ENGAGING OLDER ADULTS IN WALK-IN COUNSELLING:

A FIELD PRACTICUM REPORT

A Field Practicum Report

Submitted to the Faculty of Social Work

In Partial Fulfillment of the Requirements

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Master of Social Work

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By

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Abstract

This paper examines a unique MSW field practicum experience at CFS Saskatoon, a counselling agency that provides programs and services to residents of all ages in the City of Saskatoon, Saskatchewan. One objective of this practicum was to strengthen program development skills by researching, designing, developing, and implementing a pilot project walk-in counselling clinic specifically for adults 55 and older. Another objective was to enhance clinical skill development by completing literature reviews and providing general walk-in counselling at the Saskatoon Foodbank for clients of all ages.

This practicum took place from September 5, 2018 to December 13, 2018 on a full-time basis. The 55 and older walk-in counselling pilot project was offered to residents of Saskatoon, and general walk-in counselling was also provided at the Saskatoon Foodbank. An evaluation of the counselling services provided at the Saskatoon Foodbank for one year prior to this writer’s practicum was completed, and although no clients attended to the walk-in counselling clinic pilot (focused on adults aged 55 and older), important data was gathered for CFS Saskatoon. This information will be shared with CFS Saskatoon to use in their development and implementation of future programming. Recommendations are made for the agency to work more effectively with the older adult population. Such recommendations focus on building and maintaining partnerships within the community, ways to engage older adults in counselling services, as well as considerations for future research and training.
Acknowledgements

I would like to thank my practicum committee for working with me to create a unique, interesting, and successful practicum experience. I feel privileged to have completed a practicum that focused on both research and clinical experiences.

Thank you to Dr. Nuelle Novik, my Academic Supervisor - your support throughout this entire process has been so appreciated, and our regular communication served to ease my anxieties while pushing me to strive for the best possible practicum experience I could have. Your dedication to furthering social work research, and especially research in interesting and emerging social work practices is an inspiration.

I would also like to thank Dr. Bonnie Jeffrey for serving as my Academic Committee Member. I appreciate the time and effort you put into this project.

I would also like to thank my Professional Associate, Terry Lowe, of CFS Saskatoon for accepting my field practicum and working collaboratively with me during my practicum. Your support and guidance both professionally and personally will be remembered long after the end of my practicum. Any student who works with you is lucky to learn what you have to share.

Additionally, I would like to thank the entire staff at CFS Saskatoon for welcoming me into the agency with open arms. CFS Saskatoon truly is a wonderful workplace, full of professionals from varying disciplines who work together as a strong, caring, and inspirational team. The commitment to positive, healthy relationships between management and staff creates a wonderful work environment. I felt at home at CFS Saskatoon and will miss all the individuals I have worked with during this practicum.
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Chapter One: Introduction

This paper reflects my practicum experience at CFS Saskatoon, which was completed from September 5, 2018 to December 13, 2018 on a full-time basis. This practicum was a unique and exciting experience, as I was able to integrate research with social work practice in conjunction with one another. The major focus of the practicum was program development, through the research, implementation, and delivery of a walk-in counselling clinic for older adults (55 and older). I also provided weekly walk-in counselling at the Saskatoon Foodbank to the general public and completed research on older adults accessing walk-in counselling in Saskatoon. The 55 and older walk-in counselling pilot project ran from October 15, 2018 to December 3, 2018 on Mondays, and the general walk-in counselling that I engaged in was provided at the Saskatoon Foodbank on Wednesday mornings from October 17, 2018 to December 5, 2018.

This paper will examine the walk-in counselling program offered at the Saskatoon Foodbank by CFS Saskatoon, review the literature on Single Session Therapy, walk-in counselling, and Solution-Focused Brief Therapy, highlight the process followed for the pilot project development and implementation, and provide recommendations for CFS Saskatoon for future planning. It will begin with a discussion about the purpose of the practicum.

1.1 Purpose of the Practicum

CFS Saskatoon has identified older adults as a population with whom they are interested in engaging more specifically. This interest stemmed from an awareness of the growing older adult population and a curiosity of barriers to older adults accessing services. Despite being an agency providing services for the whole family, in the fall of 2018 there were no programs or services aimed specifically at older adults. CFS Saskatoon has recognized the importance of
developing programs and services for the older adult population, however, they have also recognized that they require more information before moving forward. Of importance was to avoid duplication of services within the community. Another important area the agency hoped to learn more about was possible stigma associated with older adults accessing counselling services. CFS Saskatoon hoped to receive recommendations on how to move forward to best serve the population of older adults in Saskatoon.

For the purposes of this practicum, a focus was placed on adults 55 and older accessing services, so a decision was made to provide a pilot walk-in counselling clinic for adults 55 and older. The decision about age range to focus on was supported by the demographic data requirements of the agency, and fits well with other initiatives within the city. One example is the Saskatoon Housing Authority, which provides senior’s housing for adults 55 and older (Saskatoon Housing Authority, 2018), and a new community clinic at the Market Mall in Saskatoon which opened in November 2018 which also provides services for adults 55 and older (Saskatchewan Health Authority, 2018). It is important to note that some of the literature uses the term seniors for adults aged 55 and older; however, for the purpose of this report, this writer will use the term older adults.

The purpose of the field practicum was two-fold: a) to strengthen skills in program development, and b) to develop knowledge and practice skills in Solution-Focused Brief Therapy (SFBT) and Single Session Therapy (SST) in order to deliver walk-in counselling (WIC) services. The required hours of the field practicum were completed on a full-time basis from September 5, 2018 to December 13, 2018. The learning activities for the first learning goal included the completion of a literature review focused on appreciative inquiry as a framework for program development, conducting an environmental scan of current counselling and walk-in
counselling services offered in Saskatoon, identifying gaps in service for older adults in the city, gathering data in order to understand how a walk-in counselling Clinic (WICC) might be perceived by older adults, and finally, completing an report for the Agency to summarize service utilization of the pilot project.

To facilitate the second learning objective; clinical skill development in Solution-Focused Brief Therapy and Single Session Therapy; this writer completed a literature review focused on SFBT, SST, and WIC, observed WIC services delivered by staff at CFS Saskatoon, and provided walk-in counselling services at a free WICC for older adults (55 and older) offered at CFS Saskatoon as a pilot program. The pilot WICC for older adults was offered on Mondays from October 15, 2018 to December 3, 2018, 9:00am to 5:00pm. This service was made available free of charge. Further skill development in single session approaches offered in walk-in counselling settings was gained by engaging as a student therapist (under clinical supervision) in the WICC at the Saskatoon Food Bank and Learning Centre on Wednesday mornings.

A major component of this field practicum was to research, develop, and implement a pilot project offering a free WICC for older adults in the City of Saskatoon. In doing so, it was intended that this writer would gain experience in program development as well as skills in offering walk-in counselling utilizing appropriate therapeutic modalities. To best facilitate a WICC for older adults, it was essential to better understand the target population regarding population size, as well as information related to social isolation, stigma surrounding mental health services, and counselling practices.

1.2 The Agency

CFS Saskatoon is a community-based counselling agency that serves individuals, couples and families while developing and delivering programs to specific client populations (CFS
Saskatoon, n.d.). Founded in 1941, CFS Saskatoon’s mission is to build and support the strengths of individuals, in hopes of encouraging a strong and healthy population in the City of Saskatoon (CFS Saskatoon, n.d.). In the fall of 2018, CFS Saskatoon offered programs specifically designed for children, adolescents, and adults, especially related to parenting, anxiety, and relationships. It is common for counselling agencies to have a wait list for services (Cait et al., 2017), and CFS Saskatoon is no different. The wait time in the fall of 2018 was approximately 5 weeks. Historically, according to CFS Saskatoon staff, the wait time for appointments has been 3 to 6 weeks long, and it often fluctuates based upon demand. One way CFS Saskatoon has attempted to shorten their wait list was to offer walk-in counselling at the Saskatoon Foodbank. A review of all counselling services is provided in this report in order to provide a clear picture of CFS Saskatoon as a whole agency.

1.3 A Snapshot of Counselling Services Offered at CFS Saskatoon

In order to better understand CFS Saskatoon and the services that clients access it is important to examine utilization rates of current walk-in counselling (WIC), and general appointment-based counselling. For the purposes of this evaluation, a focus was placed on adults 55 and older accessing services, and a decision was made to develop and deliver a pilot walk-in counselling clinic for that target population. CFS Saskatoon has been providing walk-in counselling (WIC) at the Saskatoon Foodbank since 2016 and by April 2018, walk-in counselling was being offered two days a week. They had also been providing free, appointment-based counselling at the Saskatoon Foodbank during that period. WIC demographic data was collected during that timeframe; however, it was not initially gathered separately from the appointment-based counselling demographic data until September 2017. Due to this, a snapshot of all counselling services provided at the Foodbank will be provided for a one-year timeframe.
prior to the start of this writer’s practicum. As a comparison, counselling services at CFS Saskatoon’s main office will also be provided. Demographic data is collected on a quarterly basis at CFS Saskatoon and will be presented in that same way for this report.

It is important to note that walk-in counselling in the first quarter examined (October to December 2017) was provided for a half day per week; in the second quarter (January to March 2018) walk-in counselling services were provided for one full day per week; and in the third (April to June 2018) and fourth (July to September 2018) quarters this service was offered on site at the Foodbank for two full days per week. The increase in services was due to utilization rates increasing. Gathered information included in this report highlights utilization numbers by age, gender, and annual income. It is useful to provide a comparison of walk-in counselling and general appointment-based counselling offered at the Saskatoon Foodbank and CFS main office to highlight any similarities or differences in utilization trends. There was some incomplete data in the reporting for clients accessing services in that the date of birth for several clients was incorrect, resulting in a number of clients being recorded as much older than 100 years of age. As such, the total numbers reflected in the category for age of clients will be lower than the total number of clients in the categories of gender and income.

The first piece of data CFS Saskatoon was interested in exploring was the age of clients attending both walk-in counselling and appointment-based counselling with the agency. Figures 1-4 and Tables 1-3 provide a comparison of the age of clients attending both programs.
Figure 1: Saskatoon Foodbank Walk-In Counselling by Age (Percentage)

Table 1: Saskatoon Foodbank Walk-In Counselling by Age (Numbers)

<table>
<thead>
<tr>
<th>Age</th>
<th>October to December 2017</th>
<th>January to March 2018</th>
<th>April to June 2018</th>
<th>July to September 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10-19</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>20-29</td>
<td>4</td>
<td>9</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>30-39</td>
<td>4</td>
<td>8</td>
<td>13</td>
<td>16</td>
</tr>
<tr>
<td>40-49</td>
<td>1</td>
<td>8</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>50-59</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>60-69</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>70-79</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>80-89</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>29</td>
<td>35</td>
<td>44</td>
</tr>
</tbody>
</table>
Figure 2: Saskatoon Foodbank Appointment-Based Counselling by Age (Percentage)

Table 2: Saskatoon Foodbank Appointment-Based Counselling by Age (Numbers)

<table>
<thead>
<tr>
<th>Age</th>
<th>October to December 2017</th>
<th>January to March 2018</th>
<th>April to June 2018</th>
<th>July to September 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>10-19</td>
<td>11</td>
<td>10</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>20-29</td>
<td>29</td>
<td>29</td>
<td>21</td>
<td>22</td>
</tr>
<tr>
<td>30-39</td>
<td>29</td>
<td>32</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>40-49</td>
<td>21</td>
<td>21</td>
<td>22</td>
<td>23</td>
</tr>
<tr>
<td>50-59</td>
<td>11</td>
<td>9</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>60-69</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>70-79</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>80-89</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>117</strong></td>
<td><strong>118</strong></td>
<td><strong>107</strong></td>
<td><strong>113</strong></td>
</tr>
</tbody>
</table>
As highlighted in Figures 1 and 2 and Tables 1 and 2, the majority of walk-in counselling and appointment-based clients who attended the Saskatoon Foodbank were in the age range of 20-39 years old for all quarterly time periods. Utilization numbers between WIC and appointment-based counselling appear to be fairly consistent. Of interest is the growing trend of older adults attending WIC over the past year, highlighted by Figure 3. Adults 50 and older attending walk-in counselling made up 6.25% of total clients in October to December 2017; 8.28% in January to March 2018; 12.2% in April to June 2018; and 24% in July to September 2018. This indicates an increase in the trend of older adults accessing WIC services with CFS Saskatoon over the past year. This increase is not consistent with older adults accessing appointment-based counselling. Adults 50 and older attending appointment-based counselling made up 12.40% of total clients in October to December 2017; 13.11% in January to March 2018; 14.41% in April to June 2018; and 13.79% in July to September 2018. Thus, the number of older adults accessing appointment-based counselling has remained fairly consistent over the last year. Prior to this writer’s practicum beginning, there was no added agency focus on
attracting older adults to the walk-in counselling clinic (WICC), so this identified trend had occurred naturally.

**Figure 4: CFS Main Office Appointment-Based Counselling by Age (Percentage)**

![Figure 4: CFS Main Office Appointment-Based Counselling by Age (Percentage)](image)

**Table 3: CFS Main Office Appointment-Based Counselling by Age (Numbers)**

<table>
<thead>
<tr>
<th>Age</th>
<th>October to December 2017</th>
<th>January to March 2018</th>
<th>April to June 2018</th>
<th>July to September 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>15</td>
<td>24</td>
<td>27</td>
<td>37</td>
</tr>
<tr>
<td>10-19</td>
<td>143</td>
<td>143</td>
<td>163</td>
<td>189</td>
</tr>
<tr>
<td>20-29</td>
<td>105</td>
<td>102</td>
<td>107</td>
<td>124</td>
</tr>
<tr>
<td>30-39</td>
<td>168</td>
<td>158</td>
<td>184</td>
<td>209</td>
</tr>
<tr>
<td>40-49</td>
<td>149</td>
<td>152</td>
<td>176</td>
<td>186</td>
</tr>
<tr>
<td>50-59</td>
<td>84</td>
<td>85</td>
<td>98</td>
<td>98</td>
</tr>
<tr>
<td>60-69</td>
<td>24</td>
<td>29</td>
<td>35</td>
<td>31</td>
</tr>
<tr>
<td>70-79</td>
<td>12</td>
<td>14</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>80-89</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>701</strong></td>
<td><strong>708</strong></td>
<td><strong>808</strong></td>
<td><strong>892</strong></td>
</tr>
</tbody>
</table>

Figure 4 and Table 3 provide a comparison for appointment-based counselling services offered at the CFS Saskatoon Main office. As highlighted, the highest percentage of age ranges served at the main office are 10-19, 30-39, and 40-49. A major reason for the lower age of clients may be explained by the higher number of family sessions (as compared to individual sessions)
offered at the CFS Saskatoon main office site. In addition to the age of clients, CFS Saskatoon was interested in examining the gender of clients accessing services. Figures 5 and 6 and Tables 4 and 5 examine clients’ gender.

**Figure 5: Saskatoon Foodbank Walk-In Counselling by Gender (Percentage)**

![Figure 5: Saskatoon Foodbank Walk-In Counselling by Gender (Percentage)](image)

**Table 4: Saskatoon Foodbank Walk-In Counselling by Gender (Numbers)**

<table>
<thead>
<tr>
<th>Gender</th>
<th>October to December 2017</th>
<th>January to March 2018</th>
<th>April to June 2018</th>
<th>July to September 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>10</td>
<td>21</td>
<td>22</td>
<td>28</td>
</tr>
<tr>
<td>Male</td>
<td>6</td>
<td>14</td>
<td>18</td>
<td>22</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>35</td>
<td>41</td>
<td>50</td>
</tr>
</tbody>
</table>
Figure 6: Saskatoon Foodbank Appointment-Based Counselling by Gender (Percentage)

Table 5: Saskatoon Foodbank Appointment-Based Counselling by Gender (Numbers)

<table>
<thead>
<tr>
<th>Gender</th>
<th>October to December 2017</th>
<th>January to March 2018</th>
<th>April to June 2018</th>
<th>July to September 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>81</td>
<td>82</td>
<td>76</td>
<td>83</td>
</tr>
<tr>
<td>Male</td>
<td>40</td>
<td>40</td>
<td>35</td>
<td>33</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>121</td>
<td>122</td>
<td>111</td>
<td>116</td>
</tr>
</tbody>
</table>

On average over the past year, male clients have made up 41.35 % of the walk-in counselling clients at the Foodbank, highlighted by Figure 5 and Table 4. This differs by approximately 10% from appointment-based counselling statistics in which male clients on average made up 31.46% over the past year as shown in Figure 6 and Table 5. This is consistent with recent research suggesting more male clients attend WIC as opposed to appointment-based counselling (Cait et al, 2017).
Figure 7: CFS Main Office Appointment-Based Counselling by Gender (Percentage)

![Bar chart showing percentages of male and female clients attending appointment-based counselling at CFS Main Office over different periods from October 2017 to September 2018.]

Table 6: CFS Main Office Appointment-Based Counselling by Gender (Numbers)

<table>
<thead>
<tr>
<th>Gender</th>
<th>October to December 2017</th>
<th>January to March 2018</th>
<th>April to June 2018</th>
<th>July to September 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>449</td>
<td>463</td>
<td>489</td>
<td>557</td>
</tr>
<tr>
<td>Male</td>
<td>271</td>
<td>268</td>
<td>349</td>
<td>365</td>
</tr>
<tr>
<td>Total</td>
<td>720</td>
<td>731</td>
<td>838</td>
<td>922</td>
</tr>
</tbody>
</table>

Figure 7 and Table 6 indicate the average age of male clients attending appointment-based counselling at the CFS Saskatoon main office over the past year was 38.86%; slightly higher than appointment-based counselling at the Saskatoon Foodbank, but still lower than male clients attending WIC at the Foodbank. Again, this is consistent with research suggesting that males are more likely to attend WIC than appointment-based counselling (Cait et al, 2017). It was also relevant to determine the income of clients accessing walk-in and appointment-based counselling. Figures 8-10 and Tables 7-9 summarize this information.
Figure 8: Saskatoon Foodbank Walk-In Counselling by Income (Percentage)

Table 7: Saskatoon Foodbank Walk-In Counselling by Income (Numbers)

<table>
<thead>
<tr>
<th>Annual Income</th>
<th>October to December 2017</th>
<th>January to March 2018</th>
<th>April to June 2018</th>
<th>July to September 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Income</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Under $30,000</td>
<td>6</td>
<td>20</td>
<td>24</td>
<td>32</td>
</tr>
<tr>
<td>$20,000-$30,000</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>$30,000-$80,000</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>35</td>
<td>41</td>
<td>50</td>
</tr>
</tbody>
</table>

Figure 9: Saskatoon Foodbank Appointment-Based Counselling by Income (Percentage)
Table 8: Saskatoon Foodbank Appointment-Based Counselling by Income (Numbers)

<table>
<thead>
<tr>
<th>Annual Income</th>
<th>October to December 2017</th>
<th>January to March 2018</th>
<th>April to June 2018</th>
<th>July to September 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Income</td>
<td>11</td>
<td>11</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Under $30,000</td>
<td>77</td>
<td>77</td>
<td>70</td>
<td>73</td>
</tr>
<tr>
<td>$30,001-$80,000</td>
<td>22</td>
<td>21</td>
<td>21</td>
<td>20</td>
</tr>
<tr>
<td>Over $80,000</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>N/A</td>
<td>11</td>
<td>12</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>121</td>
<td>122</td>
<td>111</td>
<td>115</td>
</tr>
</tbody>
</table>

The majority of clients accessing both walk-in counselling and appointment-based counselling services as offered by CFS Saskatoon make less than $30,000 per year, shown in Figures 8 and 9 and Tables 7 and 8. This is to be expected, as the counselling services offered at the Saskatoon Foodbank are free of charge to the clients and as such, are more accessible to individuals with lower incomes.

Figure 10: CFS Main Appointment-Based Counselling by Income (Percentage)
Table 9: CFS Main Appointment-Based Counselling by Income (Numbers)

<table>
<thead>
<tr>
<th>Annual Income</th>
<th>October to December 2017</th>
<th>January to March 2018</th>
<th>April to June 2018</th>
<th>July to September 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Income</td>
<td>25</td>
<td>23</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Under $30,000</td>
<td>201</td>
<td>191</td>
<td>212</td>
<td>216</td>
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<tr>
<td>$30,001-$80,000</td>
<td>166</td>
<td>161</td>
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<td>208</td>
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<td>Over $80,000</td>
<td>188</td>
<td>189</td>
<td>196</td>
<td>213</td>
</tr>
<tr>
<td>N/A</td>
<td>77</td>
<td>92</td>
<td>124</td>
<td>173</td>
</tr>
<tr>
<td>Total</td>
<td>657</td>
<td>656</td>
<td>759</td>
<td>835</td>
</tr>
</tbody>
</table>

On average, the annual income of clients attending appointment-based counselling at CFS is much higher than those attending appointment-based counselling at the Saskatoon Foodbank (Figure 10; Table 9), which is to be expected as the counselling offered at the main office has a fee attached. As per CFS Saskatoon’s policy, any individual whose annual family income is under $80,000 per year can see a clinical student intern at the discounted rate of $25 per hour (CFS Saskatoon, n.d.).

Information provided thus far focuses on all age groups accessing services through CFS Saskatoon. To better situate this writer’s practicum and the focus on older adults, a specific review of information regarding that age group is provided in the next section.

1.4 Older Adults’ Utilization of Walk-In Counselling Prior to the Project

Data collection from CFS Saskatoon’s walk-in counselling clinic (WICC), located at the Saskatoon Foodbank prior to January 2018 was limited, and most clinic specific data was collected during the timeframe of May to August 2018. This writer was able to collect demographic data from January 2018 to August 2018 by physically reviewing old case files that had been previously closed. This data indicates that there were a total of 10 older adults aged 55 and older who accessed the WIC service in the 7-month time frame. In total, 76 clients of all ages accessed WIC during that period, meaning that 13.16% of clients were aged 55 and older.
CFS Saskatoon was also interested in learning about service utilization rates in regard to gender; 60% of clients who were over 55 years of age accessing walk-in counselling (WIC) from January to August 2018 were female while 40% identified as male (Figure 11).

Figure 11: Saskatoon Foodbank January to August 2018, 55+ WIC by Gender (Percentage)

CFS Saskatoon was also interested in the presenting problem clients reported at the time of their walk-in counselling session. Figure 12 reveals some common presenting problems emerging, especially in that a large percentage of older adults accessing the WICC were experiencing *emotional distress* and *relationship difficulties* (couple relationship and interpersonal relationship) at the time of contact. As explained by CFS Saskatoon staff, couple relationships are considered to be between domestic partners, while interpersonal relationships would include extended family, friends, neighbours, and work relationships.
Once a thorough review of the counselling services offered at CFS Saskatoon was completed, and trends were identified for the age, gender, income levels and presenting problems displayed by clients, it came time to begin researching specific strategies to utilize during the delivery of the walk-in counselling pilot project. The following chapter focuses on literature relevant to the pilot project and to older adults in general.
Chapter Two: Literature Review

An extensive literature review of older adults in general, as well as relevant counselling practices to be utilized was required in order to best provide those services to clients. This writer researched walk-in counselling (WIC), Single Session Therapy (SST), and Solution-Focused Brief Therapy (SFBT) in order to frame the practicum within theory and social work practice. These approaches to practice were an integral part of providing WIC, and were utilized throughout the practicum. A discussion about relevant research regarding older adults is also provided within this chapter in order to better highlight the importance of this research and practicum project.

2.1 What Is Known About Older Adults

The overall population in the City of Saskatoon, the Province of Saskatchewan, and Canada is growing. Statistics Canada (2017a) reports a 5% increase in the population of Canada from 2011 to 2016, while in Saskatchewan, the population has increased by 6.3%. This may be in part due to Canada’s aging population, which is expected to grow in the coming years (Jeffery et al., 2013). According to the 2016 Census, adults aged 55 and older make up 28.64% of Saskatchewan’s population and 30.86% of the nation’s population (Statistics Canada, 2017a). This is an increase from the 2011 Census, which reported that adults aged 55 and older made up 27.16% of Saskatchewan’s population and 27.90% of the nation’s population (Statistics Canada, 2012). From a local perspective, in 2016, the overall population in Saskatoon was 246,376; a 10.9% increase from 2011 (Statistics Canada, 2017b). Adults aged 55 and older comprise 23.67% of that population (Statistics Canada, 2017b). Of additional importance is the projection that by 2030, adults 65 and older will make up 23% of the nation’s population (Statistics Canada, 2014). Due to this growing older adult population, attention should be paid to developing
programs and services that will be accessible and attractive to this population to better meet their needs (Pantell et al., 2013). A very important factor to consider is that social isolation is reduced when individuals feel connected to services (Giles, Glonek, Luszcz & Andrews, 2005).

Social isolation can be defined as the actual lack of social interaction between humans, or as the perception that one is socially disconnected (Whaite, Shensa, Sidani, Colditz & Primack, 2018). Keefe, Andrew, Fancey and Hall (2006) discuss the challenge of researching social isolation due to a lack of a consistent definition of what social isolation is, however, they provide the following definition: “a situation of social isolation involves few social contacts and few social roles, as well as an absence of mutually rewarding relationships with other people” (p. 1). Social isolation is a complex term (Keefe et al., 2006; Whaite et al., 2018). The perception of social isolation is important to recognize; some older adults may have only a few social contacts, but do not feel isolated (Whaite et al., 2018). It has been recognized that older adults may experience social isolation for a number of reasons, including lack of resources, difficulty with mobility, and loss due to death or moving away from home communities to be closer to services (Holt-Lunstad, Smith, Layton & Brayne, 2010; Keefe et al., 2006; Steptoe, Shankar, Demakakos & Wardle, 2013).

There is a strong correlation between social isolation and mortality and as such, reducing isolation would be beneficial for mortality rates (Steptoe et al., 2013). Pantell et al. (2013) studied 16,849 adults to assess social isolation and mortality rates among both women and men, finding increased social isolation was correlated with decreased survival time. It is extremely important to understand the extent of an individual’s support system and the actual severity of their social isolation (Pantell et al., 2013). Holt-Lunstad et al. (2010) found “data across 308,849 individuals, followed for an average of 7.5 years, indicate that individuals with adequate social
relationships have a 50% greater likelihood of survival compared to those with poor or insufficient social relationships” (p. 14). In a 10-year longitudinal study with 1,477 adults over the age of 70, Giles, Glonek, Luszcz and Andrews (2005) found those with strong social networks survive longer than those who do not have strong social networks. Thus, social interaction is important to support physical health and mortality. Social interaction is also associated with mental health, which will be highlighted next.

Social isolation has been associated with poor physical and mental health, which in turn affects individuals’ quality of life (Mora et al., 2014). In a study with Latino immigrants, Mora et al. (2014) found a negative correlation between social isolation and physical and mental health; that is, with an increase in social isolation, participants’ physical and mental health decreased. In a study of adults with diabetes, researchers found participants with higher levels of social support had lower perceived depression and stress than those with fewer supports, and as such, social support may be viewed as affecting both physical and mental health (Xuanping, Norris, Gregg & Beckles, 2007). Cornwell and Waite (2009) found that older adults who are socially disconnected have worse mental health when they perceive they are isolated, and as such older adults who do not feel isolated are healthier. Importantly, the feelings of social isolation are associated with decreased mental health (Cornwell & Waite, 2009). Although accessing services for mental health may help alleviate some feelings of social isolation, there are also barriers for older adults to access such services. One identified barrier to accessing services is the stigma associated with mental health difficulties.

Stigma towards counselling is an important factor to consider when working with all clients, but especially with older adults. Hunter (2011) studied older adult’s experiences with receiving counselling, finding that these individuals perceive a stigma surrounding requiring
support, which may be a barrier to accessing services. Thompson (1992) also highlighted stigma surrounding accessing services as a barrier for older adults, especially as this group of individuals may feel more vulnerable if they do access counselling. Conner (2008) discusses older adults’ shame surrounding accessing services due to the stigma of being perceived as ‘crazy’ if they do need counselling help. In that study with 20 older African American participants, 19 participants reported that they believed that individuals with depression are stigmatized (Conner, 2008). This stigma may be contributing to older adults shying away from accessing mental health support services, even if they feel socially isolated and may benefit from an extra support in their lives. Although there is stigma surrounding mental health services, there has been some reduction in that stigma (Weiner & Goldberg, 2003). This is an encouraging piece of information, as it opens possibility for further education, normalization, and a decrease in negative stigma as a barrier to accessing counselling services for older adults.

Strengths based approaches to counselling have been suggested as effective with older adults. Goldfield (2003) explores Ericksonian principles and connects them to work with an older adult population, especially in regard to focusing on the uniqueness of individuals, considering previous client resources and focusing on the present and future. The importance of recognizing uniqueness in individuals fits well with counselling older adults, as it encourages the therapist to approach each client differently, focusing on their personal values and worldviews rather than on stereotypical issues older clients might face (Goldfield, 2003). It also drives therapists to approach the counselling session as a collaborative process (Goldfield, 2003). Another principle to consider is the utilization of client’s resources. Goldfield (2003) discusses the belief that clients often have skills and resources that can be harnessed to help in the counselling sessions; however, they do not always have an awareness of the resources they
already have. Orbach (2003) explains one such way to bring these resources to light is to ask the client how they have gotten by for as long as they have; recognizing that they must have some skills if they have dealt with a situation for any length of time. A third principle Goldfield (2003) discusses is the focus on present and future, in that older adult clients can benefit from focusing on the future the same as any other age group. This is in line with the belief that present attitudes or behaviours shape future ones (Goldfield, 2003). Orbach (2003) discusses the importance for counsellors of older adults to recognize potential age-based biases they may have towards older clients, conscious or unconscious, and work to eliminate such biases when choosing counselling topics or methods of practice. Bonjean (2003) highlights the importance of counsellors considering both mental and physical difficulties for older adult clients to work more effectively with the population.

Given this information, it is clear that programs and services for older adults need to take into account unique challenges as well as opportunities in order to work most effectively with this population. One way to help older adults feel less isolated would be to connect them with a counsellor; however, due to stigma surrounding mental health services, that may be a challenge. As such, interventions for older adults need to be creative and viewed as valuable to be well-received. One such way to do this may be through the implementation of walk-in counselling clinics (WICC) for older adults. In order to better ensure effective counselling services were provided as part of this practicum, it was important to become familiar with specific walk-in counselling models of practice.

2.2 Single Session Therapy and Walk-In Counselling

2.2.1 What are SST and WIC? Single session therapy (SST) is not an intervention, but an approach to service delivery which situates each session as a whole therapy in itself; this
approach is often utilized at walk-in counselling clinics (Campbell, 2012; Slive & Bobele, 2011; Young, Weir & Rycroft, 2012). Because they are often utilized together, SST and walk-in counselling (WIC) will be explored together in this section of this report.

Easily accessible walk-in services appear to be a chosen method of delivery in a number of different arenas, not exclusive to mental health services. Slive and Bobele (2011) highlight the shift in society towards a number of walk-in and easy to access services including “fast food, drive-in banks, walk-in hair stylists, ‘no appointment necessary’ income tax services, ‘just in time inventories’, and even walk-in wedding chapels” (p. 11). The accessibility of such services appears to be a draw for clients, as these approaches are popular. Although many counsellors do not offer single sessions, clients often attend one or very few sessions. Ewen et al. (2018) highlight this important piece of information indicating that “clients often choose the frequency and number of sessions they attend in traditional therapy through missed appointments and dropping out” (p. 586). Thus, even when clients opt into longer-term counselling options, it is common for those clients to utilize a low number of sessions. Research suggests that most clients who attend counselling attend only four or fewer sessions before dropping out (Gingerich & Peterson, 2013).

Counsellors and therapists who work within the Single Session Therapy approach are able to utilize a specific therapeutic model that fits best within their personal style of counselling (Cait et al., 2017; Young et al., 2012). Slive and Bobele (2011) further reflect upon this, stating “we strongly adhere to the notion that any model of therapy can be adapted to walk-in work provided that there is a strongly held belief that whole therapy can occur in one hour and that a single hour of therapy can lead to significant change, even for longstanding issues” (p. 12). Campbell (2012) echoes this statement, advising that the specific intervention is less important
than the underlying idea that the entire counselling interaction will occur in one single session. Thus, a therapist who works well within one approach can continue to utilize what works, while also being mindful of the overall theme of SST. More importance is placed on using a method of counselling that is pragmatic, rather than using only one approach for all clients (Cait et al., 2017; Miller & Slive, 2004).

It is important to note that the term single session therapy does not always mean clients only attend one session; in fact, clients are often given the option to return at a later date if they so choose (Bloom, 2001; Ewen et al., 2018; O’Neill, 2017). Therapists hope that they have elicited some sort of relief and positive feelings from the client, such that one session may be enough to get them through the presenting issue (Slive & Bobele, 2011). Single Session Therapy and walk-in counselling share a number of common factors.

2.2.2 Common factors. There are several common factors Single Session Therapy and walk-in counselling practitioners consider (O’Neill, 2017; Slive & Bobele, 2012; Young et al., 2012). Young et al. (2012) summarize best practices when working within an SST approach:

• clarifying what the client wants from therapy (and from you, the clinician);
• checking in from time to time to ensure that you are on track during a session;
• providing direct feedback and responding to what the client has asked for;
• making the most of every encounter because you do not know if it will be your last;
• taking a more direct interview style (creating a context for mutual honesty and directness);
• following up after the face-to-face session to establish what the client wants in terms of ongoing support; and
• providing help during every contact, including any follow-ups (p. 86).
Miller and Slive (2004) discuss important elements of a walk-in counselling clinic including “accessibility, affordability, availability, service as a “safety net”, community ownership, and an egalitarian approach to therapy” (p. 96). There are also additional guidelines for walk-in sessions offered by Miller and Slive (2004) which includes: recognizing that the experience starts when clients walk through the door; understanding that taking a pragmatic approach is more effective than utilizing just one model of counselling; providing what clients want; understanding that the timing of the therapeutic encounter is very important; and ensuring that clients respond to the relationship with the WIC service rather than to the relationship with an individual counsellor. It is important to recognize the importance of offering both walk-in counselling and traditional, longer term counselling in conjunction with one another (Cait et al., 2017).

2.2.3 Strengths. SST and WIC come with a host of strengths. Of importance is the fact that clients access walk-in counselling at a time when they feel it is the most convenient, practical, or meaningful (Miller & Slive, 2004; Slive & Bobele, 2011). A general premise of SST and WIC is that clients have high motivation to change in the initial stages of their therapy and sometimes one self-contained session is enough to encourage lasting, positive changes (Bloom, 2001; O’Neill, 2017; Slive & Bobele, 2011; Slive & Bobele, 2012). Walk-in counselling can help positively impact wait lists as clients can access services in a time efficient manner (Bloom, 1981; Cait et al., 2017; Ewen et al, 2018; Slive & Bobele, 2011). Reducing wait lists may lead to reduced pressure on service providers as well (Lamsal, Stalker, Cait, Riemer & Horton, 2018). WIC may also be rewarding for the practitioners who work within the model as practitioners can enact change in one single session (Slive & Bobele, 2011). Walk-in services serve as a “safety valve” for the community in that clients with pressing matters can be seen quickly (Slive &
Bobele, 2011, p. 16). Cait et al. (2017) explain “the walk-in model can also serve to mitigate the crises and more complex consultations that ensue when difficulties fester” (p. 628). Ewen et al. (2018) propose that Single Session Therapy is more client-driven, as they choose what information they bring forward, how often they attend counselling, and when they attend. It is also important to note walk in services tend to eliminate barriers for clients such as waiting for an appointment and confusing intake processes (Cait et al., 2017; Slive & Bobele, 2012). Because of the strengths-based approach to Single Session Therapy, clients may leave their single session with increased hope (Slive & Bobele, 2012). Single session walk-in counselling has also been shown to be clinically effective faster than traditional counselling approaches (Lamsal et al., 2018). Fewer contact sessions result in a more cost-effective system for the agencies providing the service (Campbell, 2012).

2.2.4 Limitations. Although they have been proven effective, SST and WIC do have limitations. Miller & Slive (2004) discuss limitations of WIC in that clients are not guaranteed to see the same counsellor twice at walk-in clinics, which could be viewed as negative in terms of relationship building. Cait et al. (2017) highlight that SST is not for everyone, and some clients will prefer lengthy treatment in order to examine their presenting problems in depth. Authors also discuss the paucity of empirical evidence and controlled studies on SST as a possible limitation of the practice, although noting there has been some research conducted, which has tended to be more descriptive (Cameron, 2007; Campbell, 2012).

2.2.5 Evidence base. Single Session Therapy is an approach to therapy which has been studied to a degree, and is gaining traction with a wide array of clients (Cait et al., 2017; Ewen et al., 2018; Miller & Slive, 2004; O’Neill, 2017; Perkins, 2006; Young et al., 2012). Bloom (1981) writes “a single contact, virtually regardless of the nature of that contact, appears to have salutary
consequences” (p. 179). Thus, prior to 1981, researchers began recognizing the benefits of single session therapy. In a review of a number of studies on SST in a variety of settings, Hymmen, Stalker and Caut (2013) found “the majority of clients receiving a single-session intervention either previously scheduled or in a walk-in clinic appear to find it sufficient, helpful and satisfactory” (p. 69). There are a number of studies of a single session approach to therapy that are highlighted in the next section.

The Bouverie Centre in Melbourne, Victoria is a family therapy centre that has been particularly well studied. O’Neill (2017) examined client satisfaction with single session therapy as a form of family therapy in the Bouverie Centre. In this study, twenty-five participants who had received family therapy utilizing a single session approach through the Centre were interviewed via telephone to collect data utilizing a semi-structured interview guide (O’Neill, 2017). The results from this study are encouraging with the author reporting that “overall 76 per cent (n=19) of the interview participants described the family therapy they had received as helpful or very helpful” (p. 72). In general, positive experiences were reported with family therapy being delivered using a single session approach (O’Neill, 2017). Young et al. (2012) also evaluated the implementation of single session therapy as an approach within the Bouverie Centre and reported promising findings as well. In terms of service delivery, client wait times had decreased, clients were seen in a timely manner right when they were experiencing their difficulty, therapists felt they were attempting to make the most of their client contact time, and therapists felt they were more directive in their approach (Young et al., 2012).

Perkins (2006) conducted a study in which 216 participants completed a follow-up interview one month after their children received a single two-hour session utilizing a solution-focused Single Session Therapy. As a result of this study, it was found that this approach boasted
an “observable clinical improvement for children and adolescents with a broad range of mental health problems” (Perkins, 2006, p. 225). Perhaps the most notable finding of this study is that 95% of parents reported being satisfied with the service their child had received.

Cait et al. (2017) compared programming offered at two distinct agencies; one of which provided walk-in counselling and one that did not. In this qualitative study, a number of themes emerged from clients who had accessed the WIC including accessibility, deriving meaning from their service, and receiving the service when they felt they were ready to do so (Cait et al., 2017). Participants appreciated the ease by which they were able to access services without the wait and noted that the service was useful (Cait et al., 2017). Of importance is the overarching theme that traditional service delivery models which follow intake procedures perpetuate barriers for clients accessing services (Cait et al., 2017).

Ewen et al. (2018) completed a study with 109 participants who accessed walk-in counselling in Ontario, Canada. Client satisfaction was observed to be high, with participants rating their single session positively; they noticed a decrease in the symptoms they attended counselling for; felt their level of impairment had decreased; and their ability to cope was perceived as higher (Ewen et al., 2018). Another finding that emerged from this study was that individuals who attended same-day counselling also felt more aware of the resources in their community that may help them in the future (Ewen et al., 2018).

Wood’s Homes in Calgary, AB, is another example of a treatment facility which has implemented a walk-in counselling clinic (WICC) called the Eastside Family Centre (Miller & Slive, 2004). Miller and Slive (2004) conducted research with 43 clients who had received services at the Eastside Family Centre. In terms of client satisfaction, 74.4% of clients were either “satisfied” or “very satisfied” with their treatment; in regard to symptom improvement,
67.5% of clients reported improvement in their circumstances; and more than 50% of clients reported improvements in relationships (Miller & Slive, 2004).

As previously mentioned, Single Session Therapy is not a specific intervention, but rather a method to providing service to clients, often used at a walk-in counselling clinic. Solution-Focused Brief Therapy (SFBT) is a specific intervention that has been found to be useful in this kind of a counselling environment. The next section will examine SFBT and discuss the relevance of this particular approach in working with older adults.

2.3 Solution-Focused Brief Therapy

2.3.1 What is SFBT? Originally developed by Steve de Shazer and Insoo Kim Berg at the Milwaukee Brief Family Therapy Center in the 1980’s (de Shazer & Dolan, 2007; Gingerich & Peterson, 2013), Solution-Focused Brief Therapy (SFBT) is an approach to brief therapy that is inherently strengths based (Bannink, 2007). This model of therapy is focused on identifying solutions rather than problems (Smith & Macduff, 2017). As opposed to problem-focused approaches to counselling, which focus on decreasing negative behaviours, SFBT practitioners work with clients to increase positive behaviours (Bannink, 2007; de Shazer & Dolan, 2007; Trepper et al., 2014). Smith and Macduff (2017) provide a helpful analogy for this strategy, stating that if a person were to be “getting wet in a rain shower; it is easier to put up an umbrella (building a solution) than to stop it from raining (resolving the problem)” (p. 106). Cepukiene & Pakrosnis (2010) discuss the importance of focusing on strengths rather than delving into clients’ problems in that focusing on the negative aspects of people’s lives may leave clients feeling more helpless and hopeless to change. Thus, examining the positive things clients are doing may aid in their confidence that change is possible. Franklin, Biever, Moore, Clemons and Scamardo (2001) indicate solution-focused therapists use techniques to “amplify positive behaviors and
reinforce the use of effective coping strategies” (p. 411). In this approach, the therapist is viewed as a coach, working with the client side by side to co-create solutions for their presenting problems (Bannink, 2007; Kim, Smock, Trepper, Mccollum & Franklin, 2010). The therapist assumes the solutions to the client’s problems are already found within that client, and they simply need to be brought to light (Sung, Mayo & Witting, 2018; Trepper et al., 2014). The therapist also effectively highlights past successes and times the client utilized positive resources as a way to identify strengths and foster more positive behaviours (de Shazer & Dolan, 2007; Trepper et al., 2014). There is a greater importance placed on pragmatics than theory in this approach: “SFBT is not theory-based but was pragmatically developed and became situated within the constructionist school of therapies, which assumes that all meaning is created by individuals rather than there being an objective reality” (Weatherhead & Flaherty-Jones, 2012, p. 190). SFBT counsellors do not confront problem behaviours in their clients, as this may actually cause the negative behaviour to occur more frequently (de Shazer & Dolan, 2007). Instead, counsellors ask questions about the context of the problem, and sometimes ask what others might say about the problem issue (de Shazer & Dolan, 2007). Solution-Focused Brief Therapy is a very specific method of counselling that has general ideas and guidelines that practitioners should follow in order to be effective. The use of questions in SFBT is very important. Such questions focus on small steps clients can take towards goals that they wish to achieve, enabling them to create solutions for their presenting problems (Neipp, Beyebach, Nunez & Martinez-Gonzalez, 2015).

De Shazer and Dolan (2007) note a number of overarching ideas of SFBT, stating that “if it isn’t broke, don’t fix it”; “if it works, do more of it”; “if it’s not working, do something different”; “small steps can lead to big changes”; “the solution is not necessarily directly related
to the problem”; “the language for solution development is different from that needed to describe a problem”; “no problems happen all the time; there are always exceptions that can be utilized”; and “the future is both created and negotiable” (p. 1-3). In summary, Solution-Focused Brief therapists focus on problems in the here and now, and encourage clients to do more of what has worked for their problem in the past. Further, there is very specific language to use when working with clients, and even small changes can cause lasting effects.

There are a number of general guidelines for using SFBT including: establishing positive rapport with the client, eliciting solution-focused goals that the clients themselves identify, utilizing the ‘miracle question’, assessing client motivation for change utilizing scaling questions, identifying exceptions (times when the problem is less intense or non-existent), providing feedback in the form of co-constructed homework or experiments, and evaluation of the session (Bannink, 2007; Trepper et al., 2014; Weatherhead & Flaherty-Jones, 2012). The miracle question is a technique that is used in SFBT and is a very specific way of eliciting a client’s goals for the future. Weatherhead and Flaherty-Jones (2012) provide a useful example of the miracle question, a question which encourages clients to dream:

OK, I'm going to ask you what might seem like a strange question. When you leave our session today you will carry on with the rest of your day as normal and, eventually, go to bed and slowly drift off to sleep. Then in the middle of the night while you are asleep, a miracle happens and the problem we have talked about today is completely resolved. However, because you were asleep when the miracle happened, you don't realise that this miracle took place and that the problem is gone. So, when you wake up tomorrow morning, what would be the first signs you notice that make you realise the problem is no longer around anymore? (p. 195)
Another specific type of questioning involves the therapist asking the client for exceptions, or times when the presenting problem has fluctuated, or gone through an ebb and flow (Bonjean, 2003). In order to facilitate solution-focused therapy, clients are asked about the exceptions to their problem area to elicit coping strategies or resources that had worked in the past (Bannink, 2007; Bonjean, 2003). There is a focus on the client setting goals for many aspects of their life during their session (Treppler et al., 2014). Within this therapeutic approach, the importance of scaling questions is also highlighted, that is, asking a client to rate how close they are to achieving goals or how they are feeling about a particular topic (de Shazer & Dolan, 2007; Treppler et al., 2014). Solution-Focused Brief Therapy has many strengths.

### 2.3.2 Strengths

Solution-Focused Brief Therapy is a therapy that is seen to have a number of strengths. First, SFBT can be less costly, and briefer than other treatment modalities (Corcoran & Pillai, 2009; Gingerich & Peterson, 2013). The client is viewed as the expert of their own experiences, and by eliciting examples of times they have been successful, clients may feel more empowered (de Shazer & Dolan, 2007). SFBT is an approach based on client resiliency, recognizing strengths, and helping clients to feel competent in their decisions, in turn helping them to feel like success is possible (de Shazer & Dolan, 2007).

These strengths are especially relevant when working with older adult clients. Given what is known about the cost-effectiveness of SFBT (Corcoran & Pillai, 2009; Gingerich & Peterson, 2013), and older adults’ limited pensions and savings (Orbach, 2003), this appears to be a great fit for this population. Kampfe (2015) highlights the importance of utilizing evidence-based practice with older adults, which SFBT is considered to be. Orbach (2003) also discusses the importance of eliciting stories from older adult clients, focusing on strengths. Again, this is consistent with SFBT; like other age groups, older adults may have many examples of times they
have previously been successful overcoming obstacles. Along with strengths, it is also important to recognize limitations of this approach.

2.3.3 Limitations. One limitation to SFBT may very well be one of its strengths; the brief nature of the approach. As sessions are generally time limited, not all presenting issues may be brought to light during the short duration of therapy. This approach recognizes, however, that individuals are constantly changing (Franklin et al., 2001), and as such, may require subsequent sessions for different problems. Although SFBT has been found to be effective with a number of behavioural difficulties, Kim (2008) notes it may not be effective with “externalizing behaviour problems such as hyperactivity, conduct problems, aggression, or family and relationship problems (p. 113). Orbach (2003) recognizes that the choice between time limited and longer-term counselling options should be based on individual client needs, and that shorter options are not always best for older adults despite a belief that, due to their age, short term counselling is more appropriate. De Shazer and Dolan (2007) note that a criticism of SFBT is that it is an approach that does not delve into the emotions of clients.

2.3.4 Evidence base. Solution-Focused Brief Therapy has been well studied and shown to be effective with a number of populations (Cepukiene & Pakrosnis, 2010; Gingerich & Peterson, 2013; Kim et al., 2010; Smith & Macduff, 2017). There are several studies which show effectiveness across different age ranges and different populations around the world.

Gingerich and Peterson (2013) completed a review of 43 studies on SFBT in order to assess its effectiveness as a therapeutic approach, focusing only on studies in which a group of participants received SFBT while another group did not. Studies in a number of fields of practice were reviewed, including children, adults with mental health concerns, marriage and families,
rehabilitation, and health/aging (Gingerich & Peterson, 2013). Importantly, across multiple fields of practice, positive benefits were experienced (Gingerich & Peterson, 2013).

Franklin et al. (2001) studied the effectiveness of SFBT by providing 19 students in the fifth and sixth grade with five to 10 sessions of therapy and examining the changes in behaviour. In this study, purposive sampling was utilized to identify students who had “been labeled learning disabled and had received more than one behavioral referral from classroom teachers that warranted attention from a school psychologist or another mental health professional” (Franklin et al., 2001, p. 415). Researchers found SFBT to be promising in terms of working with students with behavioural difficulties (Franklin et al., 2001). Although researchers view their findings as inconclusive, there is evidence to support further need for investigation into SFBT (Franklin et al., 2001).

Solution-Focused Brief Therapy has also been studied in other areas of the world. Liu et al. (2015) reviewed SFBT research from mainland China, finding that SFBT is a therapy that has been used effectively across different populations and fields of practice including in schools, mental health, and health care; both individually and in group settings. Their review also found the therapy to be “most effective for people with internalizing disorders and with children and adolescents” (Liu et al., 2015, p. 89). Cepukiene and Pakrosnis (2010) studied adolescents residing in foster homes in Lithuania, comparing a treatment group of participants who received SFBT and a control group of those who received no treatment. The study found that participants who received the Solution-Focused Brief Therapy treatment improved in regards to their troublesome behaviours (Cepukiene & Pakrosnis, 2010).

Smith and Macduff (2017) used a qualitative approach to study 20 nurses in locations across Scotland who had been trained in SFBT as part of a 150-hour training program, to assess
their experiences using the approach. From the study, five main themes emerged: practitioners felt a sense of empowerment for their clients in that they were able to arrive at solutions on their own; practitioners felt the approach fit within their own values; practitioners felt more successful using SFBT than other approaches to counselling previously utilized; practitioners appreciated the framework of SFBT which they could follow; and practitioners recognized the similarities to cognitive behaviour therapy (CBT) practice (Smith & Macduff, 2017).

Neipp et al. (2015) studied 204 participants in a study in which solution-focused and problem-focused questions were asked in scenarios where participants discussed a problem they wished to solve. Self-reporting scales were utilized to report back on negative affect, self-efficacy, and goal attainment (Neipp et al., 2015). The findings suggest that solution-focused questions positively impacted all three self-reported areas (Neipp et al., 2015).

Although limited, there has been some research conducted which examines the use of Solution-Focused Brief Therapy with older adults. Specifically, Dahl, Bathel and Carreon (2000) studied 74 patients who received therapy for issues including mental health concerns, relationship problems, and chronic stress. Participants reported being satisfied with their treatment and scored themselves higher in the rating scales utilized; 95% of participants displayed clinical improvement on their self-scales (Dahl et al., 2000). Although limited, these results point to SFBT being effective with older adults in regard to clinical significance, patient satisfaction, and cost effectiveness (Dahl et al., 2000).

Upon learning more about Single Session Therapy (SST), walk-in counselling (WIC), and Solution-Focused Brief Therapy (SFBT), and reviewing relevant research involving older adults, this writer was better equipped to begin developing the pilot walk-in counselling project for older adults in Saskatoon. In terms of project development, a framework for the project was
required, and an environmental scan was needed to better understand the City of Saskatoon and what it currently had to offer older adults in terms of mental health supports.
Chapter Three: Pilot Project Development

The program development work for this practicum project was completed using the framework of Appreciative Inquiry (AI). To best work within this framework, this writer completed a literature review prior to beginning the environmental scan or completing any interviews with community stakeholders and CFS Saskatoon staff/practicum students. Interview questions were developed using Appreciative Inquiry and focused on strengths and challenges in a constructive manner. The processes used to gather data will be discussed, and the findings from said processes will be provided in this chapter.

3.1 Appreciative Inquiry as a Framework

At its core, Appreciative Inquiry is a strengths-based approach to organizational change which focuses on moving towards doing more of what works (Bellinger & Elliott, 2011; Busche, 1999; Watkins, Mohr & Kelly, 2011). With its focus on strengths, taking the blame off individuals for past mistakes, and ability to identify challenges constructively; AI is a framework that fits well within social work values as well as with this practicum project. Using this approach, conversations are centred around what has worked well in the past, rather than the problems an agency has dealt with previously to take blame off individuals who may have been previously blamed for certain issues (Watkins et al., 2011). Major foci of AI research are the collaborative aspects to exploring and developing ideas, the supportive nature in which change is discussed, and focusing mainly on strengths while still identifying challenges in a supportive manner (Reed, 2010). Importantly, it is recognized that Appreciative Inquiry cannot replace other problem focused methods altogether, however, it is a good fit for organizational change (Bellinger & Elliott, 2011). Coghlan, Preskill and Tzavaras Catsambas (2003) suggest that a criticism of AI is the perception of ignoring problems; however, this is untrue. Appreciative
Inquiry “does address issues and problems, but from a different and often more constructive perspective: it reframes problems statements into a focus on strengths and successes” (Coghlan et al., 2003, p. 6). Appreciative Inquiry uses a cyclical approach in that it can be utilized whenever an agency is undergoing change (Trajkovski, Schmied, Vickers & Jackson, 2013). The focus on strengths while identifying challenges was a good fit for this practicum project, as it enabled this writer to identify key areas of focus.

Appreciative Inquiry is defined through five ‘D’s’; defining goals, discovering what has previously worked, dreaming of what an agency could look like, designing changes, and delivering changes previously imagined (Watkins et al., 2011). In the defining phase, the goals and strategy of change are developed (Watkins et al., 2011). CFS Saskatoon had defined their goal of understanding how to better engage the population of older adults in the city prior to this writer’s practicum beginning. When this writer began the practicum in the fall of 2018, a clear place to start within this framework was in the discovery phase. In this phase, stories are elicited in order to find what works well within an agency, especially in relation to the times when the agency was flourishing (Bellinger & Elliott, 2011; Watkins et al., 2011). To accomplish this, interviews with CFS Saskatoon staff and previous practicum students who had provided walk-in counselling were completed. In the dreaming phase, members imagine how the agency would be if those times in which the agency flourished were more common (Watkins et al., 2011). The designing phase is a time in which members hone in on principles to guide the change they are moving towards (Watkins et al, 2011). This phase was followed in terms of designing the pilot project walk-in counselling clinic for older adults. In the phase of delivering, or otherwise known as the destiny phase, the organization moves towards the previously agreed upon principles and changes (Watkins et al., 2011). This is recognized as a phase of “action planning” (Bellinger &
Elliott, 2011, p. 713). It is anticipated that CFS Saskatoon will utilize recommendations from this report in order to implement changes identified through the program evaluation.

Appreciative Inquiry has been researched as an organizational change method, although there is a dearth of research connecting this approach and social work research. Trajkovski et al. (2013) reviewed Appreciative Inquiry processes in the field of health care, finding that although there was inconsistency in the delivery of the model, parts of AI have been successful in facilitating agency change. Again, regarding health care, Watkins, Dewar, and Kennedy (2016) completed a review and narrative synthesis of eight studies, finding that AI has potential to enact change within nursing practice, although further research is required to examine success. AI may also be effective within other work settings. Robinson, Priede, Farrall, Shapland, and Mcneill (2013) found Appreciative Inquiry to be an effective method to initiate organizational change within probation settings, realizing that participants felt the strengths-based approach was a positive change from their usual, problem focused, organizational culture. Bellinger and Elliott (2011) note there is a lack of reference to Appreciative Inquiry within social work research, however, they believe there is a place for this approach to organizational change in the field.

Keeping the framework of Appreciative Inquiry in mind, this writer was able to complete an environmental scan, first by seeking to identify mental health supports for older adults currently available in the city, and then by interviewing stakeholders to identify whether a walk-in counselling clinic (WICC) would be beneficial and/or utilized by an older adult population.

3.2 Process of Information Gathering

To better understand the mental health supports available for older adults in the City of Saskatoon, this writer utilized a number of methods of information gathering which are all situated within an environmental scan approach. For this environmental scan, an internet search
was conducted, and this writer interviewed external sources; professionals who currently work with older adults in senior’s residences, as well as internal sources; past practicum students and staff who have provided walk-in counselling. CFS Saskatoon will be able to take the information from the environmental scan and develop programs and services that will complement efforts currently being made to support older adults while not overlapping with services already offered in the city.

Albright (2004) explains environmental scanning is a way for agencies to gain information to identify trends and guide decision making in an informed manner. It is a way to position an agency within a community and provide context that will be beneficial for future planning (Conway, 2009). There are five important steps involved in completing an environmental scan: identifying needs of an organization in order to determine what information is relevant, gathering said information, analyzing the information, communicating the information received, and finally making decisions in response to what has been learned (Albright 2004). In the early planning stages, it was decided that the environmental scan for this project would be two-fold; to understand what supports there already are in Saskatoon for older adults, and to seek to understand how professionals viewed the possible benefits and utilization of a walk-in counselling clinic. In conducting an environmental scan, there are many sources of information to be considered, including internal and external sources (Albright, 2004; Guion, 2010). An environmental scan may access information through print (newspapers or magazines), the internet (websites, social media, podcasts), and people (university staff, researchers); and successful environmental scanning utilizes many sources simultaneously (Conway, 2009). The following section examines the findings from the internet search and interviews conducted.
3.3 Findings

3.3.1 Internet search. An internet search of walk-in counselling services in Saskatoon was conducted, finding only CFS Saskatoon offered this service in the city to community members at that time. Search queries included “walk-in counselling Saskatoon”, “counselling Saskatoon”, “counselling older adults Saskatoon”, and “counselling seniors Saskatoon”. Other agencies appeared in the search, however, upon further investigation it was found other agencies did not offer WIC. Thus, only one agency provided WIC, and CFS Saskatoon did not offer such a service specifically for older adults. A number of agencies reported providing traditional counselling services for people of any age, but noted there were no walk-in counsellors available.

3.3.2 Interviews. Taking the aforementioned internet search one step further, this writer contacted five agencies via telephone who provide services to seniors to inquire about any counselling services they were aware of in the city specific to the population of older adults. Those agencies were: the Saskatchewan Council on Aging, the Indian Metis Friendship Centre, the Saskatoon Public Library, Saskatoon Housing Authority, and Community Adult Mental Health Services with the Saskatchewan Health Authority. This writer was made aware that many agencies in Saskatoon who provide services to seniors refer to outside agencies for counselling services. The Saskatchewan Council on Aging reported referring out to several agencies, one of which is CFS Saskatoon, and the Indian Metis Friendship Centre reported doing the same. This writer was made aware of two social workers who had started working at the Saskatoon Public Library in the fall of 2018 as library social workers, who are employed by the library; they also reported making referrals if clients required counselling services. The Saskatoon Housing Authority has a Program Coordinator; however, her role is to provide information sessions on specific topics to the individuals residing in the senior’s residences, not to provide mental health
support and counselling services. None of the agencies contacted were aware of walk-in counselling services specific to older adults in the city, and none were aware of general walk-in counselling or a single session approach being offered anywhere at that time other than CFS Saskatoon. Further, when this writer spoke with an intake worker at Community Adult Mental Health Services about a WIC program, the worker replied “no, we don’t have counsellors just sitting around waiting for clients”. This response points to a lack of education surrounding the applicability and benefits of walk-in counselling services. As stated previously, the internet search did not yield any results for other single session walk-in counselling services in Saskatoon. However, this writer was made aware by CFS Saskatoon staff that Family Service Saskatoon would be offering drop-in services in the fall of 2018. The model used by Family Service Saskatoon differs from the walk-in counselling offered by CFS Saskatoon; with Family Service Saskatoon only the first session is free (Family Service Saskatoon, n.d.) while CFS Saskatoon does not restrict the number of times one client can access the walk-in counselling program. It became clear that a pilot walk-in counselling clinic for older adults would not be overlapping with any mental health services already offered in the city. Next, this writer was interested in exploring how a walk-in counselling clinic might be perceived and utilized by older adults, from the perspective of professionals who specifically work with older adults.

Upon learning about counselling services specific to older adults in Saskatoon, this writer was interested to learn about how community stakeholders would perceive a walk-in counselling clinic offered specifically to older adults. In total, nine interviews were completed with staff from eight seniors’ residences across the city, some of which were long-term care facilities and others which were independent living homes. All interviews were completed via telephone and notes were taken during the interviews. Staff who worked in programming or spiritual care
positions were interviewed, as they interact with residents often. Interviews with two current staff members and two previous practicum students from CFS Saskatoon were conducted to explore their experience providing walk-in counselling. The findings from these interviews are explored and themes from the interviews are highlighted in the next section.

To analyze the information obtained in the interviews, this writer looked for common themes in participant’s answers to communicate the relevant information in a concise manner. This method is consistent with research that suggests an appropriate way to process information gained through environmental scanning is to look for themes that consistently arise (Guion, 2010). This writer then made decisions regarding the pilot project with the information gathered.

Table 10: Community Stakeholder Interviews

<table>
<thead>
<tr>
<th>Question</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you think seniors would benefit from a walk-in counselling clinic in Saskatoon?</td>
<td>• All participants felt a WICC would be beneficial</td>
</tr>
<tr>
<td>Do you think seniors would utilize a no-fee walk-in counselling clinic?</td>
<td>• 5/9 participants did not think older adults would utilize a WICC</td>
</tr>
<tr>
<td></td>
<td>• Community outreach and education would be highly important</td>
</tr>
<tr>
<td>Where do you think an appropriate place for a walk-in counselling clinic would be?</td>
<td>• Central, downtown location</td>
</tr>
<tr>
<td></td>
<td>• Mall</td>
</tr>
<tr>
<td></td>
<td>• In-residence</td>
</tr>
<tr>
<td>What do you view as barriers to seniors accessing walk-in counselling services?</td>
<td>• Stigma</td>
</tr>
<tr>
<td></td>
<td>• Transportation</td>
</tr>
<tr>
<td></td>
<td>• Mobility</td>
</tr>
<tr>
<td></td>
<td>• Accessibility</td>
</tr>
<tr>
<td>In your opinion, would there be a stigma attached to seniors accessing walk-in counselling services?</td>
<td>• All participants believe there would be a perceived stigma for older adults to attend a WICC</td>
</tr>
</tbody>
</table>
### Table 11: CFS Staff and Practicum Student Interviews

<table>
<thead>
<tr>
<th>Question</th>
<th>Themes</th>
</tr>
</thead>
</table>
| Please tell me about your experience providing walk-in counselling with CFS. | • One staff member “loves” the walk-in model, the other does not feel it is the most effective approach  
• Valuable, added to experience as social workers  
• Wide variety of clients seen  
• Necessary to have a “tool box” of skills, handouts, and homework ideas ready to give to clients |
| In your opinion, what are some strengths of the program in terms of design and delivery of walk-in counselling? | • Providing crisis intervention at the time clients needed it most  
• The location at the Foodbank is accessible  
• Availability for people of all populations, without discrimination |
| What are some challenges of the current structure of the program?         | • Expectation of one-hour sessions is not always feasible  
• The paperwork is a barrier to time  
• The hours (8:30am to 4:00pm) are not always the most accessible for clients  
• Many issues dealt with require more than one session, especially regarding working with clients with chronic issues and traumatic life experiences  
• When there were few or no clients within a day, the students felt their time could have been better utilized  
• Room layout and size when multiple clients are in session or clients with wheelchairs/mobility devices |
| How many older adults (55+) do you think utilized walk-in counselling while you were involved? | • Very few |
| Given your experience with WICC, do you think that this is a support option that older adults might be interested in? Why or why not? | • The service would be beneficial for an older adult population  
• CFS Saskatoon as an agency should be available for people of all ages  
• Older adults face crises in their lives just as clients in other age groups do.  
• Barriers- accessibility and stigma  
• Unsure if walk-in or appointment is best for the population |
With the information gathered from the environmental scan, this writer was more equipped to make decisions regarding the development and implementation of the pilot project walk-in counselling clinic for older adults. More information was obtained in regard to potential benefit of the pilot, potential interest from older adults, ideal location and time of the clinic hours, and strengths identified in the current walk-in counselling program that would be helpful to be aware of.
Chapter 4: Pilot Project

A pilot project walk-in counselling clinic (WICC) was offered at CFS Saskatoon to broaden this writer’s knowledge of program development and gain experience in offering a program for a specific group of individuals. The following chapter will focus on the logistics of this pilot project; as well as community awareness and marketing efforts made to spread knowledge of the project, procedures planned for the project, and actual client utilization of the clinic.

4.1 Logistics

The location of the walk-in counselling clinic (WICC) was decided to be at CFS Saskatoon’s office and was held on Mondays, 9:00am to 5:00pm from October 15, 2018 to December 3, 2018. This location was determined due to the environmental scan and interviews with community stakeholders who believed a central, downtown location would be an appropriate place for the WICC to be delivered, especially in regards to older adults living in independent living homes in the immediate vicinity of the agency. Stakeholders also believed older adults would utilize a service during regular work hours to ensure travel time was during daylight hours. CFS Saskatoon’s office is located within the Community Service Village, which houses six non-profit agencies; CFS Saskatoon, Family Service Saskatoon, Saskatoon Crisis Intervention Centre, Saskatoon Sexual Assault and Information centre, the United Way of Saskatoon, and the YWCA Saskatoon (Community Service Village, 2018). This was viewed as a positive location for the pilot walk-in clinic for older adults, as it is a central location with other services housed in the same building. It is located close to the downtown core of Saskatoon, near five Saskatoon Housing Authority homes for older adults. A close physical location was viewed as a positive feature, as older adults may have difficulties with mobility, especially because they
are at higher risk to experience physical pain and falls (Kampfe, 2015). Results from community stakeholder interviews revealed accessibility and mobility to be potential barriers to accessing services.

Another important factor to consider was the addition of walk-in counselling (WIC) to Family Service Saskatoon, which had previously just introduced no-fee WIC at their office, at the Community Service Village, Tuesdays and Thursdays. Thus, in consultation with the leadership at CFS Saskatoon, it was decided that offering the pilot service for older adults on another day of the week in order to avoid duplication of services available at the agency would be most effective and efficient.

CFS Saskatoon and this writer agreed on 55 as the age to focus the pilot WICC for; this comes from demographic data collection requirements of the agency for their funders, and fit well with other initiatives within the city. One example is The Saskatoon Housing Authority, which provides senior’s housing for adults 55 and older (Saskatoon Housing Authority, 2018), and a new community clinic at the Market Mall in Saskatoon which opened in November 2018 also provides services for adults 55 and older (Saskatchewan Health Authority, 2018). To ensure potential WIC clients were aware of the pilot project, community awareness and marketing efforts were made.

### 4.2 Community Awareness and Marketing

In order to ensure community awareness of the pilot project, this writer designed a poster to advertise the walk-in counselling clinic. Goodman (2013) discusses the importance of advertising for older adults to be easily read both in content and size of wording, both of which were considered when designing this poster. Goodman (2013) also indicates multiple marketing techniques are appropriate for this age group, and as such, this writer utilized print, word of
mouth, and the internet for advertising. This writer contacted a number of agencies to share the promotional poster and information about the walk-in counselling clinic for adults 55 and older. The poster was distributed throughout the five Saskatoon Housing Authority residences (for older adults) located within walking distance from the clinic, and the information about the pilot clinic was also provided to the program coordinator with Saskatoon Housing Authority who agreed to talk with potential clients at tenant meetings at the buildings. Promotion through social media was also utilized; CFS Saskatoon has a Facebook page on which the pilot WICC poster was shared. The CFS Saskatoon employee who manages the Facebook page observed this post to be one of the most shared posts by other users. This was in comparison with other posts sharing information about programs offered around the city. CFS Saskatoon employees were also encouraged to share the poster and information about the pilot clinic with potential clients as well. The poster was also posted on a bulletin board in the Community Service Village and in the restaurant connected to the building. This writer connected with social workers at the Saskatoon Public Library who agreed to share the information with their clients. Finally, this writer connected with the Saskatchewan Council on Aging, who agreed to distribute the information via email to employees and by providing print copies in offices. As with any mental health program, there were specific intake procedures discussed and developed.

4.3 Intake Procedures

As CFS Saskatoon had been previously providing walk-in counselling services, intake procedures were already in place. The plan was to follow the procedures which were used at the walk-in counselling clinic at the Saskatoon Foodbank, which are discussed as follows.

The WIC was to be provided on a first come, first serve basis. No initial paperwork would be required until clients met with the counsellor, at which time minimal paperwork was
completed. Paperwork was to be completed in the counsellor’s office, just prior to beginning the session, and focused on general client information, demographics, and a receipt of information acknowledgement. All information to be collected was relevant to the agency, as demographics are sent to the funder, the United Way. Sessions were to be provided following a Solution-Focused Brief Therapy approach to Single Session Therapy. Although the procedures were identified, this writer was unable to follow such procedures due to no clients attending the pilot walk-in counselling clinic.

4.4 Utilization

Unfortunately, no older adults attended to the pilot walk-in counselling clinic for older adults that was offered at CFS Saskatoon during this practicum. There are a few factors that may help to explain this outcome. First, there was no community advertising completed prior to the beginning of this writer’s practicum. As such, many older adults from the community who could have accessed the service may not have realized it was available. Although community awareness and marketing efforts were made by placing posters in senior’s residences, talking to community partners, encouraging word of mouth advertising and utilizing social media, perhaps the efforts were not enough. Second, most of this practicum was completed during a short amount of time in the cold fall months. There had already been snow on the ground during the time the pilot was offered which could have been a major mobility barrier for potential clients. The pilot was offered for only a short period of time; perhaps by the time clients heard about the clinic, it may have already ended.

Research suggests walk-in counselling clinics reduce barriers for clients (Cait et al., 2017; Slive & Bobele, 2012), however, perhaps walk-in counselling (WIC) is not the most effective way to engage older adults. From information received from community stakeholders,
it may be more appropriate to offer appointment times right at seniors’ residences rather than WIC hours in the community. More research could be conducted to evaluate whether this would be true. Information gathered in the interviews with professionals working with older adults suggested that older adults may be more interested in utilizing less formal means of counselling, such as meeting with a pastor or other religious affiliates. Some types of programs older adults are involved in include church groups, informal social gatherings, activities at local seniors centres, and physical activity groups with others within the same age group (Jeffery et al., 2013a). One final possible reason the pilot WICC did not yield any older adult clients could have been related to the location of the clinic. Although stakeholders who were interviewed as part of the environmental scan believed that CFS Saskatoon’s main office would be a positive location due to its central, downtown location, perhaps older adults found the accessibility unmanageable. CFS Saskatoon is located on the second floor of the building with little signage pointing to the office. There is an elevator, but again, with few signs directing individuals to the office, clients may not have been able to locate the clinic. If a walk-in counselling clinic were to continue at the office, better signage would be required.

There was a great deal of useful information uncovered during this phase of the practicum, all of which was considered when moving into the next step, which was to develop recommendations for CFS Saskatoon to utilize moving forward. The recommendations in the following chapter reflect information obtained during the entirety of the practicum.
Chapter 5: Recommendations

A goal of this field practicum was to provide recommendations to CFS Saskatoon so that they may be able to better engage the population of older adults within the City of Saskatoon. In order to provide this information effectively, an evaluation report (Appendix) was provided to the agency to highlight important information learned throughout the practicum as well as provide recommendations to further develop collaborative relationships with other community agencies. The following recommendations were suggested for consideration as CFS Saskatoon with the goal of providing mental health support to older adults. The population of older adults in Saskatchewan is steadily growing, and as previously discussed, by 2030, adults 65 and older are expected to make up 23% of the nation’s population (Statistics Canada, 2014). As such, it is critically important for CFS Saskatoon to continue research and development of programs to target this population. The following recommendations have been developed for consideration:

1) Develop older adult specific programming though CFS. Programs geared toward specific populations are a focal point of the work CFS Saskatoon does within the city. However, there are currently no specific programs for adults 55 and older offered by the agency. In regards to an area of focus, programming specific to dealing with emotional distress and navigating healthy relationships appears to be appropriate. This comes from data which suggests a large percentage of the older adults accessing current walk-in counselling through CFS Saskatoon struggle with emotional distress and relationships (both couple and interpersonal). To ensure no overlap in services provided by other agencies in the city, CFS Saskatoon should consult with the Saskatchewan Council on Aging to see if they are aware of any similar programs. This suggestion links closely with the next recommendation as well.
2) Partner with The Saskatchewan Council on Aging (SCOA) - SCOA is identified as a partner with whom a strong working relationship could be beneficial to both parties. CFS Saskatoon could refer older adult clients to programs offered by SCOA, while SCOA could refer clients to counselling and for other types of mental health support at CFS Saskatoon. During the environmental scan and stakeholder interviews, SCOA appeared very interested in the WICC pilot project and expressed interest in partnering in the future to support the delivery of walk-in counselling services to older adults in the City of Saskatoon.

3) Engage older adults living in independent living homes. Community stakeholders identified that older adults who reside in independent living homes may be more apt to utilize WIC services if they were located at an easy to access location, but not within their residence facility. As such, a walk-in counselling clinic at the new Market Mall community clinic would be an ideal location for a trial clinic. This would be a positive location due to its convenience, especially since older adults will already be accessing other medical services in the building. The ease at which this population could then access WIC services would be unmatched. This recommendation is also congruent with information gained from interviews with community stakeholders who suggested that older adults may be more likely to access services if they are based in a medical office, and if they were suggested by a medical professional.

4) Connect with medical professionals at the Market Mall clinic. In order to ensure referrals are made (as outlined in the previous recommendation); CFS Saskatoon should connect with the medical professionals in the Market Mall clinic, build relationships, and provide information on the walk-in counselling clinic.
5) Engage older adults living in long-term care homes. Community stakeholders identified that older adults who reside within long-term care homes would likely encounter more difficulties with mobility, transportation, and accessibility of a walk-in counselling clinic. Thus, a WICC located right at senior residences in the city would be an ideal strategy by which to offer mental health support services for this population. Community stakeholders discussed the importance of providing education around counselling in general and WIC services in the homes prior to the implementation of a WICC to ensure that residents understood the nature of the counselling relationship, and also to reduce some stigma surrounding accessing mental health services. Another interesting suggestion by community stakeholders was to provide loose appointment times for clients in the long-term care homes. So, a counsellor would attend the facility at a consistently scheduled time and be provided with a list of potential clients who may wish to engage in counselling that day. The counsellor would then check in with said clients to assess whether or not they want counselling on that specific date. This would require collaboration with staff in the senior’s residences to ensure a list of interested clients was compiled in advance.

6) Conduct future research. Further to the recommendations regarding engaging older adults, CFS Saskatoon should consider evaluating appointment-based counselling services accessed by older adults more closely. By doing this, utilization could be tracked to determine whether walk-in or traditional counselling by appointment would be most appropriate for older adults. Again, CFS Saskatoon should consider providing both WIC and appointment-based counselling in order to track utilization rates and determine which method of counselling would be most appropriate for individuals within this age range.
7) Reconsider reporting questions for clients accessing counselling services in order to better collect data specific to the older adult population. Currently, data collected from clients looks at age ranges in 10 year increments, resulting in data for older adults being limited to 50-60 or 60-70 (and over). Thus, if CFS Saskatoon is interested in further research specific to the older adult population, the age range for clients to choose when completing the intake paperwork should be either 55 and older, 60 and older, or 65 and older. More programs are moving towards older adults being considered as those aged 55 and older (Saskatchewan Health Authority, 2018; Saskatoon Housing Authority, 2018) and as such, 55 and older would be a useful age group to report on as well.

8) Develop a training manual specific to walk-in counselling. A training manual focusing on walk-in counselling, Solution-Focused Brief Therapy and Single Session Therapy approaches would be of benefit to CFS Saskatoon as a counselling agency. It would be important to develop such a manual including research to demonstrate the effectiveness of such approaches. This would be a useful tool for future students to utilize, especially given that student interns are involved in delivering the WIC services. It would also be useful for paid staff who may not be familiar with the notion of such approaches, or the effectiveness of these models of practice. This would ensure all counsellors providing WIC are consistent in terms of models of practice.

9) Continue partnership with U of R and other universities. CFS Saskatoon hosts a number of practicum students each semester to ensure there are services for clients who cannot afford the standard rate of $125 an hour. As such, partnerships with universities should be maintained to ensure that a steady flow of students will be able to provide no-fee or low-fee services for clients.
During the time this writer completed this practicum, a plethora of useful information was obtained through many sources including literature reviews, internet searches, multiple interviews, and personal experience. It is the hope of this writer that the recommendations provided are seriously considered, and utilized by CFS Saskatoon. Next, a concluding chapter is provided to highlight final topics including my professional values, thoughts surrounding walk-in counselling, reflections and challenges faced.
Chapter 6: Conclusion

Although the pilot project walk-in counselling clinic (WICC) offered at CFS Saskatoon for older adults during this practicum placement did not yield any participants, the research and clinical experience gained through this practicum was central to developing my skills and abilities as a social worker. The following chapter will highlight my professional values as a social worker, thoughts on offering walk-in counselling at the Saskatoon Foodbank, personal reflections, challenges I encountered throughout the practicum, and a conclusion.

6.1 Professional Values

For the entirety of this practicum, a large focus was placed upon adhering to social work values and ethics. The overarching framework of Appreciative Inquiry (AI), and the use of Solution-Focused Brief Therapy (SFBT), Single Session Therapy (SST), and walk-in counselling (WIC) approaches all adhere to my professional values as a social worker. The focus on better understanding how to best serve the population of older adults in the City of Saskatoon is in line with the Canadian Association of Social Workers (CASW) Code of Ethics (2005a), CASW Guidelines for Ethical Practice (2005b), and the Saskatchewan Association of Social Workers (SASW) Standards of Practice (2012).

Recognizing strengths and empowering clients are two important values social workers uphold (CASW, 2005a). Appreciative Inquiry focuses on the strengths within individuals as well as agencies by focusing on what is working well (Reed, 2010). Focusing on strengths while imagining a more positive future is a way to promote a positive experience during organizational change. It can also be viewed as empowering for the participants involved, who are able to imagine a better agency in a safe, supportive manner. The Canadian Association of Social Workers (CASW) Code of Ethics (2005a) notes that social workers respect self-determination,
which is in line with recognizing strength and resilience in agencies and allowing staff to discuss what they feel is working well. Solution-Focused Brief Therapy also focuses on client strengths, in that therapists draw on client strengths to highlight what has worked for them in the past (Corcoran & Pillai, 2009; Liu et al., 2015). Corcoran and Pillai (2009) explain that in utilizing Solution-Focused Brief Therapy, the context of the client is examined, rather than looking for a dysfunction within that client. Single Session Therapy and walk-in counselling fit well within the realm of social work, as solutions are often found within the client and are drawn from things that they discuss (Cait et al., 2017; O’Neill, 2017).

Social workers should always practice in such a way that they focus on reducing barriers to service, and work to improve access for clients who would benefit from specific services (CASW, 2005b). The overall theme of Single Session Therapy and walk-in counselling fits well within this. Cait et al. (2017) indicate “the principles of single session WIC reflect social work values, as the focus is on reducing systemic barriers, improving access to resources and respecting clients’ right to self-determination” (pp. 614-615). Providing walk-in counselling aims to reduce the barrier of lengthy wait lists and confusing intake procedures (Bloom, 1981; Cait et al., 2017; Ewen et al, 2018; Slive & Bobele, 2011). By focusing on the population of older adults receiving services from CFS Saskatoon, this writer hoped to engage this population in counselling services; possibly reducing social isolation while eliminating barriers to accessing mental health support services.

Social workers should respect autonomy of the people whom they serve (SASW, 2012). In terms of autonomy, clients can access WIC when they feel they are ready for the service, resulting in more control (Cait et al., 2017). Similar to Single Session Therapy and walk-in counselling, Solution-Focused Brief Therapy gives power and control to the client, which is
positive for their personal autonomy (Weatherhead & Flaherty-Jones, 2012). Bonjean (2003) indicates that in solution-focused therapy, the therapist’s underlying belief that clients have the solutions to their problems within themselves and focus on collaboration boosts autonomy as well. Bellinger and Elliott (2011) recognize Appreciative Inquiry’s complements to social work practice especially in terms of recognizing the underlying capacity and resilience of individuals and agencies, which in turn respects personal autonomy. The Saskatchewan Association of Social Workers (2012) notes the importance of respecting client motivation within the professional relationship in order to move towards desired outcomes for the client. This is also in line with Single Session Therapy and walk-in counselling, maximizing clients’ motivation at the time they are seeking help to change (Weatherhead & Flaherty-Jones, 2012).

From a research standpoint, this practicum adhered to the Canadian Association of Social Workers Code of Ethics value of doing no harm (CASW, 2005a). Robinson et al. (2013) discuss the practice of doing no harm when researching, pointing out that Appreciative Inquiry is a practice that adheres to this. The CASW Code of Ethics (2005a) very clearly discusses the importance of minimizing risk to participants in research. The CASW Guidelines for Ethical Practice (2005b) expand upon this further, indicating that social workers attempt to protect research participants from unnecessary mental/physical distress or harm. The CASW Code of Ethics (2005a) discusses that social workers should empower the people with whom they work. Appreciative Inquiry’s focus on collaboration is noted as fitting well with social work values (Bellinger & Elliott, 2011; Reed 2010). Further, the focus on building relationships is also a focus of Appreciative Inquiry (Bellinger & Elliott, 2011).
6.2 WICC at the Saskatoon Foodbank

During this practicum, I was involved in providing walk-in counselling at the Saskatoon Foodbank. In this capacity I worked with clients of all ages. I was able to put the skills of Solution-Focused Brief Therapy, Single Session Therapy, and walk-in counselling into practice after extensively researching those approaches for this practicum. As to be expected with a practicum experience, there were both strengths and challenges associated with participating as a student clinician in the Walk-In Clinic at the Saskatoon Foodbank.

There are a number of strengths I personally identified at the walk-in counselling clinic. I feel that the overall structure of the WICC at the Saskatoon Foodbank works well for both clients and counsellors. The main lobby area presents as welcoming and non-judgemental, and the front desk staff are helpful and discreet in connecting clients with the walk-in counsellor. The paperwork designed for the WICC is as brief as possible, and can be completed in a timely manner at the beginning of the session. The room itself is warm and inviting, with many lamps, and food and drinks available to clients. Although there are many strengths, there were also some challenges that I identified with the walk-in counselling at the Saskatoon Foodbank.

Challenges are common in many programs, and it is important to address them in hopes of moving forward in a positive direction. It is my own observation that some clients utilize the walk-in counselling as ongoing counselling, due to financial barriers associated with other counselling services with CFS Saskatoon as well as around the city. This is a systemic issue, and although the service offered at the Saskatoon Foodbank fills the gap in service, it does not appear to be the best way to address this challenge. It also became apparent that some individuals who provided the WIC did not agree with the single-session model, which could prove to be challenging. If the counsellors do not subscribe to the notion of single session therapy, providing
such a service at a WICC would be nearly impossible. Thus, it would be beneficial for CFS Saskatoon as an agency to provide specific training to their counsellors who will be working at the Foodbank to ensure a common standard of practice is followed. Another challenge was the inconsistency of clients attending the WICC. On some days, there would be multiple clients waiting for sessions, while other days there would be no clients attending. It was very important to plan for these days and bring other work to complete if needed. This would be a challenge to discuss with future staff and students to ensure time is utilized appropriately.

6.3 Personal Reflection

Although my hours of practical experience in the walk-in clinic were limited to Wednesday mornings, the experience was invaluable. I was able to work with several clients of varying ages, with a variety of presenting problems. When working with very diverse clients, it was important for me as a student clinician to pull resources and knowledge from past experiences. Knowing I possessed the knowledge to provide helpful resources for clients, or to connect them to appropriate services within the city, was validating in that I gained confidence in my abilities as a social worker.

I enjoyed working within the approach of Solution-Focused Brief Therapy for a few reasons. Personally, I have always worked from a strengths-based perspective as a social worker. It has always been a comfortable, good fit for me personally and professionally. I especially enjoyed looking for exceptions with clients, identifying times when their presenting problems were less intrusive. Focusing on the future is another technique I have utilized throughout my career as a social worker, so again, this was a good fit for me personally.

I feel privileged to have completed my practicum with CFS Saskatoon. The agency provides a supportive, welcoming work environment. There is a heavy focus on self-care,
relationship building between employees, and a management that encourages their staff to continually better themselves personally and professionally. I felt supported throughout my entire practicum, and built some strong networking relationships with a number of professionals in the field of social work. I developed relationships throughout this experience that I will remember for the rest of my career.

6.4 Challenges

There were some challenges I faced during this practicum. First, the timing appeared to have been inopportune. Having started and completed the pilot project in only seven weeks with minimal time to advertise and lay ground work for the project proved to be difficult. No clients attended the pilot walk-in counselling clinic offered for older adults at the CFS Saskatoon main office. This could be in part due to the short time frame of the pilot clinic and lack of advertising prior to the project beginning. Initially, CFS Saskatoon had hoped to have the WICC located at the Market Mall in Saskatoon, an ideal location to serve an older adult population. However, this partnership was not fostered prior to my practicum beginning. The main reason for this was that the Community Clinic at Market Mall in Saskatoon, a clinic for adults 55 and older, did not open in time for this pilot project to be offered there.

Another challenge I faced was related to using Solution-Focused Brief Therapy as a model of practice. Being new to using this model, I found using the miracle question to be difficult at first. This is to be expected any time a professional begins working with a new model of practice. However, the more practice I had with the miracle question, the easier it got to utilize. I see the value of working with clients to dream up what their preferred reality looks like, and then encourage small steps to work towards that.
Another challenge I faced was regarding data collection and the retention of that data by CFS Saskatoon. In terms of adults 55 and older accessing counselling services, it was difficult to access clear, consistent data. This is in part due to the record-keeping system CFS Saskatoon uses; their data is collected in 10-year increments. As such, data collected for this report gave a picture of adults 50 and older utilizing services. However, I was able to manually pull data from paper files in order to create a picture of adults 55 and older accessing walk-in counselling services at the Saskatoon Foodbank, and as such, some of the collected data has a different date range than other data collected for this report. One final challenge regarding data collection was related to inconsistencies in information asked of clients upon intake to CFS Saskatoon either at the main office or at the Saskatoon Foodbank. This was especially relevant when looking at the annual income of clients accessing services; some previous forms had split income levels into $10,000 increments, while others asked for simply five categories; no income, under $30,000, $30,000 to $80,000, over $80,000 and N/A. This challenge has already been remedied by the agency; all forms now follow the aforementioned reporting format with only five simplified categories.

One final challenge I personally faced during this practicum was related to self-care. Moore, Beldsoe, Perry and Robinson (2011) explain that self-care should be purposeful and consist of continuous efforts to enhance well-being, including physical, social, and spiritual dimensions. Miller, Grise-Owens and Shalash (2018) note that determining how self-care is defined can be difficult. For myself personally, self-care has always included a regular yoga routine coupled with a gym routine, and taking time to spend alone when I am feeling stressed. This was a difficult semester for me on a personal level, and as a result, my self-care fell to the wayside. This resulted in some days during my practicum being difficult to manage due to stress,
low mood and energy, and feelings of anxiety. During those few months, my exercise routine was very minimal, which is in part to blame for my challenges. I also encountered much more stress this past year than I ever had previously, which made caring for myself even more difficult.

Although I struggled with self-care this semester, I did continue the practice in some aspects. One thing that remained constant in my self-care routine was using healthy, positive relationships as a way to de-stress. I have a very supportive family with whom I share my struggles with. I was also lucky to have a supervisor who could recognize lack of self-care and provide guidance and support through the days that I struggled with. I have learned that I can take time for myself, and to also recognize small acts of self-care I do for myself on a daily basis. Part of self-care is recognition that small things can add up as well. This has been an invaluable learning piece of this practicum, and serves as a useful reminder to spend time caring for myself first.

A final note about self-care which I have found to be very important is incorporating self-care not only into my life outside of work, but also continuing the practice at work. Miller et al. (2018) note “self-care is traditionally viewed as something done ‘after work’ (eg. going to the gym) as contrasted with being a lifestyle that is inclusive of the professional role” (p. 1052-1053). Professionally, I make attempts to engage in self-care at work as well, by not overloading myself with work tasks, having an open, honest relationship with my supervisor about roles and expectations, and taking time for breaks when needed. Keeping moving throughout the day is important in terms of getting up and moving away from my work station. These are practices I continued throughout my practicum.
6.5 Concluding Thoughts

CFS Saskatoon offered an amazing opportunity for a unique and interesting practicum to unfold. Although the pilot project did not yield the results I had originally hoped for, I was able to put my developing research and clinical skills to use in an effective and interesting way. A snapshot of the counselling previously completed at the Saskatoon Foodbank with CFS Saskatoon has been highlighted, and an interesting trend was identified; older adults accessing walk-in counselling services has steadily increased over the past year, despite no extra work being done to recruit the older population. An extensive literature review of a number of topics was completed in order to ensure the best care for older adult clients was provided. A pilot project was imagined and offered, and although there were no participants for this part of the research, I was able to gain experience in project development and implementation. An environmental scan and numerous interviews were conducted, which add to the information provided in this report. A number of recommendations are provided to complete this report. It is this writer’s hope that CFS Saskatoon will take the recommendations and find innovative and effective ways to better engage the older adult population of Saskatoon. It is clear that the older adult population is one that could benefit from mental health programs and services directly targeted towards them. In order to do this, agencies such as CFS Saskatoon need to consider new ways to work with this population, and expanding walk-in counselling services is one such approach to consider.
Appendix: Agency Report

Engaging Older Adults in Walk-in Counselling:

An Evaluation Report

CFS Saskatoon

May 2019
Report Overview

This report provides a summary of information pertinent to mental health supports for older adults that was gathered from September 5, 2018 to December 13, 2018 in Saskatoon, SK. It includes a summary of counselling services utilized at the Saskatoon Foodbank offered by CFS Saskatoon over the previous year. Information specific to counselling practices utilized in walk-in counselling clinics, including Single Session Therapy and Solution Focused Brief Therapy is outlined. Information specific to counselling with older adults is included, and recommendations for CFS to consider as they work to engage the older adult population of Saskatoon are highlighted.

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Purpose of This Report

CFS Saskatoon has identified older adults as a population with whom they are interested in engaging more specifically. This interest stemmed from an awareness of the growing older adult population and a curiosity about existing barriers to older adults accessing services. CFS Saskatoon has recognized the importance of developing programs and services for the older adult population, however, they have also recognized that they require more information before moving forward. This report will begin with an introduction to CFS Saskatoon as an agency and will highlight information gathered about the older adult population, walk-in counselling, Single Session Therapy, and Solution-Focused Brief Therapy. This report will also highlight demographics and statistics related to older adults accessing walk-in counselling through CFS Saskatoon, and will provide recommendations for CFS Saskatoon to consider as they make decisions about how to best engage older adults in their services and programming.

CFS Saskatoon

CFS Saskatoon is a community-based counselling agency that serves individuals, couples and families by developing and delivering programs to specific client populations (CFS Saskatoon, n.d.). Founded in 1941, CFS Saskatoon’s mission is to build and support people’s strengths, in hopes of encouraging a strong and healthy population in the City of Saskatoon (CFS Saskatoon, n.d.). In the fall of 2018, CFS Saskatoon offered programs specifically designed for children, adolescents, and adults, especially related to parenting, anxiety, and relationships. It is common for counselling agencies to have a wait list for services (Cait et al., 2017), and CFS Saskatoon is no different. The wait time in the fall of 2018 was approximately 5 weeks. Historically, according to CFS Saskatoon staff, the wait time for appointments has been 3 to 6 weeks long, and it often fluctuates based upon demand. One way CFS Saskatoon attempted to
shorten their wait list was to offer walk-in counselling at the Saskatoon Foodbank. This initiative began in 2016, with CFS Saskatoon offering one day per week of walk-in counselling and by April 2018, walk-in counselling was offered two days per week. In order to better understand CFS Saskatoon and the services that clients access, it is important to have an idea of current walk-in counselling utilization and general, appointment-based counselling utilization. For the purpose of this evaluation, a focus was placed on adults 55 and older accessing services, and a decision was made to provide a walk-in counselling clinic specifically for adults aged 55 and older. The decision to identify this age group was guided by demographic data requirements of the agency, and fits well with other initiatives within the city. Examples of other agency initiatives includes The Saskatoon Housing Authority, which provides senior’s housing for adults 55 and older (Saskatoon Housing Authority, 2018); and a new community clinic at the Market Mall in Saskatoon which opened in November 2018 which also provides services for adults 55 and older (Saskatchewan Health Authority, 2018). This age allocation causes some discrepancies, as CFS Saskatoon collects data in 10-year increments. Thus, within this report, some data sets will focus on those aged 55 and older, while some will focus on individuals aged 50 and older. It is important to note that some of the literature uses the term seniors for adults 55 and older; however, for the purpose of this report, the term older adults will be utilized.

**What Is Known About Older Adults**

The overall population in the City of Saskatoon, the Province of Saskatchewan, and the country of Canada is growing. Statistics Canada (2017a) reports a 5% increase in the population of Canada from 2011 to 2016, while in Saskatchewan, the population has increased by 6.3%. This may be in part due to Canada’s aging population, which is expected to grow in the coming years (Jeffery et al., 2013a). According to the 2016 Census, adults aged 55 and older make up
28.64% of Saskatchewan’s population and 30.86% of the nation’s population (Statistics Canada, 2017a). This represents an increase from the 2011 Census, which reported that adults aged 55 and older made up 27.16% of Saskatchewan’s population and 27.9% of the nation’s population (Statistics Canada, 2012). From a local perspective, in 2016, the overall population in Saskatoon was 246,376; a 10.9% increase from 2011 (Statistics Canada, 2017b). Adults aged 55 and older comprise 23.67% of that population (Statistics Canada, 2017b). Of additional importance is the projection that by 2030, adults 65 and older will make up 23% of the nation’s population overall (Statistics Canada, 2014). Due to Saskatchewan and Canada’s growing older adult population, attention should be paid to developing programs and services accessible and attractive to this group (Pantell et al., 2013). A very important factor to consider is the prevalence of social isolation in older adults and the importance of being connected to services (Giles, Glonek, Luszcz & Andrews, 2005).

Social isolation can be defined as the actual lack of social interaction between humans, or as the perception that one is socially disconnected (Whaite, Shensa, Sidani, Colditz & Primack, 2018). It has been recognized that older adults may experience social isolation for a number of reasons, including lack of resources, difficulty with mobility, and loss due to death or from moving away from home communities to be closer to services (Holt-Lunstad, Smith, Layton & Brayne, 2010; Steptoe, Shankar, Demakakos & Wardle, 2013). Thus, programs and services should be developed in order to foster more social inclusion. There is a strong correlation between social isolation and mortality and, as such, reducing isolation would be beneficial for mortality rates (Holt-Lunstad et al., 2010; Pantell et al., 2013; Steptoe et al., 2013). It is recognized that it is important to understand an individual’s existing support system and severity of their social isolation (Pantell et al., 2013). Giles et al. (2005) found that those with strong
social networks survive longer than those who do not have strong social networks. Thus, social interaction is important to physical health and mortality. Social interaction also impacts upon mental health.

Social isolation has been associated with poor physical and mental health, which in turn affects individuals’ quality of life (Mora et al., 2014). In a study with Latino immigrants, Mora et al. (2014) found that with an increase in social isolation, participants’ physical and mental health decreased. In a study of adults with diabetes, researchers found that participants with more social support had lower perceived depression and stress than those with fewer supports, and as such, social support may be viewed as affecting both physical and mental health (Xuanping, Norris, Gregg & Beckles, 2007). Cornwell and Waite (2009) found that older adults who are socially disconnected have worse mental health when they perceive they are isolated and, as such, older adults who do not feel isolated are healthier. Importantly, feelings of social isolation are associated with decreased mental health (Cornwell & Waite, 2009). Although accessing services for mental health support may help to alleviate some feelings of social isolation, there are also barriers for older adults to access such services. One identified barrier to accessing services is the stigma associated with mental illness.

Stigma towards counselling is an important factor to consider when working with all clients, but especially with older adults. Hunter (2011) studied older adult’s experiences with receiving counselling, finding that these individuals perceive a stigma surrounding requiring support, which may be a barrier to accessing services. Thompson (1992) also highlights stigma surrounding accessing services as a barrier for older adults, especially as this group of individuals may feel more vulnerable if they do access counselling. Conner (2008) discusses older adults’ shame surrounding accessing services due to the stigma of being perceived as
‘crazy’ if they do need counselling help. This stigma may be a reason why older adults shy away from accessing mental health support services, even if they feel socially isolated and may benefit from extra support in their lives. Although there is stigma surrounding mental health services, there has been a reduction in that stigma (Weiner & Goldberg, 2003). This is an encouraging piece of information, as it opens the possibility for further education, normalization, and a decrease in negative stigma as a barrier to accessing mental health support services.

**Walk-In Counselling**

Easily accessible walk-in services appear to be a chosen delivery method in a number of different arenas, not exclusive to mental health services. Slive and Bobele (2012) highlight the shift in society towards a number of walk-in and easy to access services including “fast food, drive-in banks, walk-in hair stylists, ‘no appointment necessary’ income tax services, ‘just in time inventories’, and even ‘walk-in wedding chapels’” (p. 11). Walk-in counselling is an example of one such service. Miller and Slive (2004) identify a number of guidelines for delivery of walk-in sessions. They state that it is important to recognize that the experience starts when clients walk through the door; that a pragmatic approach is more effective than utilizing just one model of counselling; that providing what clients want is best; that the timing of the therapeutic encounter is very important; and that clients respond to the relationship with the walk-in counselling service rather than an individual counsellor. It is important to note that much of the literature recognizes the importance of both walk-in and traditional, longer term counselling to work in conjunction with one another (Cait et al., 2017).

The walk-in counselling clinic (WICC) offered through CFS Saskatoon, at the Saskatoon Foodbank, works under the premise that clients can attend a session when they feel they need support by simply walking in to see a counsellor; with no appointment necessary. Sessions are 50
minutes long, and clients are encouraged to return if, and when, they feel they need more support. Each counsellor who offers the service utilizes the therapeutic approach with which they are most comfortable. Single session therapy (SST) and Solution-Focused Brief Therapy (SFBT) are two therapeutic approaches that are commonly used in WICCs (Campbell, 2012; Slive & Bobele, 2012; Young, Weir & Rycroft, 2012), and were both utilized during this project.

**Single Session Therapy**

Single Session Therapy (SST) is not an intervention, but an approach to service delivery which situates each session as a whole therapy in itself; this approach is often utilized at walk-in counselling clinics (Campbell, 2012; Slive & Bobele, 2012; Young, et al., 2012). Although many counsellors do not offer single sessions, clients often attend one or very few sessions when accessing support. Ewen et al. (2018) state that “clients often choose the frequency and number of sessions they attend in traditional therapy through missed appointments and dropping out” (p. 586). Research suggests that most clients who attend counselling attend four or less sessions before dropping out (Gingerich & Peterson, 2013).

Young, Weir and Rycroft (2012) summarize best practices when working within a Single Session Therapy approach as including:

- clarifying what the client wants from therapy (and from you, the clinician);
- checking in from time to time to ensure that you are on track during a session;
- providing direct feedback and responding to what the client has asked for;
- making the most of every encounter because you do not know if it will be your last;
- utilizing a more direct interview style (creating a context for mutual honesty and directness);
following up after the face-to-face session to establish what the client wants in terms of ongoing support; and

- providing help during every contact, including any follow-ups (p. 86).

Single Session Therapy (SST) is an approach to therapy which has been studied and is gaining traction with a wide array of clients (Cait et al., 2017; Ewen et al., 2018; Miller & Slive, 2004; O’Neill, 2017; Perkins, 2006; Young, et al., 2012). In a review of a number of studies on SST in a variety of settings, Hymmen, Stalker and Cait (2013) found “the majority of clients receiving a single-session intervention either previously scheduled or in a walk-in clinic appear to find it sufficient, helpful and satisfactory” (p. 69). Perkins (2006) conducted a study in which 216 participants completed a follow-up interview one month after their children received a single two-hour session utilizing a solution-focused SST. She found that this approach boasted an “observable clinical improvement for children and adolescents with a broad range of mental health problems” (Perkins, 2006, p. 225). Ewen et al. (2018) completed a study with 109 participants who accessed walk-in counselling in Ontario, Canada, where client satisfaction was observed to be high. Another important finding was that individuals who attended walk-in counselling also felt more aware of the resources in their community that might help them in the future (Ewen et al., 2018). One approach commonly used in Single Session Therapy and walk-in counselling is Solution-Focused Brief Therapy.

**Solution-Focused Brief Therapy**

Solution-Focused Brief Therapy (SFBT) is an approach to brief therapy that is inherently strengths based (Bannink, 2007) and is often utilized in walk-in counselling clinics (Lamsal, Stalker, Cait, Riemer & Horton, 2018). Within this approach, there is a focus on identifying solutions rather than focusing on problems (Smith & Macduff, 2017). As opposed to problem-
focused approaches to counselling, which emphasize a decrease in negative behaviours, SFBT practitioners work with clients to increase positive behaviours (Bannink, 2007; de Shazer & Dolan, 2007; Trepper et al., 2014).

Although limited, there has been some research conducted which examines the use of Solution-Focused Therapy with older adults. Specifically, Dahl, Bathel and Carreon (2000) studied 74 patients who received solution-focused therapy (SFT) for issues including mental health concerns, relationship problems, and chronic stress. Participants reported being satisfied with their treatment and scored themselves higher in the rating scales utilized; 95% of participants displayed clinical improvement in their self-scales (Dahl et al., 2000). Although limited, these results point to SFBT being effective with older adults in regards to clinical significance, patient satisfaction, and cost effectiveness (Dahl et al., 2000).

**Environmental Scan**

In order to better understand the mental health supports available for older adults in the City of Saskatoon, an environmental scan was completed as part of this evaluation. Albright (2004) explains environmental scanning is a way for agencies to gain information in order to identify trends and guide decision making in an informed manner. It is a way to position an agency within a community and provide context that will be beneficial for future planning (Conway, 2009). An environmental scan may access information through print (newspapers or magazines), internet (websites, social media, podcasts), and people (university staff, researchers); and successful environmental scanning utilizes many sources simultaneously (Conway, 2009). The environmental scan for this report was conducted using the internet, and through the completion of interviews with community stakeholders, current CFS Saskatoon staff
members, and former practicum students with experience in the walk-in counselling clinic at the Foodbank.

**Internet Search**

An internet search for single session walk-in counselling services in Saskatoon was conducted, determining that only CFS Saskatoon offered this service in the city. Search queries included “walk-in counselling Saskatoon”, “counselling Saskatoon”, “counselling older adults Saskatoon”, and “counselling seniors Saskatoon”. Other agencies appeared in the search, however, upon further investigation it was found that other agencies did not offer walk-in counselling at that time. Thus, only CFS Saskatoon was found to provide single session walk-in counselling, and they did not offer such a service specifically for older adults. Several agencies reported providing traditional counselling services for people of any age but noted there were no walk-in counsellors available.

**Interviews**

Interviews were conducted with community stakeholders who work with older adults in Saskatoon, to learn more about perceptions and utilization of a walk-in counselling clinic. In total, nine interviews were completed with staff from eight seniors’ residences across the city, some of which were long-term care facilities and others which were independent living homes. All interviews were completed via telephone and notes were taken during the interviews. Staff who worked in programming or spiritual care positions were interviewed, as they interact with residents often. Interviews with two current staff members from CFS Saskatoon were also conducted in order to explore their experience providing walk-in counselling. Interviews with two former practicum students were also completed in order to explore their experiences offering walk-in counselling.
**Findings from Interviews**

**Table 1: Community Stakeholder Interviews**

<table>
<thead>
<tr>
<th>Question</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you think seniors would benefit from a walk-in counselling clinic in Saskatoon?</td>
<td>• All participants felt a WICC would be beneficial</td>
</tr>
<tr>
<td>Do you think seniors would utilize a no-fee walk-in counselling clinic?</td>
<td>• 5/9 participants did not think older adults would utilize a WICC</td>
</tr>
<tr>
<td></td>
<td>• Community outreach and education would be highly important</td>
</tr>
<tr>
<td>Where do you think an appropriate place for a walk-in counselling clinic would be?</td>
<td>• Central, downtown location</td>
</tr>
<tr>
<td></td>
<td>• Mall</td>
</tr>
<tr>
<td></td>
<td>• In-residence</td>
</tr>
<tr>
<td>What do you view as barriers to seniors accessing walk-in counselling services?</td>
<td>• Stigma</td>
</tr>
<tr>
<td></td>
<td>• Transportation</td>
</tr>
<tr>
<td></td>
<td>• Mobility</td>
</tr>
<tr>
<td></td>
<td>• Accessibility</td>
</tr>
<tr>
<td>In your opinion, would there be a stigma attached to seniors accessing walk-in counselling services?</td>
<td>• All participants believe there would be a perceived stigma for older adults to attend a WICC</td>
</tr>
<tr>
<td>Question</td>
<td>Themes</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Please tell me about your experience providing walk-in counselling with CFS. | • One staff member “loves” the walk-in model, the other does not feel it is the most effective approach  
• Valuable, added to experience as social workers  
• Wide variety of clients seen  
• Necessary to have a “tool box” of skills, handouts, and homework ideas ready to give to clients |
| In your opinion, what are some strengths of the program in terms of design and delivery of walk-in counselling? | • Providing crisis intervention at the time clients needed it most  
• The location at the Foodbank is accessible  
• Availability for people of all populations, without discrimination |
| What are some challenges of the current structure of the program?        | • Expectation of one hour sessions is not always feasible  
• The paperwork is a barrier to time  
• The hours (8:30am to 4:00pm) are not always the most accessible for clients  
• Many issues dealt with require more than one session, especially in regard to working with clients with chronic issues and traumatic life experiences  
• When there were few or no clients within a day, the students felt their time could have been better utilized  
• Room layout and size when multiple clients are in session or clients with wheelchairs/mobility devices |
| How many older adults (55+) do you think utilized walk-in counselling while you were involved? | • Very few                                                                                   |
| Given your experience with WICC, do you think that this is a support option that older adults might be interested in? Why or why not? | • The service would be beneficial for an older adult population  
• CFS Saskatoon as an agency should be available for people of all ages  
• Older adults face crises in their lives just as clients in other age groups do.  
• Barriers - accessibility and stigma  
• Question of appointment versus walk-in                                      |
Utilization of Current Counselling Services

CFS Saskatoon has been providing walk-in counselling at the Saskatoon Foodbank since 2016. They had also been providing free, appointment-based counselling at the Saskatoon Foodbank during that same time frame. Walk-in counselling client demographic data was collected during that period; however, it was not kept separate from the appointment-based counselling statistics recorded until September 2017. Due to this, a snapshot of counselling offered at the Foodbank will be provided for a one-year period prior to the start of this project. As a comparison, counselling services at CFS Saskatoon’s main office will also be examined. Demographic data is collected on a quarterly basis at CFS Saskatoon and will be presented as such.

It is important to note that walk-in counselling during the first quarter (October to December 2017) was provided for a half a day per week; in the second quarter (January to March 2018) walk-in counselling was provided for one full day per week; and in the third (April to June 2018) and fourth (July to September 2018) quarters walk-in counselling was offered two days per week. The increase in time was due to increasing utilization rates and demand. Relevant information to highlight includes utilization numbers by age, gender, and annual income. It is useful to provide a comparison of walk-in and general appointment based counselling offered at the Saskatoon Foodbank and main office to highlight any similarities or differences in trends. There was some incomplete data in the reporting for clients accessing services in that the date of birth for a number of clients was incorrect, resulting in a number of clients being recorded as much older than 100 years of age. As such, the total numbers reflected for the category for age of clients will be lower than the total number of clients in the categories of gender and income.
Figure 1: Saskatoon Foodbank Walk- In Counselling by Age (Percentage)

![Bar chart showing the percentage of Counselling by age (0-9, 10-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70-79, 80-89) from October to December 2017, January to March 2018, April to June 2018, and July to September 2018.]

Table 3: Saskatoon Foodbank Walk-in Counselling by Age (Numbers)

<table>
<thead>
<tr>
<th>Age</th>
<th>October to December 2017</th>
<th>January to March 2018</th>
<th>April to June 2018</th>
<th>July to September 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10-19</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>20-29</td>
<td>4</td>
<td>9</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>30-39</td>
<td>4</td>
<td>8</td>
<td>13</td>
<td>16</td>
</tr>
<tr>
<td>40-49</td>
<td>1</td>
<td>8</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>50-59</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>60-69</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>70-79</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>80-89</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>29</td>
<td>35</td>
<td>44</td>
</tr>
</tbody>
</table>
Figure 2: Saskatoon Foodbank Appointment-Based Counselling by Age (Percentage)

Table 4: Saskatoon Foodbank Appointment-Based Counselling by Age (Numbers)

<table>
<thead>
<tr>
<th>Age</th>
<th>October to December 2017</th>
<th>January to March 2018</th>
<th>April to June 2018</th>
<th>July to September 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>10-19</td>
<td>11</td>
<td>10</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>20-29</td>
<td>29</td>
<td>29</td>
<td>21</td>
<td>22</td>
</tr>
<tr>
<td>30-39</td>
<td>29</td>
<td>32</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>40-49</td>
<td>21</td>
<td>21</td>
<td>22</td>
<td>23</td>
</tr>
<tr>
<td>50-59</td>
<td>11</td>
<td>9</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>60-69</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>70-79</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>80-89</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>117</td>
<td>118</td>
<td>107</td>
<td>113</td>
</tr>
</tbody>
</table>
As highlighted in the previous figures, the majority of walk-in and appointment-based clients who attended the Saskatoon Foodbank were in the age range of 20-39 years for all quarterly time periods. Numbers of walk-in and appointment-based counselling appear to be fairly consistent with one another. Of interest is the growing trend of older adults attending the WICC over the past year. Due to CFS Saskatoon’s reporting data, information is only available in 10-year increments, and as such, this agency-specific data focuses on adults aged 50 and older, as opposed to 55 and older as in the rest of this report. Adults 50 and older attending the WICC made up 6.25% of total clients in October to December 2017; 8.28% in January to March 2018; 12.2% in April to June 2018; and 24% in July to September 2018. This indicates an increase in the trend of older adults accessing walk-in counselling services with CFS Saskatoon over the past year. This is not consistent with older adults accessing appointment-based counselling. Adults aged 50 and older attending appointment-based counselling made up 12.40% of total clients in October to December 2017; 13.11% in January to March 2018; 14.41% in April to June 2018; and 13.79% in July to September 2018. Thus, the number of older adults accessing appointment-based counselling has remained fairly consistent over the last year.
Figure 4: CFS Main Office Appointment-Based Counselling by Age (Percentage)

Table 5: CFS Main Office Appointment-Based Counselling by Age (Numbers)

<table>
<thead>
<tr>
<th>Age</th>
<th>October to December 2017</th>
<th>January to March 2018</th>
<th>April to June 2018</th>
<th>July to September 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>15</td>
<td>24</td>
<td>27</td>
<td>37</td>
</tr>
<tr>
<td>10-19</td>
<td>143</td>
<td>143</td>
<td>163</td>
<td>189</td>
</tr>
<tr>
<td>20-29</td>
<td>105</td>
<td>102</td>
<td>107</td>
<td>124</td>
</tr>
<tr>
<td>30-39</td>
<td>168</td>
<td>158</td>
<td>184</td>
<td>209</td>
</tr>
<tr>
<td>40-49</td>
<td>149</td>
<td>152</td>
<td>176</td>
<td>186</td>
</tr>
<tr>
<td>50-59</td>
<td>84</td>
<td>85</td>
<td>98</td>
<td>98</td>
</tr>
<tr>
<td>60-69</td>
<td>24</td>
<td>29</td>
<td>35</td>
<td>31</td>
</tr>
<tr>
<td>70-79</td>
<td>12</td>
<td>14</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>80-89</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>701</td>
<td>708</td>
<td>808</td>
<td>892</td>
</tr>
</tbody>
</table>

The previous figure and table provide a comparison for appointment-based counselling services offered at the CFS Saskatoon Main office. As highlighted, the highest percentage of age ranges served at the main office are 10-19, 30-39, and 40-49. A major reason for the lower age of clients can be explained by the higher number of family sessions completed at the CFS main office in Saskatoon.
Figure 5: Saskatoon Foodbank Walk-in Counselling by Gender (Percentage)

Table 6: Saskatoon Foodbank Walk-in Counselling by Gender (Numbers)

<table>
<thead>
<tr>
<th>Gender</th>
<th>October to December 2017</th>
<th>January to March 2018</th>
<th>April to June 2018</th>
<th>July to September 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>10</td>
<td>21</td>
<td>22</td>
<td>28</td>
</tr>
<tr>
<td>Male</td>
<td>6</td>
<td>14</td>
<td>18</td>
<td>22</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>35</td>
<td>41</td>
<td>50</td>
</tr>
</tbody>
</table>

Figure 6: Saskatoon Foodbank Appointment-Based Counselling by Gender (Percentage)
Table 7: Saskatoon Foodbank Appointment-Based Counselling by Gender (Numbers)

<table>
<thead>
<tr>
<th>Gender</th>
<th>October to December 2017</th>
<th>January to March 2018</th>
<th>April to June 2018</th>
<th>July to September 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>81</td>
<td>82</td>
<td>76</td>
<td>83</td>
</tr>
<tr>
<td>Male</td>
<td>40</td>
<td>40</td>
<td>35</td>
<td>33</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>121</td>
<td>122</td>
<td>111</td>
<td>116</td>
</tr>
</tbody>
</table>

On average over the past year, male clients have made up 41.35% of the walk-in counselling clients at the Foodbank. This differs by approximately 10% from appointment based counselling statistics in which male clients on average made up 31.46% over the past year. This is consistent with recent research suggesting that more male clients attend walk-in counselling as compared to appointment-based counselling (Cait et al, 2017).

Figure 7: CFS Main Office Appointment-Based Counselling by Gender (Percentage)

Table 8: CFS Main Office Appointment-Based Counselling by Gender (Numbers)

<table>
<thead>
<tr>
<th>Gender</th>
<th>October to December 2017</th>
<th>January to March 2018</th>
<th>April to June 2018</th>
<th>July to September 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>449</td>
<td>463</td>
<td>489</td>
<td>557</td>
</tr>
<tr>
<td>Male</td>
<td>271</td>
<td>268</td>
<td>349</td>
<td>365</td>
</tr>
<tr>
<td>Total</td>
<td>720</td>
<td>731</td>
<td>838</td>
<td>922</td>
</tr>
</tbody>
</table>
The average age of male clients attending appointment-based counselling at the CFS Saskatoon main office over the past year was 38.86; slightly higher than appointment-based counselling at the Saskatoon Foodbank, but still lower than male clients attending walk-in counselling at the Foodbank. Again, this is consistent with research suggesting that males are more likely to attend walk-in than appointment-based counselling (Cait et al, 2017).

Figure 8: Saskatoon Foodbank Walk-in Counselling by Income (Percentage)

Table 9: Saskatoon Foodbank Walk-in Counselling by Income (Numbers)

<table>
<thead>
<tr>
<th>Annual Income</th>
<th>October to December 2017</th>
<th>January to March 2018</th>
<th>April to June 2018</th>
<th>July to September 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Income</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Under $30,000</td>
<td>6</td>
<td>20</td>
<td>24</td>
<td>32</td>
</tr>
<tr>
<td>$20,000-$30,000</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>$30,000-$80,000</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>35</td>
<td>41</td>
<td>50</td>
</tr>
</tbody>
</table>
The majority of clients accessing both walk-in and appointment-based counselling services report that they make less than $30,000 per year. This is to be expected, as the counselling services offered at the Saskatoon Foodbank are free of charge to the clients and as such, are more accessible to individuals with lower incomes.
On average, the annual income of clients attending appointment-based counselling at the CFS is much higher than those attending appointment-based counselling at the Saskatoon Foodbank, which is to be expected as the counselling offered at the main office is fee-based. As per CFS Saskatoon’s policy, any client whose annual family income is under $80,000 per year can see a student intern at the discounted rate of $25 per hour (CFS Saskatoon, n.d.).

**Older Adults’ Utilization of Walk-in Counselling Prior to the Project**

Data collection from CFS Saskatoon’s walk-in counselling clinic (WICC) located at the Saskatoon Foodbank prior to January 2018 was limited, and most specific data was collected.
during the timeframe of May to August 2018. Demographic data was collected from January 2018 to August 2018 by physically examining the demographic data from old case files that had been previously closed. This data indicates that there were a total of 10 older adults aged 55 and older who accessed the WICC in that 7-month time frame. In total, 76 clients of all ages accessed walk-in counselling during that period, meaning 13.16% of clients were aged 55 and older. CFS Saskatoon was interested in learning about utilization rates in regards to gender; 60% of clients who were over 55 years of age accessing walk-in counselling from January to August 2018 were female while 40% were male.

**Figure 11: Saskatoon Foodbank January to August 2018, 55+ Walk-in Counselling by Gender (Percentage)**

CFS Saskatoon was also interested in the presenting problem that clients reported at the time of their walk-in counselling session. It appears that there are some common problems emerging, especially in that a large percentage of older adults accessing the WICC were experiencing emotional distress and relationship difficulties (couple relationships and interpersonal relationships).
Figure 12: Saskatoon Foodbank January to August 2018, 55+ Walk-in Counselling by Presenting Problem

Pilot Project Utilization

As part of this evaluation project, a pilot walk-in counselling clinic was delivered for a period of seven weeks; and was held on Mondays, 9:00am to 5:00pm from October 15, 2018 to December 3, 2018. A decision was made to locate the walk-in counselling clinic (WICC) at CFS Saskatoon’s office. This location was determined due to the information gathered through the environmental scan, and from interviews with community stakeholders who believed a central, downtown location would be an appropriate place for the WICC; especially in regards to older adults living in independent living homes in the downtown area. Stakeholders also expressed the belief that older adults would utilize a service during regular work hours to ensure travel time was during daylight hours. In order to ensure community awareness of the pilot project, a
number of agencies were targeted and asked to share a promotional poster and information about the WICC with clients and residents.

The pilot project did not yield any clients and, as such, no participant data was gathered for this project. There are a few reasons that may explain this result. First, there was no community advertising completed prior to the beginning of this writer’s practicum project. As such, many community members who could have accessed the service may not have realized it was available. Although community awareness efforts were made by placing posters in senior’s residences, talking to community partners, encouraging word of mouth advertising and utilizing social media; perhaps the efforts were not enough. Another factor to consider is related to the fact that the majority of this practicum project was completed during cold fall months. This could also be a reason why older adults did not attend the clinic; due to mobility issues with rain, snow, and ice. Stigma surrounding accessing counselling supports is another issue and could be a factor (Conner, 2008; Hunter, 2011; Thompson, 1992). Research suggests that walk-in counselling clinics reduce barriers for clients (Cait et al., 2017; Slive & Bobele, 2012), however, perhaps walk-in counselling is not the most effective way to engage older adults. More research is needed in order to determine if this is the case for this age group.

**Recommendations**

A goal of this evaluation project was to provide recommendations to CFS Saskatoon so that they might be able to better engage the population of older adults within the City of Saskatoon. The following recommendations are provided for CFS Saskatoon to consider as they develop working relationships with other agencies in efforts to provide support to older adults. This is an important area for CFS Saskatoon to explore further, as the older adult population in
Saskatchewan is steadily growing, and as previously discussed, by 2030, adults aged 65 and older are expected to make up 23% of the nation’s population (Statistics Canada, 2014).

1) Develop older adult specific support and/or counselling programming though CFS.

Programs geared toward specific populations are a focal point of the work that CFS Saskatoon does within the city. However, there are currently no specific programs for adults 55 and older that are offered by the agency. In regards to an area of focus, programming specific to dealing with emotional distress and navigating healthy relationships appears to be appropriate. This comes from collected data which suggests a large percentage of the older adults currently accessing the WICC through CFS Saskatoon struggle with emotional distress and relationships (couple and interpersonal).

2) Partner with The Saskatchewan Council on Aging (SCOA). A strong working relationship between SCOA and CFS Saskatoon could be beneficial to both parties. CFS Saskatoon could refer older adult clients to programs offered by SCOA, while SCOA could refer older adult clients to counselling services. During the environmental scan and stakeholder interviews, SCOA appeared very interested in the walk-in counselling clinic pilot project and expressed an interest in partnering with CFS in the future in order to deliver walk-in counselling services to older adults in the City of Saskatoon.

3) Engage older adults living in independent living environments. Community stakeholders identified that older adults who reside in independent living homes may be more open to utilizing a WICC if it was located at an easy to access location; not within their residence. As such, a WICC at the new Market Mall community clinic may be an ideal location for a pilot walk-in counselling clinic. This could be seen as a good location due to
convenience, especially since older adults will already be accessing other medical
services in the building. This recommendation is also congruent with information gained
from interviews with community stakeholders who suggested that older adults may be
more likely to access counselling services if they are based in a medical office, and if
they were suggested by a medical professional.

4) Connect with medical professionals at the Market Mall clinic. In order to ensure referrals
are made (as outlined in the previous recommendation), CFS Saskatoon should connect
with the medical professionals in the Market Mall clinic in order to build relationships,
and provide information on the walk-in counselling clinic.

5) Engage older adults living in long-term care homes. Community stakeholders identified
that older adults who reside within long-term care homes would likely encounter more
difficulties with mobility, transportation, and accessibility to access counselling services.
Thus, a WICC located right at senior residences in the city would be an ideal strategy
through which to offer walk-in counselling for this population. Community stakeholders
discussed the importance of providing education around counselling in general and walk-
in counselling services in these homes prior to the implementation of a WICC to ensure
that residents understood the nature of the counselling relationship, and also to reduce
some stigma surrounding accessing mental health services. Another interesting
suggestion by community stakeholders was to provide loose appointment times for
clients in long-term care homes. So, a counsellor would attend to the home at a
consistently scheduled time and be provided with a list of potential clients who may wish
to attend counselling that day, and the counsellor would then check in with said clients to
assess whether or not they did want counselling on that specific date. This would require
collaboration with staff in the seniors’ residences to ensure a list was compiled with clients who wanted the service.

6) Additional research on this topic is required. Further to the recommendations regarding engaging older adults, CFS Saskatoon should consider evaluating appointment-based counselling services accessed by older adults more closely and consistently. By doing this, utilization could be tracked in order to determine whether walk-in or traditional counselling by appointment would be most appropriate for older adults. Again, CFS Saskatoon should consider providing both walk-in and appointment-based counselling in order to track utilization rates and then determine which method of counselling would be most appropriate for this age group.

7) Reconsider reporting questions for clients accessing counselling services in order to better collect data specific to the older adult population. Currently, data collected from clients looks at age ranges in 10 year increments, resulting in data for older adults being limited to 50-60 or 60-70 (and over). Thus, if CFS Saskatoon is interested in further research with the older adult population, the age range available for clients to choose should be either 55 and older, 60 and older, or 65 and older. More programs are moving towards older adults being considered 55 and older (Saskatchewan Health Authority, 2018; Saskatoon Housing Authority, 2018) and as such, 55 and older would be a useful age to report on as well.

8) Develop a training manual specific to walk-in counselling. A training manual focusing on walk-in counselling and discussing approaches used in walk-in counselling such as Solution Focused Brief Therapy and Single Session Therapy would be of benefit to CFS Saskatoon as a counselling agency. It would be important to develop such a manual
including literature to demonstrate the effectiveness of such approaches. This would be a useful tool for future students to utilize, especially given that student interns are involved in delivering the current walk-in counselling services. It would also be useful for paid staff who may not be familiar with such approaches, or the effectiveness of these models of practice. This would ensure all counsellors providing walk-in counselling are consistent in terms of models of practice.

9) Continue the partnership with the University of Regina and other universities. CFS Saskatoon engages with a number of practicum students each semester who provide walk-in counselling and appointment-based counselling at the agency. As such, partnerships with universities should be maintained in order to ensure that a steady flow of students will be able to provide no-fee or low-fee services for clients.

**Conclusion**

Although the pilot project (walk-in counselling services for older adults) did not yield any clients for research purposes, important learning has been discussed in this evaluation report. Information gathered about the counselling services offered at the Saskatoon Foodbank has been highlighted and is important to consider for future planning. Given what is known about older adults, and the population of older adults in Saskatoon, there are a number of recommendations presented in this report in order to better engage this population in CFS Saskatoon’s counselling and group services. Specifically, group programs offered to older adults should be considered, and engaging two specific older adult populations would be positive; those older adults living in long-term care facilities, and those who are residing in the community and/or in independent living homes. With information known about the
accessibility, feasibility, and success of walk-in counselling clinics, this is a service that should be further investigated and made available to the older adult population in Saskatoon.
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