



WHY?

How is FIT compatible with short-term treatment?

What are the **challenges**?

What are the **advantages**?

WHO ARE WE?

The Danish Student Counselling Service. www.srg.dk

Free, public, social, psychological and psychiatric counselling and treatment

Students at bachelor, professional bachelor, business academic and master's level

WHO ARE WE?

About **5000** students annually

Mission: prevent unnecessary drop-out and extension of study

FIT implementation started January 2014.

WHAT IS SHORT TERM?

Types of short-term settings:

- An intention to make it short - target an **average number** of sessions
- A **fixed** and non-negotiable number of sessions

WHAT IS SHORT TERM?

Fixed is the standard in DK: Psychiatry, Primary Sector, many insurance companies

Student Counsellings: Out of 139 American Student Counsellings **35%** had a **fixed roof**, only 2 had a roof < 10 sessions *


*Center for Collegiate Mental Health. (2017, January). Center for Collegiate Mental Health (CCMH) 2016 annual report (Publ No. STA 17-74).

OUR SETTING...

Before: average. Now: fixed, **5 sessions**.

When in need for more sessions: Clinical conference.

FIT AT OUR PLACE...



WE ADHERE TO THE (FIT) PRINCIPLES

Giving the **client a voice** (SRS)

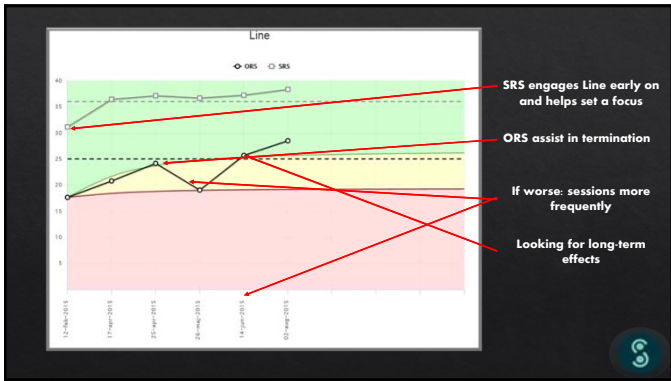
Make a **therapeutic focus** and level of ambition **early** in the treatment (ORS/SRS)

WE ADHERE TO THE (FIT) PRINCIPLES

"One size doesn't FIT all"

Monitor the therapeutic effect (ORS) and **adjust** the interventions (SRS)

Use ORS as a guide for time of **termination**



FIT PRINCIPLES

What to learn from Line?

- SRS can help **engage early** in the treatment
- SRS can **speed up** agreeing on a **therapeutic focus**
- Monitor** the effect and **adjust** the interventions appropriately

FIT PRINCIPLES

What to learn from Line?

When off-track: Sessions more **frequently**

ORS can assist in finding the right time to **terminate**

Target **sustainable effects**, less frequent sessions towards the end if on-track



Let's get to work...



MAKE 3 GROUPS

Imagine you work in an organization using FIT within a short-term treatment program (3 sessions max)

1. What's the **challenges** using FIT?
2. You have a client that you have seen 4 times and she is "on-track". Now in the 5th and final session your client has gotten **considerably worse**. What reflections do you have using FIT in this case?
3. Is there a limit for **how few** sessions an organization can offer, and still use FIT meaningfully? Why (not)? 1 session? 2 sessions? 3 sessions?...



THE CHALLENGES

We can't say: "We continue as long as the treatment is helpful for you"

Asking for feedback **without** listening: Can't adjust interventions when we hit the roof. Frustration. Misalliance.

Feedback on progression (ORS) **can not** guide time of **termination**.



THE BENEFITS

FIT meets the need for finding the right **therapeutic focus** and ambition quickly

FIT helps to find the **right frequency** of sessions

FIT meets the need for **early adjustments** in off-track clients (most improvement and drop-out happen in the early phase)



THE BENEFITS

Feedback on the session (SRS) can have a "**ventilation effect**": frustration about forced termination

ORS and SRS can guide the discussion of **where to get more** or other kind of help if indicated





GUIDELINES

Train therapist to maximize the use of ORS and SRS to create a therapeutic focus in the first session.

Short term therapy can motivate rapid change: "You don't have time to lean back". Increase the awareness of the time frame in the early dialogue of ORS and SRS.

GUIDELINES

Reduce frustration: Make the limitations clear to therapist, e.g. the conflicts between FIT-principles and a fixed amount of sessions.

Make sure to have frequent supervision. Not much time to adjust off-track cases

If possible: Aim for average number of sessions instead of a fixed roof. Gives flexibility.

