



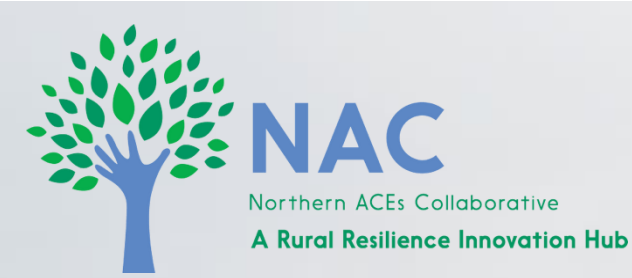
Share Your Intentions for the Day

Welcome! As you get settled, we invite you to grab a sticky note from your table and share:

Leave one word for the day you want to create.

Please post your intention on the board on the side of the room.





Welcome to the Rural Resilience Innovation Hub In-Person Meeting & Training

May 19, 2026

9:00am – 3:00pm PT

McConnell Foundation – Redding, CA



Thank You for Your Support!

The Rural Resilience Innovation Hub is made possible through support from the **Office of Youth and Community Restoration (OYCR)**.

OYCR's investment allows rural partners to learn together, strengthen systems, and improve outcomes for youth and families.





Welcome In & Grounding for the Day

Kathryn Stewart, MPP

*Population Health Innovation Lab
(PHIL)*





Population Health Innovation Lab

Mission

We create opportunities to experiment, share learning, and lead lasting change.

Purpose

PHIL exists because community change work is hard, often isolating, and deeply complex. We equip communities and change makers to navigate those challenges, catalyze equity-centered solutions, and strengthen systems that support lasting well-being.





Land Acknowledgment

The Population Health Innovation Lab team respectfully acknowledges that we live and operate on the unceded land of Indigenous peoples throughout the U.S.

We acknowledge the land and country we are on today is the ancestral and unceded homelands of the Cayuse, Northern Wintu, and Dau Pom Wintu nations who lived here and cared for the Land since time immemorial. We further acknowledge the role Native American, Alaska Native, and Tribal nations have today in taking care of these lands, as well as the sacrifices they have endured to survive to this day.





Housekeeping & Announcements

- Introductions: PHIL Staff & Partners
- Venue Logistics
- Food and Refreshments
- Check out the Resource Tables
- We want to hear from you! Please use the markers and sticky notes to share your thoughts.
- Take care of yourself!





Agenda for Today

- Welcome & Grounding for the Day
- Networking Activity
- Rural Resilience Innovation Hub Data Overview
- Break
- Single Session Consultation Training
- Lunch
- Single Session Consultation in Practice
- Panel: A Path to Reimbursement: Single Session Consultation at Work
- Wrap Up



Rural Resilience Innovation Hub Resource Doc



[Link to Resource Document](#)

A tilted thumbnail of a document page. The top section has a blue header with the text "Rural Resilience Innovation Hub" and "Updated at 12:32 12/18/2025". Below this is a yellow box with a welcome message. The main content is divided into two green sections: "Rural Resilience Innovation Hub Overview" and "Beyond Land Acknowledgement". The overview section describes the Rural Resilience Innovation Hub (RRIH) as a shared learning community for rural Northern California counties, supported by the Office of Youth and Community Restoration (OYCR). The "Beyond Land Acknowledgement" section states that the PHIL team respects the land of Indigenous peoples and provides a list of actions to take, such as learning about local history and building relationships with Tribal Nations.

Rural Resilience Innovation Hub
Updated at 12:32 12/18/2025

Welcome to the resource page for the Rural Resilience Innovation Hub, an initiative of the Northern ACEs Collaborative at the Population Health Innovation Lab!

Rural Resilience Innovation Hub Overview

The [Rural Resilience Innovation Hub \(RRIH\)](#), hosted by the Population Health Innovation Lab (PHIL) with support from the Office of Youth and Community Restoration (OYCR), is a shared learning community for rural Northern California counties. It brings together neighbors across behavioral health, education, justice, and community organizations to share what's working, build meaningful partnerships, and learn from one another. Together, participants turn local wisdom and collective learning into practical strategies that strengthen systems of care for children, youth, and families.

Beyond Land Acknowledgement

The PHIL team respectfully acknowledges that we live and operate on the unceded land of Indigenous peoples throughout the United States.

Acknowledgement is the beginning. Acknowledgement--and the research required to do it with integrity--should be an invitation to deeper analysis, relationship, and action.

Visit [Native Land Digital at https://native-land.ca](https://native-land.ca) to identify the Indigenous Peoples whose ancestral lands you currently occupy. We also encourage you to go beyond simply knowing:

- Learn about the history and contemporary presence of those nations and the Native people in your community.
- Build ongoing relationships with Tribal Nations, Indigenous communities, and Native people in your area — through intentional efforts to go to where they are, listen, and collaborate in ways that Native people define as meaningful and helpful to them.





The Northern ACEs Collaborative (NAC)
Rural Resilience Innovation Hub





2019: Northern ACEs Collaborative (NAC)

Advancing opportunities for policy and systems changes that mitigate issues of Adverse Childhood Experiences (ACEs), trauma, and domestic violence.

VISION

All Northern California residents have everything they need to live resilient and happy, healthy lives.

GOAL

Reduce ACE scores in Rural Northern California while ending domestic violence.

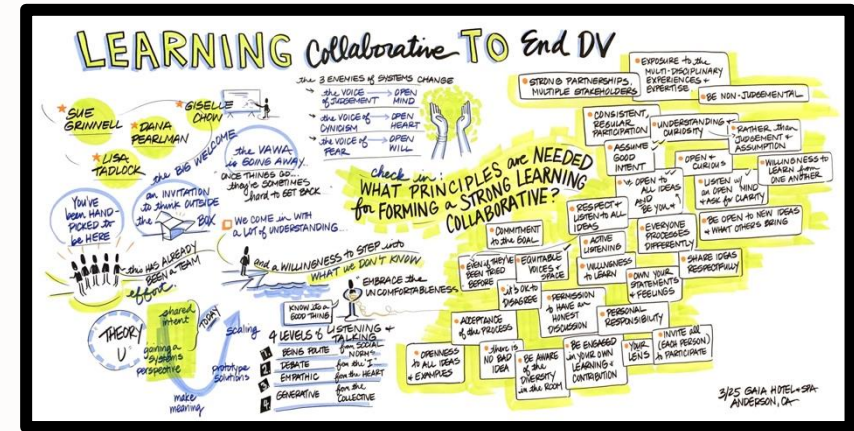
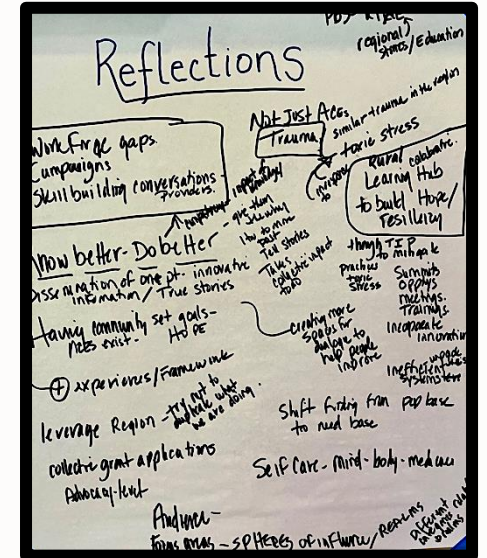


Participating Counties:
Butte, Colusa, Glenn, Shasta,
Tehama, and Trinity





2023: NAC Strategic Planning





Three Realms of ACEs



[\(PACESs Connection, 2020\)](#)





Rural Resilience Innovation Hub (RRIH): 2025 - 2026

- **NAC Vision:** All Northern California residents have everything they need to live resilient and happy, healthy lives.
- **RRIH Purpose:** To strengthen rural Northern California county systems serving children and youth by aligning behavioral health and justice efforts through peer learning, cross-sector collaboration, and shared problem-solving.

To learn more about the Northern ACEs Collaborative (NAC) and other NAC Initiatives, past and present, visit the [NAC Section of the PHIL website](#).





RRIH Meeting Dates

- **December 18, 2025** | Strengthening Partnerships Across Systems
- **January 22, 2026** | Community-Engaged Practices
- **February 19, 2026** | Rural Resilience Related County Plans: Opportunities for Collaboration
- **March 19, 2026** | Leveraging CYBHI to Support Youth and Families
- **April 23, 2026** | Office of Youth and Community Restoration (OYCR) and Least Restrictive Care: A Plain-Language Overview for Counties
- **May 19, 2026** | Data Review and Single Session Consultation Training





Musical Networking

Esmeralda Salas

*Population Health Innovation
Lab (PHIL)*



Musical Networking Instructions

Stand Up

Music Starts

- Move around the room.

Music Stops

- Find a person to partner with
- Take turns with introductions and answering the question

Repeat x 2





Networking Question #1

*What drew you
here today?*





Networking Question #3

Think of a time when one conversation made a difference. What made it helpful?





Regional Resilience Innovation Hub Data Overview

Seun Aluko



NAC Regional ACEs Data Dashboard

Understanding Adverse Childhood Experiences Across the Life Course

Rural Resilience Innovation Hub
May 19, 2026

Scan Me!



Workbook:

<https://tinyurl.com/43hkpryj>



Data Dashboard:

<https://tinyurl.com/ycxaskzk>

Access the Workbook + Dashboard

1. Open the Digital Workbook
2. Scan the QR code or open the links below
 - **Workbook:** <https://tinyurl.com/43hkpryj>
 - **Data Dashboard:** <https://tinyurl.com/ycxaskzk>
 - Keep these documents open during the session

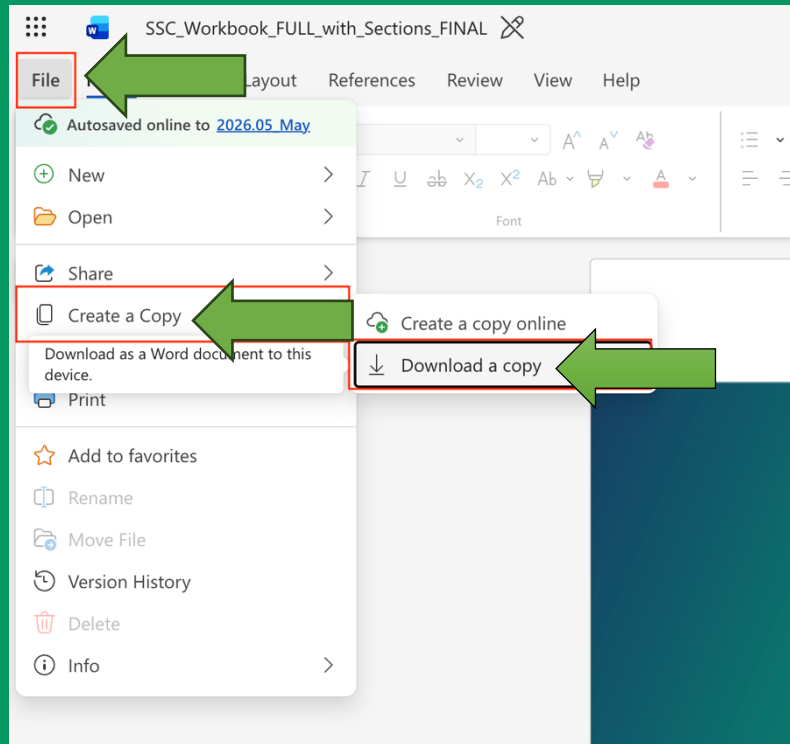
The workbook opens in view-only mode. You'll make your own editable copy on the next slide.





Make Your Own Editable Copy

The shared file is view-only. Follow these steps to make your own copy.



1. Open the view-only workbook
2. Select the File tab (top left)
3. Click Create a Copy/ Save As → Download a Copy
4. Rename the file if prompted
5. Open the editable file from your Downloads folder

Open workbook → File → Create a Copy/ Save As →

Download a Copy → Rename → Open from

Downloads



Why We're Here

THIS MORNING

See the regional data reality

NEXT SESSION

Learn Single Session Consultation
(SSC) as an Intervention

YOUR WORKBOOK

Connect the data to your work and provide feedback

25 minutes to understand the regional crisis and prepare for SSC training

How to Use Your Workbook

1. Find your county
2. Write down your county's numbers
3. Reflect on families you serve
4. Identify SSC opportunities
5. Provide feedback on indicators

Don't worry about finishing! You'll get a digital copy to complete later and send back for feedback.

The Big Picture

**From prenatal conditions → early
childhood → adolescence →
adulthood**

Now let's look at YOUR region's data...

Live Dashboard Exploration

Open your workbook to page 2

What You Just Saw

- **Large regional disparities**

11x difference in prenatal substance exposure (Trinity 17.6% vs Colusa 1.6%)

- **Developmental cascades**

Prenatal adversity → childhood maltreatment → teen crisis → adult incarceration

- **Teen mental health emergency**

15-22% of teens considered suicide (Lake County: 22%)

- **Families with limited engagement everywhere**

High rates of poverty, food insecurity, homelessness, chronic absenteeism

- **Various Intervention levels**

Need for interventions designed for families with limited engagement

Best Practices from the Rural Resilience Innovation Hub

Esmeralda Salas



First 5 Siskiyou Children and Families Commission

A “Way of Working” That Functions as an Intervention

- Multi-agency partnerships (schools, probation, HHSA, libraries)
- Data + storytelling for continuous improvement
- Shared language and & guiding principles
- Low-barrier pathways to services and supports
- Home visiting and targeted parenting supports
- Shared professional development across agencies
- Community-led family events & shared meals
- Parenting education and family supports



Tehama County Department of Education



Designing School-Based Wellness Coach Models That Make Intervention Possible



Co-Design With Schools



Tailor by School Context



Coaches as System Connectors



Workforce Pipeline & Ladder



Design for Data + Sustainability



Next Session: SSC Training

You've seen the crisis.

Now learn the intervention.

Bring your workbook with families/youth identified

Questions?

*SSC-specific questions?
Save them for this afternoon's training.*

Thank you!

Break Time

The program will resume at 10:26am





Welcome to our Trainers!



Megan S. Irgens, Ph.D
Clinical Psychologist, UCSF



Lauren Haack, Ph.D
Clinical Psychologist, UCSF



Single-Session Consultation (SSC): Supporting Behavior Change in a Single Session

Rural Resilience Innovation Hub



Cal-MAP

May 19, 2026

Welcome!

» Please complete our get-to-know you survey





Shake It Out





Disclosures

- » No one involved in the planning or presentation of this activity has any relevant financial relationships with a commercial interest to disclose.
- » Cal-MAP is sponsored by the California Department of Health Care Services with funding through the California Child Youth Behavioral Health Initiative.
- » The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) sponsors part of a federal award totaling \$4,128,000 with 17% financed with non-federal sources.
- » The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government.
- » For more information, please visit [HRSA.gov](https://www.hrsa.gov)





Introductions

» Lauren Haack, PhD

- Clinical Psychologist and Associate Professor at UCSF
- Associate Director and School Consultation lead for Cal-MAP

» Megan Irgens, PhD

- Clinical Psychologist and Postdoctoral Fellow at UCSF

» Please everyone share:

- Your name and role
 - A personal tidbit or summer standout
- One strength and one challenge you see in your school community
 - One hope or intention for the two days





CALIFORNIA CHILD AND ADOLESCENT MENTAL HEALTH ACCESS PORTAL (Cal-MAP)

**A CalHOPE Program Powered by the University of
California, San Francisco**



Cal-MAP and UCSF School Consultation Team



Who

California SBHC & School-based
Personnel working with California
Youth 0-25



What

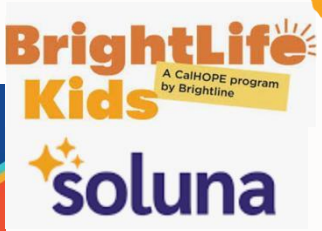
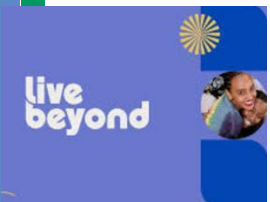
De-identified FERPA-compliant “Curbside consultations” with child mental health specialist during office hours & by appointment

Resources & tools for addressing student mental and behavioral health concerns, including Single-Session consultation

- **50 hours FREE annual CME & CEU - eligible** Pediatric Mental Health Training to build knowledge and capacity in child & youth mental health topics including
- Statewide ECHO virtual collaborative learning



California Child Youth Behavioral Health Initiative Continuum of Supports



Awareness

Peer Coaching

1:1 Coaching

Expert Consultation to on-site Primary Care Providers, School counselors, licensed school-based therapists

Access Therapy at School

Therapy Psychiatry Regional Centers Substance Use

Intensive Mental Health

Wellness

General Education

Help Lines

Guided Education



Non-Clinical Supports

Clinical Interventions

Self-Guided

Guided Supports

School-based counselors

Behavioral Health Integration within Primary Care

General Mental & Behavioral Health

Specialized Mental Health



Group Agreements



We agree to accept a dialectical philosophy.

There is no absolute truth.

When caught between conflicting opinions, we agree to look for the truth in both positions & to search for a synthesis by asking such questions as, "What is being left out?"

We agree to celebrate diversity and change.

Expertise comes from the collaboration, not from any one or few folk

We agree to practice a non-judgmental stance.

We assume we and our students are trying our best AND want to improve.

The work that we do is both hard AND important; thus, we agree to accept and appreciate the vulnerability all group members bring into the consultation space.

We agree to stretch limits.

We are all on a learning journey individually and as a community

Growth can be uncomfortable at times AND helpful

We expect that there may be "unfinished business" in the 25-minute frame

We agree that we all make mistakes.

Therefore, it is agreed that we will inevitably violate all of these agreements, and when this is done we will rely on each other to point out the polarity and move to a synthesis.



**Modified from Dialectical Behavioral Therapy (DBT) team agreements*

Motivating positive change in as few as **ONE, BRIEF INTERACTION!**

Why a Single Session Approach?

•Adapted with permission from materials for the [Single-Session Consultation for Emotional and Behavioral Health](#), based on principles from solution-focused brief therapy, are available on Open Science Framework, including an intervention protocol, training slides for clinicians, and an "action plan" worksheet for clients.

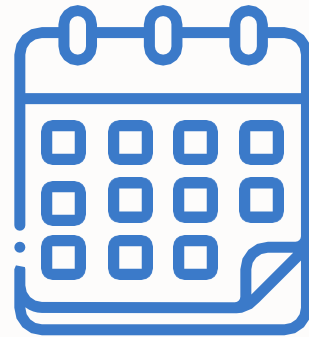




Why a Single-Session Approach?



The need for behavioral health services outpaces provider availability



Multi-session therapy is not always feasible



Many people get single session treatment *whether they intend to or not*



Single-session interventions can be effective!





Successful Single Session Examples*

- Schleider & Weisz, 2017: Across FIFTY clinical trials, single-session interventions benefited anxiety, behavior problems, and (in some cases) depression for youth ages 4-19 — **in many cases, just as much as long-term therapy**
- Harper-Jacques & Foucault, 2014: of 98 clients who completed a walk-in therapy service in Canada, 44% reported that one session was sufficient— **and one session significantly improved hope and decreased distress 1 month later**
- Weir, Wills, Young, & Perlesz 2008: across >100,000 therapy clients, **42% chose to have a single session even when more sessions were offered**

**just a few out of many more!*

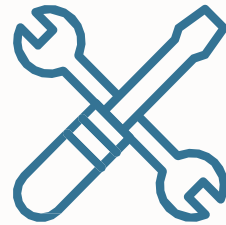


What is a Single-Session Intervention?



A Single Session Intervention (SSI) is a specific, structured program that intentionally involves just ONE encounter

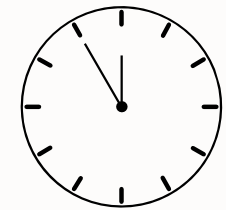
(Schleider et al., 2020)



SSIs are an intentional psychosocial treatment delivery strategy, not a theoretical orientation



Providers must engage with a 'single session mindset'



There are many ways of practicing SSI, but all have in common the notion that all we really have is now, and this one meeting may be enough to facilitate useful change





SSI Assumptions

Something good can come from one session, and one session may be the last.

Change can, and is expected to, occur in the moment.

A person already has the inner capacity to alter their thoughts, emotions, and behaviors in order to bring about significant and beneficial changes – a “context of competence” (Hoyt, 2009)





Why & How Can 1 Session Be Helpful?

- 1 *Motivated individuals lead to happy providers*
- 2 *Happy providers lead to happy individuals*
- 3 *Positive change happens early in therapeutic process*
- 4 *Can reduce over-treatment*
- 5 *May reduce wait-lists*



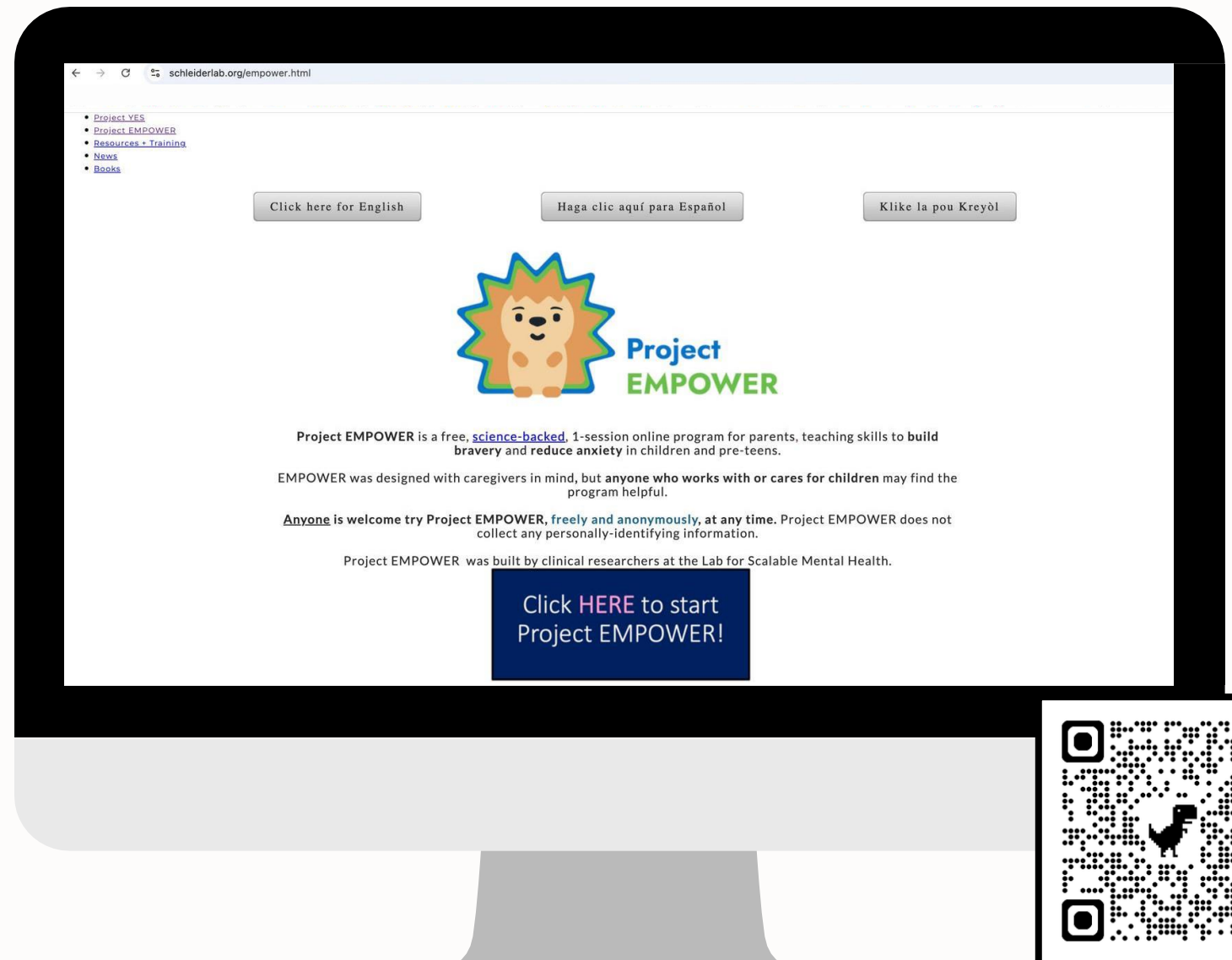
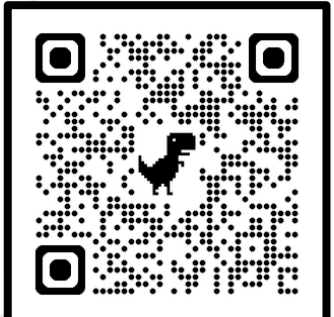


Free, Online Self-Guided SSI Resources



Project YES (Youth Empowerment & Support) offers free, anonymous, brief, self-guided mental health tools for teens. YES empowers teens to learn new ways of dealing with stress while helping others do the same.

Project YES was designed with teens (ages 11-17) in mind, but people of all ages are welcome to try the tools in Project YES, anywhere and anytime.





What is a Single Session Consultation (SSC)?

• *Single-session consultation (SSC) is an SSI model based on principles of solution-focused brief therapy (SFBT), with adaptations to fit one session and to maximize utility for adolescents & adults with various difficulties*

• *SFBT lends itself to SSI format in that...*



• *It is focused on the present & the immediate future*

• *It targets a highly specific problem or desired outcome*

• *It empowers individuals to take smallest possible steps toward a desired future.*

• *It focuses on modifiable factors underlying solutions, not problems*



How SSCs help those needing services

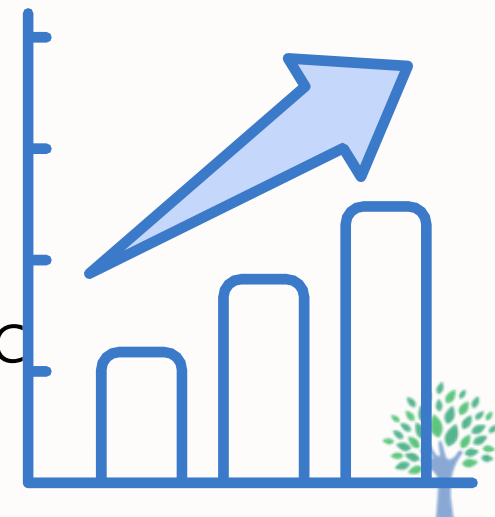


• SCHLEIDER, SUNG, BIANCO, GONZALEZ, VIVIAN, & MULLARKEY, 2021; SUNG, BUGATTI, VIVIAN, & SCHLEIDER, 2022; & SCHLEIDER, SUNG, BIANCO, GONZALEZ, VIVIAN, & MULLARKEY, 2021

-N = 30 CLIENTS ON WAITING LISTS RECEIVED THE SSC IN-PERSON

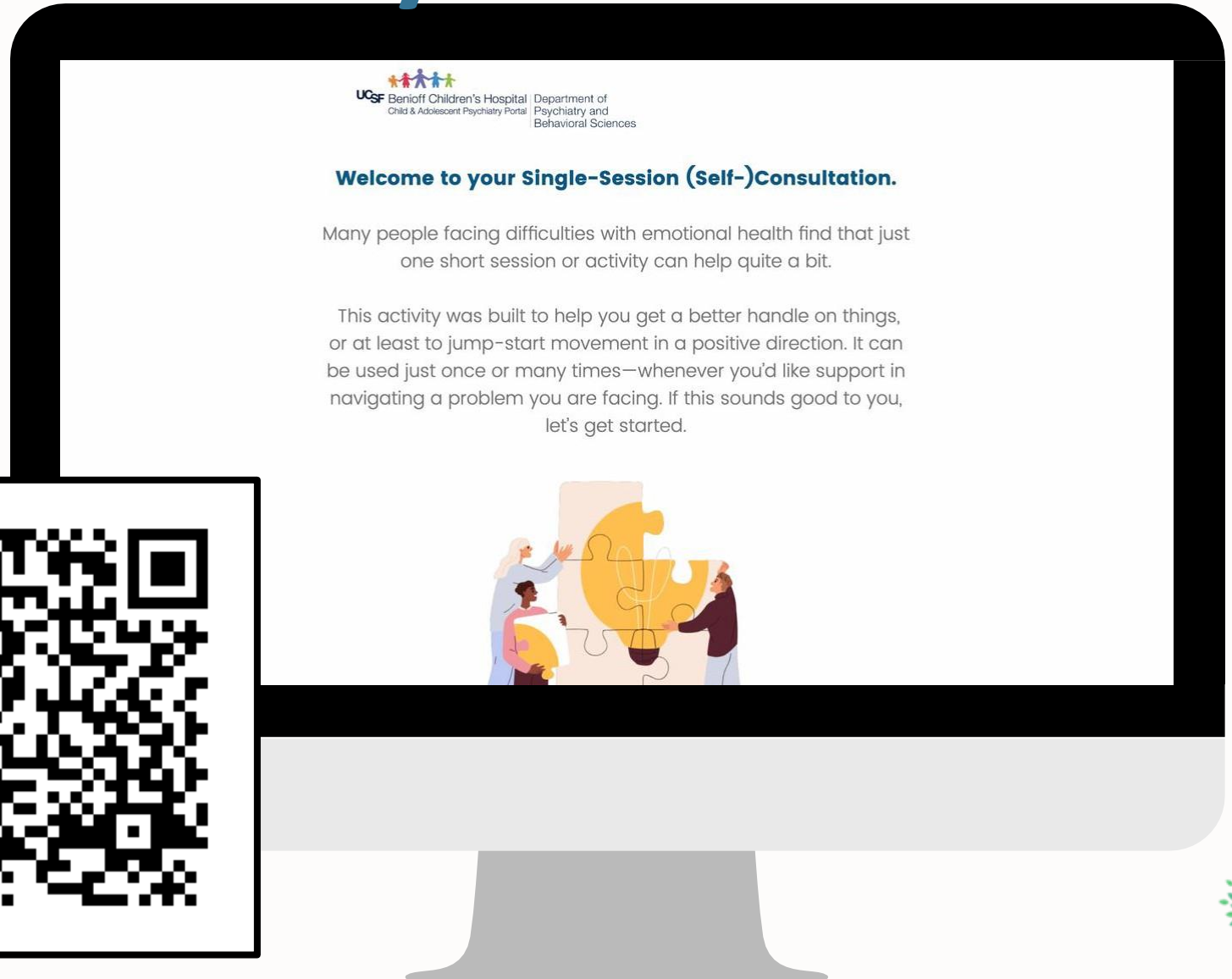
-N = 65 CLIENTS ON WAITING LISTS RECEIVED THE SSC VIA ZOOM

- **Hopelessness** showed an 85 -87% chance of decreasing
- **Readiness for change** showed an 80.87% chance of increasing
- **Perceived agency** showed a 92.36% chance of improving
- **Anxiety symptoms** significantly decreased at 2-wk follow-up
- **Depression symptoms** non-significantly decreased at 2-wk follow-up
- **Psychological distress** showed a 76.40% chance of declining from before the SSC to 2-weeks later (while waiting for therapy)





Let's Try It!





Can I Lead a SSC?

Not everyone will conduct a full SSC Session

Skills and tools used in the SSC can be used in a variety of ways and in a variety of situations!

Let's break it down ...





What Happens in a SSC?

1

Establish Readiness

- Consent & Safety Check
- Establish shared purpose
- Identify person's top problem
- Identify person's top hope

2

Where are we Today?

- Pose miracle question
- Create scale based on miracle question
 - Explore exceptions to the problem

3

Construct an Action Plan

- What concrete steps can they take?
- When will they do them?
- If, then steps
 - Who will support?





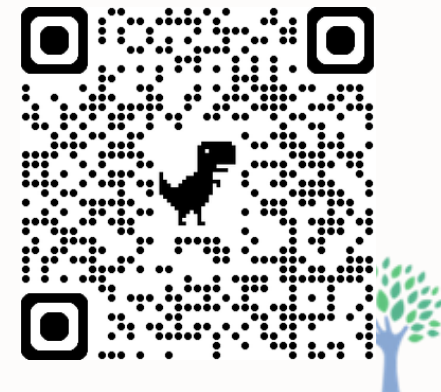
What is Used in a SSC?

- **Action Plan:** to be filled out with someone for them to take home
- **SSC Guide:** provider script for leading the interaction
- (Just in case) **Risk assessment materials**
- **That's it!**

Original open-access SSC materials



Cal-MAP adapted SSC materials



Date: _____ 1

BRIEF Single-Session Consultation Service
— Action Plan —

Adapted in September, 2023 by Lauren Haack, PhD (capp.ucsf.edu) to fit a 20-30 minute timeframe from the Expanded Action Plan For Clinician Use during SSC Session by Jessica Schleider, PhD; March 2020

Top reason for seeking support: _____

Top hope for today's consultation: _____

A miracle occurs overnight; while you are sleeping, your reason for seeking services has completely disappeared. When you wake up, how will you know that there has been a miracle? What will you do, think, or feel differently?

On a scale from 1 to 10, with one being the furthest from your miracle/goal and 10 being the closest to your miracle/goal, where are you right now, at this moment?

1 2 3 4 5 6 7 8 9 10





Phase 1) Establish Readiness

- **Obtain consent, assess safety and SSC readiness**
- **Establish a SHARED PURPOSE for talking more**

“I’d like to talk more about what you just brought up if you are open to it. Our aim is for this talk to be goal-directed, focused, and oriented towards creating a coping plan for you to use right away. So before we get started, I want to make sure that now is a good time for you to try something like this.”





Phase 1) Establish Readiness



- Identify (and honor) the person's **TOP PROBLEM** right now
 - This needs to be *modifiable*. You can redirect!
- Reflect, validate & normalize; you are not yet offering solutions

⇒ Reason for seeking services:

- ⇒ What brings you in today? (And why today/now, as opposed to last month, next month?)
- ⇒ What part of your difficulties would be most important for us to talk about today?
- ⇒ *If helpful*: How would someone close to you [be specific, if possible!] describe this problem?
- ⇒ In what ways have you tried to address or cope with this problem in the past? Of the things, what has been helpful, and what hasn't?

Top reason for seeking services: _____

- Nobody at school likes me ->
- I'm struggling to connect with people at school





Phase 1) Establish Readiness



- Identify (and honor) the person's TOP HOPE for your talk
- Ideally, this serves as 'positive opposite' to top problem

⇒ Hopes for this consultation:

- ⇒ What are your best hopes for our meeting today?
- ⇒ *If helpful:* What needs to happen in this meeting for you to feel like it our session was worthwhile/for you to think to yourself, "I'm glad I went to my consultation today"?
- ⇒ *If helpful:* How would [friend] know that today's consultation was useful for you? What would they notice that is different?

• I'm struggling to connect with people at school -->

Top hope for today's consultation: I could make a connection with a classmate





Phase 2) Where Are We Today?

- Pose the **MIRACLE QUESTION**

⇒ **Miracle question:**

⇒ Suppose that while you are sleeping tonight, a miracle occurs: The problem [*use their words*] that brought you here today *completely disappears*. Since the miracle happens when you're asleep, you don't know it's occurred right away. When you wake up, what is the first thing you notice that will let you know that this miracle has happened, and your problem is completely gone?

- What else? What would others notice?
- What will you do, think, and feel differently?

'I wake up in the morning and am not super stressed out. I go to school and feel like I can just be myself and get along fine with my classmates.'





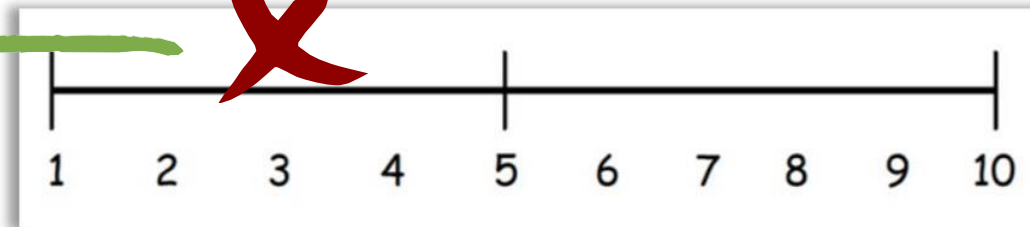
Phase 2) Where Are We Today?

- Create a scale based on the MIRACLE QUESTION
- Explore EXCEPTIONS to the problem

I'm a 3, not a 2 or 1 because in a couple of of my classes, the other kids aren't so bad and I can focus and get my work done. But I want to be closer to 10."

⇒ **Miracle question Scale:**

⇒ "Imagine a scale from 0 - 10 where ten indicates everything you described in the Miracle Day is happening now and zero indicates none of that is happening. What number would indicate where you are at now?"



⇒ "What is happening that indicates you are at X and not lower?"

⇒ Is this good enough?"

- If "Yes" - "That's fantastic! What can you continue to do to keep things at this number?"
- If "No" - "Suppose things improved slightly for you, to X+1, in the coming week. What would be happening at this higher number that would tell you there has been a slight improvement? What would you be doing differently? What would it take for these things you've described to happen?"





Phase 3) Construct an Action Plan

- What STEP could they take to get closer to (X + 1)?
 - How could you guide them to use strengths already in their toolbox for success? Praise
 - Who can support them? first

⇒ Action Plan:

⇒ 1 concrete, specific action that the individual can take to make the smallest possible change to bring them closer to the a '10' on their scale

- Where possible, use skills, actions, or strategies that they have already mentioned using

One step to getting one point closer to a 10:
 I could try to start a conversation with the kid
 1. who sits next to me in Science- he's pretty nice.

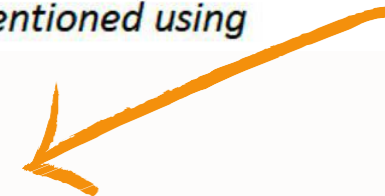
- a. **WHEN** can I do this? Tomorrow, before the bell
- b. **WHERE** can I do this? science class

Two people who can help me take these steps:

- 1. school counselor
- 2. mom

Could you suggest some social skills tips, like conversation starters, making eye contact, and using a clear voice?

Could you practice?





Phase 3) Construct an Action Plan

• Standing up to your INNER OBSTACLE

⇒ Their **main inner obstacle** to following-through with their plan (something *within them* that might get in the way – not something external/that they can't control!)

Following action plans can be challenging for anyone. What is it **within you** that might hold you back from taking your three steps? This could be an emotion, a belief, a bad habit, or anything else **within you**.

Take a moment to think if you need it!

So—what is your main **inner obstacle**?

chickening out
because I think I'll
sound dumb

Now: What can you do to overcome your inner obstacle? What would be **one** effective *action* you can take or *thought* you can think to overcome your obstacle?

Name your **action** or **thought** to overcome your inner obstacle:

'he probably won't think anything of it'

⇒ An **"if/then"** plan to address this obstacle: "If I experience/think/feel [obstacle], then I will

So, your plan is:

If I get overwhelmed,

then I will remember it's not the end of the world, no matter what happens.



CBT skills, like helpful thinking and opposite action, can be really helpful here!



Phase 3) Construct an Action Plan

- Leave them with **ENCOURAGEMENT!**



⇒ **Two reasons that you believe they can change!**

⇒ (e.g., “The fact that you had a good day yesterday, and were able to speak up for yourself, tells me that you already have the potential to meet your goals”; “I observed today how motivated you are to find better ways to support yourself and your progress, so I absolutely believe you are capable to these changes”). **Write these in the *second person*, as a personal note to the individual, at the bottom of the page.**

- **Wrapping up**

⇒ Remind them that **today’s meeting is not therapy—it’s a consultation**—Today was simply a way to hopefully **jump-start some progress**. Thank them for their time, openness, and willingness.

⇒ **Make a photocopy of their change plan and Single-Session Consultation worksheet for them to take with them -or- offer to email them a digital copy if they would like -or- they can also take a picture of the plan with their phones);** you may want to keep the original in their file.



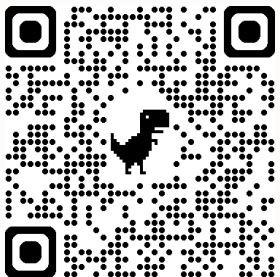
“Common Factors” Inherent in SSC

Communication skills common to many different types of psychotherapy (CBT, MI, family therapy, etc)

Help a clinician build a therapeutic alliance with the patient and family, which in turn, facilitates emotional well-being and hope

Help address hopelessness, ambivalence, anger, conflict, resistance, and other barriers to seeking help

Cal-MAP Common Factors Webinar:



“Common Factors” Inherent in SSC



1) Establish
Readiness

2) Where are we
Today?

3) Construct an
Action Plan

- » **H**ope
- » **E**mpathy
- » **L**anguage/**L**oyalty
- » **P**ermission/**P**artnership/**P**lan



Both SSCs and “Common Factors”



- » Are **Transdiagnostic**: Helpful for a wide range of mental health symptoms and for children/youth with “diagnostic heterogeneity”
- » Serve as **brief interventions** in pediatric primary care &/or school settings for children/adolescents (&/or or their caregivers) with emerging, mild to moderate mental health symptoms
- » Help to **reduce distress** and symptoms while youth/families await specialty care
- » Help to **address barriers** to care





Reflection



- » How do you use common factors in your work?
- » How could you envision harnessing a single session mindset this next school year?



Let's Practice!



What's an example when using a single-session approach could be helpful?



Single-Session Approach

Key Goals

- How can I have a meaningful interaction with a youth/family in just 1 visit?
- How can I help them narrow in on 1 problem area to focus on?
- How can I help them identify tools in their toolbox to help manage this problem?
- Is there a window to provide suggestions for some new tools or skills to try?

Note! *You don't need to do an entire SSC as scripted, you can take away key goals as noted above and language pearls from the model*





⇒ **Reason for seeking services:**

- ⇒ What brings you in today? (And why today/now, as opposed to last month, next month?)
- ⇒ What part of your difficulties would be most important for us to talk about today?
- ⇒ *If helpful:* How would someone close to you [be specific, if possible!] describe this problem?
- ⇒ In what ways have you tried to address or cope with this problem in the past? Of the things, what has been helpful, and what hasn't?

Top reason for seeking services: _____

⇒ **Hopes for this consultation:**

- ⇒ What are your best hopes for our meeting today?
- ⇒ *If helpful:* What needs to happen in this meeting for you to feel like it our session was worthwhile/for you to think to yourself, "I'm glad I went to my consultation today"?
- ⇒ *If helpful:* How would [*friend*] know that today's consultation was useful for you? What would they notice that is different?

Top hope for today's consultation: _____

What might their top reason and hope be? How could they be phrased? How could you guide them to this?



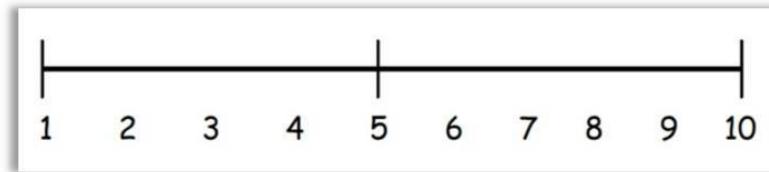


⇒ **Miracle question:**

- ⇒ Suppose that while you are sleeping tonight, a miracle occurs: The problem [*use their words*] that brought you here today *completely disappears*. Since the miracle happens when you're asleep, you don't know it's occurred right away. When you wake up, what is the first thing you notice that will let you know that this miracle has happened, and your problem is completely gone?
- What else? What would others notice?
 - What will you do, think, and feel differently?

⇒ **Miracle question Scale:**

- ⇒ "Imagine a scale from 0 - 10 where ten indicates everything you described in the Miracle Day is happening now and zero indicates none of that is happening. What number would indicate where you are at now?"



- ⇒ "What is happening that indicates you are at X and not lower?"
- ⇒ Is this good enough?"
- If "**Yes**" - "That's fantastic! What can you continue to do to keep things at this number?"
 - If "**No**" - "Suppose things improved slightly for you, to X+1, in the coming week. What would be happening at this higher number that would tell you there has been a slight improvement? What would you be doing differently? What would it take for these things you've described to happen?"

What might their miracle question be? How could they be phrased? How could you guide them to this?



⇒ **Action Plan:**

⇒ **1 concrete, specific action** that the individual can take to make the **smallest possible change** to bring them closer to the a '10' on their scale

- *Where possible, use skills, actions, or strategies that they have already mentioned using*

One step to getting one point closer to a 10:

1. _____
 - a. **WHEN** can I do this? _____
 - b. **WHERE** can I do this? _____

What might their action plan be? How could you guide them to this? Are there any materials from today that might be helpful to help them narrow down their action plan?

Don't forget to have them identify supports:

⇒ **2 people they can reach out to** who they trust, and who make them feel good, who can help them take these actions

- If applicable: Two **additional resources** they can consider in the next month or so
- **Hotlines for suicide or crisis:**
 - Response: 631.751.7500, National Suicide Prevention: 1800.273.TALK
 - 988

Two **people** who can help me take these steps:

1. _____
2. _____



⇒ Their **main inner obstacle** to following-through with their plan (something *within them* that might get in the way – not something external/that they can't control!)

Following action plans can be challenging for anyone. What is it **within you** that might hold you back from taking your three steps? This could be an emotion, a belief, a bad habit, or anything else **within you**.

Take a moment to think if you need it!

So—what is your main **inner obstacle**?

Now: What can you do to overcome your inner obstacle? What would be **one** effective *action* you can take or *thought* you can think to overcome your obstacle?

Name your **action** or **thought** to overcome your inner obstacle:

⇒ An **“if/then” plan** to address this obstacle: “If I experience/think/feel [obstacle], then I will

So, your plan is:

If _____,
then I will _____.

What might their obstacle be and how could you guide them to a plan for overcoming it?





- ⇒ **Two reasons that you believe they can change!**
- ⇒ (e.g., “The fact that you had a good day yesterday, and were able to speak up for yourself, tells me that you already have the potential to meet your goals”; “I observed today how motivated you are to find better ways to support yourself and your progress, so I absolutely believe you are capable to these changes”). **Write these in the *second person*, as a personal note to the individual, at the bottom of the page.**

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- ⇒ **Make a photocopy of their change plan and Single-Session Consultation worksheet for them to take with them -or- offer to email them a digital copy if they would like -or- they can also take a picture of the plan with their phones);** you may want to keep the original in their file.

What are ways you believe they can change? How could you turn that into a note for their plan?



Date: _____

BRIEF Single-Session Consultation Service — Action Plan —

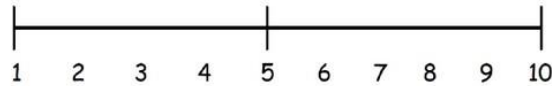
Adapted in September, 2023 by Lauren Haack, PhD (capp.ucsf.edu) to fit a 20-30 minute timeframe from the Expanded Action Plan For Clinician Use during SSC Session by Jessica Schleider, PhD; March 2020

Top reason for seeking support: _____

Top hope for today's consultation: _____

A miracle occurs overnight; while you are sleeping, your reason for seeking services has completely disappeared. When you wake up, how will you know that there has been a miracle? What will you do, think, or feel differently?

On a scale from 1 to 10, with one being the furthest from your miracle/goal and 10 being the closest to your miracle/goal, where are you right now, at this moment?



ONE **step** to getting one point closer to a 10:

1. _____
 - a. **When** can I do this? _____
 - b. **Where** can I do this? _____

Two **people** who can help me take these steps:

1. _____
2. _____

Following action plans can be challenging for anyone. What is it **within you** that might hold you back from taking your three steps? This could be an emotion, a belief, a bad habit, or anything else **within you**.

Take a moment to think if you need it!

Date: _____



So—what is your main **inner obstacle**?

Now: What can you do to overcome your inner obstacle? What would be **one effective action** you can take or *thought* you can think to overcome your obstacle?

Name your **action** or **thought** to overcome your inner obstacle:

So, your plan is:

<p>If _____,</p> <p>then I will _____.</p>
--

* * * * *

Notes from your provider





Reflections



How did this feel? Take-aways?

How did today's session impact you?



Other Cal-MAP resources



Trainings: Learn & Earn!

Up-to-date, practical and culturally responsive education on common mental & behavioral health concerns **eligible for continuing education credits!**



Webinars

Live Webinars

Broad-based & Condition-specific Topics

First Fridays 12-1 pm



[Register Here](#)

On-Demand Webinars

CME/CE eligible prior webinar recordings

Anytime



[Register Here](#)

Core & Advanced

Screening, diagnosis & treatment / medication for common mental health conditions in Primary Care

2nd Fridays 12-1 pm

[Register Here](#)

School- & School-based health Center

Common Mental Health Topics

3rd Mondays at 9:00am, except January and February will take place on the 4th Monday.



[Register Here](#)

Universal Therapy Skills

All Audiences: PCPs, therapists, school staff

On-Demand Recordings



Project ECHO

Online Learning Community

UCSF MENTAL HEALTH TOOLKIT



Updated:
February 2026





New Offering!

Request a Consult

Free expert guidance on specific (de-identified) student questions, system-wide support, or general mental health and substance use questions

Fill out a brief form to explain your hopes for the call and provide your availability.

Our team will review each request and follow-up with a consult day/time featuring team members suited to meet your needs.



Post-Survey

» Please complete our feedback survey:



Thank You!





Acknowledgements

» Thank you! to:

- Our UCSF school consultation team
 - Petra Steinbuchel, Megan Ramaiya, Evan Holloway, Kristen Megerian, Dinery Egan, Oluwatosin Adebisi, Yanni Rho, Sasha Gorrell, Enyonam Odoom



Lunch Menu



CHIPOTLE CHICKEN CLUB*

Chicken, chipotle aioli, bacon, Swiss cheese, lettuce, and tomato on ciabatta

CAFÉ WRAP

Turkey, bacon, spring mix, avocado, tomato, red onion, ranch

T.A.B

Turkey, avocado, bacon, lettuce, onion, mayo, pale ale mustard, served on a croissant

THAI FUSION WRAP

Chicken, cabbage, carrot, avocado, cilantro, rice noodles, green onion, spicy sesame dressing

* *No Avocado*

PESTO CHICKEN SALAD*

Chicken salad, lettuce, tomato, sprouts, red onion, pesto mayo, served on a croissant

GLUTEN FREE PESTO CHICKEN SALAD*

Chicken salad, lettuce, tomato, sprouts, red onion, pesto mayo, served on gluten free bread or lettuce wrap

GLUTEN FREE VEGAN PESTO TOFU SALAD*

Tofu salad, lettuce, tomato, sprouts, red onion, pesto mayo, served on gluten free bread

KETTLE CHIPS

ARTICHOKE PESTO PASTA*



Break For Lunch

The program will resume at 1:00 pm





Single Session Consultation: In Practice





A Path to Reimbursement: Single Session Consultation at Work

Matt Reddam, *School and Community Wellness Advisor,*
Butte County Office of Education

Megan Irgens, *Ph.D, Clinical Psychologist, UCSF*

Lauren Haack, *Ph.D, Clinical Psychologist, UCSF*





Questions





Reflection & Wrap Up





Reflection & Action Planning



Reflect on today and share on a sticky note any reflections from the day or what you might want to do next.

Place sticky notes on your table or on the board in the room.

Feel free to share any additional thoughts via sticky note for this experience or future wants/needs.





Wrap Up: Thank you for joining us today!

- Event materials, resources, and information will be shared via email in the coming week and be included in the Resource Hub Zoom Doc.
- We hope you will stay in touch:
 - Sign-up for the NAC Newsletter
 - Follow us on Facebook and Instagram
 - Become a NAC Champion and invite your friends and colleagues
 - Join future NAC Champion Meetings
- Please take a few minutes to complete our event evaluation.





Share your feedback!

Please take a few minutes to complete our event evaluation survey.

Your feedback is valued and will be used to help us improve future events.



[Post-Event Survey](#)



Thank You!





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