticing this, respectfully direct the client (and yourself) back on track.
Focus on the now	Be interested in the client's current situation, and what brings them to the session now. Get into their world view and put yourself in their shoes.
Be concrete not categorical.	Focus on extracting clear, contextual, and functional descriptions which describe the current nature of the problem.
Don't let your ego get in the way.	Do not attach your worth as a therapist to client outcomes or to the cleverness of your interventions.
Remain hopeful and trust the client	Remember that clients, and not therapists, create the change they seek. So, keep an optimistic outlook and ensure clients feel empowered to take their first step.

Figure 1

The Distinction Between the Single Session Mindset and Single Session Practice