

A Pilot Walk-in Counselling Clinic at a Non-Profit Agency, Society for the Involvement of
Good Neighbours (SIGN): A Field Practicum Report

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Abstract

This paper is a reflection of my MSW field practicum placement at the Society for Involvement of Good Neighbors (SIGN), a non-profit agency that offers a variety of programs and services in the Yorkton community in the province of Saskatchewan. The objective of this practicum was to collaborate in the design, implementation and delivery of a pilot walk-in counselling program for the Yorkton community, with the involvement and input of community stakeholders.

This practicum placement consisted of two distinct phases: a) program development and b) delivery of a counselling service. As a result, a pilot walk-in counselling service was delivered at SIGN from August 3, 2016 until October 6, 2016. This 'walk-in' service was available to individuals, couples and families every Wednesday and Thursday from 12:00 pm to 8:00 pm. An evaluation was conducted of this service during this time to measure outcomes and evaluate the success of this pilot project, and to gather data which may be used to support the development of a walk-in counselling clinic at SIGN on an ongoing basis.

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Chapter 1

Introduction

1.1 Practicum Objectives

The purpose of this field practicum was to collaborate in the design, implementation and delivery of a pilot walk-in counselling service at a non-profit agency, with the involvement of stakeholders. This placement provided an opportunity for this writer to develop clinical counselling skills and also to participate in the research and design process of a new walk-in counselling program. The required practicum hours were completed on a part-time basis, from May 2, 2016 until October 7, 2016.

This practicum was divided into two phases: a) program development and b) service delivery. The learning goal of phase one was to gain knowledge of program development through assisting in researching and designing a pilot walk-in counselling clinic (WICC) at Society for the Involvement of Good Neighbors (SIGN), which is a non-profit agency. The learning activities included completion of an environmental scan and conducting informal interviews with community stakeholders. The collected data was analyzed and a Needs Assessment document was prepared. Through this process, a literature review focused on gathering information related to the walk-in model of counselling through an examination of academic journals and phone meetings with existing walk-in counselling services throughout Canada. This also included a face to face meeting with administrative staff from Family Service Regina in order to gather experiential data and information. This data contributed to the development of the SIGN pilot walk-in counselling clinic.

The second phase of this practicum placement focused on the delivery of the pilot counselling service and program evaluation. During this phase, the focus was on developing counselling skills under clinical supervision, using Solution Focused Brief Therapy (SFBT) and

Single Session (SST) models of therapy; with the individuals, couples and families utilizing the walk-in counselling clinic. The decision to use these therapeutic approaches was based on the information from the research of existing walk-in counselling services and an examination of the literature on the walk-in model of counselling. A 10-week pilot WICC was offered at SIGN from August 3, 2016 until October 6, 2016 every Wednesday and Thursday from 12:00 pm to 8:00 pm. During this time, data was collected and generated into an evaluation report to evaluate sustainability of this walk-in service at SIGN on an ongoing basis.

1.2 Practicum Setting

This MSW practicum was based at the Society for the Involvement of Good Neighbors (SIGN), a non-profit organization that began in 1969. SIGN is a community based agency which develops and delivers services to enhance the quality of life for individuals and families in and around Yorkton, Saskatchewan. The SIGN organization works collaboratively towards individual and community wellness with its service users, partners, funders and community members. Currently, SIGN serves as the administrative umbrella for 22 distinct programs.

The mission statement of this organization is:

Empowering children, families, and individuals to achieve lifelong success through programs and services that build strong children, strong families and strong communities

(SIGN, 2012).

SIGN is a member organization of Family Service Saskatchewan and works collaboratively with the other member organizations. The programs available at SIGN have evolved over the years to meet the changing needs in Yorkton and in the surrounding rural area. In 2015, SIGN engaged in a process to develop a strategic plan for 2015-2018. This plan was developed to give the organization a clear focus and direction over that period of time. As an

organization, SIGN offers counselling services focused on family violence and sexual assault and also provides counselling services through Employee Assistance Plans (EAP). Employee Assistance Services offers both preventative and remedial solutions to employers, employees, and immediate family members who have concerns that could affect their personal wellbeing and/or work performance (Employee Assistance Program, Health Canada, 2012). It is recognized that not all individuals have this type of benefit and/or can afford the fee for service, which can put a greater demand on other system supports leading to longer wait times. As a result, a number of family service organizations and health regions across the country have implemented walk-in counselling services as a response to these needs.

Yorkton is a city located in south-eastern Saskatchewan and provides services to a large rural area. The City of Yorkton Community Profile (2015a) reports the current population as 19,194 with the 2016 projected population to be 20,076. One of the objectives stated in the City of Yorkton 2020 Strategic Plan (2015b) is to seek partnerships that promote health, wellness and healthy lifestyles. This includes mental health as it impacts all areas of one's life. Other population characteristics from Statistics Canada (2011) data include: the unemployment rate for persons +15 years of age is 4.8%, and the proportion of those aged 25 to 54 years with post-secondary education is 50.4%. The Sunrise Health Region Annual Report, 2014- 2015 reports the Aboriginal population in this health region is 8.5%. The Saskatchewan Government Ministry of Economy (2016) reports that 194 immigrants landed in Yorkton in 2014, and in 2015, there were 193 immigrants who located to the community. The community of Yorkton is expanding and the population is more diverse than years ago, therefore services need to be available to help meet the mental health needs as they arise.

1.3 Writer's Relationship to the Agency

I have a prior relationship to the SIGN agency, and have been employed by SIGN as the Life Skills program manager for the past four years. The Life Skills program offers youth programming which focuses on quantifying and developing life skills and developmental assets for youth. This program works closely with many of the SIGN programs and community agencies.

It was important to establish boundaries between my different roles, as a SIGN employee and as a practicum student, because these roles can become blurry if boundaries are not established. I made certain to be clear about days that were designated for practicum and what days were designated as my specific work hours. This was challenging at times especially when individuals would stop by looking for counselling on non-walk-in counselling days. Regular communication with SIGN Executive Director and Director of Operations provided direction. Self-reflection and consultations with the Professional Associate-Clinical Consultant on a regular basis was helpful for maintaining a balance throughout the practicum.

The idea of implementing a walk-in counselling service was of great interest due to my awareness of the limited services in the area as a social worker and my connection to the community as a long-time Yorkton resident. Walk-in counselling services have emerged as a response to systemic issues throughout Canada (Bloom & Tam, 2015). Presently there is a shortage of community based affordable and accessible counselling support for Yorkton residents. There was an existing awareness at SIGN that the implementation of a pilot WICC would offer the community an additional resource which would help reduce obstacles for individuals seeking counselling support.

1.4 Professional Values and Ethics

The Canadian Association of Social Workers (CASW) Code of Ethics (2005a) core values and principles guide my professional roles and responsibilities as a social worker and as a practicum student. As a student and social worker employed at SIGN, the policies and procedures of the organization guide my work. The SIGN Personnel Handbook (2012) includes a Code of Ethics which reflects similar values as are reflected in the CASW Code of Ethics (2005a). Therefore, the development and delivery of the walk-in counselling pilot program was in accordance with SIGN policies and with adherence to the CASW Code of Ethics and CASW Guidelines for Ethical Practice (2005b) and the Saskatchewan Association of Social Workers (SASW) Standards of Practice for Registered Social Workers in Saskatchewan (2012).

SIGN prides itself on maintaining high standards of client confidentiality and privacy. Confidentiality in professional practice is identified both as a core value in the CASW Code of Ethics (2005a) and as a principle highlighted in the SASW Standards of Practice (2012). Ethical practices are a priority at SIGN and within the social work profession. The standards of clinical documentation utilized for the pilot and the evaluation processes that were developed were in accordance with the procedures outlined in the SIGN Personnel Handbook (2012).

Social workers demonstrate respect for the trust and confidence placed in them by clients, communities and other professionals by protecting the privacy of client information and respecting the client's right to control when or whether this information will be shared with third parties (CASW, 2005b). Clients attending the WICC were verbally informed of policy regarding the limits to confidentiality and information sharing, and this information was also stated on the written introduction form. It is the belief of this writer that transparency is essential to the therapeutic process as it aids in the development and maintenance of the therapeutic alliance.

A strengths based approach guided the services offered through the pilot walk-in counselling clinic. Embracing a strength-based approach encourages seeing beyond the risk behaviours and characteristics of individuals and families to the potential of what can be. It offers a genuine basis for addressing the primary mandate of community and mental health services – people taking control of their own lives in healthy, meaningful and sustainable ways (Hammond & Zimmerman, 2010). Walk-in counselling recognizes the value of offering therapy when people are ready and asking for it. This pragmatic approach of intervention draws on the client's skills and resources to help improve functioning and promote wellbeing. This strength based approach guides the therapeutic session and aligns with social work's value of self-determination. One of the identified core values of the social work profession according to the CASW Code of Ethics is respect for the inherent dignity and worth of persons (2005a) which regards the client's unique worth and upholds human rights.

Walk-in counselling is designed to be user friendly and supportive to the diverse needs of individuals, couples and families. Social workers recognize and respect the diversity of Canadian society, taking into account the breadth of differences that exist among individuals, families, groups and communities (CASW, 2005a). The guiding principles of walk-in counselling support this value, as the focus of the counselling session is determined by the client's unique needs.

The CASW Code of Ethics (2005a) states that one of the goals of the profession is to promote social fairness and the equitable distribution of resources, and act to reduce barriers and expand choice for all persons, with special regard for those who are marginalized, disadvantaged, vulnerable, and/or have exceptional needs. Walk-in services are designed to be accessible for any individual, couple or family seeking counselling support. There is no formal referral process or specific criteria for an individual to attend the walk-in service and individuals can drop in for

counselling at no cost regardless of income or Employee Assistance Plan benefits. One of the purposes of walk-in counselling is to offer a resource to help meet the social needs in the community.

1.5 Practicum Report Outline

This final report will discuss my experiences as a MSW student engaged in this practicum project. For the first half of this document, I will discuss the process of developing the pilot walk-in counselling service. I will review the activities I participated in, including completion of a literature review, facilitation of informal interviews with community stakeholders and completion of a report of the findings. I will discuss and review the two themes that emerged from this initial research: a) presenting issues and b) barriers. This report will also discuss the design and development of the intake process, clinical documentation procedures and evaluation processes for the pilot walk-in counselling clinic.

The second part of this paper will discuss how a strength based perspective guided the development and delivery of the walk-in counselling pilot project. I will review solution focused brief therapy and the single session model of therapy, which were the two therapeutic approaches utilized at the pilot walk-in counselling clinic. This paper will provide a summary of the WICC evaluation process which was designed to measure outcomes and sustainability of the walk-in service at SIGN. Finally, this report will conclude with the reflection on my experiences during this field practicum and recommendations for SIGN to consider in moving forth with delivery of a walk-in counselling service on an ongoing basis.

Chapter 2

Phase 1 – Research and Development

The initial phase of this practicum placement consisted of researching and designing a pilot walk-in counselling service for the Yorkton community, with the involvement of stakeholders. Program design refers to the process that organizations use to develop a program. It is considered the overall process of program planning from idea inception and theory, to implementation and program evaluation (Main, 2011). The purpose and objectives for developing a program influence its design, delivery and evaluation processes. The purpose of this pilot project was to deliver and examine a service designed to address the immediate mental health, family functioning and emotional wellbeing of individuals, couples and families by offering a `walk-in` counselling service available at no cost. This project also served the SIGN organization an opportunity to examine the feasibility of an ongoing walk-in counselling service.

Program development is a complex process that consists of many components. Main (2011) identifies a needs assessment and logic model as core program design components. The logic model has been described as a `road map` as it gives direction to where one is going (Taylor-Powell & Henert, 2008). The integration of a logic model served to provide clarity and direction to the development of this pilot walk-in counselling service. In collaboration with SIGN, a specific logic model was used to guide the development of this pilot program and to measure outcomes (Appendix A). The logic model provided a visual map of program inputs, activities, outputs, goals and indicators.

Prior to the implementation of this service, research was conducted to understand how walk-in counselling is used by organizations in other communities and how the best available research evidence on the model could be applied to the pilot project in Yorkton. A systematic

search of academic literature was completed through the University of Regina library utilizing databases including ArticleFirst, ERIC, and SAGE Journals Online. The keyword searches combined “walk-in,” “single session,” and other terms such as “counselling,” “therapy,” “intervention” and “social work.” An online search for existing walk-in counselling services available in Canada was conducted to gather information on the walk-in counselling model and four of these services were contacted by phone.

This chapter will discuss how a walk-in model of counselling was implemented at SIGN, a non-profit agency. The development of a new program requires an understanding of the existing social and operational needs; therefore, it was important to identify the needs in the Yorkton community. The data was gathered through the following methods:

- A literature review focused on the walk-in model of counselling,
- Phone meetings and interviews with organizations in other communities currently offering walk-in counselling services,
- An environmental scan of the current counselling services available in Yorkton including conducting informal interviews with 17 community stakeholders, and
- A needs assessment.

2.1 What is Walk-In Counselling?

Walk in counselling clinics have been operating throughout Canada for over 25 years and for over 40 years in the United States (Slive & Bobele, 2012). However, walk-in counselling is more established in Canada than anywhere else in the world (Hoyt & Talmon, 2014). In 1990, the Eastside Family Centre in Calgary offered the first community based walk-in model of mental health service delivery in Canada. The east side was an area with low socioeconomic status, great ethnic diversity, a majority of single parent families and approximately 80% of

Calgary`s referrals for child protection came from this part of the City. The decision to develop the Eastside Family Centre walk-in service arose from a desire to provide a new type of service to fit with the needs of community clients and service providers in the health center (Harper-Jaques, McElheran, Slive, & Leahey, 2008). Evaluations of the Calgary Eastside Family Centre walk-in program and MHWI SST (Mental Health Walk-In Single Session Therapy) programs (Miller & Slive, 2004) found that clients endorsed these services and that recorded satisfaction rates were high (74.4% and 91.3%).

Since 1990, walk-in services have been implemented throughout Canada to help reduce barriers for individuals seeking support and as a response to diminishing resources (Hymenn, Stalker, & Cait, 2013; Harper-Jaques & Foucault, 2014). The walk-in model of counselling serves a variety of operational and social purposes (Family Service Regina, 2015), as noted below:

OPERATIONAL PURPOSE	SOCIAL PURPOSE
address capacity issues (waitlists)	immediate mental health resource
adaptability	outreach to underserved communities
triage	accessibility
engage male clients	decrease load on other systems
improve response time	improve service to difficult to engage

Single session walk-in counselling can be helpful for a diverse range of client issues. Perkins (2006) reports that single session therapy is helpful with a wide range of clinically significant mental health problems that affect children, and adolescents in particular. This approach can offer relief from acute issues and prevent escalation of the issue. Stalker et al.

(2015) found the most noted improvement for individuals utilizing walk-in services was for those with complex needs, which included coping with abuse, trauma or child welfare concerns.

The *Getting Services Right: An Ontario Multi-Agency Evaluation Study* found that individuals experienced a number of positive outcomes as a result of attending a single session of therapy (Young & Bhanot-Malhotra, 2014). This included an increased understanding of the issue that brought them to the session, greater awareness of their strengths and skills plus strategies to help address the issue. The study also found that clients had an increased knowledge of available community resources and social supports following a single session.

The goal of walk-in counselling is to provide solution focused support for individuals, couples and families to help address the immediate needs of the client (Stalker, et al., 2015). Although each walk-in counselling service and host organization is unique, they are all based on similar guiding principles. A summary of these guiding principles based upon discussions with the organizations currently offering this service includes the following:

- The total service may consist of one single session,
- This contact may provide an entry point into ongoing counselling at the agency for an individual who may benefit from further support,
- This contact may provide a referral resource to connect the individual to other appropriate community services,
- Walk-in service can be accessed again as needed over time,
- The walk-in sessions are available at no financial cost to all members of the community,
- Walk-in sessions are available to all individuals, couples and families to help address mental health concerns and provide family support,

- The focus of the walk-in session is determined by the client's unique needs and utilizes a strengths based therapeutic approach,
- No referral or scheduled appointment is needed for service,
- Clients are seen on a first come, first served basis during designated walk-in service hours, and
- The clients (family or individual) are the experts in their own lives.

This information was gathered through meetings and phone discussions with the following agencies that currently offer walk-in counselling services:

- Eastside Family Center, Calgary, Alberta,
- Family Service Regina, Regina, Saskatchewan,
- KW Counselling Services, Kitchener-Waterloo, Ontario, and
- Many Rivers Counselling and Support Services, Many Rivers, Yukon.

2.2 Data Collection

SIGN is an established agency in Yorkton, SK. that works collaboratively with its stakeholders, funders and service users. Connecting with partners was an essential part of the program development process. Effective programs are designed using a collaborative approach with input from all relevant stakeholders (Rossi, Lipsey, & Freeman, 2004). Program design involves translating the program objectives, with a thorough understanding of the social issue and needs of the target population, into new or improved services (Main, 2011). To better understand the needs and resources available in the Yorkton community, an environmental scan and interviews with community stakeholders was conducted.

2.2.1 Environmental Scan

The City of Yorkton has a smaller population compared to the interviewed organizations that are currently offering walk-in counselling services. The different community and organizational needs must be considered for program development. Environmental scanning is the acquisition and use of information about events, trends, and relationships in an organization's external environment, the knowledge of which would assist management in planning the organization's future course of action (Choo, 2001). A scan of services was completed to identify what services are available in the community and if walk-in counselling could be a beneficial resource for the community.

An environmental scan of the counselling services available in the City of Yorkton provided information about the available community resources and services. The information on the counselling services available in the Yorkton community was gathered by consulting the Yellow pages in the Melville/Yorkton 2016/17 phone book and through discussions with seventeen community stakeholders. Through this process, the following agencies were identified as available counselling resources in the community:

- Aboriginal Family Violence
- Grayston Counselling Service*
- Mental Health Services
- Pure Fusion Health Services Inc*
- SIGN*
- Talk-Therapy Counselling*
- Yorkton Tribal Council Project Safe Haven (*denotes Fee for Service)

The Yorkton community also has services available for expressive arts therapy and has four private counselling options, which currently cost between \$75.00 - \$220.00/hour. This cost can be a barrier for individuals/families seeking support who have limited income and are not covered by Employee Assistance Plans. Costly treatment, lengthy waitlists and social stigma keep individuals from accessing much needed mental health care (Bloom & Tam, 2015). Walk-in counselling services have emerged as a creative means to reduce these barriers and offer individuals and families help when they need it. The environmental scan suggests there are limited, affordable counselling services available in Yorkton and surrounding area.

2.2.2 Needs Assessment

A needs assessment is a research and planning tool that includes collecting, analyzing, synthesizing, and evaluating data for use in decision making. Needs assessments are generally performed for one of three reasons: 1) to see if there is any need for action, 2) to help design or direct some already contemplated action and to confirm what we already know and 3) to justify an already decided action (Homan, 1999). The term *needs* can be defined as the gap between what is and what should be (Holt, et al., 2016). The purpose of this needs assessment, as related to this project, was to explore whether a walk-in counselling service would enhance existing services and help reduce barriers for individuals, couples and families seeking counselling support.

SIGN is a community organization which partners with many community and government agencies. In efforts to further promote collaboration with community partners, seventeen stakeholders were specifically targeted and invited to participate in an informal interview as part of this needs assessment. Through a literature review of existing walk-in counselling services in Canada and discussions with SIGN Executive Director, as well as the

Director of Operations and Business Development, Family Service Regina, a stakeholder survey of ten questions was developed (Appendix B). The focus of the interviews, which were guided by the survey questions were as follows:

- To gain an understanding of the goals and outcome measures for each agency,
- To gain an understanding of the client populations served, and to
- To identify the delivery concerns of each agency and identify any barriers to addressing concerns.

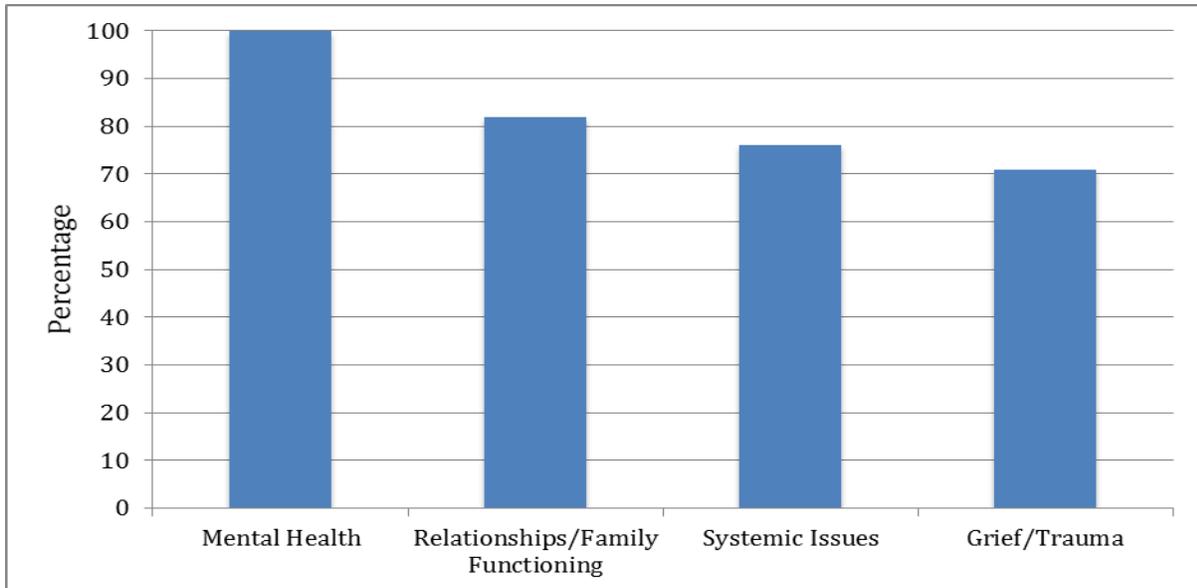
Each of the seventeen community stakeholders were invited to participate in a face to face interview. The interviews were conducted by this writer, with the SIGN Executive Director in attendance for a few of these interview meetings. The interviews were not recorded, however during each of the interviews this writer took notes. The interviews were approximately an hour in length and consisted of a discussion based on the ten survey questions.

2.3 Research Findings

The data collected from the interviews with the seventeen community stakeholders was analyzed and categorized into two categories: presenting issues and barriers for clients seeking counselling. A thematic analysis of the data shows four emerging themes being identified as issues Yorkton residents might seek service for, and five themes were identified as barriers. A summary of these findings was prepared for use by the SIGN Agency (Appendix C).

2.3.1 Presenting Issues

Table 1 Presenting Issues



2.3.1. a. Mental Health Concerns

Mental health concerns were identified as a presenting issue by each of the seventeen community stakeholders interviewed. The particular mental health concerns referenced by the stakeholders interviewed for the needs assessment were depression, anxiety and stress. This information was similar to that gathered in the *Getting Services Right: An Ontario Multi-Agency Evaluation Study* completed previously in Ontario (Young & Bhanot-Malhotra, 2014). The presenting concern for individuals and families attending walk-in services at the Kitchener-Waterloo Counselling Services found the largest proportion indicated that depression/anxiety (28%), followed by problems in the couple relationship (21.6%), were most often the issue that individuals sought counselling for. This study further reported that adults utilizing the walk-in services at KW Counselling services experienced a decrease in stress and improved general functioning overall (Stalker, Horton, & Cait, 2012).

The walk-in model of counselling is intended to help people manage mental health symptoms to improve functioning and general wellbeing. The Canadian Mental Health Association (2016) describes mental health as a balance in all aspects of life: social, physical, spiritual, economic and mental. Reaching a balance is a learning process. At times, a person may tip the balance too much in one direction and have to find one's footing again. Personal balance is unique for each individual, and the challenge for individuals is usually to stay mentally healthy by keeping that balance (Canadian Mental Health Association, 2016). Therefore, all people can experience times where they may need some support to help to find that necessary balance.

2.3.1. b. Relationships – Family Functioning

Fourteen of the seventeen community stakeholders indicated relationships and family functioning as an issue for their client population. Problems in the couple relationship and family was reported as the second most often identified issue that individuals sought counselling for (Stalker, et al., 2012). Walk- in counselling provides immediate support for marital/family conflicts as well as support for parents experiencing child and adolescent behaviour problems. Behavioural issues, family conflict, depression and aggression are common presenting issues for clients utilizing Ontario walk-in services. Evaluation of Ontario's brief service delivery finds the greatest area of improvement were clients' awareness of their own skills, client's ideas about how to solve the issue, and client awareness of community resources (Duvall, Young, & Kays-Burden, 2012).

2.3.1. c. Systemic Issues

The community stakeholders identified transportation, poverty, employment and housing as an ongoing concern for many people in the Yorkton community. Of the seventeen stakeholders interviewed, thirteen stakeholders indicated that systemic issues impact the

wellbeing of the individuals and families they serve. Foss, Generali and Kress (2011) identified a number of fundamental barriers for individuals and families living in poverty to attend counselling appointments. This can include limited work schedule flexibility and transportation problems. These obstacles can make counselling attendance nearly impossible which then results in unmet treatment needs. Consequently, advocating for the establishment of walk-in clinics and flexible scheduling may substantially contribute to assisting many of these clients to engage in counselling.

In response to systemic issues, an increasing number of family service and children's mental health agencies in Canada are employing walk-in counselling services to help improve accessibility to counselling support (Walk-in Counselling Clinic Ontario, 2015). This type of service provides all people access to professional counselling regardless of income or insurance benefits.

2.3.1. d. Trauma and Grief

Stakeholders interviewed for the needs assessment indicated trauma and grief are experienced by many of the individuals and families involved with their agency. Grief and trauma were noted by twelve of the seventeen community stakeholders. Grief is a normal, internal experience in response to loss. Trauma is used to describe experiences or situations that are emotionally painful and distressing, and that can overwhelm one's ability to cope. The Stalker et al. (2015) study found that the difference in improvement for participants of the walk-in counselling model, compared to participants of the traditional model, was more pronounced for those with complex needs, which included coping with abuse, trauma, serious mental illness or child welfare concerns. The literature examining the impact of the walk-in counselling model

for clients presenting with grief is limited, however, evidence does support improved efficacy for those attending to walk-in counselling with trauma-based presenting issues (Stalker et al., 2015).

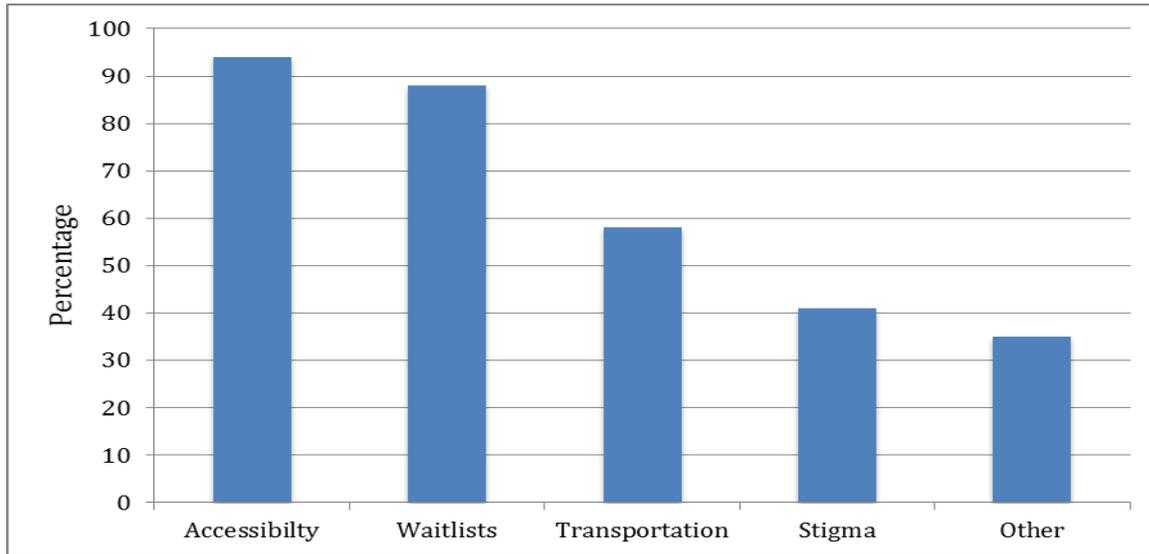
2.3.2. Identified Barriers

The data collected and analyzed from the seventeen interviews identified that there are *barriers* for people seeking counselling service in the Yorkton community. These identified barriers were consistent with the literature on this subject. Barrett, Chua, Crits and Thompson (2008) identified obstacles that underserved populations typically might face when seeking treatment including:

- Clients may not know how to initiate the process,
- Social and cultural factors may stigmatize mental illness and beliefs about healing that may not include counselling as a way to solve problems,
- The appointment-making process can be intimidating,
- There can be long waiting lists for appointment
- Transportation options may be limited,
- Clients may have trouble taking time off from work, and
- Lack of universal child care.

The findings from the seventeen community stakeholder interviews indicated accessibility, waitlists, transportation and stigma as barriers for people wanting counselling service. Each of these barriers will be discussed below.

Table 2 Identified Barriers



2.3.2 a. Accessibility

The interview findings identified accessibility as being a barrier for individuals and families seeking counselling services. The walk-in approach to counselling services utilized throughout Canada is often found in various agencies. These agencies may be dispersed throughout the community with the goal of increasing accessibility for the public. The hours of operation often include evenings, and in some locations, services are available on Saturdays. These flexible hours provide an accessible safety net to the community when other services are not available (Slive, McElheran, & Lawson, 2008). The designated walk-in service is always offered at no cost, and is open to all people. This allows members of the general public to access counselling support regardless of income or insurance benefits. The walk-in service aims to be "user-friendly" and provide immediate access to service by eliminating traditional intake processes (Slive, 2008).

2.3.2. b. Waitlists

A common concern identified by fifteen of the seventeen stakeholders interviewed for this needs assessment was the waiting times for clients to receive service. The walk-in model eliminates the formal process of setting an appointment, and instead provides support on a 'first come, first serve' basis during the designated hours. Walk-in counselling services may be viewed primarily as a 'single session', or walk-in counselling may be utilized as an entry point into ongoing counselling depending on the need. Providing immediate counselling support for individuals and families can reduce the load on other services within the system. Walk-in services have developed as an alternative to traditional intake systems and some walk-in services operate as a more efficacious way to manage a waitlist (Slive, et al., 2008).

2.3.2. c. Transportation

Transportation was identified as a barrier by over half of the interviewed Yorkton stakeholders. The limited transportation system in the Yorkton community creates difficulties and prevents some individuals from accessing services. Yorkton has a regular, scheduled dial-a-bus service and privately owned taxis. Specially equipped transit vehicles serve the needs of individuals with disabilities (City of Yorkton, 2015a). The Society for the Involvement of Good Neighbours (SIGN) offers a Senior Mobility Program. This service costs \$6.00 per person/one way and \$4.00 for each additional stop. It is important to note that there is a large rural area surrounding Yorkton that seeks services in the City of Yorkton as well. The large geographic distances can be an obstacle for individuals and families who are seeking support and do not have counselling resources available in their home community.

2.3.2. d. Stigma

The discrimination and stigma associated with mental health issues and mental illness in our society is still pervasive (Canadian Mental Health Association, 2016). This is an ongoing issue identified by the community stakeholders interviewed. There are examples found within the literature of existing walk-in counselling clinics which are located in various types of settings. This variety of settings, not necessarily identified with mental health services, can help create a safe, inviting atmosphere.

2.3.2. e. Other Barriers

Stakeholders also reported the following as additional obstacles experienced by clients seeking counselling support in the Yorkton area:

- It is difficult to maintain the client/service connection and ongoing participation once the client is linked with a service,
- There is a lack of affordable service for couples counselling,
- There are limited counselling support services available in general,
- Mandates of most agencies restrict who can access services - not 'fitting' an agency's requirements for service is common,
- There is an overall lack of child care options in the community, and
- Individuals have expressed that they feel intimidated in seeking counselling supports in public spaces.

The findings from the interviews with community stakeholders indicated a walk-in counselling service could be a useful resource for individuals experiencing mental health concerns, relationship difficulties, systemic issues and grief /trauma. These findings are similar to the research conducted by organizations in other communities. The literature implies that

walk-in counselling can be effective for individuals experiencing the above described concerns and helps to reduce obstacles for individuals seeking counselling support. The findings from the research contributed to the design and delivery process of the pilot walk-in counselling service at SIGN.

Chapter 3

Design of the Pilot Walk-in Counselling Clinic

As is demonstrated and discussed in the previous chapter, the planning and development of the pilot walk-in program was a collaborative process. The findings from the interviews with stakeholders and the meetings and phone discussions with existing walk-in service providers contributed to the design of the WICC at SIGN. The guiding principles of the walk-in model were integrated into the design of this pilot project and therefore the service was designed to be an easily accessible resource for individuals, couples and families looking for counselling support. This chapter will discuss how this information contributed to the design of the pilot walk-in program and influenced the WICC procedures. It will also discuss how the pilot walk-in service was advertised to promote awareness of this new service to the community.

The literature and interview findings identified barriers that impede many individuals from participating in counselling. Attention to these obstacles was given while planning the pilot service as walk-in counselling is designed to help address unmet needs in the community. There are many barriers that can interfere with an individual partaking in counselling, however one of the most basic considerations practitioners are encouraged to address are logistical issues (Foss, et al., 2011). The SIGN pilot walk-in service was designed to help address the logistical issues.

3.1 Logistics

The pilot walk-in counselling clinic was located at the SIGN on Broadway building in Yorkton, Saskatchewan. This building is located on one of the city's main streets which makes it more accessible for people in the community. The structure of this building is conducive for a walk-in type of service as it has office spaces with private entrances which provides greater privacy for individuals attending counselling. As the stakeholder interview findings suggested,

there continues to be a stigma associated with mental health, therefore a community based setting can be less intimidating for individuals to seek help.

The intention of walk-in counselling is to offer effective, accessible mental health services. Walk-in counselling is one way of addressing roadblocks to mental health care and it gives individuals the opportunity to have a therapeutic conversation at a moment that is meaningful to them (Hoyt & Talmon, 2014). The hours of operation and location of walk-in services are designed to increase accessibility for individuals seeking counselling support. Offering counselling services in community based settings can help reduce the stigma often attached to mental health. The importance of offering services in community based settings is indicated by the World Health Organization's Mental Health Action Plan 2013–2020, "to provide comprehensive, integrated and responsive mental health and social care services in community based settings" (World Health Organization, 2013, p. 10). SIGN is a community based organization and offers various types of programs designed to help support individual and community wellness.

An increased demand for accessibility to mental health services accompanied by a diminishment of resources around the world has forced practitioners to innovate and devise a variety of new programs and service delivery strategies (Bloom, 2001). Accessibility to counselling services was identified as a barrier by the Yorkton stakeholders during the first phase of this project. The pilot WICC was a new type of service devised to increase accessibility for individuals and families seeking counselling. The walk-in counselling clinic office hours were specifically set to include evening hours to be most accommodating for people's schedules. The SIGN WICC hours of operation were every Wednesday and Thursday from 12 noon – 8pm. Hoyt and Talmon (2014) find it is best practice to distribute the hours of walk-in counselling

over a few days rather than all in one day. This way an individual does not have to wait long if they decide they want to seek help.

Transportation was also identified as a barrier for individuals seeking counselling in the Yorkton community. The City of Yorkton serves a large rural area which means many people need to travel long distances to access services. A lack of access to transportation is also an obstacle for many individuals and families seeking services. SIGN on Broadway is the home to many other programs and services; which can help make attaining services easier for some individuals and can be convenient for individuals travelling a distance or who depend on arranged transportation.

3.2 Walk-in Counselling Clinic Procedures

Prior to the implementation of the pilot counselling program, inter-program coordination was facilitated to assist service streaming and triage through the intake worker and other program workers. This planning was completed in order to ensure that individuals seeking counselling services were connected to the appropriate services. The individuals, families and couples without an Employee Assistance Plan, were given the walk-in counselling service information or choice to arrange an appointment with a SIGN contract counsellor. Collaboration with the SIGN intake worker and other program workers was essential to the delivery of the pilot program.

During the development phase of this practicum project, arrangements were made to hire a receptionist and to set up a waiting room and counselling office. This space was set up to be comfortable and welcoming. A philosophical principle of the 'walk-in counselling service' is that therapy begins when a client walks in the door. Individuals seeking support simply walk-in at their convenience for a visit with a counsellor. The receptionist's vital role is to be welcoming and to treat each person as a host would treat a guest, reassuring that, "you have come to the

right place.” This helps sets the stage for optimism and hope (Young, Dick, Herring, & Lee, 2008). This simple, straightforward approach helps create a safe, welcoming environment for individuals seeking support.

The process of utilizing the walk-in service aims to be simple. An individual, couple or family can come to the clinic during the designated hours and be seen on a first come, first serve basis. This eliminates the need for an appointment and the individual can come at a time that best suits their schedule. In a walk-in service, there is no intake process and little is known about the client prior to the session other than what is written on a brief, solution oriented intake form that clients complete in the waiting room (Slive, et al., 2008). The SIGN WICC service pathway was delivered in such a way as to replicate this process. The individuals and families were seen on a first come, first serve basis, and were given an approximate time when they could be seen that day. The individuals were invited to wait on site or they could return at the later time. This accommodation was made in order to help create a welcoming environment and be respectful of the individuals’ time.

The forms used at the WICC were designed to be brief, solution focused and user-friendly. Individuals were asked to complete the introduction form and sign the statement of understanding prior to their session beginning. The introduction form asked the client for the following information: 1) demographic information, 2) the issue they were seeking service for, and 3) how the individual had heard about the walk-in service. This form also included information about the policy on confidentiality and its’ limitations (Appendix D).

Clinical documentation was completed in accordance with SIGN policies and procedures. The counsellor contact note was a one-page form. This form identified the individual’s

1) presenting issue, 2) relevant background information, 3) strengths, 4) supports, and 5) the next steps. The contact note also documented if the walk-in session was considered *complete*, *referred to community supports* or as referred for further counselling through an *employee assistance plan* (Appendix E). The SIGN WICC counsellor contact note was designed in such a way as to be similar to the forms used at other existing walk-in counselling services.

3.3 Community Awareness

It was important to market the pilot counselling service being offered at SIGN. Although walk-in counselling services have been around for over 20 years in Canada and for over 40 years in United States, the walk-in model is new to the Yorkton community. As with any new service, building awareness is key. It takes time to raise awareness about something new, unusual and innovative (Hoyt & Talmon, 2014).

Advertising of the walk-in counselling clinic was initiated through social media, radio and posters displayed throughout the community. Posters were displayed at the medical offices, recreational facilities and at some of the local businesses. This information was also shared directly with community stakeholders. This writer attended team meetings with Child Protection Services, Ministry of Child and Family Services and with the Family Support and Family Preservation teams. These meetings provided an opportunity to collaborate with local frontline workers. As well, SIGN Executive Director and this writer were interviewed by a local radio station regarding the pilot service being offered at SIGN.

SIGN hosted an open house in which community stakeholders were invited to attend. This was another means of marketing the service and an opportunity for relationship building with community partners. The event was planned to share information about the pilot WICC and to open communication avenues for feedback. During the open house, stakeholders were given a

tour of the space and a summary of the WICC clinical outcome data. This event was helpful for stakeholders to better understand what the walk-in service consisted of and if they thought it could help meet the needs of their client populations and meet their respective agency goals.

Collaboration with stakeholders was essential to the design and development of the pilot WICC. The walk-in service was designed to be an easily accessible resource for individuals, couples and families seeking counselling support. The first phase of the practicum focused on program development, which included developing procedures for service delivery and program evaluation. The second phase of the practicum focused on delivering counselling, using solution focused therapy and single session models of therapy; with individuals utilizing the walk-in counselling service.

Chapter 4

Phase 2 - Delivery of the Walk-in Counselling Service

This chapter will discuss aspects relevant to the second phase of the practicum placement. This phase of the practicum focused on the delivery and evaluation of the pilot walk-in counselling service at SIGN. The pilot counselling service was available to the community for a ten-week period, August 3, 2016 until October 6, 2016. It was open every Wednesday and Thursday from 12:00pm until 8:00pm, for a total of 20 days.

The goal of the pilot walk-in counselling service was to provide an immediate counselling support to help reduce the distress level of the individuals, couples and families utilizing the service. Walk-in counselling aims for the client to leave with a sense of hopefulness and knowing that they have been heard (Hoyt, 2009). This can help support and empower the individual to make change. Consistent findings show that most client change occurs during the initial sessions of therapeutic encounter (Seligman, 1995).

Walk-in counselling services utilize a variety of therapeutic approaches; however, the counselling interventions are all grounded within a strengths-based perspective. The guiding principles of the walk-in model of counselling are congruent with strengths-based principles and practices. Solution focused, systemic, narrative and cognitive behavioural approaches are common approaches used in walk-in mental health settings (Bloom & Tam, 2015). Several practice models have been identified as operationalizing the strengths perspective with the most pertinent for child protection work being solution-focused therapy (Gray, 2011).

The therapeutic models utilized during delivery of this pilot program were Solution Focused Brief Therapy (SFBT) and Single Session Therapy (SST) as they are both commonly used in the walk-in counselling setting. SFBT can be utilized within the single session model or

in ongoing interventions. It is short term and it is not unusual for the therapy to consist of a small number of sessions or even a single session (Corcoran & Pillai, 2007). SFBT can also be used in combination with other therapeutic approaches (Bond, Woods, Humphrey, Symes, & Green, 2013). The flexibility of this approach makes it suitable for use in a walk-in setting.

4.1 Solution Focused Brief Therapy

Solution Focused Brief Therapy (SFBT) was initially developed at the Brief Family Therapy Center, Milwaukee in 1980 (De Shazer, 1985) and was given its name in 1982 (De Shazer & Isebaert, 2003). Founders Insoo Kim Berg and Steve DeShazer co-constructed the Solution Focused Therapy model, which was greatly influenced by the work of the Mental Research Institute Team, Milton Erickson, and the Buddhist philosophy (Fisch, Weakland, & Segal, 1982; Berg & Miller, 1992). Solution focused therapy challenges the assumptions of conventional theories of psychotherapy (Simon & Berg, 2010); it requires a shift in thinking from traditional approaches as it concentrates on developing strengths and solutions to problems rather than focusing exclusively on examination of their cause and origin (Lamprecht, et al., 2007).

Considered to be a strength based intervention, SFBT focuses on the client's resources and skills rather than on deficits (SFBT Association, 2013). It builds on the individual's abilities and possibilities and emphasizes how these strengths can be applied to the change process. The following assumptions guide this therapeutic approach: 1) change is constant and inevitable, 2) all people have resources and already are doing something to solve their problems, and 3) clients are the experts on their own lives (O'Hanlon & Weiner- Davis, 1988; SFBT Association, 2013).

Solution Focused Therapy has been delivered with families and individuals (Gingerich & Eigengart, 2000) in different types of settings including schools, mental health agencies, family services and within private practices. This therapeutic approach can be effective to treat depression, anxiety, child and adolescent behaviour problems, marital and family conflicts, addictions and eating disorders (Beyebach, 2009). Insoo Kim Berg and Susan Kelly's solution-focused work with child protection agencies in Michigan State (2000) and Turnell and Edwards (1999) development of the Signs of Safety approach in Australia laid the theoretical groundwork for using a strengths-based approach to child welfare (Oliver & Charles, 2015). SFBT has been found to be effective for use related to complex family problems such as child protection issues (Turnell, 2010). More recently, SFBT has been used with individuals with intellectual disabilities (Roeden, Maaskant, Bannink, & Curfs, 2009) and post traumatic experiences (Bannink, 2008). The flexibility of this approach allows it to be effectively applied across a range of contexts and populations.

4.1.1 Solution Focused Brief Therapy Techniques

SFBT consists of different tools and techniques that are used to help identify and amplify peoples' strengths and abilities. This model of intervention uses different types of questions and scaling methods as part of the therapeutic conversation. The questions are present or future based and are solution focused. Questions that are solution focused in nature presuppose hope, strength and resources (Richmond, Jordon, Bischof, & Sauer, 2014). The intent of these types of questions is to enhance the client's understanding that strengths are assets that can be used in developing solutions to the presenting problem.

The *miracle question* is an example of a future based question. This question helps the individual build solutions as they identify a preferred future (SFBT Association, 2013). This can

help foster hope for the individual as they may begin to see their life without the problem. What clients are able to co-construct with the therapist in answer to this type of question, can usually be utilized as the goals of therapy (SFBT Association, 2013). The miracle question is useful in goal setting as it can turn the “problem picture” into a “solution picture” (McConkey, 2000).

Goal setting is an important component of SFBT. The characteristics of well-formed goals are concrete, behavioural and specific. Effective goals need to be meaningful to the client and also realistic. Saggese and Foley (2000) explain the goals should be stated as the presence of something rather than the absence of something. This shifts the conversation from problem solving to solution building. Solution focused questions are very effective in encouraging clients to participate in their own treatment plan, while implicitly a context of hope is also being created (Bannink, 2008). It builds on the individual’s skills and competencies rather than on deficits.

Scaling is another technique used in SFBT. Scaling allows the client to evaluate their current status and can help them see that they are making changes in the presenting problems (Franklin, Corcoran, Nowicki, & Streeter, 1997). It also serves as a form of dialogue between the therapist and client as the conversation can be about what made the change (SFBT Association, 2013). The therapeutic conversation can then shift to focus on what was different at that time to help the client move toward a preferred future.

A particular technique of SFBT which helps the client move towards a solution, is known as *exploring for exceptions* (Halifax Brief Therapy Centre, 2013). In utilizing this technique, the therapist amplifies the exceptions in order to bring awareness and help shift the client’s focus away from the problem cycle. Helping the client recognize a time when things are different can be encouraging and useful for change. The therapist’s role is to explore what the individual is doing differently when the problem is not there, or is there to a lesser extent (Roeden, et al.,

2009). Respectful curiosity is essential in helping the individual to develop this notion of preferred future (Halifax Brief Therapy Centre, 2013).

Individuals and families attend counselling for various reasons. Individuals, couples and families can seek counselling services independently or for some individuals counselling can be mandated. This influences the type of relationship the client has to the counselling service and also the level of motivation to change. Understanding the individual's intent for attending counselling and how they make meaning of their experiences is essential to the change process and to the therapeutic relationship. The Family Centre, Edmonton, Alberta (2015) identifies the following three types of client/counsellor relationships:

- 1) Visitor –they do not see a problem; this may be a mandated client or referred by others, and they are not invested in change;
- 2) Complainant – usually the individual is not ready to do anything yet, they may not see how their behaviour could alleviate the problem; and
- 3) Customer – the individual is ready to do something, to make a change.

Understanding where the client is at in the change process is essential to the therapeutic interaction. The client-counsellor relationship influences how the counsellor approaches the session. The counsellor's role is not to be the expert rather the counsellor leads from behind (Halifax Brief Therapy Centre, 2013) and works to co-construct solutions with the client. This “not-knowing” stance helps guide the therapeutic conversation in order to understand and make meaning rather than give advice. A collaborative relationship helps the person explore their own successes and make meanings which can assist them to develop a sense of control and empowerment. They can then use this awareness to make differences and changes in their lives (Young, et al., 2008).

The techniques of SFBT are flexible and effective for a diverse population and for various issues, which makes it a suitable approach to use in a walk-in setting. SFBT differs in many ways from traditional approaches to treatment as it is competency based which minimizes emphasis on past failings and problems (SFBT Association, 2013), and it is also considered to be short term in nature. Lengthy waitlists, limited resources and agency commitments to making services more accessible to communities have been the catalyst for the development of walk-in counselling services (Slive, 2008; Young, et al., 2008).

4.2 Single Session Therapy

In addition to the utilization of SFBT, the pilot walk-in counselling clinic utilized single session therapy. However single session therapy was not offered by appointment. It is important to distinguish the defining characteristics of walk-in counselling services and Single Session Therapy (SST), as walk-in refers to the service delivery style and SST is a therapeutic approach. Walk-in counselling means *no appointment* necessary, and the individual can simply stop in for counselling during the designated times. The walk-in counselling services may employ SST, but it can also serve as intake and first sessions for ongoing therapy. SST is a therapeutic approach that refers to stand-alone events in which steps are planned to potentially relieve, if not resolve, the client's current distress (Campbell, 2012). It is often used in walk-in type therapeutic settings, but it can also guide a planned therapeutic session.

Moshe Talmon originally developed planned single session therapy as an approach. The use of SST has been practiced in Australia since the early 1990s in both child and family services and in mental health settings (Fry, 2012). SST has been used to help people with various issues in different types of settings, and it has been found useful in adolescent crisis, drug and alcohol

addiction, family and marital stress (Miller, 2012). SST is also often used as a response to managing waitlists (Bloom & Tam, 2015).

Hoyt (2009) explains that there is no one theoretical approach that anchors Single Session Therapy, although there are a number of guiding assumptions, including:

- it is ethical to work with people promptly when they ask for help,
- the counsellor must believe that change is possible and the client must be ready to change,
- counsellors take an active role in encouraging the client's development of new perspectives and learnings, and this active role can facilitate useful shifts in behaviour and feelings (Stalker, et al., 2012),
- change is an inevitable process in life and that clients often need the support of therapists only for brief periods to enable them to utilise their own resources to solve their problems,
- effective help can be provided in one hour (Talmon, 1990), and
- clients are the best judge of what they need and when they need it

These guiding principles contain elements that are similar to the philosophy of the walk-in model as was discussed in chapter two. SST and walk-in models of counselling are not new in social work settings, however, both challenge traditional ways of service (Gibbons & Plath, 2006). Gibbons and Plath's (2006) qualitative study argued that single session work is such a common experience for social workers, that is an important and under recognized skill set that needs to be included in social work teachings. SST requires a different mindset from that of traditional therapies as it is not a particular intervention in itself; rather it is a different outlook on what therapy is (Campbell, 2012).

A traditional approach to therapy considers the initial appointment as the intake for ongoing sessions. Hoyt and Talmon (2014) view the first session as therapeutic, rather than just an intake. Each session consists of a beginning, a middle, and an end. Viewing each and every session as a whole and as, complete in itself, can serve as an alternative attitude, not only toward SST, but toward each and every session of therapy. The mindset that each walk-in session could be the last session, allows the session to be complete within itself. Such a view is not necessarily more correct than the fragmented one; it is merely more useful for the treatment of SST clients. Once therapists are ready to shift from a fragmented to a holistic attitude, they can expect therapy to start right away at first contact (Talmon, 1990).

Therapists can practice using a variety of clinical models and provide effective walk-in therapy, although it is crucial that therapists embrace the idea that a single session can be enough (Hoyt & Talmon, 2014). In various settings and modalities, the first session can be the only session for some individuals and families and in walk-in types of settings, a single session is often what is expected by both the client and counsellor. This different way of looking at the session, shifts the attitude – as the client is not labelled as resistant or a drop out rather the client has now successfully attended the appointment and has a next step. This view differs from traditional perspectives on helping. Attention to what is wrong is a central expression of the prevailing perspectives on helping as traditional interventions maintain the belief that people need help because they have a problem (Hammond, 2010).

Although single session therapy has proven effective in clinical services, the option for ongoing counselling is necessary for some individuals and situations (Slive, et al., 2008). Solution Focused Brief Therapy and Single Session Therapy are therapeutic approaches that support the walk-in philosophy and can be used as an effective intervention for a diverse

population. The purpose of walk-in counselling is to offer an immediate counselling service that helps to reduce the individual's current level of distress. Therefore, it was important during this pilot project to gather information to measure change and program effectiveness.

Chapter 5

Program Evaluation

Program evaluation is defined as the systematic application of social research procedures for assessing the conceptualization, design, implementation, and utility of health or social interventions (Rossi et al., 2004). Walk-in counselling services have been implemented across Canada in response to systemic issues (Bloom and Tam, 2015). Interview findings from this research project suggest the implementation of a walk-in counselling clinic would enhance the existing mental health services in Yorkton and would help to reduce the barriers experienced by members of vulnerable populations seeking counselling support. A literature review examining the existing walk-in counselling services offered in various Canadian communities revealed similar issues and barriers as those reflected in the information and feedback provided by Yorkton stakeholders (Hymenn, et al., 2013; Slive, et al., 2008).

Outcome measurement is a systematic way to assess the extent to which a program has achieved its intended results (Rossi, et al., 2004) and it is most commonly used in the non-profit world of community-based human services. Outcome measurement is a crucial component of program evaluation. The outcome measurement provides a number of benefits to a range of stakeholders at multiple levels and is becoming increasingly more routine in the provision of therapeutic services (Campbell & Hemsley, 2009; Miller, Duncan, Brown, Sparks, & Claud, 2003). During the duration of this 10-week pilot service, data was gathered to examine the need and effectiveness of the walk-in counselling service. The indicators used to measure program effectiveness included:

- client satisfaction with the pilot walk-in counselling service,

- community stakeholder satisfaction with the pilot WICC (each of the stakeholders who participated in the informal interview were invited to complete a brief online survey during the eighth week of the pilot) (Appendix F),
- average number of people who utilized the walk-in clinic daily,
- general WICC client satisfaction,
- therapeutic alliance, and
- change in client self-reported distress level (a pre and post level of distress scale was utilized to measure change in client’s level of distress. The scales were measured out of 10, with 10 representing extreme distress)

During the pilot walk-in counselling service the following client information was collected: 1) basic demographic information, 2) how the individual heard about the service, and 3) the presenting concern or issue. Throughout the ten-week pilot, information was also gathered to identify the times of day the walk-in service was being utilized and the length of each session. This data was compiled into an evaluation report for use by the SIGN Agency (Appendix G).

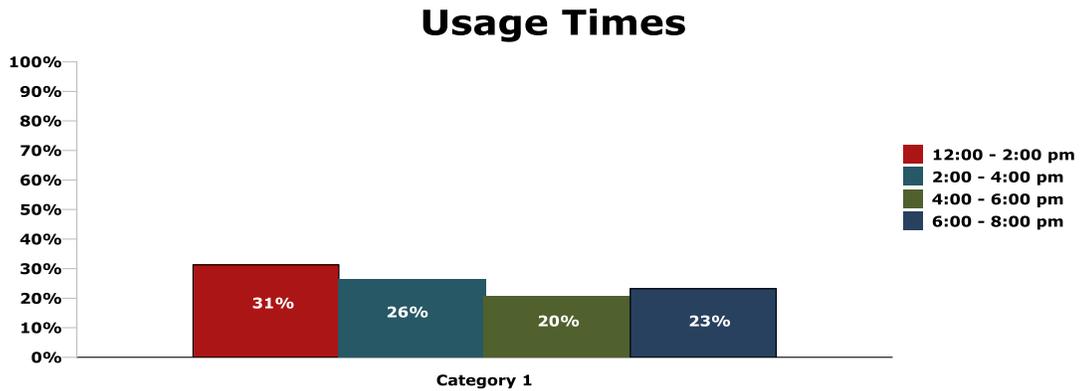
5.1 Pilot Walk-In Counselling Clinical Outcome Data

The number of individuals, couples and families seen per day can vary due to demand and presenting needs. The Ontario Walk-in Counselling Clinic considers 4 clients per counsellor as an approximate maximum in a 7-hour shift (Walk-in Counselling Clinic Ontario, 2015). This served as a guideline to measure outcomes during the pilot project.

The SIGN WICC was open to the public every Wednesday and Thursday from 12:00pm until 8:00pm. During this time, the total number of walk-in counselling visits was 77. The average weekly usage was 4 people per day. The data shows that the WICC was used by

individuals, couples and families consistently during all of the different times of day that it was offered.

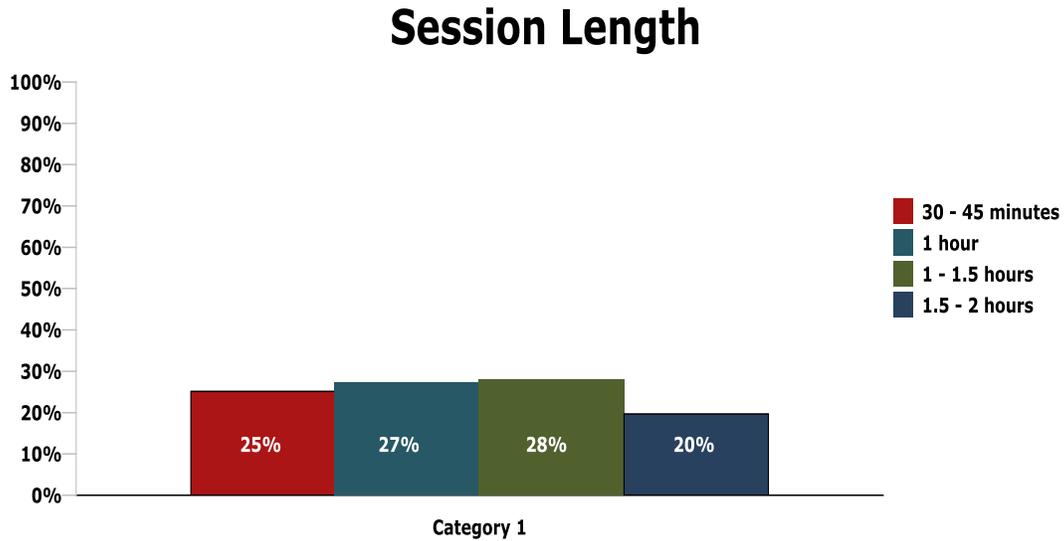
Table 3 Usage Times



Walk-in counselling is about helping people when they are asking for help. Therapists who practice SST should be experienced and able to use a range of therapeutic interventions (Campbell, 2012). The solution focused and single session therapy models were utilized at the pilot WICC and research shows both models are commonly employed in walk-in settings.

Session length was based on the individual's needs. It is helpful in single session therapy not to be rigid about the length of session. If therapists keep in mind that the first session might be the last session, they might consider taking more time for all of their first sessions (Talmon, 1990). For the sake of managing WICC wait times, individuals were allotted approximately 60 minutes while couples and families were allotted 90 minutes. The literature on best practice suggests this as a basic guideline for session length, however, this time frame was flexible depending on the presenting needs. During this pilot, the length of session varied from 30 minutes to 2 hours at the SIGN WICC.

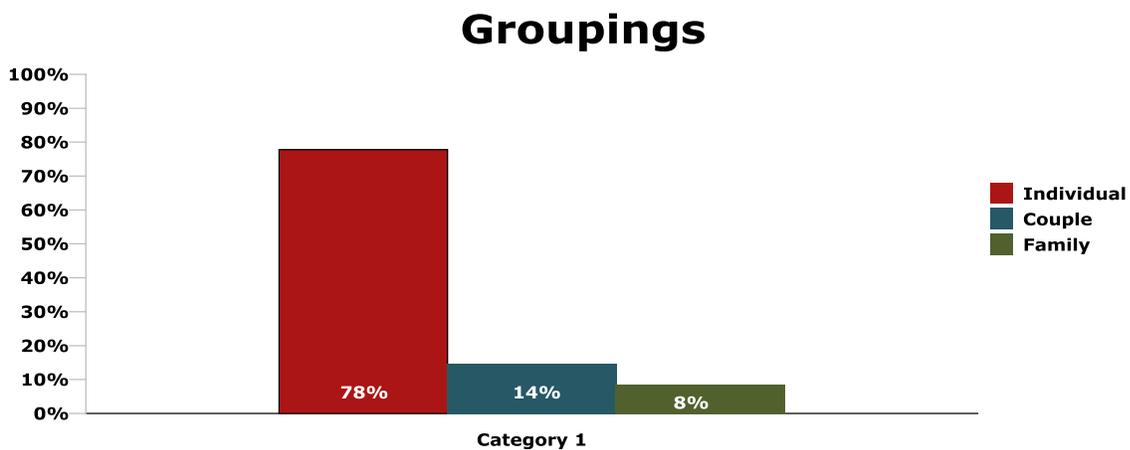
Table 4 Session Length



5.1.1 Client Demographics

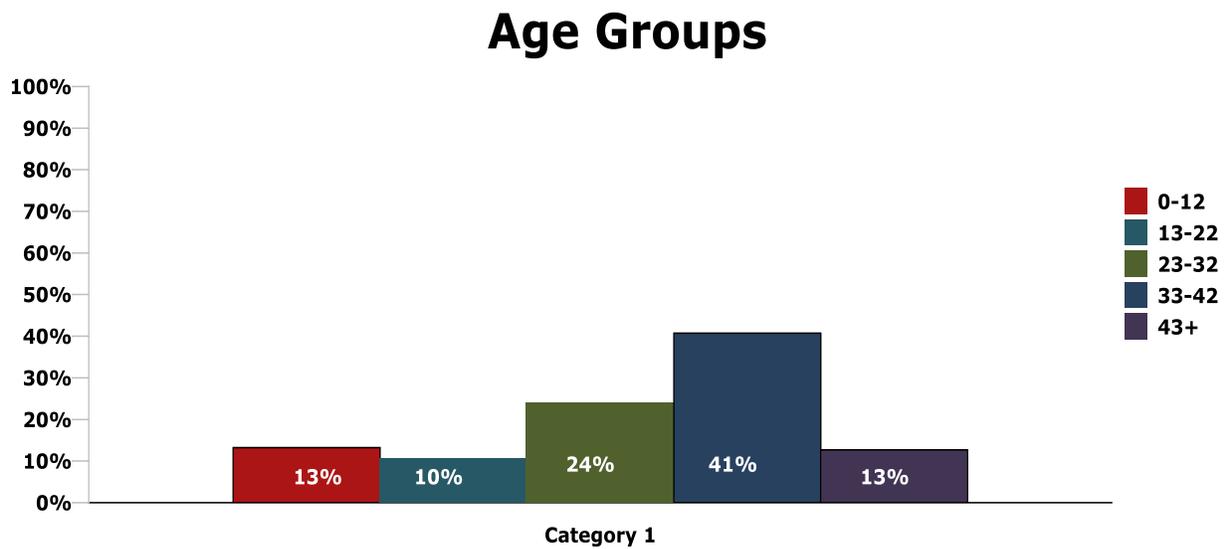
Individuals utilizing the pilot service completed a brief introduction form which included demographic information and details regarding presenting issue(s). The pilot walk-in service was available to individuals, couples and families at no cost and required no referral process. The pilot WICC found 64% of the individuals utilizing the walk-in service were female and 36% were male. The literature suggests men utilize walk-in services more than traditional models of service (Slive, MacLaurin, Oakander, & Amundson, 1995).

Table 5 Groupings



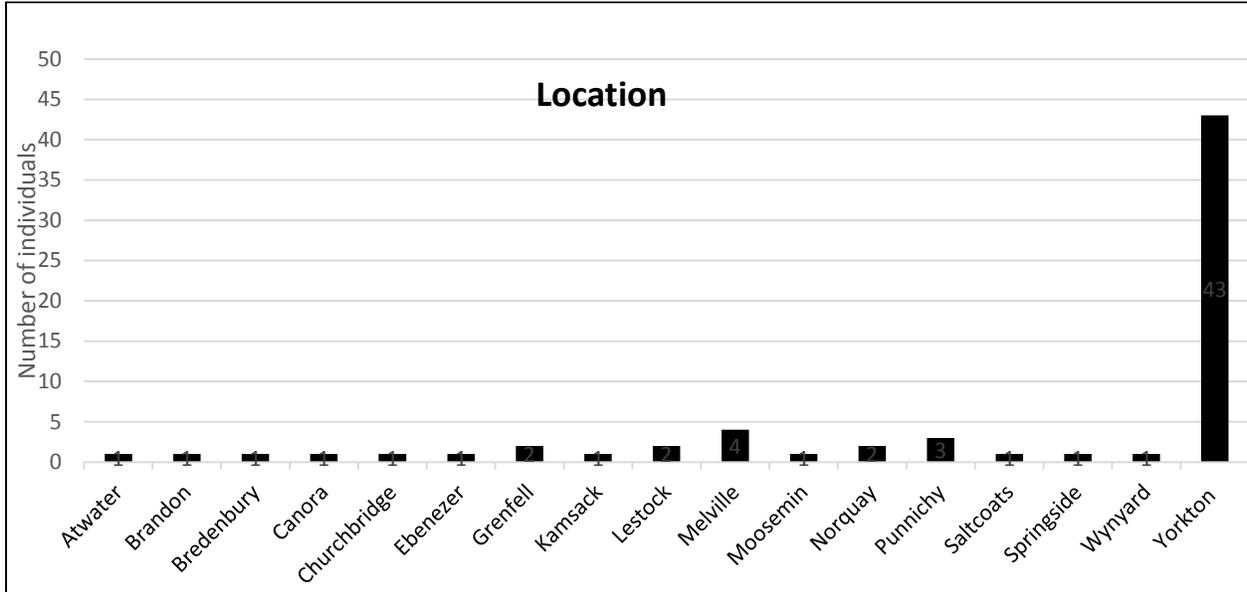
The ages of the individuals utilizing the SIGN WICC varied between 7 years to 68 years. The data from the pilot walk-in counselling service found that 23% of the individuals were under 22 years of age and that 6.5% of the individuals were 60 years or older. Children under the age of 12 years attended with a parent.

Table 6 Age Groups



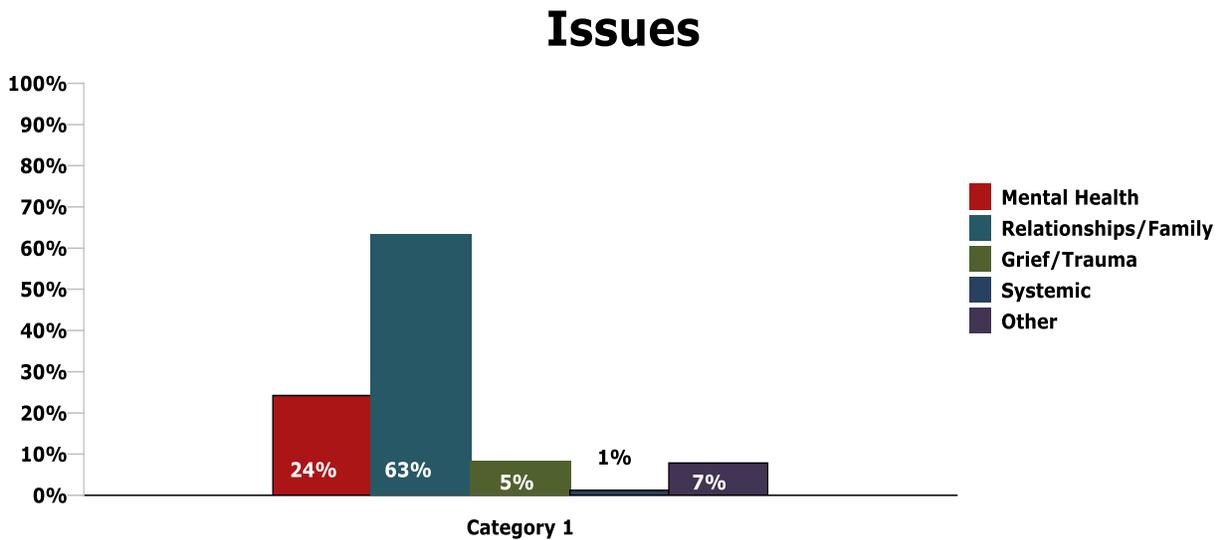
The Yorkton region has a large rural district. Individuals, couples and families utilizing the pilot WICC identified a range of locations as their place of residence (Refer to Table 7). Travel times for some of the individuals utilizing this service was over an hour and a half and some of these individuals relied on arranged transportation to attend the clinic. Therefore, efforts were made to give these individuals a more specific time frame of when they could be seen on walk-in days. This accommodation was made to support the needs of the individuals and to make the counselling service more accessible.

Table 7 Location



The introduction form asked the individual to identify what specific concern brought them to the WICC. Individual’s responses varied and were categorized as Mental Health concerns, Relationship/Family concerns, Grief/Trauma, Systemic issues and Other. The category *other* was used when the individual identified more than one issue on the introduction form.

Table 8 Issues



The systematic evaluation of outcome is becoming increasingly more routine in the provision of mental health and therapeutic services (Miller et al., 2003). The Outcome Rating Scale and Session Rating Scale were used as a means to track outcomes for this project because they are brief and effective. Both of these rating scales offer benefits such as cost effectiveness, brevity, simple administration and easy interpretation of results in the measurement of clinical outcomes (Campbell & Hemsley, 2009). The implementation procedures of the scales are simple, meaning there is minimal training required in the administration, scoring and interpretation of results (Campbell & Hemsley, 2009). The ORS and SRS do not assume or require that practitioners adhere to a particular model or approach (Miller, 2012). The SRS and ORS are suitable for a walk-in counselling setting as both scales are brief and user-friendly which is supportive to the walk-in philosophy of service.

5.1.2 Outcome Rating Scale

The ORS was developed as a brief alternative to the Outcome Questionnaire 45.2 (Lambert, et al., 1996). The Outcome Questionnaire 45.2 is a 45 item self-report scale designed for repeated measurement of client functioning through the course of therapy.

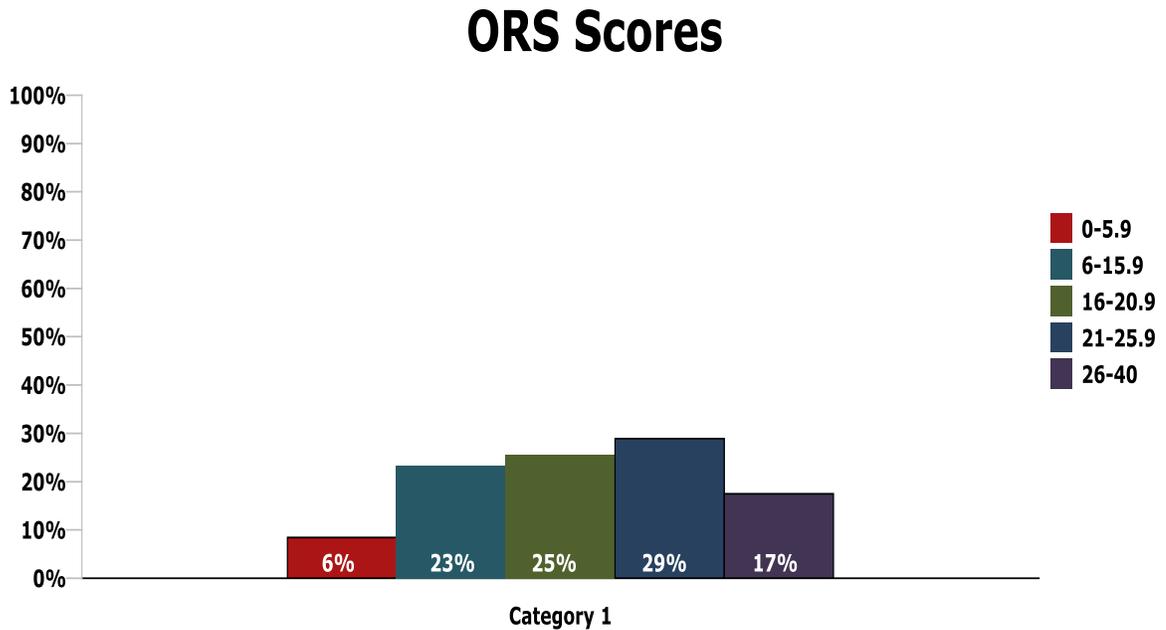
Duncan & Miller's (2000) Outcome Rating Scale asks consumers of therapeutic services to think back over the past weeks and place a hash mark on four different lines, each representing a different area of functioning - individual, interpersonal, social and overall wellbeing. Each scale is measured out of ten with a possible score of 40. The scores are totaled, ranging from 0 to 40, with lower scores reflecting more distress. Individuals attending the WICC were invited to complete the ORS, which was used to assess how the client reports their level of functioning. The pilot WICC found the average ORS score was 20.1. The average outcome rating scale intake score in outpatient mental health settings is between 18 and 19. ORS scores 15 and lower are

considered a high level of risk (Miller, 2012). There were 29% of the individuals attending the pilot walk-in service self-reporting a severe level of distress.

Data from the pilot project shows that 17% of the individuals attending the walk-in service were considered non-clinical as they scored over 26. Twenty-five to thirty-three percent of people completing the ORS at intake will score 25 or above, which is the number known as the cut-off or the dividing line between a clinical and non-clinical population. The most common reason for this score, is that the individual has been mandated into treatment (Miller & Duncan, 2004). During the pilot, individuals who were mandated to attend counselling also utilized the walk-in service for counselling support.

Other factors that can result in a higher ORS score may be related to people who have difficulties reading and writing, or with a person seeking help for a specific problem- one that does not impact their overall quality of life or functioning but is causing them distress (Miller, 2012). The SIGN WICC found that 6% of the individuals self-reported an ORS score of 32 or higher. Duncan (2016) reports that scores above 32 on intake are not valid, even for children. The cut-off score for 6 to 12 year-old children is not 32 as originally reported in the 2006 initial validation study rather it is 28. The pilot walk-in service found 37.5% of the children 12 years and younger self-reported a score of 28 or above.

Table 9 ORS Scores



5.1.3 Session Rating Scale

The SRS is a four-item scale that enables the therapist to get a quantitative measure of the client's assessment of the therapist-client relationship. Duncan and colleagues (2003) found in their study that the SRS has solid reliability, adequate validity and high feasibility. The session rating scale asks the client to use a sliding scale to assess their relationship with the therapist. It consists of four scales that measure relationship, goals and topics, therapist approach and overall session, for an overall score of 40. Session rating scores below 36 are considered cause for concern and should be discussed prior to ending the session. Counsellors should invite the client to comment on any of the four scales marked lower than nine.

The SRS is based on encouraging clients to identify alliance problems eliciting disagreements about the therapeutic process so that the clinician may change to better fit client expectations (Duncan et al., 2003). Clients favorable ratings of the alliance are the best predictors of success, considered more predictive than diagnosis, approach, therapist, or anything

else (Miller, 2012). In a walk-in service, the alliance needs to be established quickly. Young & Bhanot-Malhotra's (2014) study state the average SRS score was 35.14 which suggests that it is possible to have a high level of therapeutic alliance during a single session of therapy.

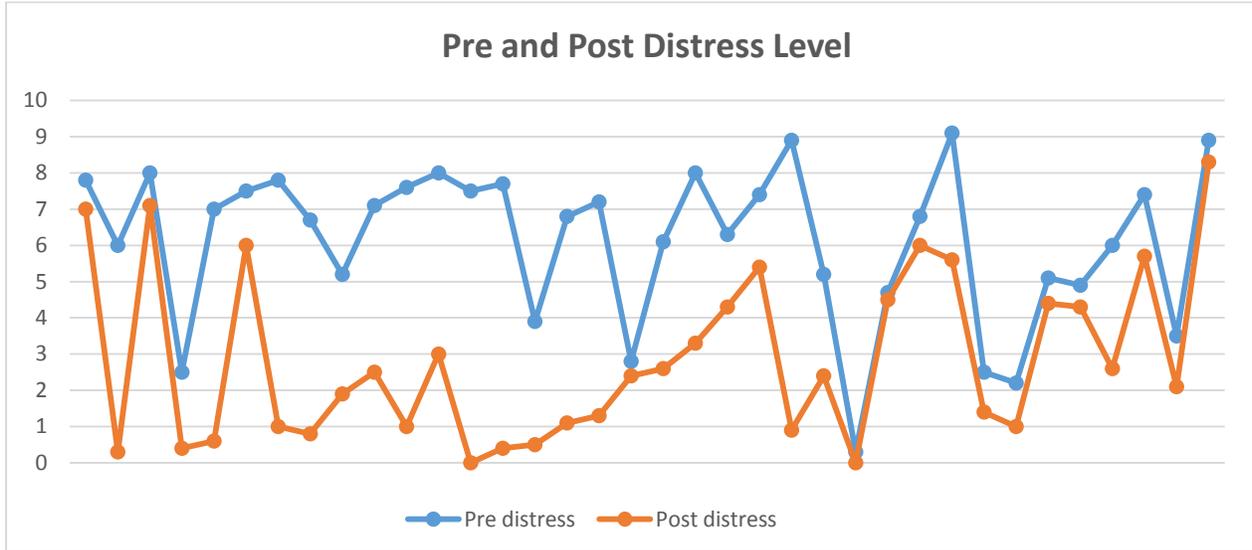
The pilot WICC average session rating scale score was 37. This data suggests the clinic performed well in establishing alliance. Individuals utilizing the WICC were also invited to score their overall satisfaction with the walk-in service. This was a scale based out of 10, with 10 being extremely satisfied. The pilot walk-in counselling clinic scored an average of 9.4, which demonstrates a high level of satisfaction among its service users.

5.1.4 Pre and Post Level of Distress Scale Findings

One of the goals of the pilot walk-in counselling service was to help reduce the distress level of the individuals and families attending the clinic. Individuals using the WICC completed a pre and post distress scale to track level of distress change. These scales were measured out of 10, with a score of 10 representing an extreme level of distress.

Individuals utilizing the pilot service self-reported pre-distress levels ranged from .7 to 9.1. The post distress levels ranged from 0 to 8.3. The pre-distress average was 5.9 and the post level of distress was 2.7. These findings suggest the SIGN WICC was successful in reducing the level of distress reported by the individuals, couples and families utilizing the service.

Table 10 Pre and Post Distress Level



The purpose of a walk-in counselling service is to provide brief, solution focused support for individuals, couples and families to help address the immediate needs of the client. The data collected from this pilot WICC support this, as there was a consistent decrease evident in the clients’ self-reported distress levels.

5.1.5 Session Outcomes

Walk-in counselling can be accessed by individuals, couples and families as needed over time to help address concerns and provide support. This pilot was delivered as a walk-in, single session model. However, the individuals utilizing the WICC were invited to return to the walk-in service if they wanted to, at a later date. Walk-in counselling can be provided as a single session or it may provide an entry point into ongoing counselling. It can also be utilized as a referral resource to other services and resources. The pilot found 94% of the individuals using the service were marked as a completed single session and that 6% were referred to other supports and services. Data shows that 36% of the individuals returned to the WICC following an initial single session to seek additional service.

5.1.6 Community Stakeholder Findings

An online survey was sent out to the seventeen community stakeholders who had participated in the needs assessment. The survey was sent out during the eighth week of the pilot project to survey overall stakeholder satisfaction with the walk-in counselling service. Over a two-week span, ten stakeholders responded. The survey consisted of eight questions (Appendix G). Of the respondents, 90% recommended the WICC to their clients and 44.44% reported that their clients had used the service. A total of 22.22% of the respondents are uncertain if the client utilized the WICC. Respondents reported that they believed that the WICC was supportive of their agency goals and outcomes and that it is a beneficial resource for the Yorkton community. As well, all respondents reported high rates of satisfaction with the WICC hours and days of operation, with many comments supporting the delivery of evening services in particular.

The data from the pilot WICC suggests it was a well utilized clinic that met the needs of the individuals, couples and families attending it. The demographic information shows a diverse population attended the walk-in service presenting with various concerns and experiencing different levels of distress. Walk-in services can offer counselling to individuals in need of immediate support to help deescalate or prevent a crisis and also help support individuals experiencing a specific problem. Over the ten-week pilot, the walk-in counselling clinic had a consistent flow of people utilizing the service and the majority of those individuals reported satisfaction with the services as provided.

Chapter 6

Recommendations and Conclusions

The SIGN organization was a great fit for this project as its mission and values support the foundational beliefs of walk-in counselling. The needs assessment completed during phase one of this project clearly demonstrated that there is a need for affordable, accessible counselling services in Yorkton and the surrounding rural area. The evaluation of the pilot WICC suggests that a walk-in service would be a utilized service in the community for individuals, couples and families seeking counselling support. Organizations offering walk-in counselling usually provide additional counselling to clients who request it or are assessed by the therapist to require it (Stalker et al., 2015). The Stalker, Horton and Cait (2012) study reported that 25% of walk-in clients are referred for additional sessions within the host agency. At this time SIGN can provide ongoing services through the Sexual Assault Counselling Program, the Family Violence Program and through EFAP services; however, these services are not always suitable. Currently there are limited affordable counselling options available in the community for individuals, couples and families.

During the pilot project, each session was treated as a single session appointment however, there were times when individuals, couples and families requested ongoing services. The individuals, couples and families were invited to return to the walk-in counselling clinic at a later date if they felt it was needed. The walk-in model of service may prove to be an innovative tool to help fill support service gaps, however, it is recognized that there are still limitations and gaps in the availability of ongoing counselling support for individuals, couples and families without benefits or financial means in the community of Yorkton, and in the surrounding rural areas.

There is increasing demand from both funders and consumers for mental health therapy to be brief and accessible while still remaining effective. The literature indicates that the funding for counselling services vary, as some of the walk-in services are free standing and are in place as components of a large system of services. Walk-ins can be an important part of a larger network of mental health and social services (Slive & Bobele, 2012). Bloom and Tam (2015), in their study on walk-in services for child and family mental health suggest that walk-in clinics reduce overall societal costs. A pilot study by Horton, Stalker, Cait, and Josling (2012) found that there are economic benefits of single-session counselling due to the potential for earlier return to work, and the diversion of clients from using hospitals and family doctors, towards using community services.

Existing walk-in counselling services have different types of funding, including federal, provincial and municipal funding contracts, fundraising efforts, grants and donations. The stakeholders interviewed for the needs assessment for this research project all expressed concern about how a walk-in service might be funded in the long term.

There are several important recommendations that have come out of this project that should be considered in further implementation of a long-term program beyond the walk-in pilot. The following recommendations are suggested: on-site child care, off site walk-in counselling services, and funding for ongoing walk-in services.

The walk-in model of counselling aims to increase accessibility for individuals and families seeking counselling support. The stakeholders interviewed for the needs assessment identified child care as a barrier for individuals in the community and this issue presented several times during the pilot. A parent and child attended the walk-in clinic and inquired if the session could be at the Family Resource Centre (FRC). The FRC is located in the SIGN building and

fortunately the program manager was open to this. This may be a service to explore for future planning as offering an on-site child care service would help increase accessibility for some individuals seeking counselling support.

Another recommendation that came out of this pilot project, was to offer walk-in counselling on designated days in alternating, surrounding rural communities. This would bring the service to the people which could also benefit the individuals who feel intimidated in seeking counselling in public places. The Yorkton region has a large rural area and transportation was identified as a barrier for individuals and for some individuals this can mean depending on arranged transportation. The implementation of walk-in services in surrounding communities could offer greater accessibility for individuals wanting support.

Lastly, a recommendation is that funding for ongoing walk-in counselling services for the City of Yorkton and area should be offered. The SIGN pilot found that relationship/family issues and mental health concerns were the most reported reasons that individuals attended the walk-in clinic. This demonstrates that there is a need for accessible counselling services in the community, especially for individuals wanting relationship and family counselling. It is important to recognize that the walk-in model of service is not a replacement for existing counselling services provided to individuals receiving ongoing therapies or in need of psychiatric care. Mental health difficulties are an ongoing part of life for many individuals, and for these people being able to have a 'booster' in the form of an easily accessible walk-in session, could be helpful in reducing stress (Stalker, et al., 2015).

The purpose of a walk-in counselling service is to provide brief solution focused support for individuals, couples and families to help address the immediate needs of the client. Slive et al. (2008) expressed that the goal of walk-in counselling is for the client to leave with a sense of

emotional relief and some sort of positive outcome. The findings gathered from the SIGN pilot walk-in service demonstrate it was successful in reducing the level of distress experienced by individuals attending the walk-in clinic. In conclusion, this pilot project demonstrated that a walk-in counselling service would enhance existing services and help reduce barriers for individuals, couples and families seeking counselling support in the Yorkton region.

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Appendix A

SIGN Pilot Walk-in Counselling

Logic Model

WALK-IN COUNSELLING CLINIC – 10-week pilot (August 3, 2016 – October 6, 2016)

Goal: To meet SIGN’s mission: *Empowering children, families, and individuals to achieve lifelong success through programs and services that build strong children, strong families and strong communities*, by providing a free walk-in counselling service for individuals, couples and families.

Development of Walk-in counselling program

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM (10 week pilot)	LONG-TERM	INDICATORS
Research Walk-in counselling May 1, 2016 – July 31, 2016					
SIGN Executive director(ED) UR Practicum committee members /student Existing walk-in counselling services	Literature review of existing walk-in counselling services through journal articles and phone meetings with other WIC services and UR Practicum committee	Data for the Needs Assessment document Integrating the concept of walk-in model of counselling to the SIGN pilot walk-in service; Develop an intake process, clinical documentation and evaluation process in accordance with SIGN policies and supportive of best practices	WIC program developed based on the walk-in model of counselling and serving the Yorkton community Flow of service – intake process, documentation and evaluation	Flow of service The walk-in counselling service is meeting the needs of the community – stakeholders and clients	Percentage of client’s satisfaction with Walk-in service Percentage of stakeholders satisfaction with Walk-In Service
Environmental Scan					
Yorkton community stakeholders; SIGN ED, Practicum student, program coordinators, frontline workers	Informal interviews with community stakeholders	Summary of findings – Needs Assessment document	Implement the findings of the Needs Assessment	Walk-in counselling service meeting needs in community	Number of people who utilize the Walk-in service – client satisfaction with service Percentage of community partners sharing the walk-in counselling

					information
Promote Pilot walk-in counselling service					
SIGN ED,SIGN programs, Practicum student	Promoting the walk-in counselling service in the community	Advertising through social media, radio	Community Awareness	Community Awareness	Number of people who utilize the Walk-in service through advertising Types of advertising/referral sources Percentage of community partners sharing the walk-in counselling information
SIGN staff, Practicum student	Prepare the walk-in counselling clinic space	The walk-in counselling clinic is prepared and a safe, welcoming environment for individual(s) seeking counselling	Walk-in counselling space is ready during designated walk-in service times	Walk-in counselling space is ready during designated walk-in service times	General walk-in service evaluation

Delivery of Walk-in counselling service

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM	LONG-TERM	INDICATORS
Provide walk-in counselling service August 1, 2016 – October 6, 2016					
SIGN Executive director(ED), Practicum Student	Hire clerical support and training	Clerical staff recruited and prepared Walk-in counselling service available every Wednesday and Thursday 12noon – 8pm	Increase accessibility of counselling service available for the community; barriers reduced for individuals/families seeking counselling	Community partners share the walk-in counselling service as a community resource; Enhances service for the community agency (ex: waitlists)	Session rating scale (client service satisfaction) General walk-in service evaluation

Appendix B
Community Stakeholder Survey Questions

- 1) What services does your agency provide in the community?
- 2) What is the client population your agency provides service to?
- 3) What are the issues and concerns of the clients you provide service to?
- 4) How do you presently provide intervention, referral or treatment for these issues or concerns?
Do your clients present issues or concerns that go beyond the scope of your services? Is there presently a demonstrated gap or lack of resources or referrals sources to meet these needs?
- 5) Are there any barriers for the clients to address these issues and concerns? If so, what are the barriers?
- 6) Are the clients you serve often involved with other supports and services? If so, which types of services.
- 7) Would a walk in counselling service be of assistance to help address the clients' needs and be supportive of your agency's goals and outcomes?
- 8) If this resource was available in the community, how could it enhance the service your agency provides? (Example -Would it benefit client outcomes, caseload numbers, reduce waiting lists, cost of service)
- 9) If something like this was offered in the Yorkton community, would it enhance the existing services available or be a duplicate service? Why?
- 10) Is there anything else you think is important to capture in this survey?

Appendix C

**Needs Assessment for a Walk-in Counseling Service in the
Yorkton Community**

Society for the Involvement of Good Neighbors

(SIGN)

June 2016

ACKNOWLEDGEMENTS

As a University of Regina graduate student and Social Worker at SIGN, Karmen Pearce had the opportunity to participate in the development of a Walk-In Counseling Service as a pilot project as partial fulfillment of the requirements for the degree of Master of Social Work. The pilot walk-in counseling clinic will be overseen by the Executive Director of SIGN, Andrew Sedley. Guidance and supervision will also be provided by Kirk Englot, Director of Operations and Business Development, Family Service Regina, and a Provincial expert in the walk-in model of counseling and Nuelle Novik, Associate Professor, Faculty of Social Work, University of Regina. Nuelle Novik serves as the Academic Supervisor for this practicum project. As a result, Karmen Pearce completed this Needs Assessment under the direction and guidance of Andrew Sedley, Kirk Englot and Nuelle Novik.

Suggested Citation

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Summary

This document was completed as part of the Needs Assessment for the feasibility of implementing a walk-in counseling clinic at Society for the Involvement of Good Neighbors (SIGN) in Yorkton. This document will examine why a walk-in model of counseling service is being considered as a new resource for the Yorkton community and provide information about what a 'walk-in' counseling service offers.

Community Stakeholders were invited to participate in an informal interview to help gain an understanding of what each agency recognizes as the issues and obstacles for individual and family wellness in the Yorkton community and area. A summary of the data findings will be discussed. As well, this document will include a brief literature review of walk-in counseling as a concept, and discuss benefits and limitations. In conclusion, recommendations about the development and implementation of a pilot walk-in counseling clinic at SIGN in Yorkton will be offered.

1. Reasons behind the Needs Assessment

In 2015, Society for the Involvement of Good Neighbors (SIGN) engaged in a process to develop a Strategic Plan for 2015-2018. This plan was developed to give the organization a clear focus and direction over the next three years. As an organization, SIGN offers Family Violence and Sexual Assault counseling services, and also provides counseling services through Employee Assistance Plans (EAP). Employee Assistance Services offers both preventative and remedial solutions to employers, employees, and immediate family members who have concerns that could affect their personal wellbeing and/or work performance (Employee Assistance Program, Health Canada, 2012). It is recognized that not all individuals have this type of benefit and/or can afford the fee, which can put a greater demand on other system supports leading to longer wait times. As a result, a number of family service organizations and health regions across the country have implemented walk-in counseling services as a response to these needs.

SIGN is a community based agency which develops and delivers services to enhance the quality of life for individuals and families in Yorkton and area. Currently SIGN serves as the administrative umbrella for 22 distinct programs.

SIGN's mission statement is:

Empowering children, families, and individuals to achieve lifelong success through programs and services that build strong children, strong families and strong communities (SIGN Standards Handbook, 2016).

The purpose of this Needs Assessment is to identify the services currently available in the Yorkton community and to explore whether a walk-in counseling service would enhance existing services and help reduce barriers for individuals, couples and families seeking counseling support.

1.1 Yorkton Community and Counseling Services

One of the objectives stated in the City of Yorkton 2020 Strategic Plan is to seek partnerships that promote health, wellness and healthy lifestyles. This includes mental health as it impacts all areas of one's life. The community of Yorkton is expanding and the population is more diverse than years ago, therefore services need to be available to help meet the mental health needs as they arise. The City of Yorkton Community Profile (2015) reports the current

population as 19,194 with the 2016 projected population to be 20,076. Other population characteristics from Statistics Canada 2011 data include: the total Aboriginal population in Sunrise Health Region is 8.5%, the unemployment rate for persons +15 years of age is 4.8%, and the proportion of those aged 25 to 54 years with post-secondary education is 50.4% (Sunrise Health Region Annual Report, 2014- 2015). The Ministry of Economy reports that 194 immigrants landed in Yorkton in 2014, and in 2015, there were 193 immigrants who located to the community.

An environmental scan of counseling services in Yorkton was completed as part of this report. The Yellow pages in the Melville/Yorkton 2016/17 phone book lists the following agencies found under the heading ‘counseling’:

- Aboriginal Family Violence
- Grayston Counseling Service*
- Mental Health Services
- Pure Fusion Health Services Inc*
- SIGN*
- Talk-Therapy Counseling*
- Yorkton Tribal Council Project Safe Haven (*denotes Fee for Service)

The Yorkton community also has services available for expressive arts therapy and has four private counseling options, which currently cost between \$75.00 - \$220.00/hour. This cost can be a barrier for individuals/families seeking support who have limited income and are not covered by Employee Assistance Plans. Costly treatment, lengthy waitlists and social stigma keep individuals from accessing much needed mental health care (Bloom & Tam, 2015). Walk-in counseling services have emerged as a creative means to reduce these barriers and offer individuals/families help when they need it.

2. What is Walk-in Counseling?

Walk in counseling clinics have been operating throughout Canada for over 25 years and for over 40 years in the United States (Slive & Bobele, 2012). In 1990, the Eastside Family Centre in Calgary offered the first community based walk-in model of mental health service delivery. The east side was an area with low socioeconomic status, great ethnic diversity, majority single parents and approximately 80% of Calgary’s referrals for child protection came

from this part of the City. The decision to develop the Eastside Family Centre walk-in service arose from a desire to provide a new type of service to fit with the needs of community clients and service providers in the health center (Harper-Jaques, McElheran, Slive, & Leahey, 2008). Evaluations of the Calgary Eastside Family Centre walk-in program and MHWI SST (Mental Health Walk-In Single Session Therapy) programs (Miller & Slive, 2004; Syverson, 2006) found that clients endorsed these services and that recorded satisfaction rates were high (74.4% and 91.3%).

Since 1990, walk-in services have been implemented throughout Canada to help reduce barriers for individuals seeking support and as a response to diminishing resources (Hymenn, Stalker, & Cait, 2013; Harper-Jaques & Foucault, 2014). The walk-in model of counseling serves a variety of operational and social purposes (Family Service Regina, 2015), as noted below.

OPERATIONAL PURPOSE	SOCIAL PURPOSE
address capacity issues (waitlists)	immediate mental health resource
adaptability	outreach to underserved communities
triage	accessibility
engage male clients	decrease load on other systems
improve response time	improve service to difficult to engage

Although each walk-in counseling service and organization is unique, they are based on similar guiding principles which include the following:

- May be a single session,
- Provide an entry point into ongoing counseling for an individual who may benefit from further support,
- Provide a referral resource to connect individuals to appropriate community services,
- Walk-in service can be accessed as needed over time,
- The walk-in sessions are free to all members of the community,
- Walk-in sessions are available to all individuals, couples and families to help address mental health concerns and provide family support,

- The focus of the session is determined by the client's unique needs and utilizes a strengths based therapeutic approach,
- No referral or scheduled appointment is needed for service,
- Clients are seen on a first come first served basis during designated walk-in service hours, and
- The clients (family or individual) are the experts in their own lives

3. Data Collection Methods

Through a literature review of existing walk-in counseling services in Canada and discussions with SIGN Executive Director, Andrew Sedley, as well as the Director of Operations and Business Development, Family Service Regina, Kirk Englot; a stakeholder survey of ten questions was composed. The focus of the interviews, which were guided by the survey were to:

- a) Gain an understanding of the goals and outcome measures for each agency,
- b) Gain an understanding of the client populations served, and to
- c) Identify the delivery concerns of each agency and identify any barriers to addressing concerns.

This interview meeting also offered opportunity to provide each agency with information about the 'walk-in' model of counseling and to discuss whether this type of service would enhance existing community services.

SIGN is a community organization which partners with many community and government agencies. In efforts to further promote collaboration with community partners, 17 Stakeholders were specifically targeted and invited to participate in an informal interview as part of this Needs Assessment.

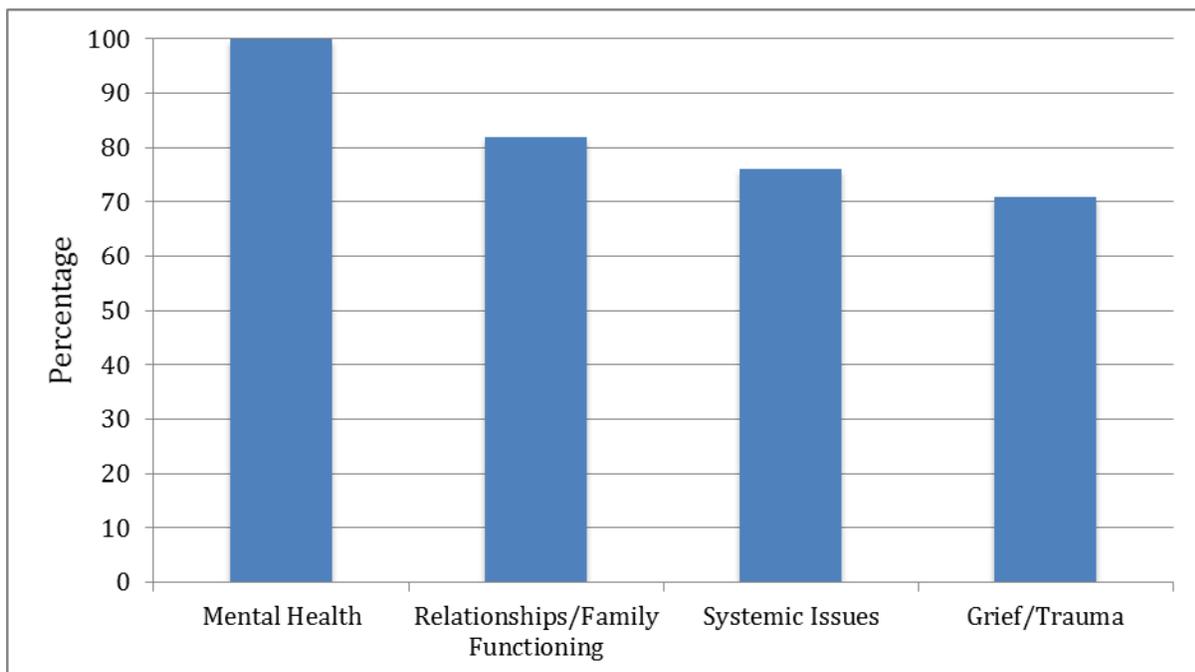
3.1 Community Stakeholder Descriptions

Agency	Description of Services
Ministry of Social Services, Child and Family Services	The Child and Family Services Act, requires this Ministry to provide services to families where children are believed to be in need of protection. The goal is to maintain children in their family home whenever possible and, if a child must be removed for their protection, to reunite families as soon as possible.
Saskatchewan Abilities Council and Branch programs	Partners in Settlement and Integration, Partners in Employment, Day Program, Mental Health Drop In Centre, Crisis Prevention & Response Program
Christ the Teacher Catholic Schools	Provides Pre-K to Grade 12 education and offers Modified, Alternate and Functionally integrated programming at the high school level.
Safe Haven Women’s Shelter	A safe shelter established to address immediate safety and support of women and children fleeing situations of domestic violence or abuse.
Sunrise Health - Mental Health and Addiction Service	Addiction Services provide counseling and support to individuals with alcohol and/or drug related problems and to their family members. Mental Health Services include Community Adult Services, Child and Youth, and Rehabilitation Services. The services provided include individual and family counseling, assessment, consultation, community development, public education, court-ordered assessment and treatment, and youth suicide intervention.
601 East Outreach Sunrise Health Turning Point Program	601 East provides education and support for individuals with HIV, Hepatitis C & Sexually Transmitted Infections. Sunrise Health Turning Point provides education, information, support & referrals.
Shelwin House	A shelter for women & children fleeing abusive relationships.
Sexual Assault Counseling Program SIGN	Counseling for victims of sexual assault and their families. Education about sexual assault and the impact it has on an individual.
Family Violence Program SIGN	Counseling and education about healthy relationships. Available to youth, adults and couples.
Corrections, Public Safety and Policing– Adult Program & Young Offender Program (CPSP)	Offenders are held accountable to the individual or community affected by the criminal act. CPSP provide and design programs that are aimed at reducing reoffending behaviors and at strengthening offenders’ abilities to successfully reintegrate back into their communities, while recognizing that offenders can take responsibility for their actions.
Yorkton Tribal Council Community Justice Program and Alternative Measures Program	Alternative measures address crime in conjunction with the criminal justice system. These programs attempt to deal with criminal behaviour in a proactive manner to balance the needs of victims, the accused and their communities; and ensure that society is protected.
Good Spirit School Division	The Good Spirit School Division provides educational opportunities to over 6,000 students operating 29 schools in 18 communities throughout East Central Saskatchewan. Five of the schools are located in the Yorkton community.
Yorkton Housing Corporation	The Yorkton Housing Corporation is a commission of the City of Yorkton entrusted to provide adequate, suitable and affordable housing for the benefit of low income adults as efficiently as possible to best meet the needs of the residents of the City of Yorkton.
CanSask/Community Resources – Transition to Work Program	Skill building and career counseling for men & women aged 16-22.
Yorkton Transition Homes for Youth	Provides youth with safe, affordable living arrangements with the ultimate goal of assisting youth on their path to independence. The homes are for male and female youth, 16-18 years of age, who need non-threatening and supportive living environments.

Sunrise Health - Community Medical Social Work Department	The Social Work department has medical social workers and community social workers. As members of the Health Care Team, Social Workers can help patients and their families cope with stress caused by health problems, caregiver concerns, life stage transitions and accessing community resources.
HUB	Provides interagency connections to help better serve individuals/families with elevated risk levels

4. Findings

The data collected from the stakeholder interviews was analyzed and categorized into two categories: *presenting issues* and *barriers for clients seeking counseling*. A thematic analysis of the data shows four emerging themes being identified as *issues* Yorkton residents might seek service for, and five themes were identified as barriers.



4.1 Presenting Issues

4.1.1 Mental Health Concerns

The Canadian Mental Health Association describes mental health as a balance in all aspects of your life: social, physical, spiritual, economic and mental. Reaching a balance is a learning process. At times, you may tip the balance too much in one direction and have to find your footing again. Personal balance is unique for each individual, and the challenge for

individuals is usually to stay mentally healthy by keeping that balance (Canadian Mental Health Association, 2016). Therefore, all people can experience times where they may need some support to help to find that necessary balance.

The walk-in model of counseling is intended to help people manage mental health symptoms to improve functioning and general wellbeing. The particular mental health concerns referenced by the Stakeholders interviewed for this Needs Assessment were depression, anxiety and stress. This information was similar to that gathered in the Getting Services Right: An Ontario Multi- agency Evaluation Study (2014) completed previously in Ontario. The presenting concern for individuals/families attending walk-in services at the Kitchener-Waterloo Counseling Services (KWCS) found the largest proportion indicated that depression/anxiety (28%) followed by problems in the couple relationship (21.6%), were most often the issue that individuals sought counseling for (Stalker, Horton, & Cait, 2012). This Ontario study further reported that adults utilizing the walk-in services at KW Counseling services experienced a decrease in stress and improved general functioning overall.

4.1.2 Relationships – Family Functioning

Relationships come in many forms. Walk- in counseling provides immediate support for marital/family conflicts as well as support for parents experiencing child and adolescent behaviour problems. Behavioural issues, family conflict, depression and aggression are common presenting issues for clients utilizing Ontario walk-in services. Evaluation of Ontario's brief service delivery finds the greatest area of improvement were clients' awareness of their own skills, client's ideas about how to solve the issue and client awareness of community resources (Duvall, Young, & Kays-Burden, 2012). Relationships and family functioning were areas clearly identified by Stakeholders who were interviewed for this Needs Assessment as well.

4.1.3 Systemic Issues – Poverty, Employment, Housing, Transportation

In response to systemic issues, an increasing number of family service and children's mental health agencies in Canada are employing walk-in counseling services to help improve accessibility to counseling support (Walk-in Counseling Clinic Orientation Manual, Ontario, 2015). This type of service provides all people access to professional counseling regardless of income or insurance benefits.

Foss, Generali & Kress (2011) identified a number of fundamental barriers for individuals/families living in poverty to attend counseling appointments. This can include limited work schedule flexibility and transportation problems. These obstacles can make counseling attendance nearly impossible which then results in unmet treatment needs. The Stakeholders interviewed for this Needs Assessment also described conditions similar to those identified within the literature and discussed above. Consequently, advocating for the establishment of walk-in clinics and flexible scheduling may substantially contribute to assisting many of these clients to engage in counseling.

4.1.4 Trauma/ Grief

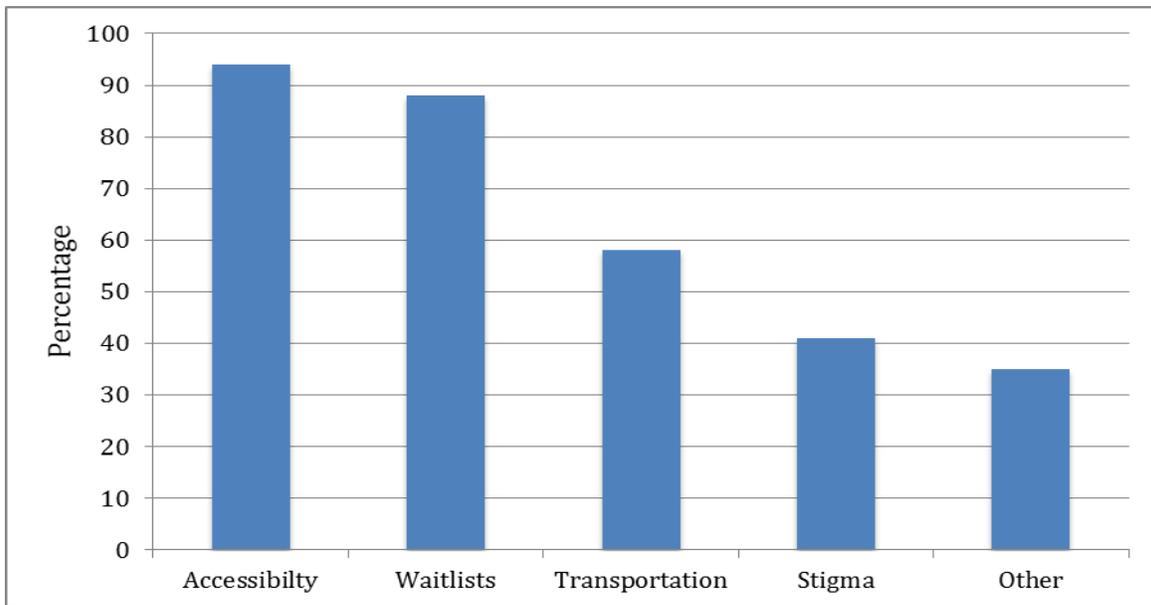
Grief is a normal, internal experience in response to loss. Trauma is used to describe experiences or situations that are emotionally painful and distressing, and that can overwhelm one's ability to cope. Waterloo's 2015 study discussed above found that the difference in improvement for participants of the walk-in counseling model compared to participants of the traditional model was more pronounced for those with complex needs, which included coping with abuse, trauma, serious mental illness or child welfare concerns (Stalker, Cait, Horton, Reimer, & Booton, 2015). The literature examining the impact of the walk-in counseling model for clients presenting with grief is limited, however, evidence does support improved efficacy for those attending to walk-in counseling with trauma-based presenting issues. Stakeholders interviewed for this Needs Assessment within the community of Yorkton and the surrounding area identified trauma and grief as common presenting issues for those seeking counseling support.

4.2 Barriers for Clients Seeking Counseling

The informal survey completed with community Stakeholders for this Needs Assessment identified several barriers for individuals and families seeking support. These barriers were consistent with the literature on this subject. Barrett, Chua, Crits and Thompson (2008) identified obstacles that underserved populations typically might face when seeking treatment including:

- Clients may not know how to initiate the process,
- Social and cultural factors may stigmatize mental illness and beliefs about healing that may not include counseling as a way to solve problems,

- The appointment-making process can be intimidating,
- There can be long waiting lists for appointments,
- Transportation options may be limited,
- Clients may have trouble taking time off from work, and
- Lack of universal child care.



4.2.1 Accessibility of Counseling Service

The walk-in approach to counseling services utilized throughout Canada is often found in various agencies. These agencies may be dispersed throughout the community with the goal of increasing accessibility for the public. The hours of operation often include evenings, and in some locations, services are available on Saturdays. These flexible hours provide an accessible safety net to the community when other services are not available (Slive, McElheran, & Lawson, 2008). The designated walk-in service is always offered at no cost, and is open to all people. This allows members of the general public to access counseling support regardless of income or insurance benefits. The walk-in service aims to be "user-friendly" and provide immediate access to service by eliminating traditional intake processes (Slive, 2008). Those Stakeholders

interviewed for this Needs Assessment all identified accessibility as being a very important aspect of this type of mental health support service.

4.2.2 Waitlists

A common concern identified by Stakeholders interviewed for this Needs Assessment was the waiting times for clients to receive service. The walk-in model eliminates the formal process of setting an appointment, and instead provides support on a ‘first come, first serve’ basis during the designated hours. Walk-in counseling services may be viewed primarily as a ‘single session’, or walk-in counseling may be utilized as an entry point into ongoing counseling depending on the need.

Providing immediate counseling support for individuals and families can reduce the load on other systems. Walk-in services have developed as an alternative to traditional intake systems and others operate as a more efficacious way to manage a waitlist (Slive, McElheran, & Lawson, 2008).

4.2.3 Transportation

Transportation was identified by all Stakeholders identified for this Needs Assessment as a barrier for clients. The limited transportation system in the Yorkton community creates difficulties and prevents some individuals from accessing services. Yorkton has a regular, scheduled dial-a-bus service and privately owned taxis. Specially equipped transit vehicles serve the needs of individuals with disabilities (City of Yorkton, 2015). The Society for the Involvement of Good Neighbours (SIGN) offers a Senior Mobility Program. This service costs \$6.00 per person/one way and \$4.00 for each additional stop. It is important to note that there is a large rural area surrounding Yorkton that seeks services in the City of Yorkton as well. The large geographic distances can be an obstacle for individuals and families who are seeking support and do not have counseling resources available in their home community.

4.2.4 Stigma

The discrimination and stigma associated with mental health issues and mental illness in our society is still pervasive (Canadian Mental Health Association, 2016). This is an ongoing issue identified by the Stakeholders interviewed for this Needs Assessment as well. There are

examples found within the literature of existing walk-in counseling clinics which are located in various types of settings. This variety of settings, not necessarily identified with mental health services, can help create a safe, inviting atmosphere.

4.2.5 Other Barriers

In addition to the specific barriers identified by the Stakeholders interviewed for this Needs Assessment that were discussed above, Stakeholders also reported the following as additional obstacles experienced by clients seeking counseling support in the Yorkton area:

- It is difficult to maintaining the client/service connection and ongoing participation once the client is linked with a service,
- There is a lack of affordable service for couples counseling,
- There are limited counseling support services available in general,
- Mandates of most agencies restrict who can access services - not 'fitting' an agency's requirements for service is common,
- There is an overall lack of child care options in the community, and
- Individuals have expressed that they feel intimidated in seeking counseling supports in public spaces.

4.2.6 Funding

There is increasing demand from both funders and consumers for therapy to be brief and accessible while still remaining effective. The literature indicates that the funding for counseling services vary, as some of the walk-in services are free standing and some are components of a large system of services. Walk-ins can be an important part of a larger network of mental health and social services (Slive & Bobele, 2012). Existing walk-in counseling services have different types of funders, including federal, provincial and municipal funding contracts, fundraising, grants and donations. Bloom and Tam (2015) in their study on walk-in services for child and family mental health suggest that walk-in clinics reduce overall societal costs. Those

stakeholders interviewed for this Needs Assessment all expressed concern and question about how such a service might be funded in the long term.

5. Recommendations

Review of the existing walk-in counseling services offered in various Canadian communities revealed similar issues and barriers as those reflected in the information and feedback provided by Yorkton Stakeholders. Connecting with the community Stakeholders was valuable, in that it captured the many strengths and resources within the Yorkton community as well as identified some of the barriers and challenges that exist for those members of vulnerable populations who may be seeking counseling support.

Interview findings support this pilot walk-in counseling service and suggest that the implementation of a walk-in counseling clinic would enhance the existing services in Yorkton and would help to reduce barriers experienced by members of vulnerable populations seeking counseling support. As a result, a 10 week pilot project will commence on August 3, 2016 offering a 'walk-in' counseling service at SIGN on Broadway, Room 135. This 'walk-in' service will be available to individuals, couples and families every Wednesday and Thursday from 12:00 pm to 8:00 pm. An evaluation will be conducted during this time, and upon completion of the pilot project to measure outcomes. In doing so, evidence will be gathered to evaluate the success of this pilot project, and to gather data which may be used to support the development of a walk-in counseling service offered through SIGN on an ongoing basis.

6. Conclusion

It is important to recognize that the 'walk-in' model of service is not a replacement for existing counseling support services provided to individuals receiving ongoing therapies or in need of psychiatric care. Mental health difficulties are an ongoing part of life for many

individuals, and for these people being able to have a ‘booster’ in the form of an easily accessible walk-in session, could be helpful in reducing stress (Stalker, Reimer, Cait, Horton, Booton, Josling, Bedggood, & Zaczek, 2015). The purpose of a walk-in counseling service is to provide brief, solution focused support for individuals, couples and families to help address the immediate needs of the client. Slive, McElheran, & Lawson (2008) express the goal of service is for the client(s) to leave the session with a sense of emotional relief and some sort of positive outcome.

Walk-in counseling may be primarily seen as a ‘single session’. Walk-in counseling can also serve as an entry point to further counseling appointments and connections with other community supports. Organizations offering walk-in counseling usually provide additional counseling to clients who request it or are assessed by the therapist to require it (Stalker et al., 2015). The scan of services demonstrates the limited options of affordable counseling services available in the Yorkton community. The walk-in model of service may prove to be an innovative tool to help fill gaps, however, it is recognized there are still limitations for ongoing counseling support for individuals, couples and families without benefits or financial means. This could be an area of programming for further research.

APPENDIX A

Stakeholder Survey Questions

- 11) What services does your agency provide in the community?
- 12) What is the client population your agency provides service to?
- 13) What are the issues and concerns of the clients you provide service to?
- 14) How do you presently provide intervention, referral or treatment for these issues or concerns?

Do your clients present issues or concerns that go beyond the scope of your services? Is there presently a demonstrated gap or lack of resources or referrals sources to meet these needs?
- 15) Are there any barriers for the clients to address these issues and concerns? If so, what are the barriers?
- 16) Are the clients you serve often involved with other supports and services? If so, which types of services.
- 17) Would a walk in counseling service be of assistance to help address the clients' needs and be supportive of your agency's goals and outcomes?
- 18) If this resource was available in the community, how could it enhance the service your agency provides? (Example -Would it benefit client outcomes, caseload numbers, reduce waiting lists, cost of service)
- 19) If something like this was offered in the Yorkton community, would it enhance the existing services available or be a duplicate service? Why?
- 20) Is there anything else you think is important to capture in this survey?

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SIGN Walk-In Counselling Service

SIGN on Broadway

ROOM 135

Date: _____

Name: _____ Birth date: _____

Address: _____

City: _____ Postal Code: _____

Phone number: _____ Is it okay to leave a message? Yes No

If under age 16 years, please name parent/caregiver: _____

Parent/caregiver phone contact: _____

How did you find out about the walk-in service?

What specific concern brought you here to today?

Thank you

Welcome to SIGN's Walk-in Counselling Clinic

Confidentiality

All information obtained by agency staff in the course of providing information to you will be treated in a confidential manner. No information pertaining to your situation will be disclosed to persons outside of SIGN.

Exceptions to this policy are:

- Agency staff are obligated under the Child and Family Services Act to report all suspected incidents of child abuse to the Ministry of Social Services or a peace officer.
- Agency staff may, by order of a Judge under subpoena, be required to give evidence in a court of law.
- Where a person divulges that their intended behaviour puts their own life or the life of another person at imminent risk, the agency is required to take action for the protection of this individual.
- At your written request.

Legal Proceedings

The agency does not act as witness or give evidence or prepare reports in civil or legal proceedings on behalf of clients of SIGN (e.g. divorce, child custody actions).

Please acknowledge that you have understood the limitations to confidentiality by signing below.

(client signature)

(date)

Should you and your counsellor agree that your information could be shared with others outside of the SIGN Walk-in Counselling Clinic, your counsellor will need your signed consent.

Thank you



Appendix E

SIGN WALK-IN COUNSELLING CLINIC

Contact note

Date: _____

Present at this session: _____

Key issue/concern: _____

Background information: _____

Client strengths and supports: _____

Next steps: _____

(Counselor signature)

Counselor closing information:

Complete _____ Community Resources _____ EAP _____

Appendix F

Community Stakeholder Online Survey Questions

1. Have you recommended the walk-in counselling service to any person(s)?
2. If so, are you aware if any of these person(s) utilized the walk-in counselling service at SIGN?
3. Are you satisfied with the pilot walk-in counselling clinic days and hours of operation?
4. Does having a walk-in counselling service in the community help address the needs of the clients your agency serves? If so how?
5. Does having a walk-in counselling service in the community, be supportive of your agency goals and outcomes? If so how?
6. Do you plan to share or recommend the walk-in counselling service to the clients you serve?
7. Do you feel the walk-in counselling clinic at SIGN is a beneficial resource to Yorkton and area?
8. Do you have any suggestions on how to improve the SIGN walk-in counselling clinic?

Appendix G



Evaluation Report
Walk-in Counselling Clinic
Society for the Involvement of Good Neighbors

October 2016

ACKNOWLEDGEMENTS

As a University of Regina graduate student and Social Worker at SIGN, Karmen Pearce had the opportunity to participate in the development of a Walk-In Counselling Service as a pilot project as partial fulfillment of the requirements for the degree of Master of Social Work. The pilot walk-in counselling clinic was overseen by the Executive Director of SIGN, Andrew Sedley. Guidance and supervision was also provided by Kirk Englot, Director of Operations and Business Development, Family Service Regina, and a Provincial expert in the walk-in model of counselling and Nuelle Novik, Associate Professor, Faculty of Social Work, University of Regina. Nuelle Novik serves as the Academic Supervisor for this practicum project. As a result, Karmen Pearce completed this Evaluation Report under the direction and guidance of Andrew Sedley, Kirk Englot and Nuelle Novik.

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Introduction

Interview findings from this research project suggest the implementation of a walk-in counselling clinic (WICC) would enhance the existing mental health services in Yorkton and would help to reduce the barriers experienced by members of vulnerable populations seeking counselling support. A Literature Review examining the existing walk-in counselling services offered in various Canadian communities revealed similar issues and barriers as those reflected in the information and feedback provided by Yorkton Stakeholders.

This evaluation report outlines a pilot project of a WICC initiated by SIGN to explore whether a single session counselling clinic delivered within a walk-in setting could enhance or expand current mental health and family counselling services in the Yorkton Region. This pilot project began in May 2016 and consisted of an environmental scan, informal interviews with 17 community stakeholders and a summary report of these findings. As a result, a 10 week pilot project commenced on August 3, 2016 offering a walk-in counselling service at SIGN on Broadway, Room 135. This 'walk-in' service was available to individuals, couples and families every Wednesday and Thursday from 12:00 pm to 8:00 pm at no cost.

During this 10 week pilot, data was gathered to examine the need for, and the effectiveness of, the walk-in counselling service. Individuals, couples and families utilizing the WICC were asked to complete a brief form to gather demographic information, identify how they heard about the service, and to identify what concerns brought them to the walk-in clinic. Data was also collected to identify the times of day the walk-in service was most utilized and the length of each session. Clients were asked to complete an Outcome Rating Scale (ORS) to measure level of functioning and overall wellbeing. Each client was also asked to scale their

Evaluation of the pilot WICC included an examination of client satisfaction of the counselling session and overall walk-in experience. This data was collected using the Session Rating Scale (SRS). The Community Stakeholders were also invited to participate in an online survey to measure their satisfaction of the pilot walk-in service.

1. Inputs

There were many valuable inputs and resources which contributed greatly to the development of the pilot WICC at SIGN. As a University of Regina, Masters of Social Work student, support and guidance for this pilot project was provided by the members of the Practicum Committee team:

- Academic Supervisor: Nuelle Novik (BA, BSW, MSW, PhD, RSW)
- Academic Committee Member: Gabriela Novotna (MSW, PhD)
- Professional Associate and Clinical Consultant: Kirk Englot (MSW, RSW)
- Program Consultant: Andrew Sedley (BSW, RSW)
- Clinical Consultant: Jackie Murphy Park (MSW)

Information was collected through academic research through a review of current literature as well as by interviewing staff from existing walk-in counselling clinics including: Calgary Eastside Family Center, Family Service Regina, Kitchener Waterloo (KW) Counselling Clinic, and Many Rivers Yukon Counselling and Support Services. Information collected on program models contributed to the development of SIGN's WICC. As well, an onsite tour, interview and observation of Family Service Regina's current WICC was very helpful and informative. Informal interviews with 17 community agencies in the Yorkton Region were facilitated and assisted in the planning of SIGN's pilot project.

Community Stakeholder Descriptions

Agency	Description of Services
Ministry of Social Services, Child and Family Services	The Child and Family Services Act, requires this Ministry to provide services to families where children are believed to be in need of protection. The goal is to maintain children in their family home whenever possible and, if a child must be removed for their protection, to reunite families as soon as possible.
Saskatchewan Abilities Council and Branch programs	Partners in Settlement and Integration, Partners in Employment, Day Program, Mental Health Drop In Centre, Crisis Prevention & Response Program
Christ the Teacher Catholic Schools	Provides Pre-K to Grade 12 education and offers Modified, Alternate and Functionally integrated programming at the high school level.
Safe Haven Women's Shelter	A safe shelter established to address immediate safety and support of women and children fleeing situations of domestic violence or abuse.
Sunrise Health - Mental Health and Addiction Service	Addiction Services provide counselling and support to individuals with alcohol and/or drug related problems and to their family members. Mental Health Services include Community Adult Services, Child and Youth, and Rehabilitation Services. The services provided include individual and family counselling, assessment, consultation, community development, public education, court-ordered assessment and treatment, and youth suicide intervention.
601 East Outreach Sunrise Health Turning Point Program	601 East provides education and support for individuals with HIV, Hepatitis C & Sexually Transmitted Infections. Sunrise Health Turning Point provides education, information, support & referrals.
Shelwin House	A shelter for women & children fleeing abusive relationships.
Sexual Assault Counselling Program SIGN	Counselling for victims of sexual assault and their families. Education about sexual assault and the impact it has on an individual.
Family Violence Program SIGN	Counselling and education about healthy relationships. Available to youth, adults and couples.
Corrections, Public Safety and Policing– Adult Program & Young Offender Program (CPSP)	Offenders are held accountable to the individual or community affected by the criminal act. CPSP provide and design programs that are aimed at reducing reoffending behaviors and at strengthening offenders' abilities to successfully reintegrate back into their communities, while recognizing that offenders can take responsibility for their actions.
Yorkton Tribal Council Community Justice Program and Alternative Measures Program	Alternative measures address crime in conjunction with the criminal justice system. These programs attempt to deal with criminal behaviour in a proactive manner to balance the needs of victims, the accused and their communities; and ensure that society is protected.
Good Spirit School Division	The Good Spirit School Division provides educational opportunities to over 6,000 students operating 29 schools in 18 communities throughout East Central Saskatchewan. Five of the schools are located in the Yorkton community.
Yorkton Housing Corporation	The Yorkton Housing Corporation is a commission of the City of Yorkton entrusted to provide adequate, suitable and affordable housing for the benefit of low income adults as efficiently as possible to best meet the needs of the residents of the City of Yorkton.
CanSask/Community Resources – Transition to Work Program	Skill building and career counselling for men & women aged 16-22.
Yorkton Transition Homes for Youth	Provides youth with safe, affordable living arrangements with the ultimate goal of assisting youth on their path to independence. The homes are for male and female youth, 16-18 years of age, who need non-threatening and supportive living environments.
Sunrise Health - Community Medical Social Work Department	The Social Work department has medical social workers and community social workers. As members of the Health Care Team,

	Social Workers can help patients and their families cope with stress caused by health problems, caregiver concerns, life stage transitions and accessing community resources.
HUB	Provides interagency connections to help better serve individuals/families with elevated risk levels

2. What is Walk-in Counselling?

Walk in counselling clinics have been operating throughout Canada for over 25 years and for over 40 years in the United States (Slive & Bobele, 2012). In 1990, the Eastside Family Centre in Calgary offered the first community based walk-in model of mental health service delivery. The east side was an area with low socioeconomic status, great ethnic diversity, majority single parents and approximately 80% of Calgary`s referrals for child protection came from this part of the City. The decision to develop the Eastside Family Centre walk-in service arose from a desire to provide a new type of service to fit with the needs of community clients and service providers in the health center (Harper-Jaques, Mcelheran, Slive, & Leahey, 2008). Evaluations of the Calgary Eastside Family Centre walk-in program and MHWI SST (Mental Health Walk-In Single Session Therapy) programs (Miller & Slive, 2004; Syverson, 2006) found that clients endorsed these services and that recorded satisfaction rates were high (74.4% and 91.3%).

Since 1990, walk-in services have been implemented throughout Canada to help reduce barriers for individuals seeking support and as a response to diminishing resources (Hymenn, Stalker, & Cait, 2013; Harper-Jaques & Foucault, 2014). The walk-in model of counselling serves a variety of operational and social purposes (Family Service Regina, 2015), as noted below.

OPERATIONAL PURPOSE	SOCIAL PURPOSE
address capacity issues (waitlists)	immediate mental health resource
adaptability	outreach to underserved communities
triage	accessibility
engage male clients	decrease load on other systems
improve response time	improve service to difficult to engage

Although each walk-in counselling service and organization is unique, they are based on similar guiding principles which include the following:

- May be a single session,
- Provide an entry point into ongoing counselling for an individual who may benefit from further support,
- Provide a referral resource to connect individuals to appropriate community services,
- Walk-in service can be accessed as needed over time,
- The walk-in sessions are free to all members of the community,
- Walk-in sessions are available to all individuals, couples and families to help address mental health concerns and provide family support,
- The focus of the session is determined by the client's unique needs and utilizes a strengths based therapeutic approach,
- No referral or scheduled appointment is needed for service,
- Clients are seen on a first come first served basis during designated walk-in service hours, and
- The clients (family or individual) are the experts in their own lives

(Calgary Eastside Family Center, Family Center Northern Alberta, Family Service Regina, KW Counselling Clinic)

3. Phase 1 - Program Development

The goal of the pilot WICC was to meet SIGN’s mission and values by providing a free walk-in counselling service for individuals, couples and families.

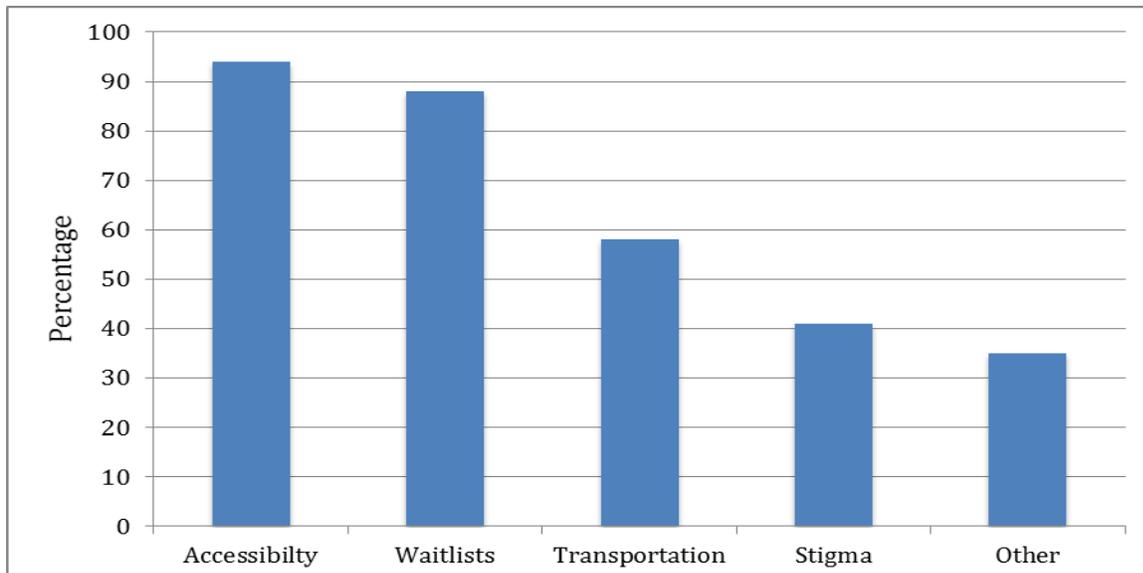
SIGN’s mission statement is:

Empowering children, families, and individuals to achieve lifelong success through programs and services that build strong children, strong families and strong communities (SIGN Standards Handbook, 2016).

This initial phase consisted of several activities, including a literature review of walk-in counselling through conducting academic research and through the initiation of phone meetings with existing walk-in services across the country. It also included informal interviews with community stakeholders in and around Yorkton in order to gather data for the development of a pilot walk-in counselling clinic. These findings were summarized into a Needs Assessment

3.1 Findings from the Needs Assessment

The data collected from the stakeholder interviews was analyzed and categorized into two categories: *presenting issues* and *barriers* for clients seeking counselling. A thematic analysis of the data shows four emerging themes being identified as issues Yorkton residents may seek service for: *mental health, relationship/family functioning, grief/trauma and systemic issues*. Five themes were identified as barriers: *accessibility, waitlists, transportation, stigma, and other*.



3.1.1. Identified Barriers

Stakeholders reported the following as additional obstacles experienced by clients seeking counselling support in the Yorkton area:

- It is difficult to maintain the client/service connection and ongoing participation once the client is linked with a service,
- There is a lack of affordable service for couples counselling,
- There are limited counselling support services available in general,
- Mandates of most agencies restrict who can access services - not ‘fitting’ an agency’s requirements for service is common,
- There is an overall lack of child care options in the community, and
- Individuals have expressed that they feel intimidated in seeking counselling supports in public spaces.

3.2 Design of the Pilot Walk-in Counselling Clinic

Walk-in counselling aims to reduce barriers for individuals and families seeking service, therefore careful consideration was given to the data collected from Community Stakeholders when developing this service. As well, information about walk-in counselling was shared with community agencies and the general public to help build awareness.

The concept of walk-in counselling is new to the Yorkton community. As with any new service, building awareness is key. It takes time to raise awareness about something new, unusual and innovative (Hoyt & Talmon 2014). Advertising of the walk-in counselling clinic was through social media, radio, and posters displayed throughout the community and this information was also sent directly to the interviewed Community Stakeholders. SIGN hosted an open house which stakeholders were invited to attend. This event was planned to share information about the walk-in counselling service and to open communication for any feedback. The collaboration with community agencies is important to the SIGN organization and was essential to the development of the walk-in service. The open house event provided opportunity to continue relationship building with community partners and to promote the clinic.

SIGN offers fee for service counselling and specialized counselling for Sexual Assault and Family Violence, therefore collaboration with these programs was essential. Inter-program

coordination was facilitated to assist service streaming and triage through the intake worker and other program workers. Individuals, families and couples, without an Employee Assistance Plan, were given the walk-in counselling service information or choice to arrange an appointment with a SIGN contract counselor. The walk-in counselling service intends to complement the existing services at SIGN and in the community. The pilot WICC was designed to increase the accessibility of counselling services for individuals and help reduce the barriers for people seeking support.

3.2.1 Stigma

The location for the pilot walk-in counselling clinic was at SIGN on Broadway. The SIGN on Broadway building has office spaces with private entrances which provide greater privacy and easier access for the public. SIGN decided to operate the WICC at the SIGN on Broadway building to help reduce the stigma often associated with mental health. SIGN is the hub of various programs and services, therefore, it can be less intimidating for individuals to seek help. One of the principles of walk-in services is to be accessible and user-friendly, therefore consideration to where the walk-in counselling is located is important to best meet the community's needs.

Walk-in counselling services are located within health and community based services. Often the intention is to help with the emerging need for effective, accessible mental health services. Walk-in counselling is one way of addressing roadblocks to mental health care (Hoyt & Talmon, 2014). Objective 2 of the World Health Organization's Mental Health Action Plan for 2013–2020 states “to provide comprehensive, integrated and responsive mental health and social care services in community based settings” (World Health Organization, 2013, p. 10). SIGN is a community based organization which consists of various programs that provide support, information and skill building to help improve functioning and wellbeing.

3.2.2 Accessibility

Accessibility to counselling services was identified as a barrier. The walk-in counselling clinic office hours were specifically set to include evening hours to be most accommodating for people's schedules. The SIGN WICC hours of operation were every Wednesday and Thursday from 12 noon – 8pm. Hoyt & Talmon (2014) find it is best practice to distribute the hours of

walk-in counselling over a few days rather than all in one day. This way an individual does not have to wait long if they decide they want to seek help.

The process of walk-in counselling aims to be simple. An individual, couple or family can come to the walk-in service during the designated hours and be seen on a first come first serve basis. This eliminates the need for an appointment and the individual can come at a time that best suits their schedule. It offers support to anyone who wants counselling services as there is no criteria or a referral process necessary to attend the walk-in service.

Another philosophical principle of the ‘walk-in counselling service’ is that therapy begins when client walks in the door. Individuals simply walk-in at their convenience for a visit with a counselor. The receptionist’s vital role is to be welcoming and to treat each person as a host would a guest reassuring that, “you have come to the right place.” This helps sets the stage for optimism and hope. (Young, Dick, Herring, & Lee, 2008). This simple, straightforward approach helps create a safe, welcoming environment for individuals seeking support.

3.2.3 Transportation and Child Care

Transportation and child care were also identified as barriers for individuals seeking counselling. Some of the individuals utilizing the pilot walk-in service lived over an hour away and relied on arranged transportation to attend the clinic, therefore efforts were made to give these individuals a more tentative time frame of when they could be seen on walk-in days. This accommodation was made to support the needs of the individuals and to make the counselling service more accessible.

Child care was identified as a barrier for some individuals wanting counselling. This issue presented during this pilot when a parent and toddler attended the walk-in clinic and inquired if we could have the session at the Family Resource Centre. The Family Resource Centre is located in the SIGN building as well and fortunately the program manager was open to this. This may be a partnership to explore for future planning as it could help increase accessibility of services by offering on-site child care at designated times.

During the delivery of this pilot walk-in service, the option of ongoing service arose. Each session was treated as a single session appointment however, there were times individuals, couples and families attending requested ongoing services. Stalker, Horton, & Cait (2012) study report 25% of the walk-in clients are referred for additional sessions within the agency. At this

time SIGN can provide ongoing services through the Sexual Assault program, Family Violence program, and the EFAP services, but these services were not always suitable. Therefore, individuals, couples and families were invited to return to the walk-in counselling clinic if they needed.

The concept of any walk-in service is to provide a service when the person is wanting it. The walk-in model of counselling is no different – it provides the customer the specific service of counselling when they want it. The purpose of a walk-in counselling is to provide brief, solution focused support for individuals, couples and families to help address immediate needs. Slive, McElheran, & Lawson (2008) express the goal of service is for the client to leave the session with a sense of emotional relief and some sort of positive outcome.

4. Phase 2 - Delivery of Pilot WICC

The SIGN WICC was open every Wednesday and Thursday, August 3, 2016 – October 6, 2016, for a total of 20 days. During the delivery phase of this pilot program, data was collected to measure client satisfaction with the therapeutic session and the current level of functioning clients self-reported when seeking counselling. Clients were also asked to score their pre and post distress level. As well, the individuals were invited to rate their overall satisfaction with the WICC.

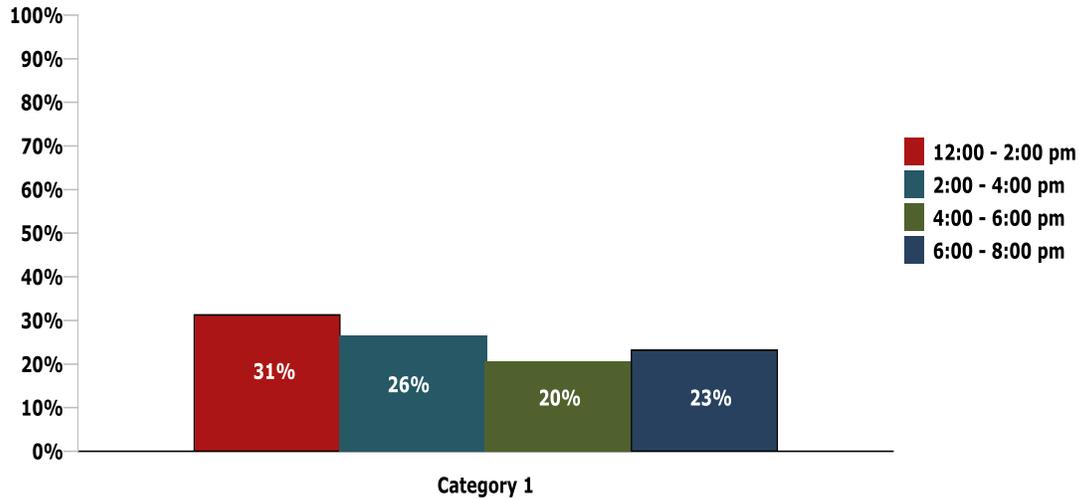
The counselling services were available to individuals, couples and families with various presenting issues and needs. The WICC services were based on two recognized therapeutic approaches: brief solution focused therapy and a single session model of therapy. A strengths based approach guided the services for the pilot WICC.

5. Evaluation of Walk-in Counselling Clinic Data

5.1 Usage Data and Trends

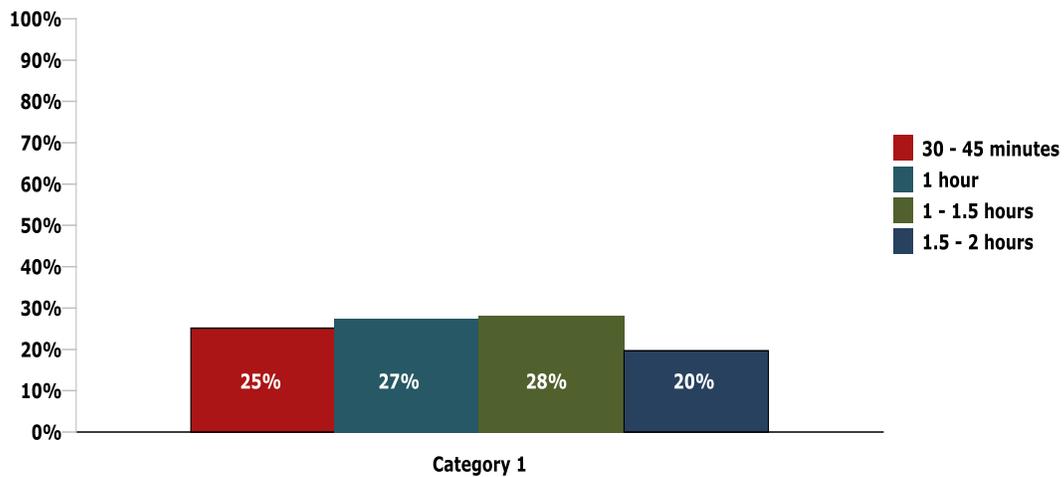
SIGN WICC was open to the public every Wednesday and Thursday from 12:00pm until 8:00pm. During this time, the total number of WICC visits was 77. The average weekly usage was 4 people per day. The data shows that the WICC was utilized by individuals consistently during all the different times of day that it was offered.

Usage Times



Session length was based on the individual's needs. For the sake of managing WICC wait times, individuals were allotted approximately 60 minutes while couples and families were 90 minutes. However, this time frame was flexible depending on the presenting needs. Therefore, the length of session times varied from 30 minutes to 2 hours.

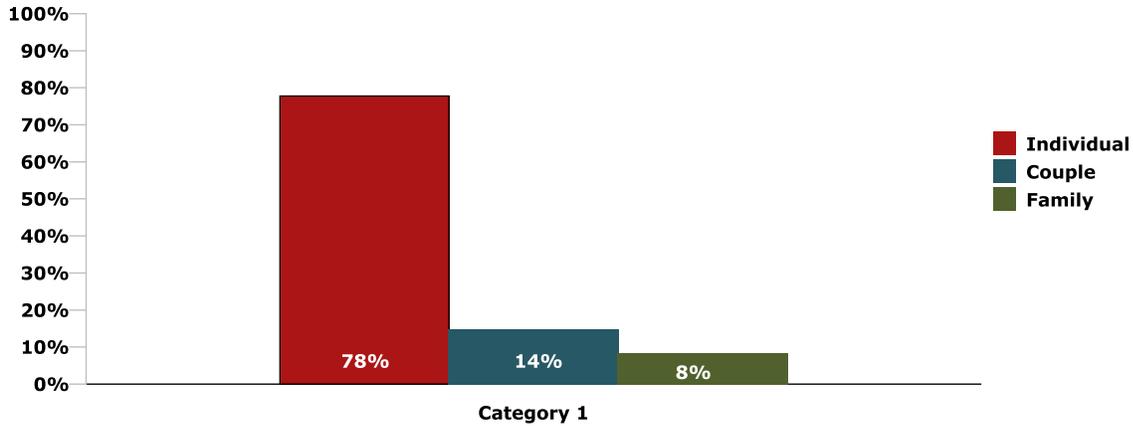
Session Length



5.2 Client Demographics

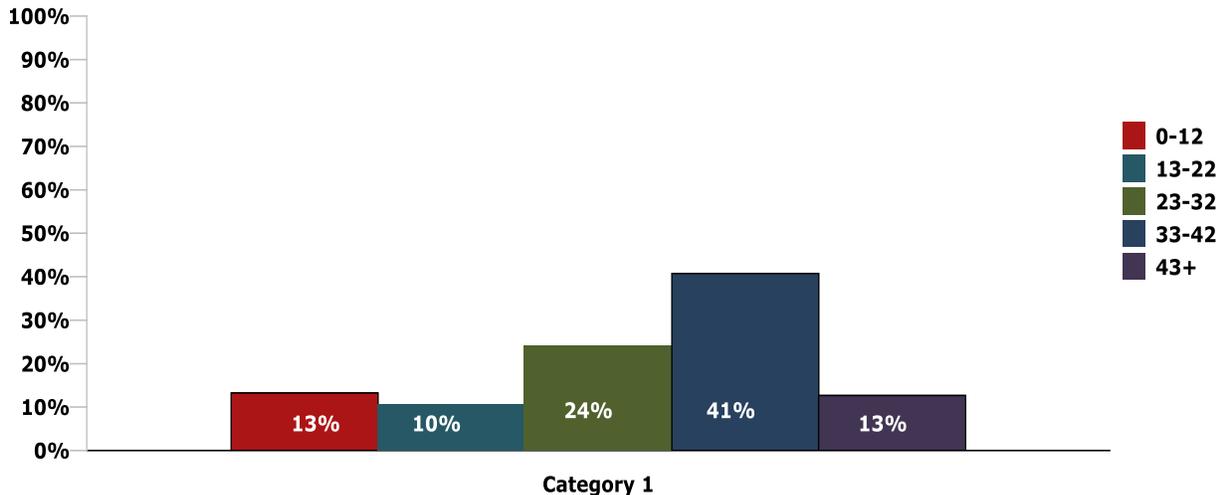
Individuals utilizing the WICC completed a brief introduction form which included demographic information and details regarding presenting issues. The SIGN WICC was available to individuals, couples and families at no cost and required no referral process.

Groupings

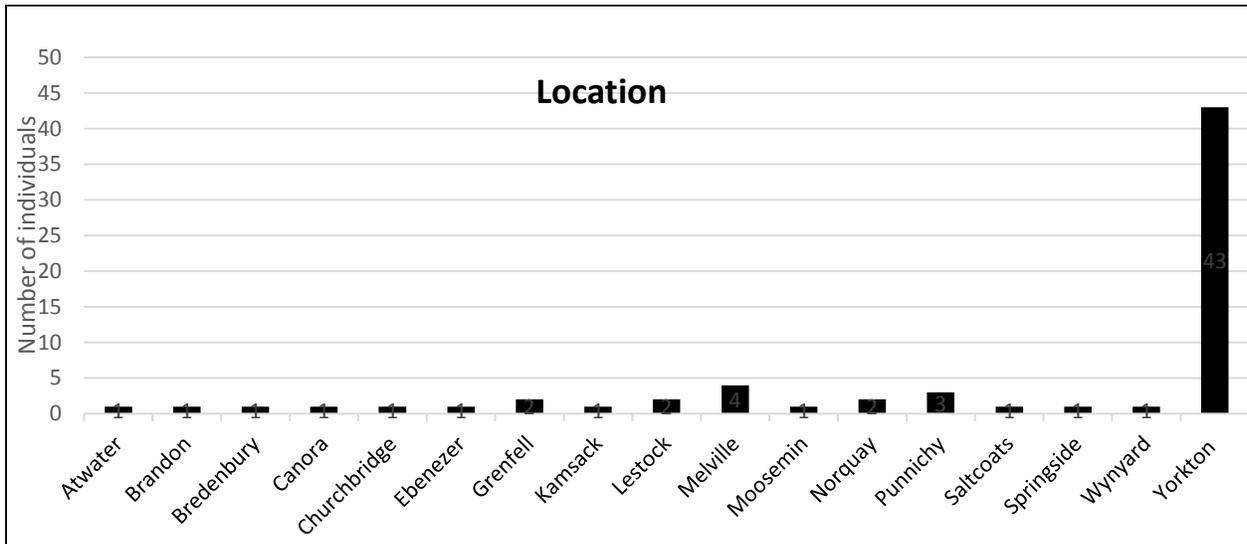


The ages of the individuals varied between 7 years to 68 years. The pilot WICC found that 23% of the individuals were under 22 years of age. Children under the age of 12 years attended with a parent. The findings show that 6.5% of the individuals utilizing the pilot WICC were of the 60 plus population.

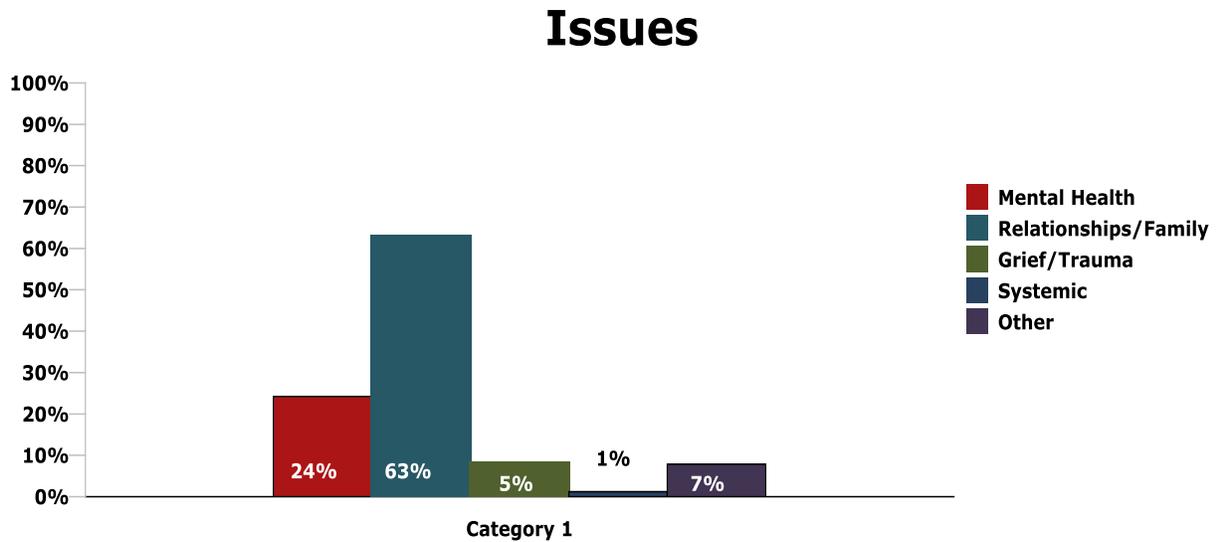
Age Groups



The Yorkton region has a large rural district. Individuals, couples and families utilizing the pilot WICC identified the following locations as their place of residence. Travel times for some of the individuals utilizing this service was over an hour and a half.



The introduction form asks the individual to identify what specific concern brought them to the WICC. Individual’s responses varied and were categorized as Mental Health concerns, Relationship/Family concerns, Grief/Trauma, Systemic and Other. The category *other* was used when individuals identified more than one concern on their introduction form.



5.3 Clinical Outcome Data

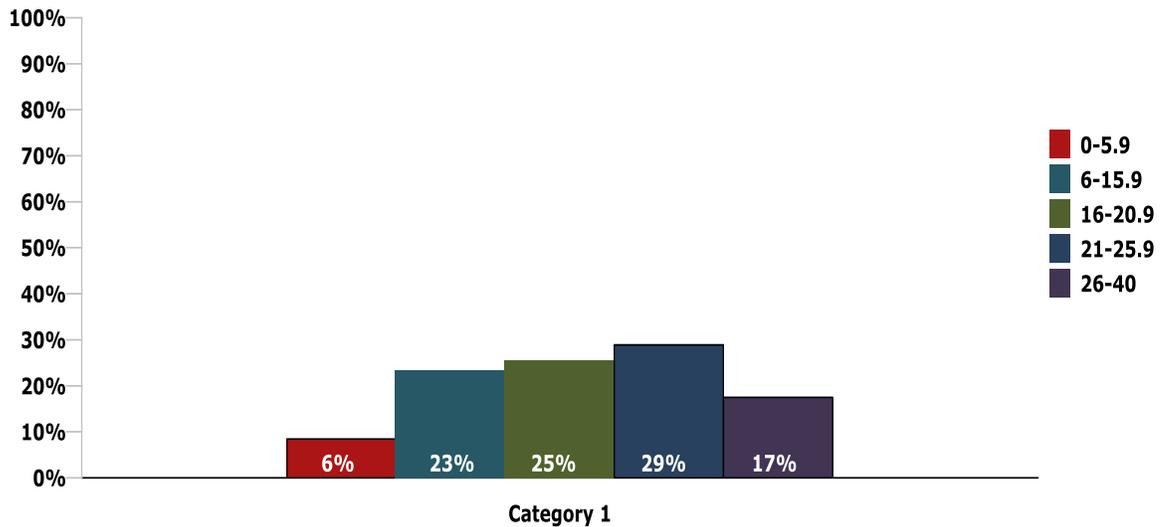
a) Outcome Rating Scale (ORS)

Miller & Duncan's (2000) Outcome Rating Scale asks consumers of therapeutic services to think back over the past weeks and place a hash mark on four different lines, each representing a different area of functioning - individual, interpersonal, social and overall wellbeing. Each scale is measured out of ten with a possible score of 40. The scores are totaled, ranging from 0 to 40, with lower scores reflecting more distress.

The average ORS score was 20.1 from the individuals attending the SIGN WICC. The average ORS intake score in outpatient mental health settings is between 18 and 19. ORS scores 15 and lower are considered to be at a high level of risk (Miller, 2012). There was 29% of the individuals attending the WICC self-reporting a severe level of distress.

Seventeen percent of the individuals utilizing the WICC were considered non-clinical as they scored over 26. However, 25-33% of people completing the ORS at intake will score 25 or above, a number known as the cut-off or the dividing line between a clinical and non-clinical population. The most common reason being that the individual has been mandated into treatment (Miller & Duncan, 2004). The data gathered from the SIGN WICC pilot project found that 6% of the individuals self-reported an ORS score of 32 or higher. Duncan (2016) reports scores above 32 on intake are not valid, even for kids. The cut-off for 6-12 year old children is not 32 as originally reported in the 2006 initial validation study rather it is 28. The pilot WICC found 37.5% of the children 12 years and younger attending the walk-in service self-reported a score of 28 or above.

ORS Scores



b) Session Rating Scale (SRS)

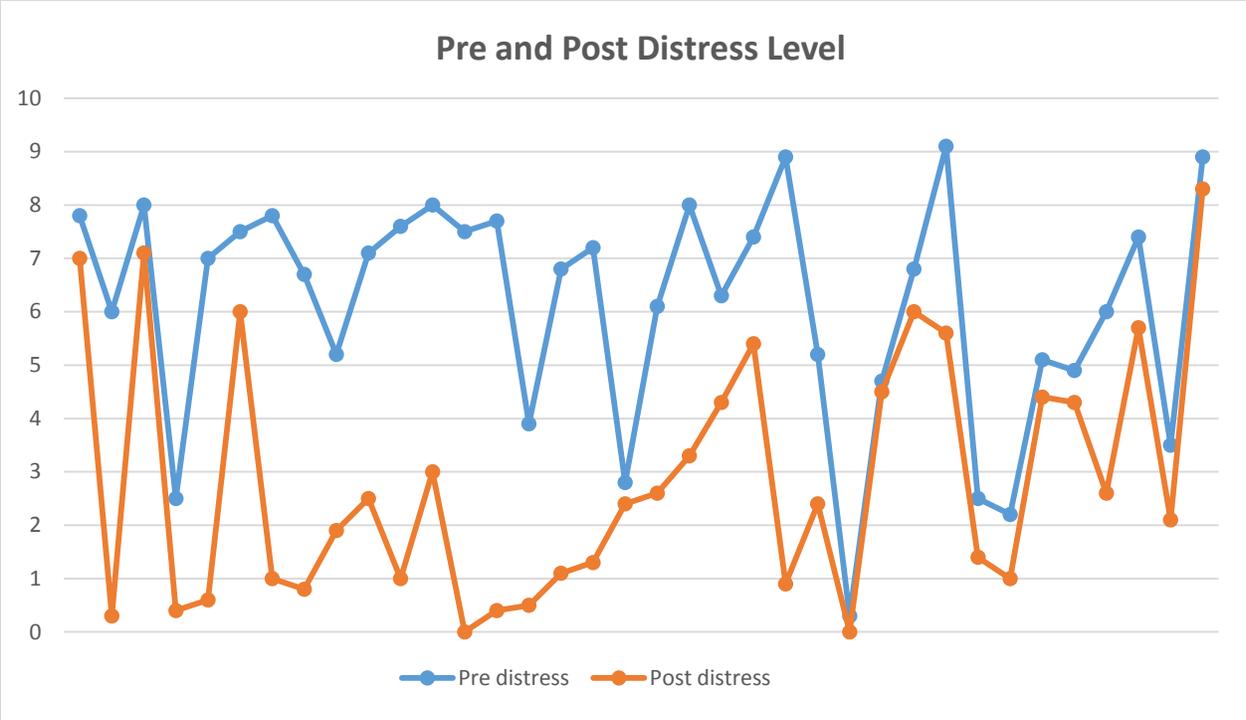
The SRS is a four-item scale that enables the therapist to identify a quantitative measure of the client's assessment of the therapist-client relationship. Duncan, Miller, Sparks, Claud, Reynolds, Brown, & Johnson (2003) study found the SRS has solid reliability, adequate validity and high feasibility. The SRS asks the client to use a sliding scale to assess their relationship with the therapist. It consists of four scales that measure relationship, goals and topics, therapist approach and overall session for an overall score of 40. Session rating scores below 36 are considered cause for concern and should be discussed prior to ending the session. Clients favorable ratings of the alliance are the best predictors of success, and are considered to be more predictive than diagnosis, approach, therapist, or anything else (Miller, 2012). In a walk-in service, the alliance needs to be established quickly. Data from the Ontario Multi-Agency Study (2014) states the average SRS score was 35.14 which suggests that it is possible to have a high level of therapeutic alliance during a single session of therapy.

The SIGN WICC average SRS score was 37. This data suggests the clinic performed well in establishing alliance. Individuals utilizing the WICC were also invited to score their overall satisfaction with the walk-in service. This was a scale based out of 10, with 10 being extremely satisfied. The SIGN WICC scored 9.4. The counselling services for the individuals utilizing the WICC was based on two therapeutic approaches: brief solution focused therapy and a single session model of therapy. A strengths based approach was used within the WICC.

c) Pre and Post Level of Distress

One of the goals of the SIGN WICC pilot project was to help reduce the distress level of the individuals and families attending the walk-in clinic. Individuals using the WICC completed a pre and post distress scale to measure level of distress change. These scales were measured out of 10, with 10 representing extreme level of distress.

Individuals utilizing the SIGN WICC self-reported pre-distress levels ranged from .7 to 9.1. The post distress levels ranged from 0- 8.3. The pre-distress average was 5.9 and post level of distress as 2.7. These findings suggest the SIGN WICC was successful in reducing the level of distress reported by the individuals, couples and families utilizing the service.



d) Session Outcomes

This pilot project was based on the walk-in single session model. However, walk-in counselling can be offered as a single session, or it may provide an entry point into ongoing counselling services. It can also be utilized as a referral resource to other community services and resources. Walk-in counselling can be accessed by individuals, couples and families as needed over time to help address presenting concerns and provide support.

SIGN WICC found 94 % of the individuals using the service were marked as complete and 6% were referred to other supports and services. Data shows that 36% of the individuals returned to the WICC for service. The counselling service for the individuals utilizing the WICC was strengths based with clients being invited to return to the WICC if they needed.

6. Community Stakeholder Findings

The 17 community stakeholders were invited to participate in an online survey. Over a two week span, 10 stakeholders responded. The survey consisted of 8 questions (Appendix A). The focus of the survey was to capture the Community Stakeholders satisfaction with the pilot WICC. The findings show 90% of the respondents recommended the WICC to clients and 44.44% report their clients used the service. As well, 22.22% of the respondents are uncertain if the client utilized the WICC. Respondents reported that they believed that the WICC is supportive of their agency goals and outcomes and that it is a beneficial resource to the Yorkton community. As well, all respondents reported high rates of satisfaction with the WICC hours and days of operation, with many comments supporting the delivery of evening services in particular.

7. Recommendations

During the delivery of this pilot project, one individual inquired about child care. Accommodations for child care was available at the time, however, this was not a formal arrangement. This could potentially be a partnership to explore if ongoing programming occurs as it would help increase accessibility of these walk-in services. The Yorkton region has a large rural district and transportation is a barrier for many individuals and families. Transportation was identified by Community Stakeholders as a barrier for many individuals. Offering designated days of walk-in services in alternating, surrounding communities may be something to look at for future programming as it would bring the service to the people.

Organizations offering walk-in counselling usually provide additional counselling to clients who request it or are assessed by the therapist to require it (Stalker et al., 2015). The scan of services demonstrates the limited options of affordable counselling services available in the Yorkton community. The walk-in model of service may prove to be an innovative tool to help

fill gaps, however, it is recognized that there are still limitations for ongoing counselling support for individuals, couples and families without benefits or financial means. This could be an area of programming for further research.

8. Conclusion

The purpose of a walk-in counselling service is to provide brief, solution focused support for individuals, couples and families to help address the immediate needs of the client. Slive, McElheran, & Lawson (2008) express the goal of service is for the client to leave the session with a sense of emotional relief and some sort of positive outcome. The data collected from this pilot WICC support this as there was a consistent decrease in the client's self-reported distress level.

The data from the SIGN WICC pilot suggests a well utilized clinic with a strong performance. The demographic information shows a diverse population attended the pilot walk-in service presenting with various concerns and experiencing different levels of distress. Over the ten week pilot, the WICC had a consistent flow of people utilizing the service and the majority of those individuals reporting satisfaction with the services as provided. The WICC is an innovative resource which fits with the SIGN organization's mission to empower children, families, and individuals to achieve lifelong success through programs and services that build strong children, strong families and strong communities.

Appendix A

Online survey questions

1. Have you recommended the walk-in counselling service to any person(s)?
2. If so, are you aware if any of these person(s) utilized the walk-in counselling service at SIGN?
3. Are you satisfied with the pilot walk-in counselling clinic days and hours of operation?
4. Does having a walk-in counselling service in the community help address the needs of the clients your agency serves? If so how?
5. Does having a walk-in counselling service in the community, be supportive of your agency goals and outcomes? If so how?
6. Do you plan to share or recommend the walk-in counselling service to the clients you serve?
7. Do you feel the walk-in counselling clinic at SIGN is a beneficial resource to Yorkton and area?
8. Do you have any suggestions on how to improve the SIGN walk-in counselling clinic?

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