From Practice to Research:
Examining Outcomes of Single Session Walk-in Therapy

Introduction

Opened in 1990, the Eastside Family Centre (EFC) provides immediate, accessible, and affordable self-referred walk-in mental health support for individuals, couples and families. Eastside has supported a number of independent research initiatives over the past 25 years (Fang, et al., in press). Many service sectors have called for an ongoing and systematic collection of data that would inform outcome measurement and support comparisons of program functioning over time. Specifically, there is an interest in knowing what interventions are most effective for which type of clients, for what type of presenting concerns, and over what time period (Trocmé, MacLaurin, Fallon, Shlonsky, et al., 2009). This led to the next step of research and evaluation developed at Eastside Family Centre.

During the summer of 2012, the management and staff of the EFC met with the Wood's Research Department to examine the changing needs of the clients using single session walk-in counselling. An ongoing outcomes framework was developed and pilot-tested in 2012 using existing data collected at EFC. Data collection continues on an ongoing basis. The EFC research study is designed to: track information about walk-in single session clients; understand the characteristics of clients who come to EFC; and examine factors associated with short-term service outcomes.

Methodology & Sample

The study uses clinical data reported by clients and therapists pre and post session. Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder (GAD-7) are used for clients over 18 years old. PHQ-9 is a tool specific to depression and GAD-7 measures severity of various signs of generalized anxiety disorder.

Data are imported into SPSS, a statistical software program for analyses. This analysis is based upon data from 3,560 walk-in single sessions by 2,641 unique clients between November 2012 to October 2014.

Findings

Demographics of EFC Clients

Approximately 60% of primary adults were female. Adults reflected all age groups, most notably ages 25-39 (41.7%) or 40-59 (35.6%). About two thirds of the clients reside in the Northeast or Southeast quadrants of Calgary. Primary presenting concerns identified mental health concerns, couple/relationship issues, family relationship issues and parent/child relationship issues. EFC offers three forms of service including Individual Session (71.6%), Family Session (17.9%) and Couple Session (10.5%). Over 58% of clients heard about EFC from other professionals. Fifty-

seven percent of clients visited EFC for the first time, however many EFC clients noted previous (70.4%) or current (16.8%) involvement in counselling.

Assessment and Measurement Instruments

Among all the clients, 86.7% noted a decrease in distress after the intervention. The mean distress scores for all clients were 7.0/10.0 at pre-test, and 4.1/10.0 at post-test. A significant difference was noted between the mean distress change for males and females using an independent samples T-test (p<.001). Clients reported they felt heard, understood and respected (8.98), the therapists worked on and talked about what they wanted (8.90), the therapist's approach fit well (8.84), and they overall satisfied with session (8.54).

Over half of the clients reported moderate or severe severity in PHQ. Significant difference were noted for PHQ severity for males compared to females using T-test (p<.05). Findings indicated that nearly half of the clients reported severe scores for the GAD. Significant difference were noted for GAD severity for males compared to females using T-test (p<.010).

Preliminary Findings of Factors that Predict Outcomes

Preliminary findings identified a range of factors associated with a change in level of distress and client's overall satisfaction as measured by Chi-Square. Statistically significant independent variables were then used to develop regression models.

Factors predictive of improvement in level of distress include cases where the client: noted someone who is most effected emotionally (Adjusted Odds Ratio: 1.856, $p \leq .05$); identified their sources of strength (Adjusted Odds Ratio: 4.121, $p \leq .0001$); had previous counselling (Adjusted Odds Ratio: 1.635, $p \leq .05$); and indicated the session went in the right direction (Adjusted Odds Ratio: 1.547, $p \leq .05$).

Factors predictive of improvement of overall client satisfaction include: the session configuration (Adjusted Odds Ratio: 1.504, $p \leq .001$); client risk acuity (Adjusted Odds Ratio: 1.347, $p \leq .01$); and presenting with an identified mental health concerns (Adjusted Odds Ratio: 1.491, $\leq .001$).

Discussion & Further Direction

EFC serves an acute population with high severity in anxiety and depression. Findings indicate that clients have a significant decrease in their level of distress following the completion of their session and are highly satisfied with the service at EFC.

Further regression analyses will be conducted to determine which factors are most predictive of positive outcomes. A follow-up study with a random selection of clients will be implemented to examine benefits of the walk-in single session service over time.

Citations

Fang, C.J., Stewart, J., Soenen, D., Johansson, B., & MacLaurin, B. (In press). From practice to research – examining outcomes of single session walk-in therapy. *Wood's Journal- Evidence to Practice, Accepted December, 2015*.
Trocmé, N., MacLaurin, B., Fallon, B., Shlonsky, A., Mulcahy, M., & Esposito, T. (2009). *National child welfare outcomes indicator matrix (NOM)*. Montreal, QC: McGill University, Centre for Research on Children and Families.

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