

Walk-In Clinic

A Model for Single Session Therapy

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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 philoso-

phy 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.

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