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Single Session Thinking 2020

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This update presents key developments since Talmon's original (1990) publication, including an account of the three international symposia which have taken place since the last *ANZJFT* special edition on single session therapy in 2012, and the major compilations that followed the symposia. Underlying elements that unite different single session approaches are explored, and an attempt is made to provide a terminology that is inclusive and coherent. As reflected in the title, the term 'single session thinking' is suggested as an over-arching term for the approach that is no longer limited to the therapy room, but reaches into many different contexts. In conclusion, possible future clinical and research developments in the field of single session thinking and practice are reflected upon, and the implications for contemporary health care delivery considered.

Keywords: single session thinking, single session work, brief therapy, by-appointment and walk-in services, health care delivery

Key Points

1. Since the publication of Moshe Talmon's (1990) seminal text, the philosophy and practice of a single session therapy (SST) approach has been adapted to a range of service contexts around the world.
2. There have been two major developmental pathways: scheduled SST and walk-in appointments.
3. As the number of adaptations of SST has increased, so has the terminology. There are now a range of terms, some different terms referring to a similar approach, while different applications sometimes use a similar term. The term 'single session thinking' is suggested as a term aimed to include all adaptations of the philosophy and practice of a single session approach.
4. All single session approaches share certain elements, including an emphasis on attitude/mindset, accessibility, action/empowerment, and alliance and goal setting.
5. Future possibilities include an exploration of online SST; increasing accessibility; broadening research questions; greater understanding of cultural adaptations, and greater application of single session thinking to contemporary health delivery, now and in post-pandemic times.

For the first 100 years of modern psychotherapy, there were scattered throughout the literature occasional anecdotal reports – beginning with Freud and then including many 'famous' names – of successful therapies having taken only one session (see Bloom, 1981/1992; Rockwell & Pinkerton, 1982; Sproel, 1975; Campbell, 2012). These episodes were not often planned to be only one meeting – rather, the client was seen one time and simply did not return for further sessions. These clients were usually thought of as 'drop-outs' (Baekeland & Lundwall, 1975).

And then an Israeli psychologist, Moshe Talmon (1990), while working in a health maintenance organisation (HMO) outpatient clinic at Kaiser Permanente in Northern California, noticed that a considerable number of his patients as well as those of his clinic colleagues (regardless of their respective theoretical orientations) came for only one visit. Collaborating with Robert Rosenbaum and Michael Hoyt, Talmon took the big step of contacting 200 only-seen-once patients to find out what

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had happened and why they had not returned – and made the surprising discovery that most had gotten what they had come for and were satisfied by the results of their one visit to the clinic. This led to Talmon et al. conducting the first prospective study of single session therapy (SST) to see what might be accomplished if the therapist (and client) approached that visit as if it could be the only one – a study that would challenge our understanding of psychotherapy and eventually lead to services being made more accessible to more clients.

Since the publication of Talmon's seminal book in 1990, practice and research have repeatedly expanded the possibilities of SST. SST has spread to different contexts inside and outside the therapy room and around the world – with three international SST symposia held in 2012, 2015, and 2019 heralding these expansive developments. This has led to a proliferation of terminologies, most recently culminating in a decision by the 2019 symposium organisers to introduce the inclusive term 'single session thinking.' It has since been used by two of the authors (JY & PR) in a recently launched online self-paced learning suite (https://events.bouverie.org.au/sst).

This update will present key developments since Talmon's original 1990 publication, explore the underlying elements that unite different single session approaches, and attempt to provide a terminology that is inclusive and coherent. We will also consider some likely future clinical and research developments in the field of single session thinking and practice, and the implications for contemporary health care delivery.

The Kaiser Study

As Talmon (1990; also see Talmon, 1993; Hoyt et al., 1992; Rosenbaum et al., 1990) reported, patients[1] (ages 8–80, with a wide variety of presenting problems) were seen in the HMO outpatient clinic in Hayward, California. At the beginning of each session, the patient was informed that an effort would be made to provide what they wanted in the one meeting and that, at the end of the session, they would be asked whether the session had been sufficient or if they wanted to return for more meetings. The basic findings of the Kaiser study were:

- thirty-four of 58 patients (58.6%) elected to complete their therapy in one session even when more sessions were available;
- more than 88% of the one-session patients reported significant improvement in their original 'presenting complaint' and more than 65% also reported 'ripple' improvements in related areas of functioning; and
- while not experimentally assigned to one session or longer, on follow-up there was no difference in satisfaction and outcome scores between those who chose to stop after one visit versus those who continued for more sessions.

These findings set off a variety of controversies. Some questioned whether a single session could even be considered therapy; others conceded, 'Maybe, for simple problems.' There were worries about how to make a living if clients were only seen one time; some were concerned – mistakenly – that 'SST' was a nefarious right-wing economic plot meant to limit clients to one visit as a way of withholding needed services. Many clinics and program managers shared these concerns, but they were also intrigued, since they had noticed that some clients were de facto electing to attend for only one session and that SST provided a way to make the most of that time with

the client. There was also an increasing recognition that single session ways of working had the potential for creating more accessible services, early intervention, and the freeing up of resources for other clients who wanted and truly needed more extended therapy – a pressing demand in today's world.

Growing Interest

Investigations were conducted in a variety of settings, including the United States, Canada, and Australia. Studies at The Dalmar (Price, 1994) and at The Bouverie Centre (Boyhan, 1996) in Australia found support for the effectiveness and efficiency of SST. Combined with the Kaiser study, these studies adduced further evidence for the SST idea that one visit could be efficacious, especially if the therapist and client intentionally approached the first session as if it were the last, whilst not restricting further service as desired by the client (i.e., SST). Since the 1990s, there has been a growing recognition that single session thinking could revolutionise service delivery.

Some clinics offered SST by appointment; others decided to remove the scheduling barrier and allowed patients to walk in for a SST when they were ready, thus improving accessibility. In Canada, a walk-in SST program was developed at the Eastside Family Centre in Calgary (McElheran et al., 2014; Miller, 2008; Slive, MacLaurin, Oakander, & Amundson, 1995) and taken by Monte Bobele to San Antonio, Texas (Slive & Bobele, 2011) and into Mexico (e.g., see Platt & Mondellini, 2014; Rodriguez, 2018). In the mid-1990s, The Bouverie Centre began to experiment with single session family consultations (O'Hanlon & Rottem, in press), in which, with clients' permission, their family was invited to attend a session to augment the client's ongoing individual therapy.

In 2012, the *ANZJFT* had a special issue on SST in anticipation of the inaugural single session therapy symposium, to be hosted by the Bouverie Centre and held on Phillip Island near Melbourne. In addition to Moshe Talmon's (2012) historical look at 25 years 'of attempting to maximise the effect of each therapeutic encounter', and Arnie Slive and Monte Bobele's (2012) description of walk-in single session services, Jeff Young, Shane Weir, and Pam Rycroft (2012) provided advice on implementing the approach. Imogen O'Neill and Naomi Rottem (2012) presented client experience of single session family therapy and Denise Fry (2012) gave an account of single session family work in a child and adolescent mental health service whilst Jill Gibbons and Debbie Plath (2012) described single session social work in a hospital setting. In the same issue, Alastair Campbell (2012; also see Hymmen, Stalker, & Cait, 2012), provided an excellent review of the literature and concluded:

> Together, these studies and the reports of long-standing, single-session services provide good evidence that there is an effect, but that this effect may not be modality specific. The type of single-session intervention (behavioural, solution-focused, narrative, or systemic) may not matter so much as other factors that may be present in the nature of a single-session intervention itself. Exactly what these nonspecific factors are is not clear. Nonetheless, the evidence to date strongly supports the notion that intervention services should be using some form of single-session approach as their first line of clinical practice. There is no harm in using a single session, and considerable evidence that, around half the time, that is all that is necessary to lead to meaningful change. The cost-effectiveness of a single session approach is really just too obvious. (Campbell, 2012, p. 23).

He also added (p. 24):

> One of the major problems with most therapeutic process studies is the huge amount of data and the multiplicity of processes that have to be tracked. The circumscribed nature of the single session (lasting an hour or two) would radically reduce the complexity of any process study. It should be quite straightforward to explore a range of specific and nonspecific process factors that can be associated with positive outcomes over both short- and long-term timeframes. This seems to me a natural next step, rather than just repeating the same path to 'proving' that there is an effect. The really more interesting questions are: What is happening in a single session that is leading to change?

and concluded (p. 24):

> Let's not spend the next 10 years writing publications that are variations on a theme, saying the same things but perhaps from a different country or with a different sample. No, the next thing is to accept the potential of single sessions as a vehicle for intervention and recognise the opportunity that they pose for clinical research, using them to ask and answer much more interesting questions.

We applaud this ambitious proposal but note that thus far reports have continued to focus on the incidence of SST in different parts of the world. Later in this update we will ask: Where are the next developments in single session thinking heading?

Three International Symposia

The first single session symposium was organised by The Bouverie Centre and took place on 21–23 March 2012 on Phillip Island, Victoria (near Melbourne). It brought SST practitioners together, began to create an international network, and resulted in the book *Capturing the Moment: Single Session Therapy and Walk-In Services*. Edited by Hoyt and Talmon (2014), it contained key papers from the conference as well as others describing a variety of single session approaches. The range of presentations and papers led to a growing exploration of new applications and possibilities of single session approaches, as exemplified by the following quotations:

- (from Moshe Talmon, pp. 32–33): 'Trusting human potential, internal and external resources, as well as the ever-surprising capabilities of the mental immune system to recover and heal is indeed relentlessly optimistic. I agree and yet I tend to see SST more as a very realistic, practical, no bullshit, and down-to-earth form of therapy.'
- (from Jeff Young, Pam Rycroft, & Shane Weir, p. 138): 'We have found it a pleasure to help organizations to implement an approach that leads to accessible services for a greater range of clients.'
- (from Patricia Boyhan, p. 175): 'Although I originally focused on SST as a waiting list management tool, the usefulness of SST is much broader, especially in the area of engaging reluctant participants and in cross-cultural counseling [. . .] I now find all my sessions are informed by SST principles.'

The second international symposium, *Capturing the Moment 2: Scaling New Heights in Single Session Therapy and Walk-In Services*, was held on 28–30 September 2015 in Banff, Canada (organised by the Eastside Family Center in Calgary). Again, practitioners from around the world came together. Research since the 2012

conference was reviewed, presenters described SST in various countries and settings, and discussions were held about working within clients' cultural contexts and about various issues regarding training, implementation, and supervision. The book, *Single-session Therapy by Walk-in or Appointment: Administrative, Clinical, and Supervisory Aspects of One-at-a-time Services* (edited by Hoyt et al., 2018) resulted.

The second international symposium and resultant publication created a sense that single session therapy was becoming a field or a movement. More extensive implementations began to emerge in mainstream services such as child and adolescent mental health services:

- (from Rachel Barbara-May, Paul Denborough, & Tess McGrane, p. 109): 'The family felt that they had gotten what they needed from the session. No further contact was planned and the family were encouraged to contact the service should they want any further assistance in the future,'

as well as in intermittent, ongoing therapy with complex presentations such as acquired brain injury:

- (from Karen Story, p. 202): 'The use of a single-session approach encouraged resilience and adaptation – qualities that were essential if this family was to manage the difficulties which arose as a result of the brain damage suffered by one of the parents,'

to the widespread implementation of walk-in services across Canada, where the second symposium was held:

- (from Janet Stewart et al., 2018, p. 73): 'Eastside Family Centre (EFC) of Wood's Homes [in Calgary] has been providing immediate accessible, no-cost, self-referred, walk-in single-session therapy (SST) for 25 years.'

The third international symposium, again organised by The Bouverie Centre, was held in Melbourne on 24–25 October 2019. Its inclusive title, 'Single Session Thinking: Going Global One Step at a Time,' reflected the sense of the continued growth of the movement with an ever enlarging scope. Another book, *Single Session Thinking and Practice in Global, Cultural, and Familial Contexts: Expanding Applications* (edited by Hoyt, Young, and Rycroft) is being produced and will appear in May 2021. Comprising 31 chapters, it features the latest from various international SST experts as well as numerous fascinating reports of how single session thinking has been put into practice within a number of Australian and New Zealand contexts – including implementation challenges in various national and regional mental health settings as well as with clinical populations such as infants, people with autism spectrum disorder, eating disorders, and those recently diagnosed as HIV+. A special section features five papers on working in cross-cultural (non-Western) contexts. There is a chapter on single session approaches with Australian Aboriginal families by Alison Elliott, James Dokona, and Henry von Doussa (preprinted in this special *ANZJFT* issue) that beautifully describes ways in which they conceive their SST work as an anti-colonising activity. Other chapters describe cultural considerations when working in Aotearoa New Zealand, as well as single session adaptations with Indigenous communities in Canada, the use of single session team family therapy in China, and the group application of a one-session Ericksonian hypnotherapy intervention with Mexican Indigenous village populations after the earthquake disasters of 2017.

The third international symposium also heard that the implementation of walk-in services had reached over 100 sites in Canada, and that single session family therapy was being successfully applied in both adult mental health services (AMHS) and child and adolescent mental health services (CAMHS) across Australia. There was also the launch of a model developed by The Bouverie Centre called *Single Session Family Consultation* (SSFC; O'Hanlon & Rottem, in press), which integrates single session thinking with ideas from the family consultation model (Wynne & Wynne, 1986) and which had been successfully implemented across New Zealand (Dunnachie et al., in press) as well as through 50 headspace youth mental health services (Fuzzard, in press) and a range of other services (e.g., Renkin, Alexander, & Wyder, in press; Fleming, in press) across Australia.

As the number of adaptations of SST has increased, so has the terminology become more confusing, as exemplified by the fact that a similar service across different contexts is referred to variously as SSFC, SSFT, or SST.

SST: What's in a name? (redux^2)

Talmon's (1990, p. xv) original statement was: 'Single-session therapy is defined here as one face-to-face meeting between a therapist and a patient with no previous or subsequent sessions within a year.' Young (2018, p. 44) expanded that idea:

> Single-Session Therapy [is] everything that derives attitudinally, clinically, and organizationally from accepting three findings .... Finding #1: that the most common number of service contacts that clients attend is one, followed by two, followed by three ... irrespective of diagnosis, complexity, or the severity of their problem (Talmon, 1990). Finding #2: that the majority (often about 70–80%) of those people who attend only one session, across a range of therapies, report that the single session was adequate given their current circumstance (Bloom, 2001; Campbell, 2012; Talmon, 1990). Finding #3, possibly the hardest finding to accept, is that it seems impossible to accurately predict who will attend only one session and who will attend more, a proposition that has significant clinical and organizational ramifications.

In the forthcoming volume, *Single Session Thinking and Practice*, we present an extensive lexicon of terms (both English and non-English). In addition to the overarching term 'single session thinking,' we suggest that in practice the generic 'single session therapy' (SST) be used to designate the range of therapeutic modalities (individual and couple, as well as group and family) that are clinically implemented by approaching the first session as if it will be a planned single meeting. We suggest the option of adding specific designations or models, such as single session family therapy or single session cognitive behaviourial therapy, etc. We also suggest the term 'single session work' (SSW) be used to refer to other, non-clinical applications. Although Hampson et al. (1999) in Canberra have used the term 'single session family consultation' (SSFC) to refer to single session family therapy, which has been followed by some CYMHS, The Bouverie Centre uses this term to describe a structured approach combining SST with ideas from the Family Consultation model to assist practitioners working with ongoing individual clients to include families in the work. This practice has spread across Australia and New Zealand, and we suggest that SSFC be reserved for those times when one (or a one-at-a-time) family meeting is held in the course of a client's ongoing individual work. Resolving these terminological confusions will help the field move forward.

The name 'single session therapy' itself is not entirely accurate (Young & Rycroft, 2012), of course, since many clients will eventually return for another session (or sessions). In practice, 'SST' basically means 'one at a time' (OAAT), approaching each session as though it may be the last; 'SST' and 'OAAT' do not mean *only* one time. The term 'SST' remains popular and useful, however, because its 'in your face' nature (Young, 2014) raises questions about how long therapy needs to be.

Along related lines, whilst discussing book titles, Hoyt et al. (2018, p. 18) observed that there has been a progression from *Single Session Therapy* (Talmon, 1990) and *Single Session Solutions* (Talmon, 1993) to *When All You Have Is One Hour* (Slive & Bobele, 2011) to *Capturing the Moment* (Hoyt & Talmon, 2014) to *Single-session Therapy by Walk-in or Appointment* (Hoyt et al., 2018). These titles reflect two general paths of SST development: SST by appointment and SST by walk in.

The above-mentioned forthcoming book, *Single Session Thinking and Practice in Global, Cultural, and Familial Contexts: Expanding Applications* (edited by Hoyt, Young, and Rycroft) continues the progression, and emphasises that single session ideas can be applied in a variety of situations – the practice of psychotherapy, of course, but also other human services. In the new book, we note that, 'The essence of single-session thinking is to approach the first session as if it will be the only session, whilst creating opportunities for further work if it is requested by the client. What emerges is a collaborative, direct, and transparent approach to providing services that puts the client in a very active role in determining the focus and extent of the work.'

If single session thinking becomes an overarching inclusive term, what are the elements that are common to the growing range of single session therapies, single session work, and single session family consultations?

Common Elements of Single Session Thinking

As Cannistrà (in press) has noted, a practitioner's mindset does much to shape what she or he sees and what they do. Over the years a variety of useful general SST attitudes have been described. Bobele and Slive (2014), for example, list a number of ideas that inform their one-at-a-time mindset:

- clients know what works best for them;
- clients are far less interested in psychotherapy than are therapists, and prefer brief therapeutic encounters;
- clients frequently choose to attend only one session and overwhelmingly express satisfaction with that session;
- research demonstrates that most change occurs early in therapy, followed by ever-decreasing improvements as sessions continue;
- rapid change is not only possible, but also common in human experience.

Hoyt (2014, 2017) describes a 'Context of Competence' in which successful therapy (single session or otherwise) occurs where Alliance, Goals, and Resources overlap; and Talmon and Hoyt (2014) cite the importance of Expectation, Time, and Client Empowerment.

Hoyt, Young, & Rycroft (in press) emphasise:

1. *attitude* – realizing that you may only have one session and hence making the most of every encounter, underpinned by the paramount acceptance that one session

could be (and often is!) enough. Clients also want to 'get right to it': we recall a 15-year-old client remarking, 'I thought there was no point in bullshittin'!';
2. *accessibility* – responding immediately and not putting any unnecessary barriers in the way of providing what the client wants to take advantage of their motivation. An 'open door' or 'open access' policy facilitates what Dryden (2018; Young & Dryden, 2019; also see Bobele & Slive, in press) has referred to as 'Help Provided at the Point of Need' (rather than 'At the Point of Availability').
3. *acting now* – accepting that the best opportunity to address change is NOW, no matter the diagnosis, severity or complexity of the problem. As Paul Denborough (Module 6: Bouverie SST online training) has noted, seeing a client quickly is the best way to assess and deal with risk; and
4. *alliance* – asking what clients want to achieve by the end of the session so that the therapist and client can work collaboratively, in the here and now, toward that goal.

Trying to determine what are the broad approaches common to most single session applications for their online training (https://events.bouverie.org.au/sst), Young and Rycroft (2012) identified:

1. The timeliness and accessibility of the contact.
2. Treating each contact as though it is potentially the only one.
3. Seeing the contact as complete in itself (even if further sessions occur).
4. Making the most of whatever time is available and embracing it (no matter how brief or extensive).
5. Listening for the client's resources.
6. Checking in with the client and working collaboratively with them, including allowing the client to determine how much contact, not the practitioner, the problem, or the model.
7. Offering other resources where possible.

Young (with Dryden, 2019, p. 2) notes that 'I define SST as a service delivery model, not a specific model of therapy,' and Hoyt, Young, & Rycroft (in press) comment that whilst many practitioners have embraced solution-focused and narrative approaches for doing SST, there are also other effective models. Windy Dryden (this issue) also observes: "'[I]n an attempt to avoid SST/OAAT therapy being highjacked by therapists who operate from the "expert" source of influence, the field has downplayed the contribution of the therapist's expertise … [T]he expertise of the therapist when allied to the expertise of the client can be a potent force for good in SST/OAAT therapy.'

Single session thinking and practice has led to greater accessibility and responsiveness of services, to greater appreciation of client strengths and the importance of having clients set goals and pace, and hence to the use of SST in non-Western and low-income communities as a de-colonising tool.

Likely Future Developments

What's next? Hoyt (Hoyt & Dryden, 2018) and Young (Young & Dryden, 2019) have offered a series of SST predictions, including:

1. An even greater focus on more accessible services, including more walk-ins.

2. Practice developments of online SST (now especially likely, given the COVID-19 pandemic).
3. More dissemination of information about SST (more presentations, more writing, more training, more teaching). Talmon's 1990 book has been translated into numerous languages, and there are now translations of Hoyt and Talmon (2014) in Italian, of Hoyt et al. (2018) in Spanish, an Italian text (Cannistrà & Piccirilli, 2018), and a new book on SST with couples has recently appeared in Swedish (Söderquist, 2020).
4. More research (on frequency, clinical outcomes, change processes, client satisfaction, cost-effectiveness – see, e.g., more recent evidence of SST frequency and client satisfaction in articles by Harper-Jaques & Foucault, 2014, Josling & Cait, 2018, Levin, Gil-Wilkerson, & Rapini De Yatim, 2018, and Söderquist, 2018; plus those by Cannistrà et al. and by Westwater et al. in this issue).
5. More attention to cultural nuances (see, e.g., Soo-Hoo, 2018; plus section on working in non-Western contexts in Hoyt et al., in press).
6. More developments that focus on clients' goals and strengths (as opposed to problems and diagnoses, etc.).
7. More application of single session thinking to contemporary health delivery, now and post COVID. Huge increases in mental health care needs require both greater efficiency of services and greater funding.

In his Foreword to Talmon's (1990) *Single Session Therapy*, Jerome Frank (1990) notes that people making changes in one session challenges a lot of the assumptions therapists have had about psychotherapy needing to be a gradual process. How does change occur in SST? Are the processes the same that occur in longer therapies? In his 2012 *ANZJFT* review, Campbell calls for researchers to take the next steps investigating what change processes underlie SST. While more evidence has accumulated that SST is frequent and often effective – with individuals, with couples, with young people and families; in various settings and countries – more research is still needed to delineate HOW these single session changes come about:

- What factors make SST effective?
- Are they the same (more of less) in all cases – with adults, families, children?
- Are some problems more likely than others to benefit from a single session?
- What role do client factors (other than the presenting problem) contribute to outcomes?
- What role do expectations play – both for therapists and for clients?
- Given SST online services are likely to expand post COVID-19, what will online SST sessions look like and how will they compare with face-to-face sessions in terms of client satisfaction and outcome?

Single session thinking and practice in 2020 has a solid base and is growing rapidly. We look forward to future developments!

Notes

[1] The Kaiser study was done within the context of a comprehensive health care organisation, so the term *patient* (rather than *client*) was used. See Hoyt (2017, pp. 1–5 and 217–218) on the different implications of the terms; most therapists now prefer *client* to emphasise the person's strengths and capacities and to deemphasise the medical-model implications of hierarchy and pathology.

[2] The title of the editorial in the first *ANZJFT* SST special edition was 'Single Session Therapy: What's in a Name?' (Young & Rycroft, 2012).

References

Baekeland, F., & Lundwall, L. (1975). Dropping out of treatment: A critical review. *Psychology Bulletin*, *82*, 738–783.

Bloom, B.L. (1981). Focused single-session therapy: Initial development and evaluation. In S.H. Budman (Ed.), *Forms of Brief Therapy* (pp. 167–216). New York: Guilford Press. An expanded version appeared in B.L. Bloom, *Planned Short-term Psychotherapy: a Clinical Handbook* (2nd ed., pp. 97–121). Boston: Allyn & Bacon, 1992.

Bloom, B.L. (2001). Focused single session psychotherapy: A review of the clinical and research literature. *Brief Treatment and Crisis Intervention*, *1*(1), 75–86.

Bobele, M., & Slive, A. (in press). An open invitation to walk-in therapy: Opening access to mental health care. In M.F. Hoyt, J. Young, & P. Rycroft (Eds.), *Single Session Thinking and Practice in Global, Cultural, and Familial Contexts*. New York: Routledge.

Bobele, M., & Slive, A. (2014). One session at a time: When you have a whole hour. In M.F. Hoyt, & M. Talmon (Eds.), *Capturing the Moment* (pp. 95–119). Bethel, CT: Crown House Publishing.

Boyhan, P. (1996). Clients' perceptions of single session consultations as an option to waiting for family therapy. *Australian and New Zealand Journal of Family Therapy*, *17*(2), 85–96.

Campbell, A. (2012). Single-session approaches to therapy: Time to review. *Australian and New Zealand Journal of Family Therapy*, *33*(1), 15–26.

Cannistrà, F. (in press). The vital role of the therapist's mindset. In M.F. Hoyt, J. Young, & P. Rycroft (Eds.), *Single Session Thinking and Practice in Global, Cultural, and Familial Contexts: Expanding Applications*. New York: Routledge.

Cannistrà, F., & Piccirilli, F. (Eds.) (2018). *Terapia a Seduta Singola. Principi e Pratiche*. Firenze: Giunti.

Dryden, W. (2018). *Single Session Therapy*. Whiteboard video animation. London: Author.

Dunnachie, B., Porter, S., & Isherwood, K. (in press). Single session family consultation in Aotearoa New Zealand: Cultural considerations. In M.F. Hoyt, J. Young, & P. Rycroft (Eds.), *Single Session Thinking and Practice in Global, Cultural, and Familial Contexts: Expanding Applications*. New York: Routledge.

Fleming, C. (in press). Single session family consultation with adults affected by eating disorders. In M.F. Hoyt, J. Young, & P. Rycroft (Eds.), *Single Session Thinking and Practice in Global, Cultural, and Familial Contexts: Expanding Applications*. New York: Routledge.

Frank, J.D. (1990). Foreword. In M. Talmon (Ed.), *Single-session Therapy* (pp. xi–xiii). San Francisco, CA: Jossey-Bass.

Fry, D. (2012). Implementing single session family consultation: A reflective team approach. *Australian and New Zealand Journal of Family Therapy*, *33*(1), 54–69.

Fuzzard, S. (in press). Embedding single session family consultation in a national youth mental-health service: Headspace. In M.F. Hoyt, J. Young, & P. Rycroft (Eds.), *Single Session Thinking and Practice in Global, Cultural, and Familial Contexts: Expanding Applications*. New York: Routledge.

Gibbons, J., & Plath, D. (2012). Single session social work in hospitals. *Australian and New Zealand Journal of Family Therapy*, *33*(1), 3–5.

Harper-Jaques, S., & Foucault, D. (2014). Walk-in single session therapy: Client satisfaction and clinical outcomes. *Journal of Systemic Therapies*, *33*(3), 29–49.

Hoyt, M.F. (2014). Psychology and my gallbladder: An insider's account of a single session therapy. In M.F. Hoyt, & M. Talmon (Eds.), *Capturing the Moment* (pp. 53–72). Bethel, CT: Crown House Publishing.

Hoyt, M.F. (2017). *Brief Therapy and Beyond: Stories, Language, Love, Hope, and Time*. New York: Routledge.

Hoyt, M.F., Bobele, M., Slive, A., Young, J., & Talmon, M. (Eds.) (2018). *Single-session Therapy by Walk-in or Appointment: Administrative, Clinical, and Supervisory Aspects of One-at-a-time Services*. New York: Routledge.

Hoyt, M.F., & Dryden, W. (2018). Toward the future of single-session therapy: An interview. *Journal of Systemic Therapies*, *37*(1), 79–89.

Hoyt, M.F., Rosenbaum, R., & Talmon, M. (1992). Planned single-session psychotherapy. In S.H. Budman, M.F. Hoyt, & S. Friedman (Eds.), *The First Session in Brief Therapy* (pp. 59–86). New York: Guilford Press.

Hoyt, M.F., & Talmon, M. (Eds.) (2014). *Capturing the Moment: Single-session Therapy and Walk-in Services*. Bethel, CT: Crown House Publishing.

Hoyt, M.F., Young, J., & Rycroft, P. (in press). *Single Session Thinking and Practice in Global, Cultural, and Familial Contexts: Expanding Applications*. New York: Routledge.

Hymmen, P., Stalker, C., & Cait, C.-A. (2012). The case for single-session therapy: Does the empirical evidence support the increased prevalence of this service delivery model? *Journal of Mental Health*, *22*(1), 1–12.

Josling, L., & Cait, C.-A. (2018). The walk-in counseling model: Research and advocacy. In M.F. Hoyt, M. Bobele, A. Slive, J. Young, & P. Rycroft (Eds.), *Single-session Therapy by Walk-in or Appointment* (pp. 91–103). New York: Routledge.

Levin, S.B., Gil-Wilkerson, A., & Rapini De Yatim, S. (2018). Single-session walk-ins as a collaborative learning community at the Houston Galveston Institute. In M.F. Hoyt, M. Bobele, A. Slive, J. Young, & M. Talmon (Eds.), *Single-Session Therapy by Walk-in or Appointment* (pp. 251–259). New York: Routledge.

McElheran, N., Stewart, J., Soenen, D., Newman, J., & Maclaurin, B. (2014). Walk-in single session therapy and the Eastside Family Centre. In M.F. Hoyt, & M. Talmon (Eds.), *Capturing the Moment* (pp. 177–195). Bethel, CT: Crown House Publishing.

Miller, J.K. (2008). Walk-in single session team therapy: A study of client satisfaction. *Journal of Systemic Therapies*, *27*, 78–94.

O'Hanlon, B., & Rottem, N. (in press). Single session family consultation. In M.F. Hoyt, J. Young, & P. Rycroft (Eds.), *Single Session Thinking and Practice in Global, Cultural, and Familial Contexts: Expanding Applications*. New York: Routledge.

O'Neill, I., & Rottem, N. (2012). Reflections and learning from an agency-wide implementation of single session work in family therapy. *Australian and New Zealand Journal of Family Therapy*, *33*(1), 3–5.

Platt, J.J., & Mondellini, D. (2014). Single session walk-in therapy for street robbery victims in Mexico City. In M.F. Hoyt, & M. Talmon (Eds.), *Capturing the Moment* (pp. 215–231). Bethel, CT: Crown House Publishing.

Price, C. (1994). Open days: Making family therapy accessible in working class suburbs. *Australian and New Zealand Journal of Family Therapy*, *15*(4), 191–196.

Renkin, C., Alexander, K., & Wyder, M. (in press). Implementing Single Session Thinking in Public Mental Health Settings in Queensland: Introducing Single Session Family Consultations into Adult Inpatient and Community Care. In M.F. Hoyt, J. Young, & P. Rycroft (Eds.), *Single Session Thinking and Practice in Global, Cultural, and Familial Contexts: Expanding Applications*. New York: Routledge.

Rockwell, W.K., & Pinkerton, R.S. (1982). Single-session psychotherapy. *American Journal of Psychotherapy*, *36*, 32–40.

Rodriguez, I.J. (2018). Terapia breve sin cita: Collaboration with a marginalized community in Mexico City. In M.F. Hoyt et al (Ed.), *Single-session Therapy by Walk-in or Appointment* (pp. 291–302). New York: Routledge.

Rosenbaum, R., Hoyt, M.F., & Talmon, M. (1990). The challenge of single-session therapies: Creating pivotal moments. In R.A. Wells & V.J. Giannetti (Eds.), *Handbook of the Brief Psychotherapies* (pp. 165–189). New York: Plenum Press.

Rycroft, P., & Young, J. (in press). Translating single session thinking into practice. In M.F. Hoyt, J. Young, & P. Rycroft (Eds.), *Single Session Thinking and Practice in Global, Cultural, and Familial Contexts: Expanding Applications*. New York: Routledge.

Slive, A., & Bobele, M. (Eds.) (2011). *When One Hour Is All You Have: Effective Therapy for Walk-in Clients*. Phoenix, AZ: Zeig, Tucker, & Theisen.

Slive, A., & Bobele, M. (2012). Walk-in counselling service: Making the most of one hour. *Australian and New Zealand Journal of Family Therapy*, *33*(1), 6–14.

Slive, A., Maclaurin, B., Oakander, M., & Amundson, J. (1995). Walk-in single sessions: A new paradigm in clinical service delivery. *Journal of Systemic Therapies*, *14*, 3–11.

Söderquist, M. (2018). Coincidence favors the prepared mind: Single sessions with couples in Sweden. In M.F. Hoyt et al (Ed.), *Single-session Therapy by Walk-in or Appointment* (pp. 270–290). New York: Routledge.

Söderquist, M. (2020). *Ett Samtal Ittaget: Familjerådgivning i ny Form*. Lund, Sweden: Studentlitteratur. (Published in Swedish. English translation: One Session at a Time: Couple Counseling in a New Format).

Soo-Hoo, T. (2018). Working within the client's cultural context in single-session therapy. In M.F. Hoyt et al (Ed.), *Single-session Therapy by Walk-in or Appointment* (pp. 186–201). New York: Routledge.

Sproel, O.H. (1975). Single-session psychotherapy. *Diseases of the Nervous System*, *36*, 283–285.

Stewart, J., McElheran, N., Park, H., Oakander, M., MacLaurin, B., Fang, C.J., Robinson, A. (2018). Twenty-five years of walk-in single-sessions at the Eastside Family Centre. In M.F. Hoyt et al (Ed.), *Single-session Therapy by Walk-in or Appointment* (pp. 72–90). New York: Routledge.

Talmon, M. (1990). *Single Session Therapy: Maximizing the Effect of the First (and Often Only) Therapeutic Encounter*. San Francisco: Jossey-Bass.

Talmon, M. (1993). *Single Session Solutions: A Guide to Practical, Effective, and Affordable Therapy*. Reading, MA: Addison-Wesley.

Talmon, M. (2012). When less is more: Lessons from 25 years of attempting to maximize the effect of each (and often only) therapeutic encounter. *Australian and New Zealand Journal of Family Therapy*, *33*(1), 6–14.

Talmon, M., & Hoyt, M.F. (2014). Moments are forever: SST and walk-in services now and in the future. In M.F. Hoyt, & M. Talmon (Eds.), *Capturing the Moment* (pp. 463–485). Bethel, CT: Crown House Publishing.

Wynne, A.R., & Wynne, L.C. (1986). At the center of the cyclone: Family therapists as consultants with family and divorce courts. In L.C. Wynne, S.H. McDaniel & T.T. Weber (Eds.), *Systems Consultation: A New Perspective for Family Therapy* (pp. 300–319). New York: Guilford Press.

Young, J. (2018). Single-session therapy: The misunderstood gift that keeps on giving. In M.F. Hoyt et al. (Ed.), *Single-session Therapy by Walk-in or Appointment* (pp. 40–58). New York: Routledge.

Young, J., & Dryden, W. (2019). Single-session therapy – past and future: An interview. *British Journal of Guidance & Counselling*, *47*(5), 645–654.

Young, J., & Rycroft, P. (2012). Single session therapy: What's in a name? *Australian and New Zealand Journal of Family Therapy*, *33*(1), 3–5.

Young, J., Weir, S., & Rycroft, P. (2012). Implementing single session therapy. *Australian and New Zealand Journal of Family Therapy*, *33*(1), 3–5.