



**University of  
South Australia**

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

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**ISANA/ANZSSA CONFERENCE**

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# 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
6. Emphasis on client strengths, building rapport & effective therapeutic relationship
7. Emphasis on goals
8. Brief counselling viewed as a process that benefits client rather than as an end

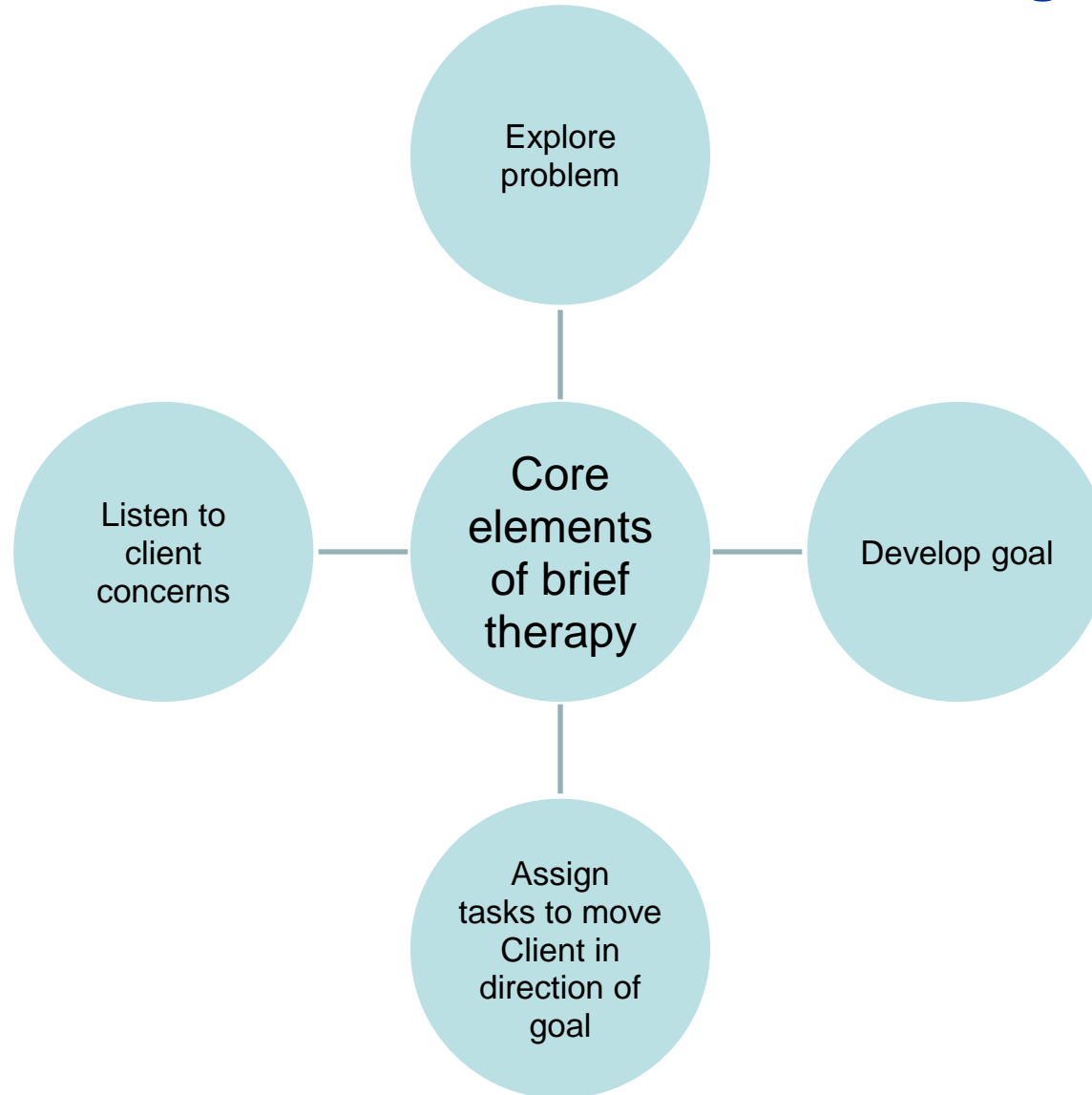
# Egan (2002) concept of the helping relationship aligns with brief counselling models



# **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



# 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

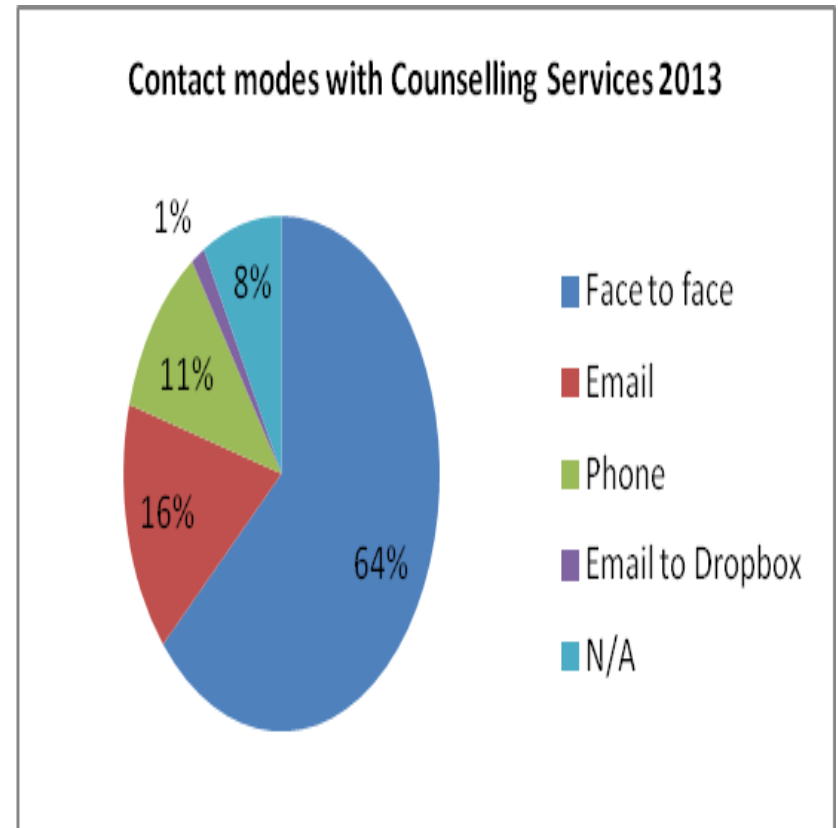
- Variation to assessment and special circumstances
- Special consideration/deferred assessment
- Welfare/safety
- Anxiety
- Relationship issues
- Amendment to fees
- Time workload management
- Mental health
- Self-care strategies
- Grief and loss

## Critical incidents 2013

13 (8 domestic, 5 international)

## Referrals to Students at Risk 2013

7 cases



# Brief counselling & university context: UniSA

## Main reasons for contact with counsellors (Jan-June 2014)

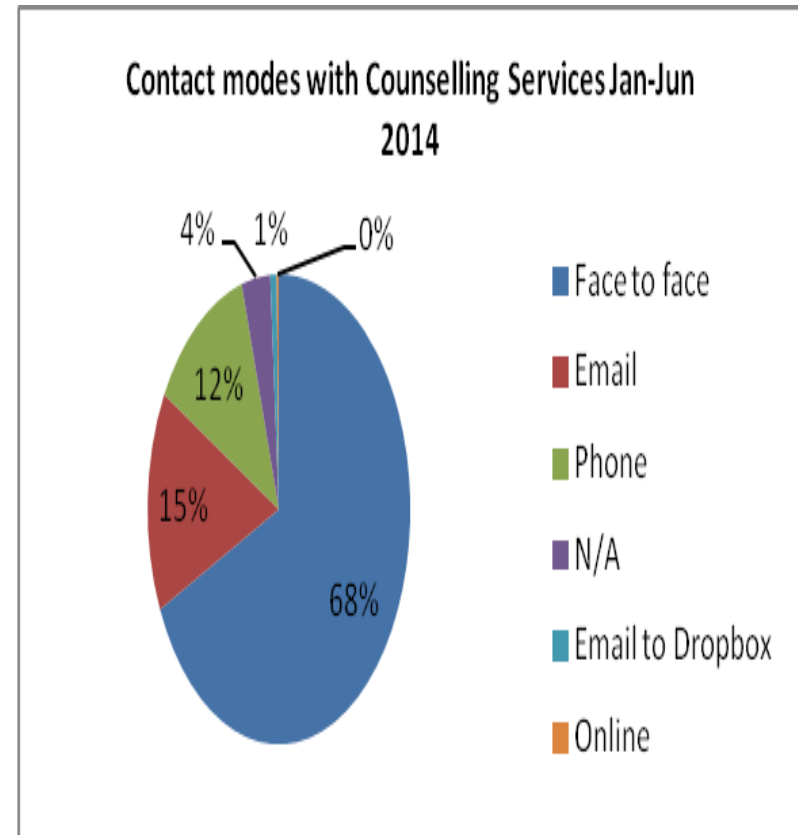
- Relationship/family Issues
- Managing study stress
- Variation to assessment special circumstances
- Special consideration/deferred assessment
- Mental health
- Special circumstances/amendment to fees
- Time & workload management
- Grief/loss
- Academic review
- Extension request

## 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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