

# Incorporating Walk-In Single Sessions at a University Counselling Centre: Responding to Students' Needs in Ethical and Efficient Ways

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# Outline

1. What we do at Western University's Psychological Services
2. How we came to add Single Sessions to our Service
3. Adjustments We've Made to our Intake/Triage Model Over the Past Four Years
4. The Process of Training our Staff and Senior Interns in Providing Single Sessions
5. Highlight Elements of Single Sessions from a Brief Narrative Perspective That Help Elicit Students' Strengths, Abilities, and Values

# Western University's Psychological Services

- We offer a diverse range of services to students:
  - Single sessions
  - Brief individual therapy
  - Group therapy on topics such as emotion regulation, stress and anxiety, depression, social development, mindful parenting, LGBTQIA2S+ support
  - Drop-in groups for mindfulness meditation and exam stress
  - Psychoeducational workshops on such content

# Western University's Psychological Services

- A Focus on Therapist Training:

Western's Psychological Services has the largest internship program in comparison to other University Counselling Centres in Canada.

- Graduate students from Social Work, Counselling Psychology, and Clinical Psychology Programs
- A place where Practicum Students, Interns, Pre-Doctoral Clinical Residents, and Post-Graduate Supervisees build professional skills and complete academic and accreditation requirements

# Increase in Service Demand

- Along with other counselling centres across North America, Western's Psychological Services has had to respond to the drastic increase in the amount of students seeking help for complex mental health issues that have serious repercussions on their academic and personal lives.
- In 2014, despite a well-developed intake process, a large group program, a comprehensive series of psycho-educational lectures, and a 182% increase over a six year period in the number of interns providing additional counselling hours, the demand was far surpassing what the area could manage.

# Previous Practices (2014 & prior)

- At the beginning of each academic year in September we were conducting traditional Intake Assessments (i.e., primarily information taking) that often took place over the course of two separate sessions.
- This, combined with the demands of providing orientation and training to our incoming interns in September, contributed to a growing waitlist when the majority of the student population returned to campus.

# Single Session Program

- In August 2015, we made changes to our intake process and began piloting the Walk-in Single Session Therapy Program. The focus of the new program was to meet the increased demand, increase the opportunity for same-day assistance, and address the waitlist.

# Students on Waitlist



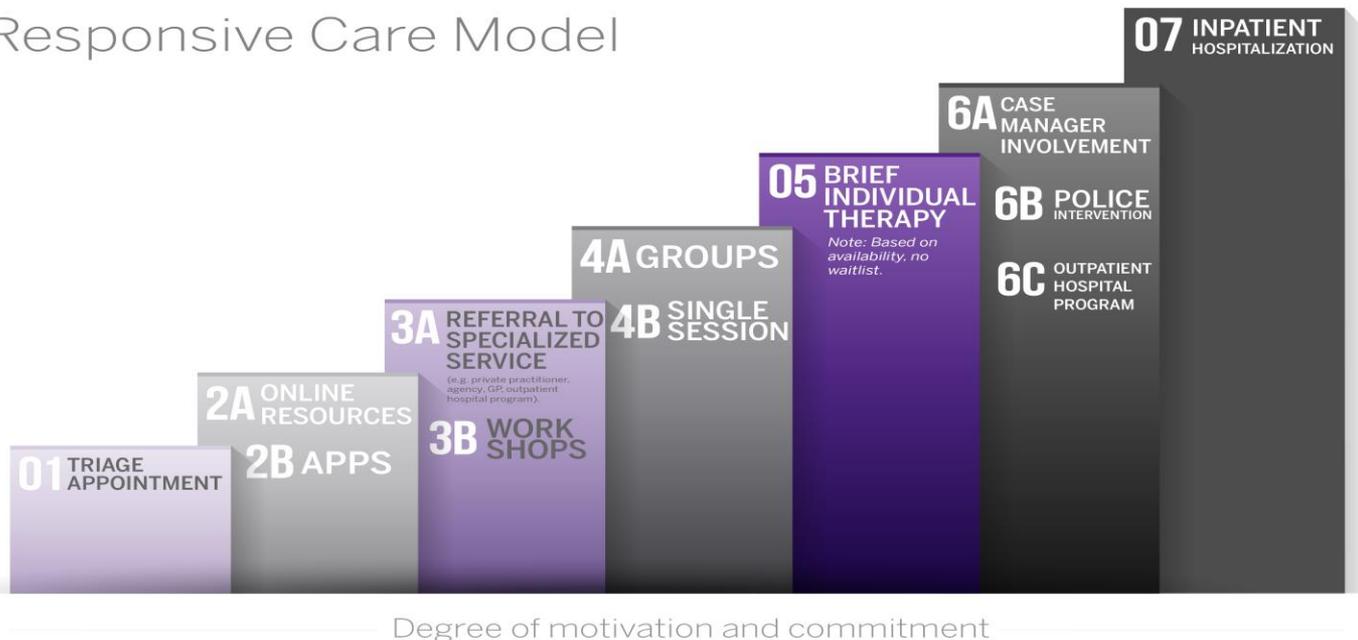
# 1<sup>st</sup> Revision of Our Intake Model

- Originally advertised as a First-Come, First-Served Walk-In Program
  - Students who walked in earlier in the day were given priority
  - Once single session timeslots were filled for the day, students were asked to return the next day (or on a future date)
  - This allowed us to see more students in therapy, however demand for initial contact continued to rise:
    - A continued increase in phone calls, students in crisis, general inquiries, requests for campus presentations, and individual and group bookings were flooding into our front office
  - This resulted in us needing to change how we first met with students

# Creation of a Responsive Care Model

- As a team, we reviewed existing stepped-care models and developed a similar approach to fit our services

## Responsive Care Model



# Step 1: Triage Appointment

- All Triage Appointments are booked by reception (which required the creation of such a position)
  - Advanced bookings are available up to a week in advance
  - Same day triage appointments are available between 12pm-3pm
    - Students walk-in and take a number
    - Approx. wait time between 10-25 min
    - Can be higher during exam season
- Goal: to create a collaborative treatment plan on next steps for mental health support

# Triage

- Triage therapist (Master's level therapists) meets with students for 5-20 min
  - Assess mental health concerns, safety/risk,
  - Collaboratively decide on next steps for support based on availability and student's presentation and motivation
  - Options:
    - Within Psychological Services: same day single-session, workshops, group therapy, brief therapy, crisis
    - Outside of Psychological Services: community walk-ins, specialized services, private practice, hospital

# Students Leave With a Plan

Psychological Services | **Western** 

## Psychological Services - Next Steps

Based on my triage appointment today with  my plan is to use/attend the following:

- Online Resources
- Apps
- Workshops
- Groups
- Single Session  
Available Monday-Friday, booking begins at 8:30 a.m. Please come early as spots are limited.
- Referral to Specialized Service(s)
- Other resources

If you need additional support with this plan, please return to the triage office at Western Student Services Building (WSSB) room 4112.

# Triage

- Adopting a Triage Model was critical for our service as a whole, and enhanced our ability to determine goodness-of-fit for Single Sessions
- Single Sessions are now primarily booked during triage appointments and less often accessed via 'Walk Ins'
- During triage appointments, therapists can help orient students to the processes and expectations of a Single Session

# Single Session Therapy

- Goals for the rest of the presentation
  - Hear how we built capacity as a team to offer Single Sessions from a Brief Narrative perspective
  - Gain awareness of what Single Session Therapy from a Brief Narrative perspective looks like
  - Experience the meaningfulness and utility of re-membering one's values, commitments, and initiatives

# Single Session Therapy

- Single session therapy is not ‘quick therapy’ or ‘condensed traditional therapy’ but therapy that occurs within the context of a 90 minute session.
- From a Brief Narrative Therapy perspective, it involves adopting a different set of assumptions, principles and practices about how students change, and focuses on helping them tap into their own knowledge, skills, and abilities.

# Training

- Our staff worked hard to learn this unique and challenging type of programming in order to implement it successfully.
- A comprehensive training and supervision program was developed to involve staff, pre-doctoral residents, and senior level interns in the development of skills in this type of service provision.

# Ongoing In-House Training

Presentations on Theory/Philosophy of Single Sessions from a Brief Narrative Perspective:

- Focus was on introducing new ideas to staff and interns

Workshops on the Structure of a Brief Narrative Single Session and Skill Development:

- Two, half-day workshops in Summer months for staff and senior interns

One-to-One Training, Role-Play, and Live Observation

- As requested

# Feedback From Staff After The First Year

- “The process is inherently flexible.”
- “Single session therapy is the name we gave it and people are doing their own versions.”
- “Mixing it with CBT and other approaches – blending it both ways.”
- “Trying a whole narrative session.”
- “You draw upon what works in the moment.”
- “Focusing on students’ existing strengths and skills.”
- “The director letting staff know this is what we’re doing, but allowing flexibility in its delivery.”

# Feedback From Staff After The First Year

What Contributed to its Success?

- Therapist skill and autonomy
- The logistics of offering it exclusively from August to the end of September
  - We now include increased Single Session offerings during exam season as well

# Single Session Therapy

## From a Brief Narrative Approach

- While traditional counselling assessments tend to be more problem-focused, Single Session Therapy is more meaning- and strength-based in nature.
- Students are able to access services when they deem it most necessary and for many, prevents the need for longer-term services.

# Advantages of Single Session Therapy

- Arguably, students access this type of service when they are most ready for change (which can also be at the height of their distress).
- Students can be seen relatively quickly and thus the waitlist is drastically reduced.
- There are drastically less missed appointments or cancellations with single-sessions which increases our efficiency.
- To a lesser degree of importance, but still an advantage, single-session therapy can be highly rewarding for therapists given that students are accessing services at their chosen moments of need and are often highly motivated.

# Important to Note

- Despite its advantages, single-session therapy is not intended as a service that provides all things to all people. Research indicates that up to half of clients will not be suitable for or will require something in addition to brief solution focused intervention (Hoyt, 1998b; Young et.al. 2008).
- In this way, single-session therapy is best thought of as a useful component to a diverse range of services.

# Who is Most Likely to Benefit from Single Session Therapy?

- People who want help with the complexities of facing a problem that is in their control.
- People who seek acknowledgement and validation that their response to a problem is reasonable.
- People with a support system of others.
- People who can identify what they want, times they have taken initiatives, and gaps in the problem story.

# Who is Most Unlikely to Benefit from Single Session Therapy?

- People who may require hospitalization (e.g., suicidal, psychotic).
- People who request long term therapy up front.
- People who need ongoing therapy to manage effects of trauma and abuse.
- People with longstanding issues with disordered eating.
- People seeking help regarding chronic pain.

# A Brief Narrative Perspective

- View each session as the first session and potentially the last session. Expect movement.
- A primary goal is to elicit peoples' local knowledges.
- Single session as a *meaning making* exercise as opposed to more of a process of *information gathering*.

# A Brief Narrative Perspective

- More is not better. Better is better. A small meaningful shift can have significant effects.
- Paradox: By going slower you can go faster or, do more (i.e., by concentrating on richer data).
- Helping people as quickly as possible is both practical and ethical.

# Potential Structure of a Brief Narrative Single Session

1. Pre-session prep (review the drop-in student questionnaire)
2. Describe the therapy (brief, solution-focused), consent forms
3. Set an agenda (e.g., “What would be helpful to focus on today?”)

## 4a. Understanding the Problem

- i) Name and describe the problem (Externalize the problem)
- ii) Explore the problem’s effects
- iii) Evaluate the effects of the problem
- iv) Justify the reasons for which they evaluated the way they did

## 4b. Exploring Skills, Initiatives, Subordinate Storylines, etc.

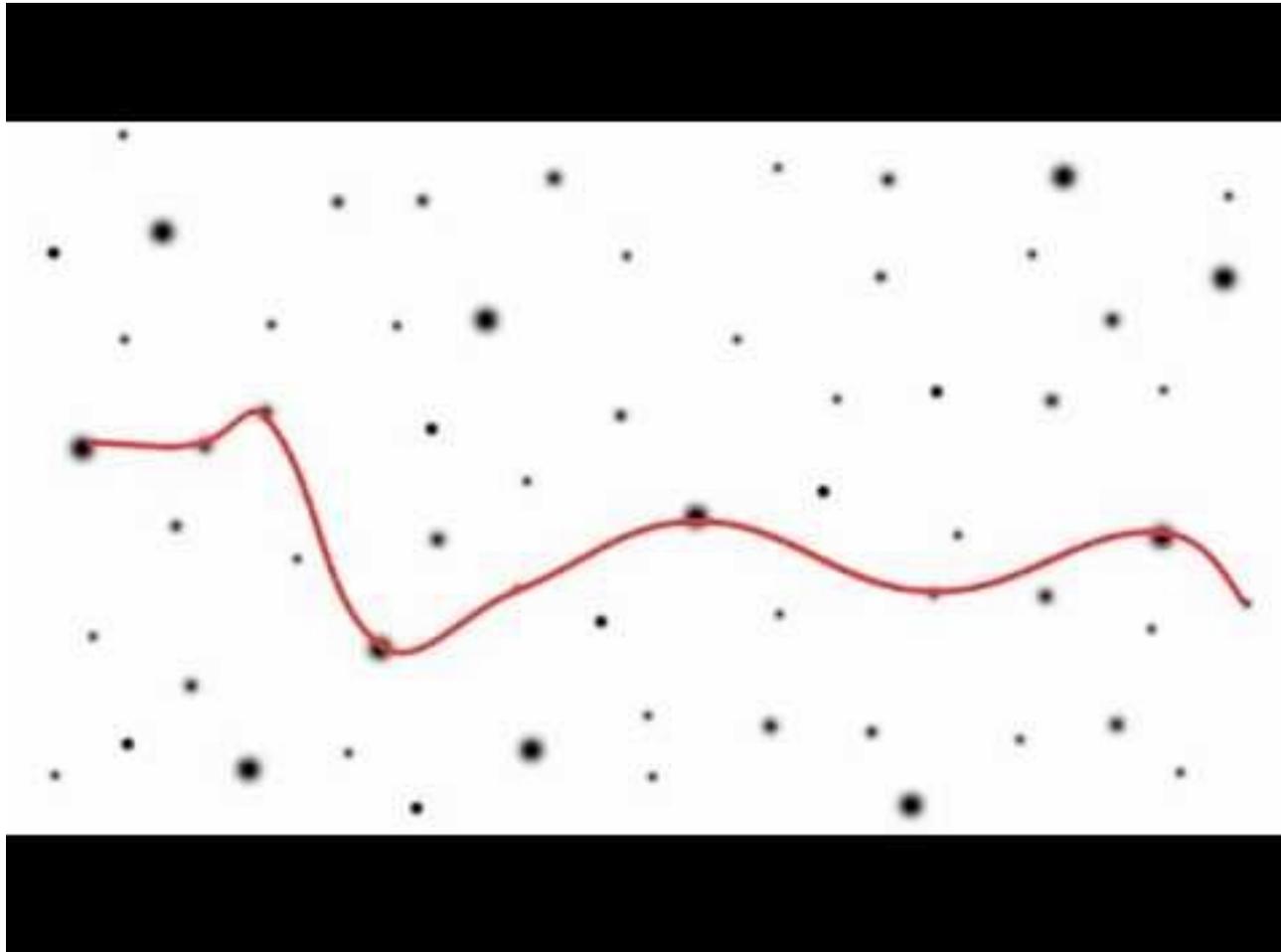
- i) Name and describe the initiative
- ii) Explore the effect’s of the initiative
- iii) Evaluate the effects of the initiative
- iv) Justify the reasons for which they evaluated the way they did

5. Summarize, review, risk assessment, and expand what was useful
6. Co-develop “next-steps” and “future possibilities”

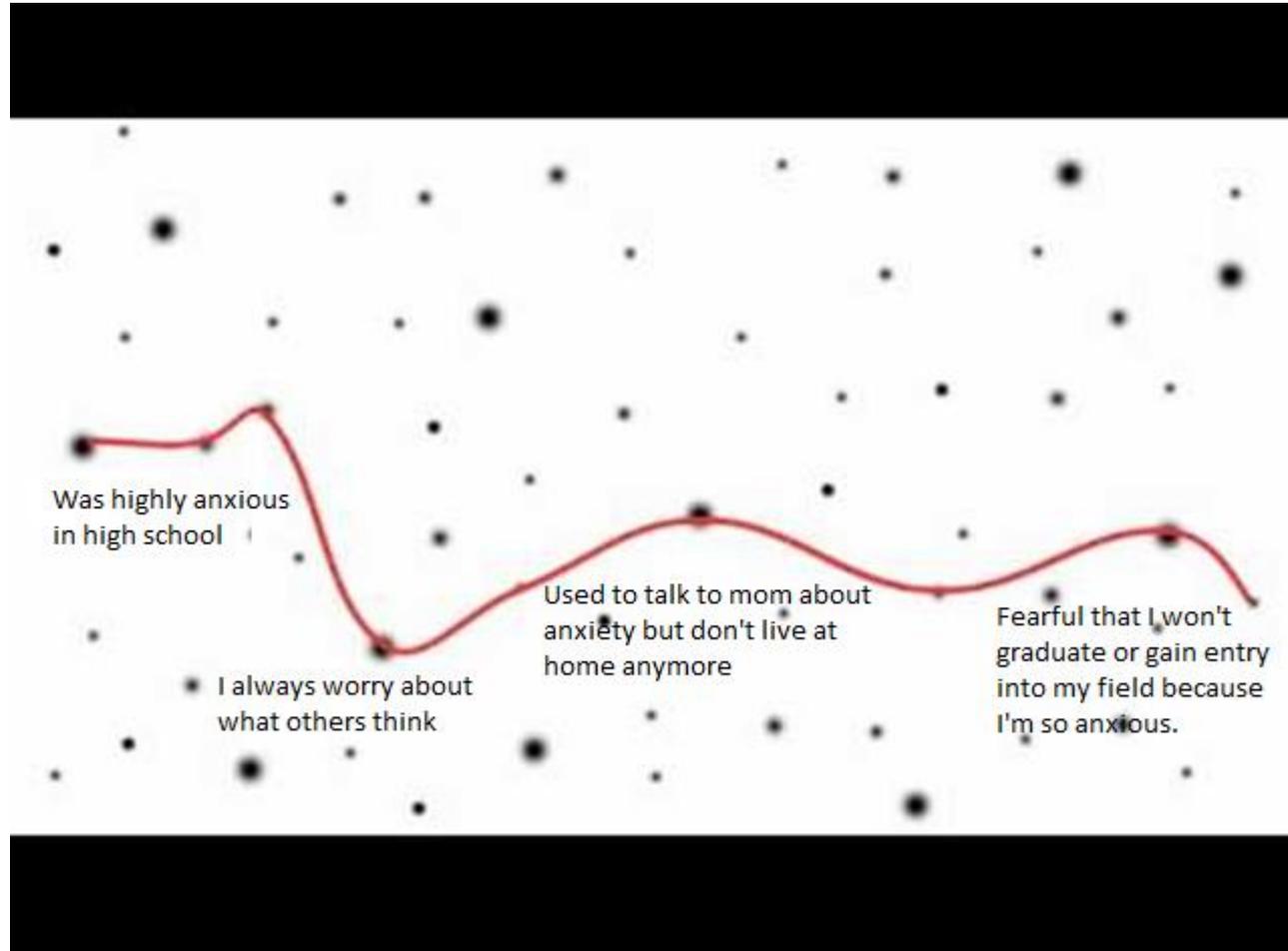
# Assumptions of Brief Narrative Therapy

- “Our lives are multi-storied. No single story of life can be free of ambiguity or contradiction. No self-narrative can handle all the contingencies of life.” (White, 1994)
- From this perspective, our clients typically begin by telling us a ‘single story’ or the ‘dominant story’ about who they are and what is problematic in their life.

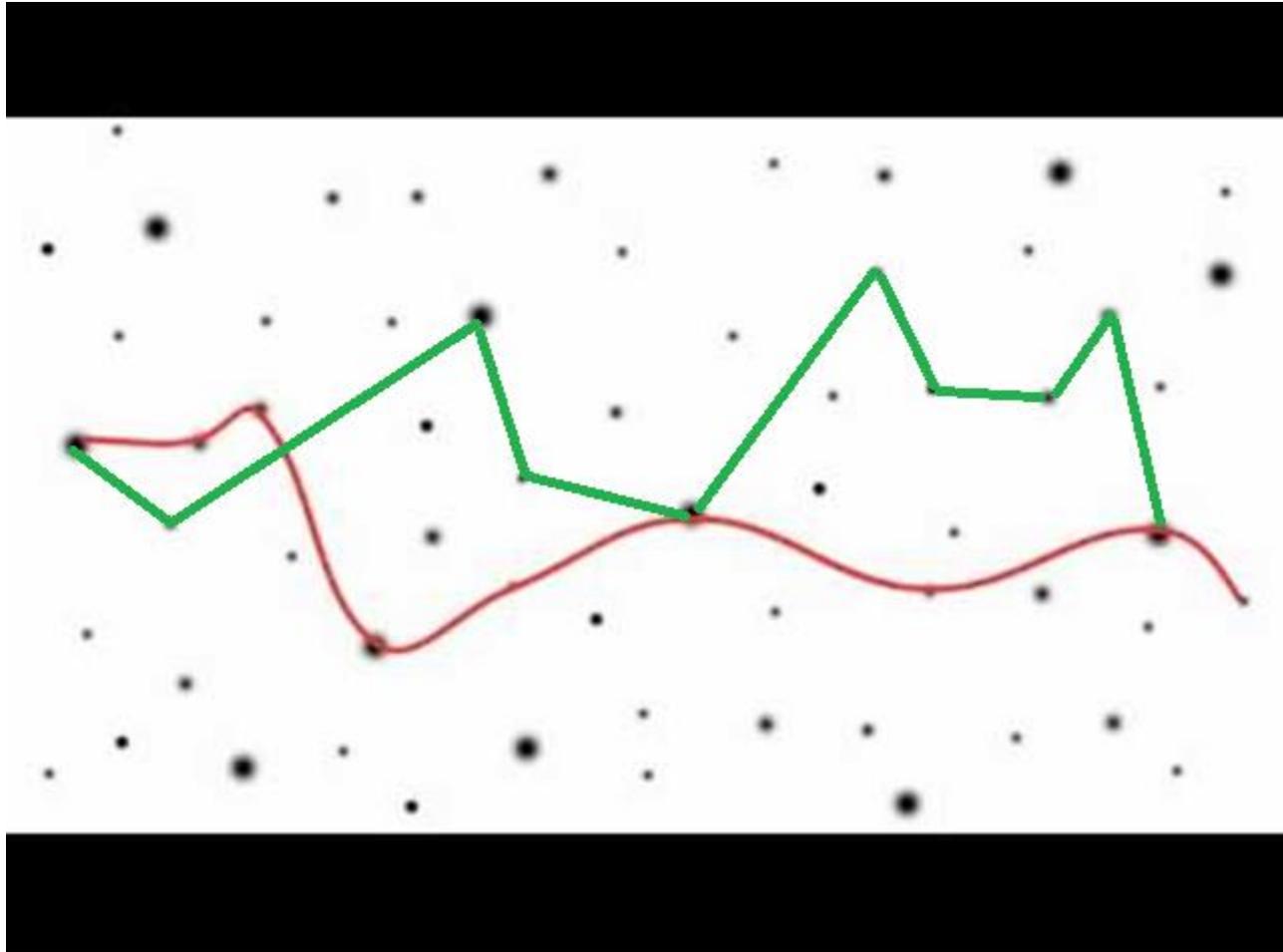
# Scatter Plot of Life Events



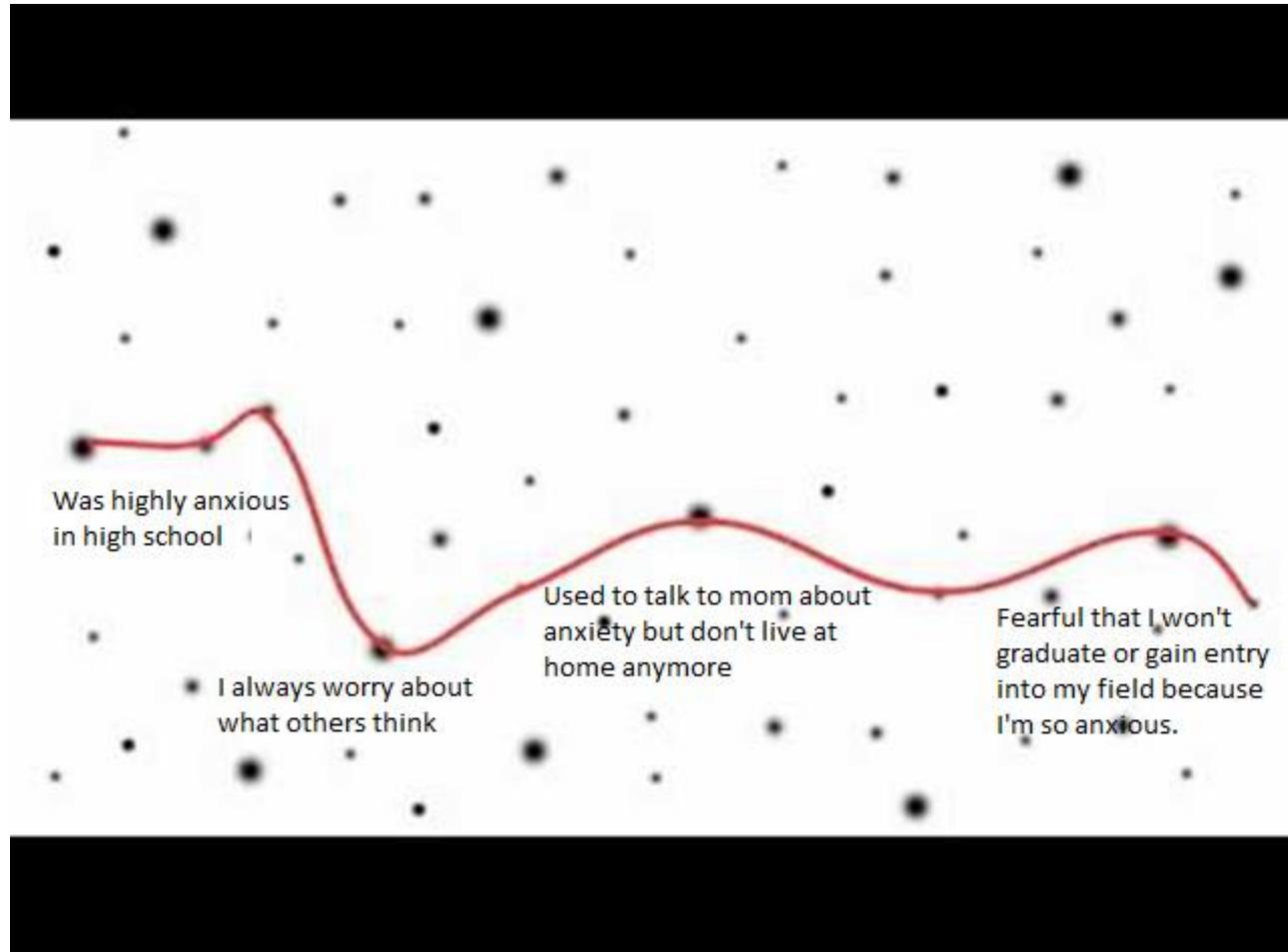
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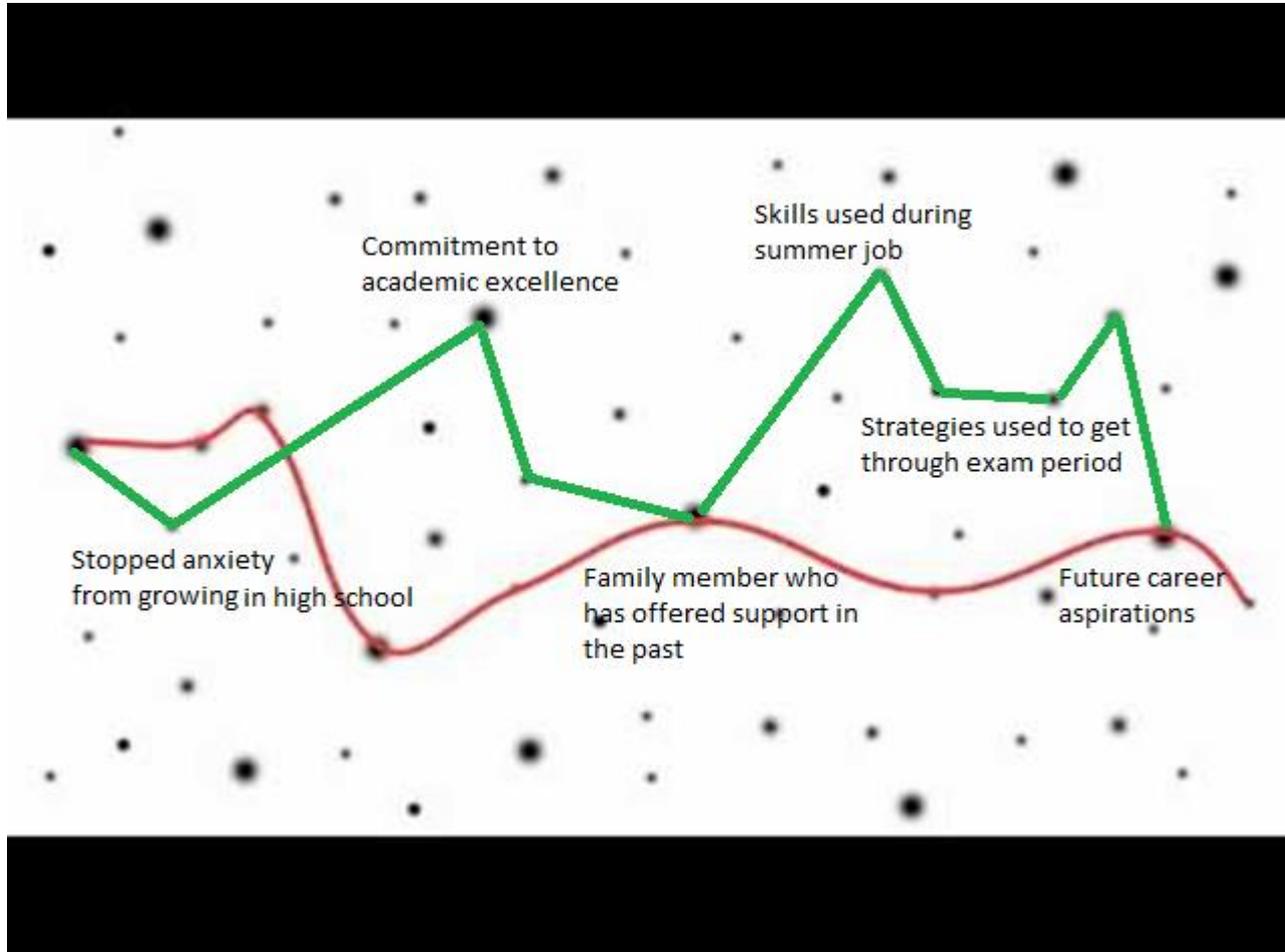
# Scatter Plot of Life Events



# Scatter Plot of Life Events



# Scatter Plot of Life Events



# Assumptions of Brief Narrative Therapy

The role of therapy ...

“is to bring these alternate stories out of the shadows and to elevate them so that they play a far more central role in the shaping of people’s lives.”

(White, 1994)

# Assumptions of Brief Narrative Therapy

In our efforts to do so...

“Sometimes we have to rescue clients’ statements from floating down the river of insignificance.”

E.g., “I only have a shred of hope left...”

## An Exercise in Using Curiosity to Tap Into Other Aspects of a Familiar Story

- In pairs, talk to one another for about 7.5 minutes each about an everyday activity such as your regular morning routine (e.g., getting out of bed in the morning, fixing breakfast, going to work, etc.)
- The interviewer is to **ask questions seeking more detail about the routines and their significance.**
- The interviewer takes a position of respectful and **genuine curiosity** and avoids an interrogating tone.
- The task is to help the interviewee to discover new information about themselves or about the activity being discussed by means of curious questioning.

# An Exercise in Using Curiosity to Tap Into Subordinate Stories or Other Aspects of a Familiar Story

- What was that like as the interviewee/interviewer?
- What were you surprised by?
- What stood out to you as significant?
- What did you find out about what the interviewee is committed to or what is important to them?
- What types of questions helped you ‘get at’ new information?
- How might this exercise relate to ways in which you might consider conducting a single session?

# Other Aspects of a Familiar Story

- “There’s meaning in every teaspoon.”

# As The Session Begins: Finding Subordinate Storylines

- Where and when can we see/hear subordinate storylines?

“The fact that you came here today for a single session; what does this say about what you want for your life?”

On pre-session paper work:



# Setting the Agenda

“What should we focus on in our discussion today so that when you leave, it will have been useful to you?”

# Exploring the Problem

- We must listen to problem stories with curiosity and ask questions that elicit a *different telling* of the problem story.

# Exploring the Problem

- It's not about focusing on the positive vs. the negative, its about focusing on meaningful difference (subordinate storylines) in people's lives.

# Processes of Brief Narrative Therapy

- A brief narrative approach taps into peoples' subordinate stories where individual knowledge, skills and abilities often reside.
  - E.g., “Can you tell me about your academic program and how you came to choose it?”
- As a result of working this way, people become the primary agents of change and tend to require a briefer amount of therapy as they embrace their own resources.

# Getting to Know People Away From the Problem

- In pairs, interview someone close to you with the following focus:

“Recall a time in your workplace when you were working with a difficult student/situation in which you proceeded in such a way that left you feeling proud of yourself and your skills. What did you do that you felt proud of?”

- Switch roles after 7.5 minutes

# Further Thickening the Subordinate Stories

- What about you as a person made this possible?
- Was this a reflection of certain commitments, preferences in your life, values, principles, and so on? What are these? Can you name them?
- Is there a history of these in your life?
- Who else in your life shares these?
- Who else knows about this? What would they say/think about it?
- What can you imagine the future implications of this will be?
- And so on...

# Reflect

- What was that like as the interviewee/interviewer?
- What were you surprised by?
- What stood out to you as significant?
- What did you find out about what the interviewee is committed to or what is important to them?
- What types of questions helped you 'get at' new information?
- How might this exercise relate to ways in which you might consider conducting a single session?

# Reviewing and Expanding What Was Useful:

Near the end of a session:

- “How did this conversation go for you?”
- “What stood out most for you? Why is that?”

# Co-Developing Next Steps:

- What effects might this realization have on you after today?
- If we were to make a list right now of the actions you'd like to take going forward, what would you like it to include?
- What does this tell you about the future of The Problem?
- How might you hold onto this new understanding?
- Who in your life might assist you in doing this? How might you recruit them?

# Wrap-Up:

Review of how the session went and next steps:

“My understanding is that you came in today because \_\_\_\_, and that you’ve experienced \_\_\_\_. You told me how the \_\_\_\_ (i.e., the problem) tries to affect you by \_\_\_\_. But, I can’t help but wonder if today is a bit of a turning point, because you mentioned that you \_\_\_\_ (i.e., skills, initiatives, etc.) and that you hope to \_\_\_\_. Not only hope, but you have specific plans of \_\_\_\_ (i.e., next steps) and to potentially recruit the support of \_\_\_\_ (i.e. others in their life whom they trust) as you move towards living life in a more preferable way.

**WALK-IN SINGLE SESSION EVALUATION FORM  
STUDENT DEVELOPMENT CENTRE**

**1. Did the session assist you in dealing with the problem(s)?**

1	2	3	4	5
not at all	a little	somewhat	mostly	very much

Comments:

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**2. Did it help you to develop a plan to address the problem(s)?**

1	2	3	4	5
not at all	a little	somewhat	mostly	very much

Comments:

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**3. Would you refer a friend to the walk-in service?**

1	2	3	4	5
no, definitely not	no, not really	unsure	yes, generally	yes, definitely

Comments:

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**4. Do you have any suggestions that would help us to improve the walk-in service?**

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# Student Feedback

- “The session lowered my level of panic and helped me start a plan.”
- “Actually addressed the situation at hand, asked very helpful and relevant questions.”
- “Very helpful, felt like I walked away with hope of achieving the goals I set.”
- “I really like that the sessions are 90 minutes as opposed to the regular 50 minutes.”

# Questions

- Thank you  
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