**COGNICA Summer 2019 Edition**

**Warm Greetings from Wolastoqey Territory  
*President’s Message***

Upon returning home, my heart was full of gratitude for all of the efforts that contributed toward making our annual conference such a huge success. From the strategic planning of National office personnel, to the local knowledge of our planning committee, to the assistance of many volunteers, and in collaboration with the International Association of Counselling, our conference was well-organized and prepared to welcome attendees from 19 different countries! Our keynotes and presenters shared their wisdom, expertise, and research, and the highly anticipated *Guidelines for the Uses of Technology in Counselling and Psychotherapy* was launched by the Technology and Innovative Solutions Chapter.As your President for the 2019-2021 term, I would like to begin by introducing myself in the way that I have been taught by Indigenous Elders and   
Traditional Knowledge Keepers here in Wolastoqey territory. I was born and have lived as a welcome guest for most of my life on these unceded and unsurrendered Traditional lands of Wolastoqiyik, and I currently live in Ekpahak or what is now known as Fredericton. The Treaties of Peace and Friendship were established in 1725, signed by Mi’kmaq, Passamaquoddy, and Wolastoqi peoples with the British Crown. In these treaties, there was no surrender of lands or resources. They recognized Mi’kmaq, Passamaquoddy, and Wolastoqey title and established rules for what was to be an ongoing relationship between sovereign nations. It has been a continual and vital process for me to learn about and understand my responsibilities as a Treaty person.  
  
On a personal note, this land along Wolastoq (which transliterates as “our beautiful and bountiful river”) is my home and teacher. I have learned the importance of building relationships and community here. I have learned how to become a courageous voice in some contexts, while listening with humility in others. I have learned the practice of personal authenticity, while experientially understanding that we are all interconnected.   
  
As I begin this term, I would also like to offer my sincere thanks to John Driscoll who served as   
President for the 2017-2019 term, and to the entire Board of Directors, some of whom I have served with since 2015, including our new   
President-Elect, Dr. Kathy Offet-Gartner. I have been inspired by and learned from each of you in numerous ways, and it has been an honour to serve our association together. I am also thrilled to welcome in our eager and enthusiastic 2019-2021 Board of Directors. During our inaugural board meeting in Moncton, it was both humbling and   
exhilarating for me to observe the diversity of strengths that existed within each individual around the board table. We are looking forward to building on the legacy of past boards in collaboration with our National Office, led by our brilliant CEO, Barbara MacCallum. Together, we will maintain and expand our services for members as we uphold our mission of *striving to understand the needs of the diverse community of counsellors and psychotherapists and their clients in Canada* as we are *committed to providing a strong voice for the promotion and advancement of counselling and   
psychotherapy.***Links for TISC Resources**

[Guidelines for the Uses of Technology in Counselling and Psychotherapy](https://www.ccpa-accp.ca/wp-content/uploads/2019/04/TISCGuidelines_Mar2019_EN.pdf)

[Checklist for Choosing Technology](https://www.ccpa-accp.ca/wp-content/uploads/2019/04/Checklist-for-Choosing-Technology_Mar2019_EN.pdf)

[Basic Technological Competencies](https://www.ccpa-accp.ca/wp-content/uploads/2019/04/BASIC-TECHNOLOGICAL-COMPETENCIES_Mar2019_EN.pdf)

[Guidelines References](https://www.ccpa-accp.ca/wp-content/uploads/2019/04/Guidelinesreference_Mar2019_EN.pdf)  
  
Until next time, may you enjoy a summer season filled with opportunities, the warmth of the sunshine, and engage in activities that make your heart happy. For me, this will definitely include kayaking on Wolastoq and lazy summer days.   
  
With Gratitude, merci beaucoup, Wela’lin,   
Woliwon!



Jenny L. Rowett,   
PhD Candidate, LCT, CCC-S  
President, CCPA

**Hello from Your New President-Elect  
*President-Elect’s Message***

Greetings on what I hope is a lovely, sunny day in your area! Winter seemed so long this year and it felt like spring was not going to come at all, and with a blink, summer arrived and the earth became colourful and bountiful again. What a sight to behold—rejuvenation!   
  
Rejuvenated is how I felt after coming together in Moncton to meet the new Board and attend the conference. Like Jen, I am always amazed at the vibrancy of our profession, association, and most especially, those who volunteer their time and talent to make all aspects of CCPA run so well! As we have few paid staff—all of whom do an exceptional job—we are for the most part a volunteer run association. I want to take a moment to give a huge shout-out to all who helped make the conference great and to those who contributed to the various newsletters, the journal, the various PD activities, Chapters, and all other events. Most especially, I would like to thank and send a grateful “see you soon” to my colleagues on the two Boards from 2015-2017 and 2017-2019 that I had the privilege of working with, as well as extend a “warm welcome” and thank you to those who have just joined. I would also like to extend my deep gratitude to Bill Thomas and Boyd Perry who also put their names forward to serve as your President-Elect. It is my sincere hope that you will consider offering your names again, for this is a great association and we need that kind of enthusiasm! On behalf of all members—thank you, merci, meegwetch!   
  
For those who do not know me or did not “meet me” through my campaign statement, let me offer a small portion here. My first contact with CCPA came in 1988 when I attended a conference co-hosted by one of its predecessors, the Canadian Guidance and Counselling Association. I knew then that, I had found “my people”. Once my four children were grown, and I was finishing my PhD, I had more time to give and began to get involved with PD and volunteer opportunities. I joined Chapters, went to conferences, attended AGMs, became a founding member of a few Chapters, volunteered with the journal, mentored and supervised students, and helped promote membership through my various positions, especially as a Counselling Instructor and practicum supervisor. In 2008, I began serving on the executive of the newly formed AB/NWT Chapter and in 2015 on the National Board, both of which were most rewarding—I highly recommend it!  
  
For decades, I have been a staunch supporter and advocate of Counsellors, the profession of Counselling, and the CCPA. I am a full-time practicing counsellor at a post-secondary institution, who also teachers, supervises, writes, presents, mentors, and plays with my grandchildren as often as I can! I love my family, friends, and our profession—deeply, passionately!   
  
In the past several years, I have been involved with the push to have the profession of counselling recognized and regulated in Alberta, a feat I am thrilled to report was achieved this past December! It is my hope that all counsellors, regardless of location, can be part of a regulated college. I believe this requires a strong Board and National Office team, with broad counselling and business experience, the ability to see both the big and little picture of issues before them, and the ability to be collegial, courteous, respectful, and strategic. I also believe it requires heart, passion, patience, and tenacity. I am happy to assure each of you that I believe we—CCPA—has this in spades. We will continue to work toward our many goals as an association and strive to keep you informed and well served. Please feel free to contact me, Jen, any one of the Board members, or National Office staff.   
Remember, this is *your* association! Don’t be shy, we welcome the connection!  
  
Yours in service,



Kathy Offet-Gartner,   
PhD, R.Psych (AB)  
President-Elect, CCPA

**Notebook on Ethics, Legal Issues and Standards for Counsellors & Psychotherapists – E-mail Communication with Clients: A Brief Overview and Some Recommendations  
*By Dr. Glenn Sheppard***

In 2009, C. Hawn published an article in the journal of Health Affairs entitled *“Take Two Aspirin and Tweet Me in the Morning: How Twitter, Facebook, and other Social Media are Reshaping Health Care.”* In it, he reviews the potential impact of these new communication sites on health care delivery and the implications for health care systems and healthcare practitioners. Since that time, there have been additional advances in communication technology and we continue to adjust to life in a digital world where distance is no longer a barrier to communication. Within the helping professions, there is increased use of the many technologies to deliver or to enhance the delivery of professional services.   
  
**TECHNOLOGY & COUNSELLING TODAY**

The diverse modes of technologically mediated services are advancing and changing more quickly than our understanding of the associated benefits and risks. Also, it is faster than the development of regulatory statutes, policies, and changes to our practice standards necessary to govern their use. I was reminded of the circumstance by several recent consultations regarding counsellor use of email communication with clients. In one situation, a counsellor was both surprised and challenged by a judge’s demand that a considerable volume of emails with a client be delivered to the court because the judge saw them as part of the client’s counselling record. Another counsellor had also generated a great deal of email correspondence with a client and was now wondering if it was possible to invoice the client for what was now being seen, in retrospect, as the use of professional time on behalf of the client. A psychologist shared with me an email that had arrived when she was attending to a sick relative and had not checked emails for several days. The message from a client said something like the following: “...today, I’m feeling down and I am not sure if it’s worth continuing with the work we have been doing.” The counsellor was quick to view this as a potentially suicidal thought. She immediately connected with the client and apologized for the delay, and found out that they were okay. She did wonder what her liability would have been if her client had acted on such a thought and also because she had not provided an emergency contact number.

**PRACTICES & GUIDELINES**

So for this Notebook, I decided to focus on the question: what are some practices and guidelines that could help us to manage our email communication with clients consistent with our ethical obligations and fiduciary duty. At the outset, members are advised to consult both the **CCPA Code of Ethics** and **Standards of Practice** for some direction. Article B17 of the code is titled **Services using Distance Delivery, Social Media and Electronic Technologies.** It obligates CCPA members to engage in an intake process with sufficient disclosure and discussion to support client informed consent to any intended use of electronic technologies including email communication. For email use, this includes providing an orientation about *“security protocols and ethical risks, limits to content and frequency of checking email transmission and anticipated response time, and strategies clients can use to improve the security of their communications.”***GUIDANCE FOR THE USES OF TECHNOLOGY IN COUNSELLING & PSYCHOTHERAPY**

As some of you may know, at the 2019 CCPA Annual Conference held in Moncton from May 13-16, the CCPA Technology and Innovative Solutions Chapter adopted a comprehensive report entitled **Guidance for the Uses of Technology in Counselling and Psychotherapy**. For email use, the guidelines in this report are as follows:

*Have a secured and separate email address for clients.*

*All email used to communicate with clients should be encrypted. To quote Ray Huggins of Personcenteredtech.com—”encryption is the cyber-equivalent of sound-resistant walls, closed doors and noise machines in the hallway.” It is a strong tool, but it is only a tool. You need to use and maintain it properly.*

*There are options to consider:*

Þ *You can encrypt or password-protect a document that you are sending to a   
client;*

Þ *You can encrypt or password-protect the email itself;*

Þ *You can choose to use a secure, encrypted email system (e.g. Hushmail or Privace-mail) to community with or provide counselling or psychotherapy to clients.*

*We need to ensure that we, as counsellors and psychotherapists, make secure options reasonably available. Clients may say they want unencrypted email communication though they may not fully understand the privacy implications.*

There may be some resistance to this encryption requirement because of the demands it places on clients and, I suppose, it could depend on email content. However, I note that the US Health Insurance Portability and Accountability Act requires encryption for all electronic communication regarding protected health information.  
  
The practice standards of the American Counseling Association (ACA) are similar to the CCPA Standards on this issue; however, they have this additional standard:

***H. 4. C. Technology-Assisted Services***

*When providing technology-assisted services, counsellors make reasonable efforts to determine that clients are intellectually, emotionally, physically, linguistically, and functionally capable of using the application and that the application is appropriate for the needs of the client. Counselors verify that clients understand the purpose and operation of technology applications and follow up with clients to correct possible misconceptions, discover appropriate use, and assess subsequent steps.*

The American Medical Association has a set of Guidelines for Patient-Physician Electronic Mail. The following is my abbreviated outline of these guidelines:

Þ Have a patient-clinician informed consent signed re: email use

Þ Establish turnaround time for messages. Do not use email for urgent matters but for prescription refills, appointments and scheduling

Þ Inform patients about privacy issues. Patients should know:

Þ Who besides the addressee processes messages:

> During addressee’s usual business hours

> During addressee’s vacation or illness

Þ Email messages are part of the patient’s   
medical record

Þ Never use patient’s email address in a marketing scheme

Þ Do no share professional email accounts with family members

Þ Use encryption for all messages when encryption technology becomes widely available, user-friendly, and practical

Þ Do not use unencrypted wireless communications with patient-identifiable information

Þ Double check all “To:” fields prior to sending messages

Þ Perform at least weekly backups of email onto long-term storage. Define “long-term” as the term applicable to paper records

Þ Commit policy decisions to writing and electronic form

Þ Terminate the use of email with patients who repeatedly fail to follow guidelines

Recommendations:

Þ Counsellors and psychotherapists should discuss with their clients at the beginning of the counselling relationship their position with respect to their use of communication technologies and social media.

Þ If you do not use Facebook, Twitter, or other forms of social media with clients, inform them that it is not because you are unfriendly, but is intended to protect their confidentiality and to maintain the boundaries appropriate for a professional relationship. If you mix professional and personal relationships with clients through social media, you risk having an inappropriate dual relationship, which can cause confusion for clients about the nature of their relationship with you.

If you do use email communication with clients, it is important to have a written policy with respect to such use and to share it with Þ clients as part of your informed consent   
process.

Þ If you are engaging in distance counselling with clients or allowing the exchange of therapeutic material, then you will need an agreement with sufficient detail, orientation and coaching to enable competent, ethically appropriate, and safe client participation. (See CCPA Standard B17 and Chapter guidelines referenced earlier)

Þ Remember that such counsellor-client exchanges are part of the client’s counselling record and should be retained for the same period as face-to-face counselling notes. Of course, such a record will be verbatim unlike the counsellor-generated notes after a counselling session. I am unsure now if it would be acceptable or advantageous for the counsellor to make counsellor notes after each distance counselling session rather than keeping the verbatim record?

Þ If email is to be used only for non-urgent and non-therapeutic purposes such as appointment scheduling, this must be made clear to clients. This practice could also be highlighted as a standard footnote on each email. Such as:

*Please do not send confidential or urgent information by email. If you have an emergency, please call 123-456-7890*

You could also use this footnote:

*This email transmission may contain information that is confidential, privileged, or otherwise protected by federal or provincial statutes. If you have received this email in error, please notify me immediately and permanently delete the transmission, including any attachments.*

\*Be sure to include contact information for each of these footnotes.

Þ If you receive unsolicited emails with clinical questions or personal disclosures from clients or non-clients, you could respond by stating that because of your privacy concerns, they are invited to discuss it at their next visit or call your office to discuss the issue.

Þ For clients who repeatedly fail to adhere to your guidelines, inform them you are terminating the email communication.

Þ Request that the client put their name somewhere in the body of the email.

Þ Configure your automatic reply to acknowledge receipt of messages and request that clients establish a similar auto-reply feature.

NOTE: Many of these practices also apply with clients in regards to texting, but it will require particular attention to sufficient telephone security. If you email or text with clients at public places, such as airports, hotels, and/or coffee shops (amongst others), ensure that your security systems there are secure.

**The Notebook on Ethics, Legal Issues and Standards for Counsellors & Psychotherapists** is published in each edition of COGNICA and is an additional ethical resource for CCPA Members.

Previous Notebooks include:

Þ [Scope of Practice for Counsellors](https://www.ccpa-accp.ca/wp-content/uploads/2015/05/NOE.Scope-of-Practice-for-Counsellors.pdf)

Þ [Counselling Records: Best Practices for Counsellors and Psychotherapists](https://www.ccpa-accp.ca/wp-content/uploads/2018/09/NOTEBOOK-ON-ETHICS.pdf)

Þ [A Supreme Court of Canada Decision, and the Goudge Report on Complaints & Discipline](https://www.ccpa-accp.ca/wp-content/uploads/2018/11/Fall-2018-Article-3.pdf)

For a compilation of selected Notebooks, [refer to our website](https://www.ccpa-accp.ca/ccpa-publications/).

**Being a Resilient Practitioner in an Increasingly Digital World: The Development of Guidelines for the Uses of Technology in Counselling & Psychotherapy  
*By Dawn Schell, MA, CCC, CCDP Project Consultant, Technology and Innovative Solutions Chapter***

With an explosive growth of technology in recent years, we have seen an equal growth in the use of technology in counselling and psychotherapy. New technological applications for counselling and psychotherapy appear regularly. This ever-changing digital landscape requires vigilance and resilience on the part of the practitioner to navigate the opportunities and the risks. It’s not always easy to see how to apply the CCPA **Code of Ethics** and **Standards of Practice** to new devices, new operating systems, new apps, or new versions of apps.   
  
We are also aware that counsellors and psychotherapists have differing levels of comfort when it comes to technology. Some of us are enthusiasts who embrace every new form of technology. Others are more hesitant, or maybe even reluctant, to use any technology at all. No matter what level we are at, or how much or little we use technology in our practices, we need to learn how to use it wisely.   
  
The Technology and Innovative Solutions Chapter (TISC) has developed [**Guidelines for the Uses of Technology in Counselling and Psychotherapy**](https://www.ccpa-accp.ca/chapters/technology-counselling/). Our aim has been to provide concrete suggestions for making the best use of technology while protecting the privacy and the safety of our clients and ourselves. The aim of these guidelines is to support and affirm professional practice in our technology-saturated world by providing tools to be resilient practitioners. After all, “the Internet is here to stay, and we need to change and adapt, developing resilience as practitioners in our relationship with the digital world.” [1]

These Guidelines are recommendations intended to assist counsellors and psychotherapists to make informed decisions about their uses of technology. Although the use of these Guidelines is voluntary, they are recommended as an essential tool for those professionals aspiring to become resilient practitioners.  
  
**DEVELOPING THE GUIDELINES**

To develop the Guidelines, we conducted a literature review as well as a review of existing guidelines and standards of practice for the uses of technology in counselling and psychotherapy. We hosted a roundtable discussion with a multidisciplinary panel of experts from a diverse range of interests and expertise in legal and ethical issues as well as with service, software and hardware provider experts. We used their best advice/counsel/current information to guide the creation of the Guidelines. The panel discussion centered mostly on the following question:

*What, in your opinion, is the most crucial information for counsellors and psychotherapists to know about privacy and security?*In the Spring of 2017, TISC surveyed CCPA members. Our survey explored the depth and breadth of the CCPA membership’s current knowledge around the use of technology in counselling and psychotherapy. The aim was to also gain a clearer understanding of the needs and concerns of the membership around the use of technology in their   
practice. Once we had an initial draft of the Guidelines, we sought feedback from the Executive of TISC as well as from CCPA members through a poster session, written feedback and a membership webinar.   
 **WHAT DID WE LEARN?**

First and foremost, counsellors and psychotherapists are using technology in their practices with clients and in supervision. Two messages came across loud and clear from our research, the   
discussion with our panelists and our membership survey. First, we need to know how to use the technologies; and secondly, we need to know the risks of using technology and how to mitigate those risks. From the survey and panel discussion, we also learned:

Þ Currently, the most common technologies *used to communicated with clients* are email and phone (cell or smartphone).

Þ The most common technologies *used to offer counselling or psychotherapy* are webcam/video-conferencing and phone (cell or smartphone).

Þ Not everyone uses the most basic security measures to protect their client data.

Þ More than half the respondents do *not* have a social media policy, although all of them seem to indicate that they use social media.

Þ The security of technology, privacy and jurisdiction were the top concerns for clinicians. Interestingly, no concerns were expressed about the relational capabilities of any of the technologies.

Þ We need to understand what we are responsible for by law and then aim for an even higher standard.

Þ Do it “properly”—which means understand the laws and ensure you are managing the associated risks in an ethical way.

Þ Clients look to us as service providers to manage the privacy/security/confidentiality of technology.

**WHAT IS COVERED IN THE GUIDELINES?**

While the Guidelines are by no means exhaustive, they do cover the following topics:

> Privacy laws in Canada as they relate to counselling and psychotherapy;

> Basic security measures to protect data;

> How to manage risk and deal with privacy and security breaches;

> The basic competencies needed to use technology effectively in counselling and psychotherapy;

> Additional considerations for clinical supervision;

> How to choose the most appropriate technology;

> Issues for informed consent;

> Considerations when using Social Media.

**WHERE TO NEXT?**

There is still more work to be done! Technology continues to evolve and there are, as yet, many unanswered questions. The Guidelines are a “living document” that require your input to remain relevant to the work we do as counsellors and psychotherapists. Your feedback can be shared with the Executive of the Technology and Innovative Solutions Chapter by email using the “Contact the TIS Chapter President” feature on our [Chapter page](https://www.ccpa-accp.ca/chapters/technology-counselling/#id4).

You can also join us for the ***Guidelines for the Uses of Technology in Counselling and Psychotherapy Webinar*** on July 19, 2019 from 12:00 PM to 1:00 PM EDT. This is free webinar for CCPA Members will answer questions about the newly launched Guidelines and will also review the basic technological competencies and checklist for choosing technologies. [Reserve your spot now](https://www.ccpa-accp.ca/general-continuing-education/webinars/upcoming-webinars/).

 [1] Weitz, P. Ed. (2014) *Psychotherapy 2.0: Where Psychotherapy and Technology Meet*. Karnac Books, London, UK p. 12

**Walk-In Clinic: A model for Single Session Therapy  
*By Joan D’Souza***

In June 2017, Catholic Family Services of Peel-Dufferin completed 10 years of conducting the Walk-In Counselling Clinic with service locations in Brampton and Mississauga, Ontario. In that time, 16,487 people were served. The walk-in clinic provided a single therapeutic encounter between client and therapist, in a timely and affordable manner. The service delivered was characterized by treating each session as if it were the only one, while laying the foundation for ongoing work, if needed. Evaluation data showed that, overall, clients experienced an increase in hopefulness and resilience, were provided with information to other services and resources and were served in a manner sensitive to their culture, background and other life circumstances.

**HOW USEFUL IS JUST A SINGLE THERAPY SESSION?**

Walk-in single session therapy is a form of brief therapy that challenges the idea that long-term change can only come through on-going, laborious sessions. There is consistent evidence of the effectiveness of brief interventions in the literature (Bloom, 2001; Campbell, 1999; Talmon, 1990). Over the past 20 years, there has been a significant shift in psychotherapy towards a briefer form of therapy. Research has shown that typically most of the improvement in therapy occurs in the initial session (Hubble, Duncan, & Miller 1999; Seligman, 1995). Budman, Hoyt, and Friedman (1992) have reviewed the literature and outlined the many benefits of a single therapy session. Studies of single session therapy have been found useful in treating family/marital stress (Brown, 1984), adolescent crises (Slaff, 1995), drug and alcohol addiction (Miller, 2000), as well as managing long-waitlists (Coren, 2001).

Walk-in sessions are both similar to, and different from, single session therapy. Both treat each session as a complete therapy in and of itself. In both approaches, the client presents a concern and a goal(s) is constructed. Clients develop a plan on how to address their issues and gain an increased awareness of their strengths and resources. The obvious difference is that walk-in sessions require no appointment and there is no prior screening. A “by appointment” single session offers the possibility of screening clients and prior assessment.

One question that arises is whether single session therapy is contra-indicated for certain client populations. Is it that the more difficult, severe, complicated or chronic the client presentation, the less likely a single session is to be recommended? A single session in such cases might be a misnomer. A successful single session leaves open the possibility of further ongoing work if needed, while being open to acting on risk concerns as they arise in the session. The question is not who is appropriate for a single session and who is not, but rather, a useful question may be, “can I stay open to the idea that one session may be enough and yet still feel free to initiate further sessions, if the client and I feel necessary.” In fact, clients who are more reluctant to attend long-term therapy sessions are more likely to accept a one-time session than to make a commitment to ongoing work.  
  
**IN JUST ONE HOUR**

In a walk-in session, the client presents a concern and a goal(s) is constructed. The aim is to allow clients to leave the session with a sense of hopefulness, knowing that they have been heard, and feel reassured that they are capable of managing their problems.

A crucial element of an effective single session is the therapists’ own belief about the effectiveness of brief therapies. Therapists’ expectations of how much change can be achieved in that one hour are communicated overtly and covertly. Single session work relies on the client as the expert in reporting about what kind and how much change is important for them at that particular time, irrespective of whether it is seen by the therapist as superficial or deep, significant or insignificant.

The minimal intent for a walk-in session is for the client to leave the session with a sense of emotional relief and increased hope. For one client, a positive outcome may be as simple as knowing that someone has heard their story. For another client, it may be a new way of thinking about their problem, and for yet another, the new way of thinking may be that it is not a problem after all. Or a client may leave with information about resources of where to get further help. Single session therapy borrows from solution-focused and narrative therapies. The focus is on the problem as it occurs in the present and not on questions about the past or underlying causes. The therapist works collaboratively with the client to externalize the problem, elicit their reason for change, establish goals, and outline steps to work towards them. It is a strengths-based approach attributing therapeutic change to a strong therapeutic posture that effectively uses existing client strengths and resources. Is it possible in a single session to build a therapeutic relationship? Single session work rests on the philosophy that even brief encounters have the potential to be therapeutic as the therapist shows “unconditional positive regard and acceptance, genuineness and empathy” (Rogers, 1957) for the client.

In just one hour of the walk-in session, through the therapeutic process, the therapist is able to attend to the client’s motivation for change, focus on the client’s wants, and utilize the client’s strengths and resources, while linking hopes with expectations for improvement. For many clients, a single session is sufficient to take action towards making that small step in the direction they want to move.  
  
**CONCLUDING THOUGHTS**

Walk-in sessions fill an important need in the delivery of mental health services. It has the advantage of being available at times that fit client needs. It reduces frustration with service availability and long waitlists and often prevents the need for long-term services. Research indicates that approximately 30% of clients require more formal assessments, and something other than brief interventions (Hoyt 1998b). Thus, walk-in sessions are best thought of as a useful part of a larger mental health service delivery system.  
  
**REFERENCES**

Bloom, B.L. (2001). Focused single-session psychotherapy: A review of the clinical and research literature. *Brief Treatment and Crisis Intervention (1), 75-76.*

Bobele, M. & Slive, A. (Eds) (2011). *When one hour is all you have: Effective therapy for Walk-in clients.* Phoenix, AZ: Zeig, Tucker & Theisan

Campbell, A. (1999). Single session interventions: An   
example of clinical research in practice. *Australian and New Zealand Journal of Family Therapy, 20, 183-194.*

Hoyt, M. F. (Ed.) (1998). *Handbook of Constructive Therapies.* San Francisco: Jossey-Bass.

Hubble, M. A., Duncan B. L., & Miller, S. D. (Eds) (1999). *The heart and soul of change: What works in therapy.* Washington,   
D. C.: American Psychological Association.

Rogers, C. (1957). “The necessary and sufficient conditions of therapeutic personality change.” *Journal of Consulting Psychology.* 21(2): 95-103.

Seligman, M. (1995). The effectiveness of psychotherapy. *American Psychologist, 50, 965-974.*

Slaff, B. (1995) Thoughts on short-term and single session therapy. In R. C. Marohn & S. C. Feinstein (Eds). *Adolescent psychiatry: Developmental and clinical studies. 229-306.* Hillsdale, N. J.: Analytic.

Talmon, M. (1990). *Single Session Therapy.* San Francisco: Jossey-Bass.