Brief intervention models in counselling services: *Delivering on the ‘brief to be brief’*

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**ISANA/ANZSSA CONFERENCE**

2\textsuperscript{nd} December 2014
Workshop Overview

• Background & overview of brief counselling approaches

• Summary of research - effectiveness & efficacy

• Discuss applications of brief counselling in the higher education context – challenges & opportunities

• Share knowledge, skills, strategies & resources to support effective delivery of brief counselling to students
Activity

1. Introduce yourself to your neighbour

2. Briefly describe the service delivery model for counselling/student services in your institution

3. Share one thing you hope to take away from today’s workshop
What is brief therapy?

“Brief therapy simply means therapy that takes as few sessions as possible, not even one more than is necessary, for you to develop a satisfactory solution”

Steve De Shazer (1985; 1987)
Common terms referenced in research:

- Brief therapy / counselling
- Brief psychological interventions
- Time-limited counselling (i.e. limits or specifies number of sessions)
- Short-term counselling (i.e. considers time limits but remains open ended on number of sessions & duration)
- Single session brief counselling
- Solution Focused Brief Therapy (SFBT)
How long or short is brief counselling?

- Concept of ‘brief’ as being on a continuum emphasised in research

- May be as brief as a single session with 2 follow-up meetings, between 5 & 7 sessions, 7 to 10 or up to 20 sessions

- Range 1 – 29 sessions - average number of sessions is between 3 – 4 sessions
How long or short is brief counselling?

Number of sessions determined by:

- client need/nature of problem
- counselling approach counsellor is using (e.g. CBT or Psychodynamic, Rational Emotive Therapy, Motivational Interviewing)
- agency context
Some underlying assumptions of brief therapy approaches:

1. Clients who experience problems can achieve meaningful changes as a result of brief counselling

2. Focus on client strengths – assumes clients have the necessary skills, internal & external resources to resolve their problems
Some underlying assumptions of brief therapy approaches cont.

3. Small therapeutic changes are sufficient, can break unhelpful patterns of thinking, feeling & behaviour

4. Every client is unique with an inherent capacity to set goals & make changes that lead to achieving them
Some underlying assumptions of brief therapy approaches:

5. Solutions come from collaboration between counsellor & client.


7. Emphasis on goals.

8. Brief counselling viewed as a process that benefits client rather than as an end.
Egan (2002) concept of the helping relationship aligns with brief counselling models.

- **Build rapport & relationship with client**
- **Facilitate positive actions**
- **Challenge client**
- **Explore & find ways to change**
Core elements to session structure in brief counselling
(Littrell, Malia et al (1995))

1. Counsellor listens to client’s concerns

2. Counsellor explores prior attempts/success with solutions to problem with client

3. Counsellor & client work on mutually agreed goal
   (note: goal needs to be specific & concrete)

4. Counsellor assigns tasks for client designed to move client in direction of stated goal
Core elements of brief counselling

- Explore problem
- Develop goal
- Assign tasks to move Client in direction of goal
- Listen to client concerns
Reflective Exercise

• In your small group, share examples & experience with brief counselling in your institution

• Discuss what is working well, what is not & why

• What strategies are available to address the challenges
Use of questions in brief counselling:

• Counsellor invites client to reflect on any change since making decision to seek help – i.e. questions that elicit any evidence for change

• Use of the ‘miracle question’
  
  ➢ Who would notice miracle has taken place?
  
  ➢ How would they know?
  
  ➢ How would others behave after witnessing this miracle?
Types of questions in brief counselling:

- Counsellor looks for exceptions i.e. when problem was not present
- Focus on client strengths to build confidence
- Use of scaling questions
- Scaling questions to help client understand where they and where they want to go in regard to change
Example of brief counselling:

You tube example of Brief Therapy – John Littrell

http://www.youtube.com/watch?v=0SrLV7GMGmo
Brief counselling & university context

• How to deliver a more efficient service to students is a constant challenge to all universities – managing increasing demand & case complexity, finite resources, high case loads

• Research shows brief counselling is highly effective for majority of students who access it – benefits include wellbeing, academic success & retention

• Connell, Barkham & Mellor-Clark (2006; 2008) research on counselling impact in 7 UK universities using Clinical Outcome Measures
  ➢ mean number of counselling sessions = 4
  ➢ 70% students benefit from counselling
  ➢ Students who dropped out of counselling & attended less than 3 counselling sessions found to benefit least
Brief counselling & university context

• Brief counselling showed improved ratings for depression, anxiety for students who access counselling compared to those who don’t.

• Research shows university students have elevated levels of distress for a range of reasons – e.g. developmental, transition, financial challenges, diagnosed mental illness (Stallman 2010).
Brief counselling & university context

• Focus on goal setting in brief therapy helpful to students facing need to make many decisions

• Focus on small, achievable goals & strengths is empowering

• Structure of brief counselling models offers students what they need
Brief counselling & Risks

Brief counselling does not work for all students – Cooper & Archer (2010); Draper et.al (2002)

Some examples:

- severe psychological problems
- personality disorders
- those at high risk of suicide
- survivors of sexual abuse
- eating disorders
Reflective Exercise

• Share in your small group your institution’s policies for managing students who require long-term counselling

• How does your service delivery model address students at risk of harm to self or others?

• Discuss with your group your personal strategies for meeting the needs of students with complex mental health and or personal issues requiring additional counselling resourcing
Strategies for when brief counselling is not enough

- Develop Students at Risk & Critical Incident protocols for students who present with risk of harm to self or others (UniSA example)

- Recruit counsellors with highly developed mental health assessment skills

- Flexible service delivery model - able to respond to clinical judgement of counsellor vs one size fits all

- Strong relationships & referral networks with mental health triage services in the community
Strategies for when brief counselling is not enough

- Group work program that compliments individual counselling service & tailored to relevant topics for students

- Group counselling for students with specific issues e.g. substance abuse

- Case management for students with complex issues, including need for safety planning e.g. domestic violence

- Visiting Psychiatry service for mental health assessment & referral to external services
Brief counselling & university context: UniSA

Main reasons for contact with counsellors 2013
• Variation to assessment and special circumstances
• Special consideration/deferred assessment
• Welfare/safety
• Anxiety
• Relationship issues
• Amendment to fees
• Time workload management
• Mental health
• Self-care strategies
• Grief and loss

Critical incidents 2013
13 (8 domestic, 5 international)

Referrals to Students at Risk 2013
7 cases
Main reasons for contact with counsellors (Jan-June 2014)

• Relationship/family Issues
• Managing study stress
• Variation to assessment special circumstances
• Special consideration/deferred assessment
• Mental health
• Special circumstances/amendment to fees
• Time & workload management
• Grief/loss
• Academic review
• Extension request

Critical incidents (Jan – Oct 2014)
4 reported student deaths

Referrals to Students at risk (Jan – Jun 2014)
9 cases
Managing work stress

• Self-care & self compassion-practicing what we preach to students

• Regular professional supervision & peer review of student cases

• Professional development to stay fresh & up to date

• Promote culture of team health & cohesion
Mindfulness

“Paying focused attention
On purpose
Without judgement
to the experience of the present moment”

Ref: Jon Kabat-Zinn, Western Buddhist practitioner & founder of the Stress Reduction Clinic at the University of Massachusetts Medical School
Benefits of Mindfulness practice

• Lowers blood pressure
• Improves memory
• Reduces depression and anxiety
• Reduces stress
• Found to change neural networks in the brain with benefits to physical and psychological health
Mindfulness Practice Exercise
Tips to encourage mindfulness practice

• Make commitment to daily practice (few minutes each day)

• Set small achievable goals

• Remember - conscious awareness of breath

• Practice really listening to others (colleagues & students)

• Practice noticing your thoughts & feelings without judgement
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