



Single Session One-at-a-Time Therapy: A Personal Approach

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The terms 'single session therapy' (SST) and 'one-at-a-time' (OAAT) therapy are used to indicate a situation where the therapist and client set out with the expressed intention of helping the client in one session while acknowledging that additional sessions are available to the client. Both terms have their advantages and disadvantages and thus the author uses the blended term 'single session one-at-a-time' (SST/OAAT) therapy to highlight the advantages of both. It is a core feature of SST/OAAT therapy that it is client-centred especially where the session's focus and goal are concerned. However, in 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. In this paper, I make clear that the expertise of the therapist when allied to the expertise of the client can be a potent force for good in SST/OAAT therapy. My main task, however, is to outline my own approach to SST/OAAT therapy which is a blend of general principles that are likely to be held by the majority of SST/OAAT therapists and specific ideas that are derived from working with alliance theory, pluralism, and rational emotive behaviour therapy.

Keywords: single session therapy (SST), one-at-a-time (OAAT) therapy, rational emotive behaviour therapy (REBT), attitudes, adversity, working alliance, therapeutic pluralism

Key Points

1. The amalgam term 'single session one-at-a-time' (SST/OAAT) therapy is used to both intrigue new users with the idea that therapy can comprise one session and to debunk the idea that it has to be only one session.
2. Therapist and client are seen to contribute to the therapy in a complementary way, each bringing their resources into the here-and-now work.
3. The author brings insights from three main sources: i) working alliance theory; ii) pluralism; iii) rational emotive behaviour therapy, all of which are outlined.
4. Steps in the author's SST/OAAT process are enumerated and include (among other things), asking the client how you may best help them, developing goals and focus, utilising client strengths, negotiating a solution, and encouraging the client to rehearse the solution.
5. A session transcript with commentary provides an example of this approach.

Jeff Young (2018) has argued that while the term 'single session therapy' (SST)¹ is an inaccurate one, given that further sessions are available to most people who attend SST clinics, it is a term that should be retained. Young claims that SST has an 'in your face quality' that proclaims that much can be achieved in a single session and challenges traditional clinical thinking even though it may 'turn off' many clinicians and promote misconceptions of single-session work. The term 'one-at-a-time' (OAAT) therapy was introduced by Michael Hoyt (2011) who wanted to convey the idea that 'one-at-a-time' does not necessarily mean 'one time'. While less dramatic and 'in your face' than SST, it is, in the author's experience, more palatable to

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clinicians than SST. However, it may not attract the curiosity of the very people who are intrigued by the term SST. Given this, I have used the amalgam term 'single session one-at-a-time (SST/OAAT) therapy to intrigue and attract those new to single-session work while minimising resistance to the term 'SST' when used on its own.

Core Features of Single Session One-at-a-Time Therapy

What links the variants of SST/OAAT therapy is what might be called the 'SST/OAAT mindset' (Hoyt & Talmon, 2014; Young, 2018). The following action-based elements of the SST/OAAT therapy mindset constitute, in my view, a good introduction to SST/OAAT therapy. Since other papers in this special issue section will have articulated this mindset, I will just list its main features here (see Bloom, 1992; Hoyt & Talmon, 2014). See also Dryden (2019) for a fuller discussion of these points.

1. Celebrate the power of 'now' and create a realistic expectation for SST/OAAT therapy.
2. Ask the client how you may best help them.
3. Develop an end-of-session goal.
4. Agree on a focus for the session.
5. Keep on track.
6. Identify and utilise client strengths.
7. Encourage the client to use environmental resources.
8. Identify and utilise the client's previous attempts to deal with the problem.
9. Negotiate a solution.
10. Encourage the client to rehearse the solution.
11. Encourage the client to reflect on the session, digest what they have learned, act on it, and let time pass before seeking further help.

Blending What the Client and Therapist Bring to the Process of SST/OAAT Therapy

My stance in working as a SST/OAAT therapist is that both the person who is my client and myself as therapist make important contributions to the process and that the success of the session depends on these contributions being blended together in a complementary manner. I consider that it is my responsibility as a therapist to be largely in charge of this blending process.

The client's contributions to the process of SST/OAAT therapy

The contributions of the client to the process of SST have been made explicit in a number of publications (e.g., Dryden, 2019; Hoyt et al., 2018; Hoyt & Talmon, 2014; Talmon, 1990). As such I will list these contributions here. To get the most from SST/OAAT therapy the client needs to:

1. express what they want from the process;
2. set a realistic goal;
3. take an active role in the session;
4. identify and utilise internal strengths in the process;
5. identify and utilise external resources in the process;
6. specify past attempts to solve the problem and be prepared to utilise constructive elements from these attempts;

7. be open-minded about solutions;
8. be prepared to rehearse the selected solution in the session;
9. develop an action plan to implement the solution;
10. disclose doubts and reservations to any aspect of what is discussed in the session;
and
11. engage in the reflect-digest-act-wait-decide process after the session.

My Contributions to the Process of SST/OAAT Therapy

As I have been asked to write about my personal approach to SST/OAAT therapy, I will devote much of this paper to doing so. Before I outline the three main components of my approach, let me make the point that I blend what may be called the *general* principles of SST/OAAT therapy with the *specific* components of my particular way of practicing it. In addition to the general principles listed above, I bring insights from three main sources: i) working alliance theory; ii) pluralism; and iii) rational emotive behaviour therapy (REBT).

Working alliance theory

Forty years ago, Ed Bordin (1979) put forward a tripartite model of the working alliance (bonds, goals, and tasks) to which I (Dryden, 2011) have added a fourth component (views). This model argues that effective therapy is based on the therapist and client having a good working *bond* with shared *views* on salient issues where both implement potent *tasks* to help the client achieve their therapeutic *goals*.

One criticism sometimes made of SST/OAAT therapy is that there is insufficient time to form a good working alliance to do effective therapy. However, this is not borne out by clinical practice and research. On the former point, it does seem that the majority of clients who have a single session are satisfied with the session given their current circumstances (Young, 2018). On the latter point, Simon, Imel, Ludman, and Steinfeld (2012) carried out research which showed that clients who benefited from SST reported a strong working alliance with their therapists, while clients who did not benefit from SST reported a weak alliance with their therapists. Such research indicates that contrary to received clinical wisdom, it is entirely possible to form a good working relationship with clients quickly in SST/OAAT therapy.

As I noted earlier, asking the question, 'How may I best help you?' is useful in that the client's response can orient the therapist to meeting the client's helping preferences. It is also a good question to ask from a working alliance perspective, since the client's answer may provide important information about:

- the bond (e.g., 'I want you to listen to me without judging me');
- views (e.g., 'I want to get your perspective on my problem');
- goals (e.g., 'I want you to help me to figure out where to go with my relationship');
and
- tasks ('I want you to help me to figure out how to solve my problem').

Therapeutic pluralism

A pluralistic perspective on psychotherapy encourages SST/OAAT practitioners:

- to take a 'both-and' rather than an 'either-or' stance towards clinical phenomena;

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- to take very seriously clients' views about their problems and possible solutions; and
- to consider that different therapeutic approaches have things of value to offer the therapeutic dyad in SST/OAAT therapy.

All three positions are highly compatible with SST/OAAT therapy and free me to practice SST/OAAT therapy flexibly and creatively.

Rational emotive behaviour therapy

I have been a REBT therapist for over 40 years, and there are a number of reasons for this (Ellis & Dryden, 1987). First, I agree with REBT's ABC model that puts forward both a view explaining why people have disturbed responses to adversity and what they need to do to respond constructively to the same adversity (see below). Second, I resonate with its suggestions on how therapists can work with clients to effect change. Third, I use its ideas in my own life. Thus, REBT is, for me, an embodied theory and represents my natural problem-solving approach (Spinelli & Marshall, 2001). This can be a blessing and a curse. It is a blessing since I am congruent as a therapist. It would be a curse if I were then to impose REBT ideas on my clients. The idea of a blended approach to SST where both therapist and client bring their strengths to the endeavour is framed by the stance that the client's viewpoint has priority and that I would only share my REBT-inspired viewpoint if the client expressed an interest in it. Thus, in response to the client telling me about their problem, I might first enquire how they make sense of the problem, and then I might say something like, 'I have a somewhat different perspective on your problem, would you be interested in learning about it?' In a sense, it is difficult for a client to say, 'No' in response to such a question, but the very fact that they give their assent means that they may listen to my viewpoint a little more open-mindedly than they would if I shared my viewpoint without gaining their permission. Once my client and I have shared our respective viewpoints, then a negotiated position can be arrived at, and the work can proceed.

REBT's ABC model of psychological and health

For readers unfamiliar with REBT, let me first provide a brief overview of how REBT conceptualises psychologically disturbed and psychologically healthy responses to adversity. I will use REBT's ABC model to do so (Ellis & Dryden, 1987). In brief, 'A' stands for 'adversity,' 'B' stands for the basic attitudes that the person holds towards the adversity, and 'C' stands for the consequences of holding these attitudes towards 'A.'

'A' = **Adversity**. An adversity is a negative event that the person thinks has occurred, is occurring, or will occur. Common examples include failure, rejection, and criticism. The client is encouraged to assume that 'A' is true so that they can identify and deal with 'B.'

'B' = **Basic Attitude**.² REBT is an approach to psychotherapy that is best placed within the cognitive-behavioural therapeutic tradition. As such, it emphasises the role of cognition and behaviour in accounting for psychologically disturbed responses and psychologically healthy responses to adversity. REBT is quite precise in its view that it is a person's attitude that determines the responses they make to adversity. An

attitude is defined here as ‘an evaluative stance that a person takes towards the adversity that explains their response to it.’

Rigid vs flexible attitude. At the heart of a person’s attitude is a preference. Thus, when facing an adversity, the person holds a preference that the adversity not exist. They can then take one of two routes. They can make this preference rigid by demanding that their preference is met and when they do so they can be said to hold a rigid attitude to the adversity. Alternatively, they can keep this preference flexible by acknowledging that their preference does not have to be met and when they do this they can be said to hold a flexible attitude. This is outlined in Figure 1.

Extreme attitudes vs non-extreme attitudes. As Figure 1 shows, when a person holds a rigid attitude towards an adversity, they will also tend to hold one or more extreme attitudes towards that adversity. Conversely, when that person holds a flexible attitude towards the adversity, then they will also tend to hold one or more non-extreme attitudes towards that adversity. These extreme and non-extreme attitudes are as follows.

Awfulising attitude vs non-awfulising attitude. Both an awfulising attitude and a non-awfulising attitude are based on a recognition that it is bad for the adversity to exist. However, in the awfulising attitude, the extreme evaluation of ‘awful’ is asserted, whereas in the non-awfulising attitude it is negated (see Figure 1).

Discomfort intolerance attitude vs discomfort tolerance attitude. Both a discomfort intolerance attitude and a discomfort tolerance attitude are based on the recognition that it is a struggle for the person to put up with the existence of the adversity. However, in the discomfort intolerance attitude, the extreme view that the person cannot bear its existence is asserted, whereas in the discomfort tolerance attitude this view is negated. Instead, when holding this latter attitude, the person asserts the views that: i) they can bear the existence of the adversity; ii) it is worth it for them to do so; and iii) they are determined to do so (see Figure 1).

Devaluation attitude vs acceptance attitude. Both a devaluation attitude and an acceptance attitude are based on a recognition that it is bad if they, another person, or life is responsible for the existence of the adversity. However, in the devaluation attitude, the person asserts the view that:

- they are bad if they hold themselves to be responsible for the existence of the adversity;
 - another person is bad if they hold that person to be responsible for the existence of the adversity;
 - life is bad if they hold life to be responsible for the existence of the adversity.
- Whereas in the acceptance attitude, the person negates this devaluation view and asserts the view that:
- they are fallible, complex, unique, and unratable (i.e., cannot legitimately be given a global rating that fully accounts for them) if they hold themselves to be responsible for the existence of the adversity;
 - the other person is fallible, complex, unique, and unratable if they hold that person to be responsible for the existence of the adversity;

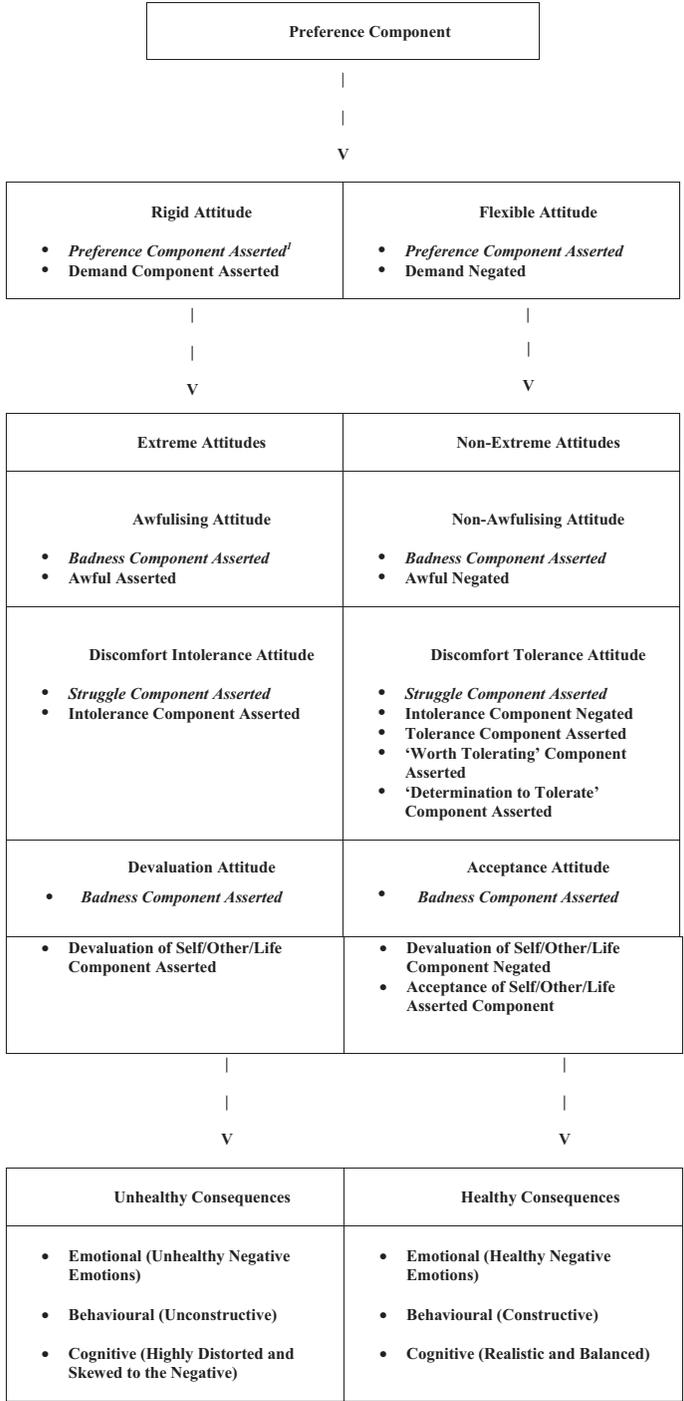


FIGURE 1
Attitudes in REBT and Their Consequences.

- life is a complex mixture of good, bad, and neutral features and also unrateable if they hold that life is responsible for the existence of the adversity (see Figure 1).

‘C’ = **Consequences of Holding Basic Attitudes (‘B’) Towards the Adversity (‘A’)**. ‘C’ represents how a person feels, acts, and thinks when they hold a set of basic attitudes towards an adversity.

Consequences of holding rigid and extreme basic attitudes. As Figure 1 shows, when a person holds a set of rigid and extreme attitudes towards an adversity:

- their emotions tend to be negative in experiential tone and unhealthy in effect;³
- their behaviour tends to be unconstructive and self-defeating; and
- their thinking tends to be highly distorted, skewed to the negative, and ruminative.

It is these responses that generally lead people to seek therapeutic help.

The goal of REBT is to help the person to develop a set of flexible and non-extreme attitudes towards the adversity. As Figure 1 shows, this will help them to:

- experience emotions that are again negative in experiential tone, but, this time, healthy in effect;⁴
- act in ways that are constructive and self-enhancing; and
- think in ways that are realistic, balanced, and non-ruminative.

Once the person has developed such a state of mind with the associated responses listed above, they are best placed to change the adversity if it can be changed and to adjust constructively and continue with their life’s goals if the adversity cannot be changed.

The Practice of REBT in SST/OAAT Therapy

While the main focus in SST/OAAT therapy is on the client’s view of their problem and what they think is the best solution to this problem, there are times when the client wishes to hear the therapist’s view of the problem and what they propose as a possible solution. When this is the case, I will use the ABC framework to offer a REBT-based problem assessment to see if this makes sense to the client. As Figure 1 shows, REBT theory suggests that one rigid and three extreme attitudes underpin the client’s disturbed responses to the adversity at ‘A.’ I will work with the client to select the one attitude with which they most resonate in this respect, and we will then consider the healthy alternative to this attitude again suggested by REBT theory from the one flexible and three non-extreme attitudes that underpin the person’s potential healthy responses to the same adversity at ‘A.’ I will then ask the client to consider both attitudes (rigid or extreme vs flexible or non-extreme) and to select the one that will be most useful to them in solving their problem. I will ask them for the reasons for their choice and elicit and deal with any doubts, reservations, or objections to using this selected attitude going forward. This process constitutes a very truncated form of what I might do in ongoing therapy, but the demand characteristics of SST/OAAT therapy help us both to stay focused and the client to be motivated to make use of what REBT has to offer them if, of course, it makes sense to them.

As discussed earlier, it is a feature of SST/OAAT therapy that the therapist will encourage the client to rehearse the solution in the session. As such, I will suggest to

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the client how they might rehearse their flexible or non-extreme attitude. Useful techniques here include role-play, chairwork, or imagery work. Once this is done, I discuss with the client developing an action plan where they might act in ways that help them to develop the relevant attitude. This is a crucial point since attitude change will not be sustained unless the person takes appropriate and sustained action in ways that are based on their flexible or non-extreme attitude.

I will then discuss with the client how they can use their previously nominated inner strengths and external resources in furthering the development of the attitude-based solution.

An Example of How I Practise SST/OAAT Therapy

The following session took place within a workshop setting and gives a flavour of how I practice SST/OAAT therapy. I was giving a one-day workshop on SST/OAAT therapy and this was the second of two demonstration sessions I did that day. When I ask for a volunteer, I stress that the person needs to have a genuine current emotional problem with which they would like help and which they don't mind discussing in front of an audience of their peers. The person has given me their written permission to have the transcript included in this article and requested that I use the name 'Shell Annette' when referring to her. What follows is the transcript of this session with my commentary.

Windy: OK, Shell Annette, what problem can I help you with today?

Shell Annette: It's anxiety. My anxiety is absolutely through the roof.

Windy: Is it?

Shell Annette: Yeah. . . . I feel that I've just got no time for me. And I notice when I talk, the urgency all the time in my voice: "I need to do this," "I've got to do this," I just feel like I'm on a timer all the time to do everything.

(I was immediately aware that Shell Annette voiced a number of rigid attitudes which may account for her anxiety.)

Windy: OK. And, so, when you volunteered to come up here today, what was that for?

Shell Annette: Me. That was for me.

Windy: Right. So, you've made a start to do something for you.

(Right from the start. I am looking for ways of encouraging change. Shell Annette says that she has no time for herself and yet she has done something for herself by volunteering for help. I make this point explicitly.)

Shell Annette: Yeah.

Windy: How did you manage to decide to do that, because you could have not volunteered?

Shell Annette: I couldn't stop my hand going up. I thought, "Don't put it up!" because I'm not very good at talking in groups. I don't like being upfront, but I just thought, "Do you know, just push yourself through that."

Windy: Push yourself through the . . . ?

Shell Annette: Through the fear.

Windy: Right.

Shell Annette: Because my heart's absolutely palpitating right now.

Windy: Is it?

Shell Annette: Yeah. I'm shaking.

Windy: Right. So, you've made the decision to do something for yourself.

Shell Annette: Yes.

Windy: Even though it felt like your hand had a life of its own.

Shell Annette: Yes.

Windy: And, even though you are feeling quite anxious right now, you decided to come up and do it anyway.

(I am emphasising the point here that it is possible to choose to do something to help oneself despite being anxious.)

Shell Annette: Yes.

Windy: OK, alright. So, what do you take from that?

Shell Annette: . . . That I'm probably braver than I actually think I am.

Windy: And by braver you mean what?

Shell Annette: . . . [Pause] I think, for a lot of years, I thought I was stupid and thick and I put myself down. And I've learnt, over the last couple of years or few years while I've been doing the counselling training that actually I'm not quite that stupid; I can do things.

Windy: You can do things and you're brave. OK. So, tell me a little bit about, if you, again, were to leave here thinking that, "I'm pleased that I actually volunteered to talk about that," what would you have realistically achieved as a result of talking to me today?

(In this response, I extrapolate from what Shell Annette has said about her strengths, that she is brave and can do things before asking for her goal.)

Shell Annette: . . . I think the fact that I've put myself out there, . . . I think I'd feel quite good in myself, that I've actually been brave enough to do that.

Windy: So, if we stopped the session right now, you would have achieved what you aimed to do.

Shell Annette: Yes.

(The client makes the point that she has already achieved her goal.)

Windy: So, anything else is a bonus.

Shell Annette: Yes.

Windy: Let's give you a bonus. I gave him a bonus, let's give you a bonus. What kinds of things do you make yourself anxious about?

(As I have said, this single session took place on a one-day training course on SST/OAAT. The interview was the second one that I did on the day and the term "I gave him a bonus" refers to what happened in the earlier demonstration session I did that day.)

Shell Annette : . . . I'm very busy. I'm a really hard worker. I have a lot to do. And I think I've realised I've used it over the years as an avoidance. If I keep myself so busy, I don't have to think about my life, about me, if I just keep myself on the go all the time.

Windy : Right. So, when you realised that you were doing that, did that lead to any change?

Shell Annette : Yeah. I suppose it calmed me down quite a lot in sometimes being able to relax and think, "Shell Annette, just give yourself a little bit of time." But I always seem to slip back into it and just have lots of things to do.

Windy : What kinds of things are we talking about?

Shell Annette : Well, I've got my own business, so, every year I've got my accounts to do, which is now – stock-taking. I'm doing a degree at the minute, so I'm busy with that. I've got a horse, I've got my dogs. Even when I go now and ride my horse, there are some days that I think, "Do you know, I'm not going to take my phone today," or, "I'm going to take my watch off," and that's the time I can truly relax.

Windy : You do that, do you?

Shell Annette : I do, yeah, at times. I've just only recently.

Windy : So, there are times when you choose, decide to not take your watch with you and to not take your phone with you.

Shell Annette : Yeah.

Windy : And, at those times, you relax.

Shell Annette : Yes.

Windy : OK. And you've just made that decision?

Shell Annette : Just recently, yeah, not too long ago.

Windy : Yeah, OK. Is that something that you see that you could do more of?

(This is an example of how to capitalise on helpful strategies the client has used in the past to deal with her anxiety.)

Shell Annette : . . . [Pause] Well, yeah, but probably just not at the minute because I'm also in the middle of converting my shop into a flat, so I'm having to arrange everything for that. And, I suppose, what I'm really thinking is just, "Thank God I'm finishing this course in May and I'm finished then," and then I feel that I'll have more time, come May.

Windy : Right.

Shell Annette : But then, knowing me, I'll fill it with something else.

Windy : Right. So, if you weren't filling all your time up, what would you have to come face-to-face with?

Shell Annette : . . . [Pause] I suppose I'd have to come face-to-face first with me, but then, having said that, I have looked at myself a lot over the last couple of years or few years.

Windy : So, you've looked at yourself a lot.

Shell Annette : Yeah.

Windy : And you were saying that you've had to come face-to-face with yourself, and you've looked at yourself a lot, and what's the conclusion?

Shell Annette: . . . I think the big thing is . . . through personal therapy it's building up my self-worth, which I have been doing because I have very low self-worth. To build that up, I feel a lot better. I'm actually happy in my own company. I can be on my own. But then I think I go to extremes of probably isolating myself from people as well.

Windy: So, you can go to both extremes: you can isolate yourself and you can do the busyness.

Shell Annette: Yeah.

Windy: So, what would be the ideal balance for you?

(I am having some difficulty getting a stable goal from Shell Annette. Here I try again.)

Shell Annette: . . . Somewhere in the middle, . . . where . . . [pause] Do you know, this question I asked the other day – do you know what I'd love to do? I would just love to sit and watch a film, and I just think, God, that would just be so relaxing, because, as I say, I don't have time to watch TV.

(Shell Annette comes up with a specific activity that embodies her goal.)

Windy: Can I just clarify something, in terms of what you mean? Are you saying you don't have time to watch TV or you don't make time to watch TV?

Shell Annette: . . . [Pause] I probably don't make time to watch TV.

Windy: Does that feel differently to say that?

Shell Annette: It does, yes.

Windy: In what way?

Shell Annette: . . . [Pause] Because I think, if I always think, "Oh, I've got this to do, I've got that to do, I've got the other to do," I put myself under pressure, "I've got to do this, I've got to do that, I've got to do the other," where it feels great, in fact, if I was to think, "Do you know, actually why don't you make that hour or two hours to do that?" That would really relax me.

(Having helped Shell Annette to see that there is a difference between 'making time' which involves an active choice and 'having time' which does not and which leads Shell Annette to rehearse a number of rigid ideas, I return to the specific goal.)

Windy: Right, OK. And do you have any particular film that you'd like to watch?

Shell Annette: Any kids' film. I love kids' films.

Windy: Any kids' film. Do you have a TV?

Shell Annette: I do, yeah.

Windy: Do you have satellite TV?

Shell Annette: Yeah.

Windy: Sky Disney channel or something?

Shell Annette: Well, I've just bought a new television and it's got Netflix on. So, I could actually go onto that.

Windy: OK. When would you like to do that?

(Having ascertained that Shell Annette agreed to watch a kids' film on Netflix, I asked her to specify a time when she would do this.)

Shell Annette: When?

Windy: Yeah.

Shell Annette: . . . [Pause] I'd like to do it now, tonight.

Windy: OK. What time?

Shell Annette: . . . 7 o'clock.

Windy: 7 o'clock, OK. So, let's see if we can introduce a bit of realism here. At 10 to 7 you start thinking, "I haven't got time for this, because I have to do that, I have to do this, I have to do that, I have to do that." Let's suppose that happens, right? How are you going to respond to that part of yourself?

(Having agreed a goal with Shell Annette, I ask her to imagine an obstacle to achieving it which she mentioned earlier and how she would address it.)

Shell Annette: I'm going to say, "Make time. Make that time for you."

Windy: Yeah. And I might suggest that you say, "Actually, no I don't have to do that."

Shell Annette: Yeah.

Windy: It's a choice.

(Here I suggest that Shell Annette responds to her 'have to's' and use the concept of 'choice' discussed earlier.)

Shell Annette: Yeah.

Windy: It's not a "have to."

Shell Annette: Yeah.

Windy: OK? So, maybe, if you kind of think in terms of, rather than "have to's" you think in terms of choices, because, when you get into the zone of choice, if you like, or the land of choice, I think I even had the sense when you were doing that you found that a bit more relaxing, as opposed to, "I have to do this, I have to do that," as opposed to, "No, I don't. I can choose."

Shell Annette: Yeah.

Windy: Which one is associated with anxiety and which one is associated with calming down a bit, do you think?

Shell Annette: . . . Well, it's me putting myself under pressure, isn't it? It's me thinking I have to, I have to.

Windy: Yeah. And, if you say, "No, I don't, I can choose to," how do you feel?

Shell Annette: That makes it so much easier and so much calmer.

Windy: So, can you see the relationship between your anxiety and, on the one hand, all these "have to's," that you're initially coming up with?

Shell Annette: Yeah.

(Here, I ask Shell Annette to reflect on the connections between her rigid and flexible basic attitudes ('B' in the ABC framework) and her unhealthy and healthy negative emotions ('C' in the ABC framework) – see Figure 1 . I am using this framework here in response to what Shell Annette has said during the course of the session beginning at the outset.)

Windy : By the way, it's a bit like what I was saying to Steve – that will be your default position, but, just like on a computer, just because something defaults to something, it doesn't mean that you have to go along with it.

(Steve was the first client I saw that day.)

ShellAnnette : Yeah.

Windy : You can choose to change it.

ShellAnnette : Yeah.

Windy : So, I just wanted to be realistic; that you may well find yourself with those shoulds, but you say, "Uh-uh, no, wait a minute, no, I don't have to. I have a choice."

ShellAnnette : Yeah.

Windy : OK. So, if you go home at 10 to 7 and part of you says, "No, I don't have time for this because I should be doing that," you can say, "No, I don't have to. I have a choice." Can you imagine doing that?

ShellAnnette : Yeah, I can imagine doing that.

Windy : OK, good. Where would you be?

ShellAnnette :: Sorry?

Windy : Where would you be in your house doing that? Which room?

ShellAnnette : In the living room.

Windy : Yeah? So, can you see yourself initially starting to have those shoulds and then being aware of that and saying, "No, no. I don't have to. I have a choice. I can choose to make time for myself right now and sit down and watch?"

ShellAnnette : Yeah.

Windy : Can you imagine yourself doing that?

ShellAnnette : I can see myself doing that.

Windy : And how do you feel when you do that?

ShellAnnette : I feel a lot better, a lot calmer.

(Here I use imagery to encourage Shell Annette to rehearse the solution in the session.)

Windy : OK. So, again, I think that, when you have started to look at yourself and started doing some of the work that you've mentioned, that you've started to develop a sense of self-worth, self-esteem. You've actually seen the benefits of what happens when you can choose to make time by taking your watch off and you can choose to make time by not taking your phone and you can choose to make time to sit down and watch a film. Now, do you have any fear about what would happen if you did more of this and became more focused on your own development, your own relaxation? Do you have any fears about what would happen in your life if you do that?

ShellAnnette : What, if I was to take more time for me?

Windy : Yeah. Is there a downside for you?

ShellAnnette : The downside is I would get everything done that I have to do. That would be the downside. But the upside would be it would be absolutely great for me.

Windy Dryden

Windy: OK. So, the downside is, "Would I get everything done that I have to do?"

Shell Annette: Yeah.

Windy: OK. Well, let's just see. Are you breathing at the moment?

(At this point my intention is to help Shell Annette to see that she has only a few 'needs' things she has to have or she will die, but I neither explain what I am doing nor make the most of this intervention.)

Shell Annette: Yes.

Windy: OK. That's good, because you have to do that, don't you, because otherwise, if you don't do that, what?

Shell Annette: I'll die.

Windy: OK, so you're doing that?

Shell Annette: Yes.

Windy: OK. Do you drink water?

Shell Annette: No, not very often.

Windy: Well, you drink?

Shell Annette: I drink coffee.

Windy: OK, well, that contains water, and you know you have to do that. Do you know why?

Shell Annette: To keep me hydrated.

Windy: Yeah, because if you don't do that, what?

Shell Annette: I'll die.

Windy: OK. So, that's two needs you're doing. So, what other needs do you have to do?

Shell Annette: . . . [Pause] Look after myself.

Windy: OK, right, you can say that, but you didn't have that in mind when I asked you about the fear. When you said, "I may not be able to do everything I have to do," you didn't have looking after yourself in mind, did you?

Shell Annette: No.

Windy: What did you have in mind?

Shell Annette: That I wouldn't have time to do it.

Windy: What? That's what I'm saying. What wouldn't you have the time to do, because you've got the time to drink water, you've got the time to breathe, you've got time to look after yourself? Now, what other have to's do you not have time for?

Shell Annette: What do you mean? Like work?

Windy: I don't know.

Shell Annette: Yeah, work and getting everything organised for downstairs, to get it in on time when people are coming into work, like the plumber, the electrician, getting everything on time for them.

Windy: And are they dictating their time to you or are you dictating the time to them?

Shell Annette: A bit of both.

Windy: OK. What would happen if you took more charge with these tradesmen, that you were in charge more?

Shell Annette: Well, that would help if I was in charge, but I've got to go along with them when they can actually fit in to do the job.

Windy: OK, alright. But what would happen if you don't manage to fit in with them?

Shell Annette: Well, they wouldn't be able to come and do the job that day.

Windy: And therefore?

Shell Annette: It would be put back for another day.

Windy: Yeah, and, if it was put back another day, how bad would that be for you?

Shell Annette: I was just going to say "I'd die," but I wouldn't really, would I?

(While my 'needs' intervention fizzles out, Shell Annette does come to see that not having her so-called 'needs' met will not be a life and death matter. As will be seen below she resonates with this idea.)

Windy: Right. Well, I don't know. We could do the experiment, but do you see what I'm saying? It's almost like you're reacting as if terrible things will happen.

Shell Annette: I know, yeah.

Windy: As opposed to things being inconvenient, you see?

Shell Annette: Yeah.

Windy: So, what do you think would happen if you stopped looking at things as a life and death, and started looking at things as either inconvenient or convenient?

(Here, I show Shell Annette that she can generalise this solution.)

Shell Annette: Yeah.

Windy: Right?

Shell Annette: Yeah, you've really hit it on the head there.

Windy: Yeah?

Shell Annette: Yeah.

Windy: OK. So, why don't you summarise what you're going to take away today?

(Shell Annette indicates that she resonates with the idea of seeing things as convenient or inconvenient as opposed to as life or death. As we are nearing the end of the session, I use this as an opportunity to ask her to summarise the session.)

Shell Annette: I'm going to take away the urgency to have to do things – the language. Giving myself more time and knowing I have the choices to do that.

Windy: And to start seeing things as inconveniences rather than life or death matters.

Shell Annette: Yeah.

Windy: But I would recommend that you keep drinking liquids and keep breathing.

Windy Dryden

ShellAnnette: Yeah.

Windy: I think that's important.

(I end the session on a lighthearted note which helps to bring about closure.)

ShellAnnette: Yeah, I'll do that.

Windy: Right. Are we done?

ShellAnnette: . . . Yeah.

Windy: Are you happy?

ShellAnnette: Yeah.

Windy: Good. OK, let's see what they have to say.

ShellAnnette: Thank you.

(I invite the audience to ask myself or the client questions or make observations.)

Commentary

In this paper, I have outlined the features of my own approach to SST/OAAT which is a blend of general SST/OAAT therapy concepts and principles from working alliance theory, pluralism, and REBT. While it is unlikely that any single session will show a SST/OAAT therapist's approach in full, I think that the above session demonstrates the following elements of my approach.

Strengths-based emphasis

From the outset, I was looking to identify and help Shell Annette use her strengths. I highlighted the fact that Shell Annette was acting bravely by volunteering for the interview with me even though she felt anxious. I also took her phrase 'I can do things' and emphasised it as a maxim of competence rather than incompetence for the session. These features show strengths-based SST/OAAT therapy in action.

Previous helpful strategies in addressing the problem

I was vigilant for anything Shell Annette did in the past that would help her with her current problem. These were taking her watch off and leaving her phone behind. These actions helped her calm down and switch off from her 'have to'-based behavioural regime.

Goal-setting

While Shell Annette was clear at the outset that anxiety was a problem for her, I initially struggled to help her set a goal. Eventually she said that she wanted to achieve a balance between being busy and isolating herself and that this would be embodied by her taking time to watch a film, an activity that was *for her* in the same way that volunteering for the session was *for her*. This is a good example of my building an alliance with the client.

Focus on the client as active chooser or at the mercy of 'have to's'

This dynamic of active chooser vs slave to her have to's was a major theme in the interview and is a key part of REBT theory. I helped Shell Annette to see that she had a choice in many areas where she thought she didn't. Thus, on the issue of time she could choose to view 'time' as something that she had none of or as something that she could make for herself. She could choose to see workmen not meeting her schedule as a life or death matter or she could see it as an inconvenience. Given that her goal was to live a life less dominated by anxiety, she was able to see the role that 'have to's' and 'life and death' evaluations played in her anxiety and that if she viewed life as a matter of choices and inconveniences she could achieve her goal.

Using imagery to rehearse the solution

As shown earlier in this article, it is a feature of SST/OAAT therapy that the therapist encourages the client to rehearse the solution and I do this here by encouraging Shell Annette to use imagery to rehearse sitting down and watching a TV which embodied making time for herself and calming down as a result.

Anticipating and dealing with obstacles: Preparing to deal with the have to's

It is an important part of REBT-based SST/OAAT therapy that the therapist helps the client to anticipate and deal with potential obstacles to goal pursuit. In helping Shell Annette to take a step towards meeting her goal by watching a TV film at an agreed time, I also encouraged her to consider the possibility that just before sitting down to watch the TV film she would think that she did not have time for this because she had to do 'x' or 'y' and if this happened how she could deal with it.

Dealing with doubts, reservations and objections

It is common for a client to have a doubt, reservation, or objection to their agreed solution or some other part of the SST/OAAT therapy process. In the session with Shell Annette, she expressed the fear that if she focused more on her development she would not get everything done that she 'had to do.' There followed a discussion where I encouraged her to list her needs, but in retrospect this intervention was too open-ended and I don't think she fully grasped the point that I was trying to make. My point was that we have fewer needs than we think we have and for those needs that we do have we have to devote time to meeting them. So, if looking after herself more is a 'need' for Shell Annette then she has to devote time to this. However, I could have done this better.

Asking the client to summarise

In SST/OAAT therapy, it is important for the client to take away what they consider to be valuable points of learning from the session. It is thus good practice for the therapist to ask the client to summarise the session as the session draws to a close rather than summarising what transpired in the session for the client. I thus encouraged Shell Annette to provide her own summary. In doing so she emphasised removing the urgency of 'having to' do things, giving herself more time, and knowing that she has the choice of doing so. Will she implement these 'take-aways?' It is in the nature of a demonstration of SST/OAAT that I will never know and neither will you!

Conclusion

I hope I have conveyed my approach to SST/OAAT in this paper. It is a blend of what the client brings to the process and what I bring to the process. Furthermore, when considering the latter, I have shown that this itself is a blend of general SST/OAAT principles that are likely to be held by most SST/OAAT practitioners and components specific to my practice that are derived from working alliance theory, pluralism, and REBT.

Notes

- ¹ Please note that I am a SST/OAAT therapist who specialises in working with individual adults. I am acutely aware that the readership of this journal is family therapists, but was assured by the editor that my contribution would be of value.
- ² In traditional REBT, 'B' stands for belief. In my view, the term 'attitude' is a more accurate term to denote the evaluative stance that a person takes towards the adversity that explains their response to it. To preserve the 'B' in the ABC model, I refer to this formally as 'basic attitude' but will drop the term 'basic' in this article.
- ³ Emotions that stem from rigid and extreme attitudes towards adversity are known in REBT as 'unhealthy negative emotions.'
- ⁴ Emotions that stem from flexible and non-extreme attitudes towards adversity are known in REBT as 'healthy negative emotions.'

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