Fit in a Short-Term Therapeutic Setting

**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](http://www.srg.dk)

- Free: public, social, psychological and psychiatric counselling and treatment
- Students at bachelor, professional bachelor, business academic and masters level

**WHO ARE WE?**

- About 10,000 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 131 American Student Counsellings 31% had a fixed roof, only 1 had a roof < 10 sessions. *

**OUR SETTING...**

Before: average. Now: fixed. 1 sessions.

When in need for more sessions. Clinical conference.

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**FIT AT OUR PLACE...**

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**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)

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**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

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**FIT PRINCIPLES**

What to learn from Lino?

- 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 Fit?

1. When off-track: Sessions more frequently
2. ORS can assist in finding the right time to terminate
3. Target sustainable effects: less frequent sessions towards the end if on-track

MAKE 3 GROUPS
Imagine you work in an organization using Fit within a short-term treatment program (< 6 sessions per year):

1. What’s the challenge using Fit?
2. You have a client that you have seen 4 times and she is “on-track”. Now in the 5th 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 put 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) cannot 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)

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

- Feedback on the session (ORS) 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 conflict 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.

QUESTIONS?

Thank you!

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