



Single Session Therapy

Lecture Transcript

Rory: I'm going to introduce today's lecturer. Professor Windy Dryden is one of the leading practitioners and trainers in the UK in cognitive behavioral therapy, a tradition of psychotherapy. He is best known for his work in relational emotive cognitive behavioral therapy, or R.E.T.B.T. His current interest is in single session and very brief interventions within therapy and a coaching concept. His goal is to disseminate SST and OAAT with the hope that this might help provide help of the points of need within the NHS. It's a form of IAPT where the I stands for immediate. He's a major professor of psychotherapy at Goldsmiths University of London. It gives me great pleasure to introduce Windy Dryden. Welcome, Windy.

Windy is going to present an overview of his theory and do a lecture for us as well. There's going to be a brief interlude between the lecture and the live session to give everybody a chance just to have a drink and just take stock and then we'll go into the live session. So, without further ado, Windy, it's over to you. Thank you very much.

Windy: Thank you very much and I appreciate the people's time on a Sunday afternoon, at least, where I am in London today. Today I will give you an overview of single session therapy and then I will do a demonstration. Let me first state that by talking about single session therapy, I'm not in any way casting aspersions about any other way of delivering counseling services nor am I suggesting that the way I practice single session therapy is the way of practicing single session therapy, because that's not the case. That would be against the spirit of single session therapy, as a matter of fact. So, with those in mind, let me just go over the aims and objectives of what I'll be doing today.

My main aim is to introduce some of the main ideas that form a single session therapy. I'm a firm believer of the power of live demonstrations, not only for the clients, him or herself, but also as an aid to learning. I think if you can't experience it, that it's not as powerful, then if you can experience it. My objectives at the end of the session for you is that you will hopefully become familiar with the idea that single session therapy is best seen as a mindset and a way of delivering services. That's the two main points I want to stress in my presentation, and also that you'll be able to describe some of its main practical components.

Let me start off by what is single session therapy. OAAT stands for one at a time, therapy or counselling. That is quite often seen as synonymous term with single session therapy, but perhaps less dramatic, less powerful. I see single session therapy and one at a time therapy as an intentional endeavor and that is both the client and the therapist starts out with the intention of helping the client in one session, knowing that more help is available so that it's not good practice if a client comes to see your service, expecting to see somebody in an ongoing way and then being told that they're just going to have one session. That's not good practice. I see single session therapy as an ethical procedure where both parties agree to meet once, knowing that more help is available. There are purists that say that single session therapy is just that, it's one session of therapy with no preparation, no follow up, no opportunity of having more help. There are times when that happens. So, for example, in the demonstration, I shall be doing, that Colette and I have agreed to meet for today with the intention of me helping her with whatever issue she is choosing to bring, which I don't know anything about at the moment. She also knows and I know that that will be it, there will not be an opportunity for us to continue our counseling on this issue or any other issue. The other thing I want to stress here is that after the session ends, that the client is encouraged to reflect on what they've learned in the session. To digest this learning, to take action and let time pass before deciding whether or not to make another appointment. The emphasis is to really reflect, digest, act, let time pass and then make a decision whether you want further help or not. Then make another appointment.

Single session and one at a time counseling is a mindset and a mode of service delivery. It's not a specific approach to counseling or technique in the same way as somebody might say, I'm a person centered therapist, or I'm a CBT therapist or whatever. It's not an orientation to the work, it's a either mindset, it has a number of attitudes that you're encouraged to embrace and it is a way of delivering services. I think in a way, that single session therapy as a mode of service delivery sits best among other forms of service delivery within an agency. I'll talk a little bit more about that. It stands on the belief that a brief encounter between two people can be therapeutic. We've probably all had experience of being helped by somebody else in a short period time, I know I have. My own experiences goes back to watching or actually listening to a radio in the late 1960's,

a man called Michael Benteen who said during that lecture because he had a stammer and I have a stammer to some degree still, he learnt that the best way of getting over his anxiety was to develop the attitude and practice the attitude of "if I stammer, I stammer. Too bad". That struck me at the time I resolved to take that, to actually run with it, to practice it and put it into practice. That helped me enormously. That was a minute of an hour's radio session. I think that that underscores the point that we can derive great help from our brief encounters with people, even virtual ones like with Michael Benteen. The other point is that therapy length is expandable. If you suggest that something will take 12 sessions, then it could take twelve sessions. If you suggest it will take six, it could take six. So, therapy length is expandable. The idea is that if you really set up the session with the client sharing a similar mindset that something meaningful can come out of this, then it often does within a session. Those are the ideas that inform single session and one at a time counselling. I often think that single session therapy is a bit like a plant and that it needs certain ingredients in which to thrive and grow. Here I think are the favorable conditions that underpin the work. That is that help is provided quickly in response to help being sought. I feel quite strongly about this. I think very few of us have come in to the counseling profession with the idea where we say, "I really want to help people, but only when they've been on a waiting list for 12 weeks". I don't think that we actually want that to happen. We actually do want to help people at the point of their need. Don't forget, when somebody decides to seek help, it's not a in the moment thing. They haven't gone from not thinking about it, thinking about it, and then picking up the phone or actually going online. Normally, they've been grappling with this issue on their own. They may have sought help from friends, relatives. They may have decided to go get help and then backed off, so when they are actually coming forward for help, they are actually, I believe, in a greater stage of readiness to change. If we somehow set up our services that we don't start working with them for a period of time, that we're not actually capitalizing on or actually capturing the moment where they're ready to change. The favorable conditions as well is that both therapist and client hold realistic expectations about single session therapy. These are that something meaningful can happen, I'm not saying it's a guarantee, but something meaningful can happen when two people come together. We're not going to necessarily bring about rapid personality change, but we're not going in there saying "it's one session. What can we do in one session?" One of my colleagues is writing a book and I was reading this book and in his book he said that "the purpose of the first session is so that the client comes back for a second session". That might be fine in ongoing work, but it certainly wouldn't work within a single session framework. So, that would not be a good example of a single session mindset.

As I said before, it's very important that the client understands what's on offer and gives informed consent. It is like any other form of counseling delivery in an ethical endeavor where the client is informed, understands and consents to going forward based on what they understand is going to happen. Another favorable condition is time between help seeking an appointment is used well. I've done workshops and I've asked people what

happens when somebody contacts an agency for appointment and they're given an appointment. What happens in that interim period because from a single session therapy point of view, that is time that needs to be used well. Now, quite often it isn't and therefore, we want to see if we can capitalize on that by helping them to prepare for this session, to really get into the frame of mind of actually being ready to go when they actually come for the appointment. Finally, organization administrative support is provided. It's very easy to kill any new endeavor if you withdraw organizational and administrative support from it. My advice is, if you want to set up a single session therapy clinic, if you like, within your agency, make sure that the people who work in the agency and the admin people who support it are on board because otherwise it's going to be like walking up a head in treacle.

Let me very quickly go over what I see as the unfavorable conditions, if you put single session therapy in this type of soil with this kind of life, this kind of water, it's going to wither and die. The ingredients here that aren't favorable conditions, if you like. There's a long gap between help being sought and helping provided. It doesn't make sense to have a single session therapy mode of service delivery which you have to wait for for three months or two months or whatever. Help is provided after certain conditions have been met. That is a full assessment, case formulation or case history. Now, please don't misquote me. I'm not against these activities, per say. All I'm saying is that they're not conditions that help single session therapy thrive. I'm not saying that I'm against these activities per say. I just want to make that clear. Time between the initial contact and help being provided is not use or not used well, which unfortunately is the norm. Blocks of sessions are offered. Now, blocks of sessions, again, not against blocks of sessions, particularly if there is a good clinical reason for it. I'm against the offering of a block of sessions as a way of actually offering everybody a block. Quite often when I've asked people what number of sessions occur in a block, the most frequently occurring number of sessions is six for some reason. I don't understand that. I will ask why and they probably say, well, it's always been this way. Why not five, why not seven, it's not clear. Blocks of sessions, as a roll-out to everybody, will lead to waiting lists and if you have greater waiting lists then you are extending the time between help at the point of help sought and help given, which you actually want to avoid within a single session framework. There's a lack of organizational and administrative support.

I now want to go over some of the three major foundations of single session therapy. Before I show you the slide, I'm going to ask you a question. That is, what do you think across the world are public and charitable nonprofit agencies? I'm not talking about private practice now. Anything apart from private practice. What do you think is the mode number of sessions that clients have? Mode is the most frequently occurring number. Please write down somewhere, you can put it in the chat box if you like, what you think universally is the most frequently occurring number of sessions that clients

have internationally. I'm just going to pause there when you might write some. I can actually see if you're writing something. There's fours and six and twelve. Good. Thank you very much for engaging with me on this. I'm going to stop that otherwise I'm going to feel rather dizzy. So, here is the answer, folks. The answer is, drum roll, one, followed by two, followed by three. So, this is a typical graph that you'll get this as you come from Australia, there are vast amounts of data here, by the way, over a three year period. You'll see that between 40 and 45 percent of clients have one session and it goes down to two, three. There's a slight pick up at the end because beyond 20, all the data are merged together. The most frequent number of sessions clients have internationally is one, followed by two, followed by three. When I show people this this graph, people say, well, that's because either the counseling they've been offered is rubbish and they go away and they're dissatisfied with it. They've dropped out and that's a bad thing. That's the situation. Well, actually, that's not the case. When we have a look at the data again, we find that the following happens. Between 70 to 80 percent of those who have a single session are satisfied with that session given current circumstances. That, of course, means that 20 to 30 percent answered, we don't want to neglect that but it's not the case that if somebody doesn't turn up for a single session that beyond the single session that they are unhappy and far from it. The third foundation is that therapists are poor at predicting who will attend for only one session and who will attend for more. We can spend a lot time trying to hear about somebody who's come in and been assessed and try to find out what is the best therapy for them and spend a lot of time trying to work that one out and then they don't turn up again. That's going to be a problem.

The help provided at the point of need, which is I think, really the core idea in single session therapy's based itself on a number of ideas, and that is it's better to respond to client need by providing some help straight away rather than by waiting to provide the best possible help. Only today, over Twitter, I was having a discussion with some people who were quite critical of EAP's, saying that you're given, let's say, six sessions again and the AP practitioner. What happens if the client wants to go on and some people say, I don't want to work in that way because I want to give everybody who comes into me as much counseling as they need. I can understand that, but unfortunately, the world is not structured around the provision of so much counseling resources being available. We do have to make decisions and one of the decisions that underpin single session therapy, it's better to respond to client need by providing some help straight away rather than by waiting to provide the best possible help. Providing immediate help is more important than carrying out an assessment or case formulation and therapy can be initiated in the absence of a case history. Sometimes I ask people in a single session, what do you think I need to know about you that is essential for me to be able to help you today rather than me carrying out in this case history? Which is going to be problematic in terms of the time that I have available. It also says that people have the resources to make use of help provided at the point of need. It has quite an optimistic viewpoint about what human beings are capable of. It's also based on the idea that sooner is better. Often, you know, we argue that more is better, but here sooner is better. The best way to see if a client will

respond well to therapy is by offering them therapy to see how well they respond. People say to me, you know, how do I know that a client is going to benefit from single session therapy? My answer is, you don't. Why not offer them a single session and see how they respond? Now, another other group of people will say, what about risk? My response is you do exactly the same in a single session with risk as you do in any other counseling mode of delivery. Apart from one thing, you've got to find out about that risk earlier than you would if people are actually waiting for help.

Appropriate therapy length is best determined by the client. We may have six sessions in our mind and in cognitive behavioral therapy, we have packages and protocols of 10 sessions of these and twelve sessions of this and that's fine. I'm not looking against that, really. I'm not against that, but clients will actually say, thanks, I'm done. Thank you very much. I don't need to come back. Clients will determine what is appropriate for them. When a person does not return, as I indicated before, this may indicate that there is a very good chance indicating that the person is satisfied with what they achieved, although it may be the case that some were dissatisfied with the help provided.

Let me have a look at what the goals of single session therapy are. I think they are as follows. To help the client to get unstuck, often clients are stuck. They keep doing the same things over and over again. They unwittingly maintain their problems and if you can help them to get unstuck. Secondly, to take a few steps forward that may actually help them without them seeking further help. Another goal is to help them address a specific concern or to give them an opportunity to talk for an hour and explore a concern. It is not all about focus, focus, focus, although it often is, it can be an opportunity to stand back and reflect. You as a counselor would have to be able to help them to do that in a single session. Another goal is to help the client see that they do have the wherewithal to achieve their goals. To work with them to select the solution to help them to deal with the problem so that they can work towards their goal and if possible, to actually gain experience of the solution through two chair dialogue or role-play or imagery work or things like that. Then to help the client to develop a broad action plan and maybe encourage them to actually kick off that action plan in a specific way.

I think probably one of the most frequently asked questions that I have is, who is suitable for single session therapy? I asked myself that question when I first got into this field about six or seven years ago. I developed a long list of indications and contraindications. Then it occurred to me what I was doing and I was coming up with a single session which I'd need to carry out with the client in order to find out if they were suitable for single session, which is a bit of a nonsense and two, not a good use of time. Hopefully you've grasped the idea that in single session therapy time is important to use

and time spent doing assessments or suitability assessments or things like that, are not good use of therapy time. In single session therapy, you offer therapy from moment one. In walk-in clinics, which we don't really have a great tradition of in Britain, they have them more in Australia, Canada and America, people walk in, they don't do their own suitability criteria. They're not assessed in any way. They walk in for a session of therapy and if they're not appropriate, the person will actually guide them to where they are appropriate. Most of them, because they understand the problems through dissemination, which I won't have time to talk about, it's important to be able to disseminate to the population about what you are offering. In walk-in therapy, there's no suitability criteria. You can structure your service in terms of client choice, as I said before, this mode of service delivery serves best when sitting alongside others. Clients will say, aha now they have this. I think a single session would actually help me so that the client will be able to choose and see what happens. Let's see. It's an open minded 'let's see'. The final approach is what's called the embedded approach. This is done by a family therapy center in Australia. What they do is this. Everybody who comes to the agency has a single session. They know from their statistics over the years that between 45 and 50 percent that will be sufficient for them at that time, given their circumstances. The rest of the 50 percent, some will need another single session. Some will need some ongoing help. Some would need some specialized help. That is not based on the idea of assessment before therapy. That comes up through the offering of a therapy which helps the almost half of the people who go to the center.

Let me talk a little bit about what is good practice here. I'm going to put that within the context of the single session, one at a time therapy mindset, because I think that they're linked. The first one is to celebrate the power of now. All you know, when you're with the client is that you're with the clients. You don't know whether they're coming back or not. You can make predictions. You may be right some of the time. You may be wrong some of the time. The question is, since I am with the person now, how do I best want to use the time? Do I want the time that I have with them now doing an assessment of all their problems, doing a case formulation? Do I want to get a case history? Do I want to offer them an hour of therapy focused on their most pressing concern and needs? The single session mindset is actually saying the latter, because we only know that the person is with us now. Let's capture the moment. Let's seize the day. Other phrases like that and let's offer the person therapy focused on what they want and having created the realistic expectations that if we both work together, something meaningful can come from this. It is client centered, not in the sense that client-centered therapy or person-centered therapy, it's centered on what the client most wants to get from the therapy, not what the therapist think they they need. So often when I'm asked the question, what about clients with this disorder or this problem? All these are based on therapist constructions. My answer is based on what the client wants. Yes, they may have this disorder or this problem or this diagnosis but what do they want from this session? You see, it's focused on what the client wants. People often say, well, I can't do this because the therapeutic alliance or the therapeutic relationship needs time to develop, again, I'm

not knocking the work of my good friend. I think he actually gave a CPD event a while ago on relational depth, Mick Cooper, does some fine work there. I'm not against that, but what I'm saying is not all clients want that kind of relational depth with their therapist and some just want to be helped quickly. So, I have a concept which I call relational promptness, that being able to develop an alliance quickly through the work, through your enthusiasm to help people quickly and focused on what they want to get from the session. This enables you to actually engage the client request quite quickly. One of my most favorite questions in this field is how can I best help you today? People say I don't know. I say, I can help you to focus on a problem and help you to develop a solution to that problem. I can help you to explore matters if you are confused and you'd like an opportunity to reflect with somebody who is helping you to understand what's going on for you. If you practice X therapeutic approach, there's always a danger that the client is going to come in and get that therapeutic approach. As you'll see, my own practice is informed by my own idea, but what I'm trying to do is I'm trying to tailor what I can offer based on what the client will think will help the most on that occasion. Develop an end of session goal. Most counselors, not all, but most counselors will ask the question what would you like to achieve from counseling? Again, great question, not knocking that if the counseling is more ongoing, but for single session therapy, since the end of the session is the end of the therapy quite often, a better question would be to ask the question, what they would like to achieve at the end of the session? Good practice is to focus and to keep on track with that focus during the session. Good pacing. People often come to this work thinking, Another frequently asked question is, how long is a session in single session therapy? It depends. In family therapy it can be up to an hour and a half. My own practice, I say to people that we have up to 50 minutes together. Now, that's 'up to' is important because quite often I'm done earlier helping the person to achieve what they want. If I've achieved that after 40 minutes and I've promised 50, then there's a risk of undermining and unraveling what I've done by spending another 10 minutes talking about the problem. Talking about the weather. I don't know what we'd talk about. Keeping on track is important. Good pacing is important. You have time. If your attitude towards time is we have plenty of time here to get the job done as opposed to I've got 50 minutes! You're going to be anxious. You're going to rush. They're going to be rushed and you'll not get anything from it. Clarity and always being clear about what's on offer. Can the person have extra help? How can they access it? At the beginning you'd go over that. At the end you'd remind them of that. Clarity of communications. Sometimes helping the client stand back and to reflect on it, see if they've understood what you've been talking about, making an emotional impact, which is halfway between having a theoretical session and then being flooded with so much affect they can't think. Doing this work within something of an emotional climate is important. Identify utilizing clients strengths is important because people are going to bring strengths. Quite often when you help them to reconnect with those strengths, that that itself can be quite therapeutic. Environmental resources. People have people on their team who's on team Wendy. I've got somebody who can help me to think through things. Somebody might want to give me a kick up the backside if I need it. We all have different people that we can turn to. Only we can do it, but we don't have to do it alone.

Identifying and utilizing previous attempts to deal with the problem, capitalizing what's been helpful and casting aside, which hasn't been helpful. Negotiating a solution, as you see here, that's halfway between the problem and the goal is a solution, helping people to actually develop that which comes from what's been helpful before, their strengths, some other ideas that you might, as a therapist based on your orientation, put to them then rehearsing the solution, if possible, in the session, helping the client go away with one thing that's meaningful rather than being overloaded with so much help that they actually end up taking away nothing. That's a real danger. If you take an ongoing counselling mindset into a single session context, you think, I've got to help them to take away as much as possible. Well, they'll drop everything and they'll go away with nothing which is the real danger. Helping them to develop an action plan that they can put into practice, the solution that you've worked with them, if possible. Having them summarize what they've got from the session at the end rather than you summarizing it is important. Tie up the loose ends and clarify the next steps, reminding them how they might access further help if necessary. Going over the reflect, digest, take action, let time pass and then make a decision type of routine at this point. Arranging a follow up, just to do a follow up evaluation. Although the purists would say that that's not part of the single session. I think in this climate evaluation is important. Hopefully I've actually given you an opportunity to see a taster of what single session one at a time therapy involves. Thank you.

Colette: Okay.

Windy: Okay. Colette, thank you for volunteering. Perhaps you can just let me know what your understanding is concerning the purpose of this session.

Colette: Of course. My understanding is for me to bring a live and pressing issue, something that I want to address at this moment in time, something that for the purposes of demonstration is something I'm comfortable to share with the audience we have present, which I am very much so. The presentation has been with me throughout all of my life and has always created difficulty for me and a resolution of it would be really useful.

Windy: Okay, perhaps you'd like to tell me what the issue is to start with.

Colette: Okay. From my understanding, it is, I would guess, a fairly common presentation. It's that of procrastination, but not a matter of procrastination, of just not doing anything and just on the couch and watching TV or not doing anything at all. It's

more a matter of not attending to important matters first. I will put off that is really important in favor for that what is urgent. The important things always get put to the side or put off again and again and again.

Windy: Let me clarify Colette. You said that you put off things that are important in favor of those which are urgent.

Colette: That's correct. Yes. Let's say, for example, in work, I have a piece of work that is important to get done because it is in relation to a deadline, an outcome that is critical to the progression of a project, for example, but I would put that off in favor for answering maybe low level emails or something that really is not important.

Windy: Right. So, let me clarify, that latter situation is not that it is urgent. It is something that, you know, at the time is lower level of importance.

Colette: That's correct.

Windy: Have you got something that you are procrastinating on right now that we could really focus on so that if I could really help you with that and maybe roll out some general principles going forward that you might think, I'm pleased that I volunteered today?

Colette: Yes, let me have a think. I'm currently working on a project (coughs) excuse me, that involves me having to write up an email I need to send out to participants. Sorry, I just want to take a sip of water. A frog seemed to have crawled into my throat.

Windy: I will join you in that one.

Colette: (coughs)excuse me. So, I need to write up and draft an email that would form the basis of reaching out to participants to help within this project. It is an important step to roll out or to progress a project I'm currently working on and I have had this task in my diary 'to do' list. However, I use whatever I use to sort of manage my work. I've had this task for probably going on a couple of weeks, however, I find myself putting the task of in favor of answering emails, answering emails of people that needs maybe support with their accounts or the accountant that wants to know about something that

is not due for months to come and perpetuating putting off that important task of sitting for maybe half an hour to write up the e-mail that would then be able to move the project further.

Windy: Okay, so if I was to ask you Colette to nominate a specific time in the very near future when you are willing to commit to sitting down with the intention of doing that task, what would be the date and time that you would agree with yourself to do that?

Colette: This is a very interesting one, because I can already feel panic rising because I'm going I can't do it for the rest of the day because it's Sunday and I'm working until late. I can't do it tomorrow because I've already got something planned in and then tomorrow afternoon I will have to do the work that is urgent and so it goes.

Windy: Are any of those reasons, good reasons or are they rationalizations Colette?

Colette: (thinking)I am unsure. I think, for me they feel like very good reasons and rationalizations, if I think of what my workload and demand is.

Windy: By rationalization. I mean, an excuse.

Colette: No, I think they're good reasons. They probably are more excuses than they are rationalizations. So, if I really think about it, I would probably be able to do it tomorrow around 10:00.

Windy: Okay, so let's suppose that you agree with yourself that you will do it, not around 10 o'clock, because that gives you until whenever, at 10 o'clock would you at least commit to sitting down at 10 o'clock with the intention of doing that task?

Colette: Yes, as I am here with every intention to do it.

Windy: Okay fine. With that commitment, how would you stop yourself from actually keeping that commitment to yourself?

Colette: How would I stop? So, what would be the reason for me not doing it? I would get caught up with the urgent tasks.

Windy: Sorry, I'm a bit confused here Colette. Some of the time you call them urgent and some of the time you call them low level. I'm a little confused about that.

Colette: Okay, let's have a think of how I can explain. Some of them are urgent.

Windy: Okay, so here we are at 10:00 and you're you've committed to write this e-mail because it is important right? What is something that you think, 'oh, wait a minute that is urgent so that has greater precedence to that important task that I've made a commitment to'. Give me an example of what might suddenly be urgent in your mind.

Colette: A customer support query.

Windy: Okay, so a customer support query might say what?

Colette: It might say, I am unable to access my account.

Windy: Okay. Do you have a choice at that time? Do you have a choice to actually fulfill your commitment yourself and do the important task or you have a choice to stop that for yourself and actually help the other person with their query.

Colette: Yes.

Windy: What would you do?

Colette: My behavior so far has been to tend to the urgent task.

Windy: You call urgent and I just wonder whether it is because if you say to that person, I'll get back to you in two hours, if you give them a specific time frame because you've got things that you've got to do. I mean, are they going to go crazy or mad.

Colette: Probably not.

Windy: It's almost as if, are you saying because it comes from somebody else it's urgent?

Colette: There is definitely that feeling. That expectation of I have to attend to this immediately.

Windy: Because it comes from another person?

Colette: Yes.

Windy: It sounds like and you correct me if I'm wrong, because I may well be wrong that the choice is do I put the other person first or do I put me, Colette first?

Colette: Yes. That is very correct.

Windy: Okay. So, if you decide to put you first over the other person how will you feel? If you made the decision.

Colette: At the time, it's very uncomfortable. While I'm then doing ask of importance, I will constantly be thinking I should be doing something else. I should be attending to the urgent task.

Windy: Is it always when somebody else is asking you to do something for themselves, is that the case? I don't want to get this wrong.

Colette: Definitely. There is a very strong drive.

Windy: It sounds like Colette, that even if you were to choose to put yourself first, there's still some sort of dialogue going 'yeah, but I should be helping them first'. Basically I should be putting them before me.

Colette: Yes. That's correct.

Windy: Okay. Are you happy with that?

Colette: Most of the time, I guess it's fine but when it becomes really difficult is when my important work suffers as a result of it.

Windy: Right. So, you don't mind putting other people before yourself, Colette, but you recognize that not when you suffer.

Colette: Yes. .

Windy: So what would you like to change on this particular specific issue that we'd like to talk about? What would be healthy for you to do for you?

Colette: It would be healthy for me to be able to stick to commitments and tasks that I put for myself that I know is important, that I know that needs my attention, but more than that would be that I don't feel pulled that I need to be somewhere else. I find whenever I am in that situation of working on that what is important, there is this almost always this feeling of I need to be doing something else. I need to be doing something else.

Windy: Again, I just want to clarify. Is the I need to be doing something else, I need to be helping someone else? The example that you've given is a choice between whether you put you first or somebody else first.

Colette: Yes. I'm thinking it might be around the expectation, wanting to meet the expectation that I perceive the other person might have.

Windy: The expectation would be what if you were to put it into words?

Colette: For my immediate attention or my immediate resolve.

Windy: Right. So, it's about saying to you Colette, we need help now. Ideally, you'd like to say, I'll get back to you in two hours. Which is basically you saying, I'm going to put myself first for two hours and then I'm going to do with you.

Colette: Yeah.

Windy: It's almost as if you're operating, you correct me if I'm wrong on the idea that when somebody wants me immediately, I have to drop everything and help them.

Colette: That's very correct, yes.

Windy: Yeah and if I don't, what?

Colette: I guess it's that I may disappoint them.

Windy: And if they're disappointed, what?

Colette: Basically, that feels like I don't get the approval or I don't get the acceptance or that somehow I have failed them or let them down.

Windy: Yeah, you may or you may not, but you may get their respect, because they'll say, 'oh, well, wait a minute, she's said that she's going to come back to me and she's given me a time so she's got other things to do'. So, you may not get their approval, but you might get their respect. What's more important to you?

Colette: Hmm, that's an interesting one. Approval is very important to me.

Windy: Because if I'm not approved by this person if I say no to them in terms of me not meeting their immediate needs and they might disapprove of me, that means what to me?

Colette: At some level, at a very deep level, that feels like I am not good enough.

Windy: Not good enough for whom?

Colette: For them.

Windy: Yeah, but you might not be good enough for them. Now, I want to ask you a question, Colette. A very important question. Can you be good enough for you when you are not good enough for them meaning this person who may or may not dislike you or not approve of you? Can you be good enough for you when you're not good enough for them or not?

Colette: No. I know that on an intellectual level, I know that I have to look after me first so that I am able to serve others.

Windy: I'm not talking about that necessarily. I'm not talking about self care, which is an important issue. I'm not talking about that. I'm talking about what you're talking about, which is can you really be good enough for you in your mind? Can you hold onto, if you like, you approving of you when somebody else doesn't approve?

Colette: I really struggle with that.

Windy: Okay, what's the struggle?

Colette: The struggle around that is am I okay with me, even if they are not okay with me?

Windy: Right so it's a choice. It's a choice, isn't it? You could say, 'yes, I am okay with me even if I'm not okay with them' or 'I'm not okay with me if I'm not okay with them'. It's a choice. Now, what choice do you want to make, Colette?

Colette: I need to be okay with me regardless of if anyone else is okay with me.

Windy: Fine. Now, if that's your choice, have a guess what it will take to really believe it.

Colette: I just have to believe it.

Windy: No. It would be nice. They'll be great. I mean, that would that be magic. It will be like boom, she believes it. I don't think it's going to happen that way. Have you ever had the experience of not believing something, but then recognizing that if you acted in a different way, you could come to believe it and you acted in that way and you believed it.

Colette: Yes, I had that experience. Yes, I have.

Windy: Yeah. Just briefly, what was it?

Colette: I started running some years ago after always believing I'm not able to ever be physically active and fit. Then started running and then saw that if I acted and continued with my running, I am able to become fit and run.

Windy: If you waited to believe it first before you ran, what would have happened?

Colette: I wouldn't have run.

Windy: Right. So, you've had the experience of what I'm talking about. If you want to make that choice of, in a sense, being good enough for you, even if you may not be good enough for them. We don't know actually, in fact you never find out. If you want to practice this, you need to be disapproved of in order to get the practice of approving of you in the face of being disapproved of. In order to do that Colette, what do you think you need to do on Monday morning?

Colette: I have to act differently?

Windy: Right. The pull will still be there but just because the pull is there, the pull is really saying, 'hello, this is your old friend. I can only approve of myself if I'm approved of. Come over here'. That's easy. To sit there and say, no, wait a minute. This is going to be difficult but I'm going to work on putting me first approving me, even if I'm disapproved of. That will also give you an opportunity to find out what the other person will say if you don't, because you never find out.

Colette: Yeah.

Windy: You're trapped in this loop.

Colette: Yes, I certainly am.

Windy: Would you like to summarize where we've got to so far, Colette?

Colette: Definitely, yes. I brought a situation that is being plagued in me for many a year where I would pay attention to urgent and sometimes low level tasks in favor of the important work where I need to put myself first and through explaining the situation and what goes on for me and the feelings that I feel I have been able to get down to a level where I'm able to identify a feeling of needing approval from others and being able to recognize that I need to be able to approve of myself regardless if others approve of me or not. Then to put into action the decision to put my own priorities before others and through the process learn what it takes to approve myself and what it will feel like having this disapproval of others and still be okay to approve of myself.

Windy: Right. Let me take you through that solution and rehearse it for Monday morning. Okay? Monday comes and it's 10:00. You have this commitment with yourself and at least I'm going to show up at 10 o'clock because I really want to help myself. Incidentally, just want to say one thing that you're not doing it for me. I will survive whether you do this or not. You are doing it for you. I don't want you to do it to get my approval. Monday comes, 10:00 and you sit down and you got this thing that is important for you to do and then something comes in that somebody wants you to do

something for them and imagine, even though it's uncomfortable because you're very drawn to doing it, and then you say, no, this is my point of change. I'm going to tell them, I'm going to give them a time when I'm going to do it. It's a time after I've done this. You tell them and if they say 'can't you do it any quicker?' You say, 'that's the quickest I can do it. I want to be clear with you when I can do it'. Then you go back and you start the work, even though there's still a part of you that's uncomfortable with all that and wants to go back and make it right, but you're sticking with it just as you did with the run. Is that is that a realistic thing for you to rehearse before doing it, then doing it that way?

Colette: Definitely. Very implementable yes.

Windy: Will you choose to implement it?

Colette: I will.

Windy: Who for?

Colette: For me.

Windy: I'm sorry. The audio is going. What was that?

Colette: For me.

Windy: I'm an old man, I can't hear. What?

Colette: I will be doing it for me. Windy.

Windy: Good. Excellent. Okay. Is this a good place to stop?

Colette: A good place to stop was it?. Yes, I think it feels like a good place to stop. I feel that I have got some resolution and a new perspective on why I will be favoring those

and I will be putting steps in place to challenge and push through discomfort in order to focus on the important work I need to take.

Windy: Okay, good. I look forward to not hearing about it because I'm not going to know about it.

Colette: Thank you very much. That felt like a really helpful session.

Windy: Okay, good.