Youth Experiences of Drop-In Counselling

Tyler Lampard

University of Victoria

School of Child & Youth Care

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Acknowledgements

With gratitude, I would like to acknowledge that this project was conducted on the unceded traditional lands of the Lək̓ʷəŋən peoples, specifically the W̱SÁNEĆ, Songhees, and Esquimalt Nations.

I would like to thank Jessica Ball and Lindsay Herriot my academic supervisors who assisted in guiding the project and supporting my efforts to address unforeseen circumstances. The University of Victoria, School of Child and Youth Care Master's degree program provided the educational opportunity to prepare for the project and complete this report.

This report would not have happened without the Foundry community partners who provided me an opportunity to offer a research project focused on gaining insight into youths' experience of drop-in counselling. I would like to thank Skye Barbic, Elise Durant, Chris Bennett, Brooke Mcnab, Warren Helfrich, and Amy Schactman who were instrumental in the project. I want to acknowledge and thank the youth who participated in this project.

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Synopsis

This report documents the author's process to engage in a collaborative project with the Foundry to explore youths' experiences of the drop-in counselling service. This report was prepared by the report author, Tyler Lampard, in partial fulfilment of the requirements for a Master of Arts degree program in Child and Youth Care at the University of Victoria. Foundry was a community partner for the project. The Campbell River Foundry office sponsored the recruitment process. The project process spanned from January 2021 to March 2022.

Executive Summary

Preliminary design for the Youth Experiences of the Drop-In Counselling project began in February 2021 with consultations with Jessica Ball, Professor, School of Child and Youth Care, University of Victoria. Foundry was approached in May 2021 with an expression of interest from the principal researcher to provide a research project intent on gaining new perspectives on youth's experiences of engaging in drop-in counselling. The Community Representative Agreement was provided May 2021 and signed October 2021 (see Appendix A). In consideration of the complicated nature of conducting research during the COVID 19 and opiate toxicity pandemics, the project was redesigned utilizing a quantitative data collection process. This change allowed for a higher degree of accessibility for participants, a lower degree of direct involvement from the sponsoring Foundry centre, while still maintaining intention to explore youth's experiences of the drop-in counselling service.

An ethics application was provided to the University of Victoria Ethics Review Board in December 2021. Approval was granted in January 2021 for the project to proceed (see Appendix B). The sponsoring Foundry site was notified and provided with advertising posters and a consent form outlining the project in January 2021. The data collection period was initiated in

the last week of January and closed March 1st, 2021. During this period two participants completed the project questionnaire, and it was determined that, due to low recruitment success and potential, the data collection period be closed.

Due to unforeseen and unavoidable obstacles in the participant recruitment, the project failed to collect enough participants for the project to proceed as planned. Data collection was suspended after six weeks, and it was determined by the principal author and the academic supervisor Jessica Ball that this report would be constructed to detail the project process. The following sections provide an introduction to the project, Foundry drop-in model, literature review, research method, project process, questionnaire design and project challenges.

Introduction

About the researcher

My name is Tyler Lampard, and I am the lead researcher and primary author of this report. I approach this project as a white, able-bodied, cis male, who is privileged to live and work as a settler on the unceded lands of the Lək̓ʷəŋən peoples, specifically the W̱SÁNEĆ, Songhees, and Esquimalt. Since 2018, I have been fortunate through my employment with Island Health as a Youth and Family Counsellor to work in partnership with the Victoria BC Foundry. Through these experiences I have gained insight into how the drop-in counselling model is provided, how youth engage with interdisciplinary health care services and how evaluative methods are conducted.

Relationship to the project

I was interested in gaining a deeper understanding of the experiences of youth who access drop-in counselling through the Foundry, as I am one of the staff at the Victoria Foundry who

has provided this service. I decided to investigate whether youth feedback on this type of drop-in service model corroborated the findings in current literature describing the service model.

Foundry & Drop-In Counselling Model

The "Foundry is a province wide initiative supported by the Government of British Columbia, Graham Boeckh Foundation, Michael Smith Foundation for Health Research, Providence Health Care and St. Paul's Foundation" (Foundry. n.d.). The service offers drop-in counselling in a variety of formats including in person and virtually by phone or online video platform. There are several additional community youth health services offered at Foundry centers attending to community needs through partnership with local community organizations such as primary care, system navigation and peer support. Drop-in counselling is described to prospective clients by the Foundry website as follows:

> A counsellor has advanced training in a variety of areas related to mental health conditions and human development. Through the use of strategies and by creating a relationship with you, they can facilitate insight, emotional acceptance, challenge, and growth. A counsellor can support you in developing abilities to manage difficult times and help you recognize personal skills that have worked to overcome challenges in the past. They can be a source of support and hope in times of crisis. They can help you figure out what you want and need, and the steps to achieve your goals. Counselling is also available for caregivers of youth struggling with mental health & substance use challenges. (https://foundrybc.ca/virtual/drop-in-counselling/, n.d.)

Rationale

The aim of this project was to establish a basis for exploration of clients' experiences of the drop-in model of counselling through post-session questionnaire feedback. The guiding question the project intended to address was: "What is the youth's experience of drop-in counselling?" Exploration of client experiences is valuable to ensure high level of service delivery and to identify potential areas for service improvement. In offering the opportunity for youth to rate their experiences of their drop-in session, this project sought insights about dimensions of this service thought to be important to client satisfaction.

Literature Review

Relevant literature was collected through the University of Victoria library database by searching with keywords related to walk-in counselling, single session counselling, and brief counselling. Drop-in counselling was not used as a key term as it has only recently been defined as a service. Thirteen peer-reviewed journal articles met criteria for the literature review they evaluated a style of counselling defined as "walk-in" or "single session" counselling within a community service delivery model. These articles involved quantitative, qualitative, and mixed methods. Studies varied in focus with the majority evaluating individuals engaging in services and five studies evaluating a family service defined as "walk-in" or "single session" the rationale for walk-in counselling as a response to the growing demand for accessible and effective counselling for concerns described as mental health conditions. The articles all reported studies of client services positioned as treatment to reduce distress, hospitalization and improve quality of life.

Focus

The literature reviewed explored the walk-in service models used in Canada (Alberta and Ontario), the United States (Texas and Missouri), Australia, and New Zealand. The walk-in model for counselling has been influenced by successes observed in the business sector as Slive and Bobele (2012) describe:

> We live in a fast-paced world. Schedules are tight; meetings and appointments get squeezed into ever narrowing timeframes; family, work and leisure demands compete with one another…The business world has adapted by developing services that are immediately accessible without prearranged appointment. Hence, we have fast food, drive-in-banks, walk-in hair stylists, 'no appointment necessary' income tax services, instant breakfasts, and even walk-in wedding chapels. (p. 28)

Ewen et al., (2018) highlight that the walk-in model is "more congruent with the Mental Health Commission of Canada's (2012) Mental Health Strategy, which describes a recovery-oriented model built on the principles of hope, empowerment, self-determination, and responsibility" (p. 575). In literature reviewed, participants consistently expressed appreciation for the ease of access for walk-in and single session counselling. Additionally, evaluations show consistent reduction in distress measured on standardized psychometric tools in post-session follow up surveys (Cait et al., 2007; Ewen et al., 2018; Lamsal et al., 2018; Perkins and Graeme, 2008; Stalker et al., 2016).

There was considerable cross referencing in the literature and scholars have contributed to several studies pertaining to developing a research base of walk-in counselling. There is a general position within these studies that "participants highly valued the accessibility of the walk-in model and were frustrated by the lengthy waits associated with the traditional model."

(Stalker et al, 2016, p. 403). Hymmen, Stalker and Cait (2013) provide a comprehensive table (Appendix D) that depicts the findings of research studies that explored efficacy and participant ratings of satisfaction with scheduled and non-scheduled single session therapy. Their table reviews 16 studies that explores walk-in and single session counselling services, highlights various methodologies, identifies key findings, and states limitations.

Premise & Process

While evaluations were typically focused on single session encounters there was also evidence that participants were often engaging with other services simultaneously and would revisit walk-in counselling. Lamsal et al., (2018) reviewed the cost effectiveness of walk-in counselling compared to traditional counselling service models and found that walk-in counselling is not more cost effective.

The articles reviewed also evaluated effectiveness of the walk-in model through a combination of qualitative assessments, including questionnaires such as the General Health Questionnaire version 12(GHQ-12), mixed methods involving psychometrics, surveys, and thematic analysis. When reviewing the collected literature there is a progression within the body of research as limitations identified in earlier projects were attended to in later studies. The utilization of the GHQ-12 questionnaire was employed to assess client distress in three of the articles that employed mixed methods. There was variability among articles regarding service delivery as Cait et al., (2017), Lamsal et al., (2018), and Stalker et al., (2016) utilized two clinics for comparison, both located in Ontario with service delivery described as walk-in and traditional counselling providing service to adults in two different communities. Ewen et al., (2018), Perkins & Graeme (2018), Miller & Slive, (2004), Bobele & Slive, et al., (2012) presented an evaluation of single site services.

Perkins & Graeme (2018) were unique in their longitudinal approach and evaluating family focused service with guardians providing feedback on any noticeable change in their youth's behaviour following the session. Studies that evaluated family single session counselling utilizing questionnaires (Campbell, 1999; Sommers-Flanagan, 2007; Westwater, 2020) and follow-up phone interviews (Campbell, 1999) reported that parents expressed satisfaction with the service and felt more confident with their challenge; however, the primary concern at the onset of the session remained. Studies that explored family engagement through single session counselling were slightly different in research design as sessions were scheduled (Campbell, 1999; Perkins, 2008; Sommers-Flanagan, 2007; Westwater, 2020) as opposed to the same day walk-in models employed by other literature reviewed. Westwater (2020) provided unique descriptions of family members experience as pre- and post-session questionnaires were provided to parents, youth (primary client) and siblings.

Evaluative Studies

In the studies that used mixed methods, quantitative data were collected pre-session with psychometric self-completion surveys and with the qualitative phone interviews being employed post-session. Regarding client satisfaction, Ewen, et al. (2018) utilized the Session Rating Scale (Miller & Duncan, 2000) consisting of four Likert scales for clients to plot their experience of being heard, understood, and supported in an approach that worked for them. In the overall rating there was general satisfaction reported with these sessions.

All the articles reviewed offered quotes from clients expressing appreciation of the ease of access with the walk-in style services, as well as quantitative data highlighting a reduction in distress ratings. Stalker et al., (2016) concluded the walk-in model best served those who were

not addressing concerns related “to family violence, unstable housing or financial problems” (p. 408) as these factors require more time to address.

Additionally, Stalker et al., (2016) outlined that while there was improvement observed at the four week follow up in the walk-in model group (walk-in clinic model) the results between the two groups (walk-in model and traditional service model) leveled out at ten weeks with both improving at a similar rate. Lamsal et al., (2018) noted a clear distinction between the two communities with each having separate groups of participants, as holding different socioeconomic status with those engaging within the traditional model facing more systemic challenges, such as requiring social assistance and disability payments, than the community engaging the walk-in service. Given the socioeconomic differences between the two groups, it is difficult to know whether the observed reduction in distress was a reflection of the different models of service delivery, or due to one group having more resources to employ when addressing challenges. Stalker er al. (2016) stated that while this was an uncontrolled variable it was not a factor in the study as it is an extraneous element outside of the project purview.

Studies that focused on families’ experiences of single-session encounters reported a reduction in stress and an increase in expressed sense of competence among families that participated (Campbell, 1999; Sommers-Flanagan, 2007; Westwater et al., 2020). Westwater et al., (2020) employed qualitative methods that highlighted perspectives from parents, youth, and siblings with all generally identifying satisfaction with the service.

Lamsal et al., (2018) stated that single session walk-in counselling “does not save money, at least when measured at four weeks after the intervention” (p. 565) in comparison to traditional service models. Participants reported appreciation for accessibility and effectiveness in reducing distress through their use of the single session walk-in counselling. This study found that when

people are seeking out support, providing accessible services that are intended to inspire hope - building from inherent client strengths in non-pathologizing approaches - generally lead to client appreciation of the service and a reduction in distress. Ewen et al. (2018) states "clients with more severe symptomology at intake may require additional sessions or services to experience comparable improvement, although they still experience benefits from Same-Day Counselling" (p. 585). The articles reviewed clearly intended to address research limitations through follow-up studies of walk-in counselling amongst the community of researchers.

The articles reviewed highlight who the model serves best. Questions remain for the effectiveness of the drop-in counselling model regarding care for those who are experiencing violence, systemic oppression and are unable to access the service. It is incumbent that future efforts to strengthen service model design and monitor current service provision attend to how clients experiencing violence, systemic oppression and challenges with access are supported with the model in determining its effectiveness.

Methods

The Campbell River Foundry was selected by the Foundry Research team and supported the recruitment of voluntary participants to complete the online drop-in counselling experience questionnaire (see Appendix E) after participating in a single drop-in counselling session. The project utilized the University of Victoria's Survey Monkey account for the construction and dissemination of the questionnaire. Participants were provided an eGift honorarium of $20.00 for either a coffee card or grocery card, selected by the participant.

Recruitment was conducted at arm's length with the Campbell River Foundry posting posters in high visibility areas with an attached the consent form that outlines the project purpose, confidentiality, storage of data, voluntary nature of the project and participants' right to

withdraw consent. Youth who were interested in the project would scan the QR code which would link them to the questionnaire. After completing the questionnaire, the principal researcher would be notified by email of the completed questionnaire with the volunteer participant's email address. The eGift card would be sent by eGift the week after the questionnaire had been completed. The Campbell River Foundry was not informed of any information regarding the participants' identity and was not notified when questionnaires were completed.

A brief description of the questionnaire results was completed for the Campbell River Foundry staff with the data that was available (see Appendix F.).

Project Process

The project was conducted in a number of stages. (1) An outline of the project was drafted and presented to the academic supervisor for review and feedback. (2) A letter of interest was written to propose the project to the Foundry. (3) Following Foundry's expressed interest in the prospective project Foundry was provided with the Community Representative Agreement, which was signed in October 2021 (see Appendix A). (4) The design of the project was finalized, and an ethics review application was submitted to the University of Victoria Human Research Ethics Board (HREB) in December 2021. (5) In January 2022 HREB approved the project. (6) The Campbell River Foundry sponsor was identified and contacted mid-January 2022. (7) Data collection began late January and was terminated in the be first week of March 2022. (8) Through consultation with the principal investigator's academic supervisor, it was deemed appropriate to close the project as recruitment was low and the prospects of recruiting more participants in a timely manner were slim.

Data collected from the two voluntary participants were reviewed and presented to Foundry in a brief (see Appendix F). Campbell River Foundry was provided a gift card for the site manager to share with staff as a token of appreciation for helping with the project.

Questionnaire Design

A tailor-made questionnaire comprised of 10 questions using Likert ratings was designed to be completed by participants using Survey Monkey Inc. The questionnaire had a section for participants to state their pronoun, nationality, age, and reason for attending the drop-in counselling service. The questionnaire listed the QR code on the recruitment project poster for prospective youth to access after being informed of the project by Foundry staff and having the opportunity to review the project consent form and poster. Before the Foundry sponsor site was decided, the poster was constructed to allow it to be emailed with the consent form to youth utilizing virtual or phone based drop-in counselling who fit the project participant age range. The questionnaire was formatted to be completed by mobile phone or personal computer.

The questionnaire designed for this project intended to evaluate if clients were receiving the outlined drop-in counselling service, which is stated on the Foundry's website. Therefore, the majority of the questions in the questionnaire were directly extracted from the service description on the website. Two questions asked clients to rate their level of distress before the drop-in session and the level of distress afterwards. One question asked whether there was any inclusion or discussion of culture in the session. The remaining questions addressed specifics of the clients' felt experience and evaluation of how participant's experience with the counsellor. Through the post-session questionnaire, youth were invited to offer feedback addressing the primary research question: "What is the youth's experience of drop-in counselling?". The

questionnaire was been designed to reflect the language describing Foundry's description of what drop-in counselling offers.

The questionnaire intended to address the effectiveness of the drop-in counselling model through utilizing client feedback on their experience of the session with three specific questions on the questionnaire. (1) Was the session helpful? (2) How distressed were you after the drop-in session? (3) Would you recommend drop-in counselling to a friend? Essential, youth accessing the drop-in counselling would be rating the services effectiveness in meeting their needs.

Project Challenges

The project was designed to maximize simplicity and efficiency by attempting to avoid potential bureaucratic barriers that would complicate and prolong the process, such as requiring parental consent for youth participation or processes being in conflicting with COVID 19 health guidelines and mandates. Participant age range was determined with intention to engage youth (19-24years old) in efforts to make the consent process low risk and require little support from the sponsoring site staff. The questionnaire, as described previously was setup to allow for the greatest ease of access during a time when drop-in counselling sessions had been vacillating between in-person, phone and virtual formats depending on the current level of COIVD-19 Provincial health measures. The Campbell River Foundry site expressed confidence that the poster and consent form provided enough information for the team to work with in recruiting participants and, as such, declined the researcher's offer to address frontline staff directly. A review of the effectiveness of the recruitment process was conducted at three weeks including a consultation with a Foundry research contact person. An outcome of this review was the suggestion that improvements could be made to the poster to increase ease of reading and spark

greater interest. The changes were made, and the updated posters were provided to the Campbell River Foundry.

Unfortunately, it was not discovered until the project currently described had already been launched that another Foundry client feedback survey process was in progress. Participant fatigue may have negatively affected engagement with this project. While posters were positioned in high traffic, high visibility areas within the Campbell River site recruitment numbers were lower than expected. The principal researcher then attempted to coordinate a staff appreciation raffle with the Campbell River Foundry in an effort to incentivize participant recruitment. However, unforeseen and unavoidable communication challenges with Campbell River Foundry obstructed attempts to address low recruitment. The strain on the general population and health care services after being impacted by protracted pandemics was acknowledged as a factor potentially complicating the process of engaging Campbell River Foundry staff to promote the project and volunteers to participate. At six weeks, two questionnaires had been completed. The minimum sample size for an effective pilot study had previously been set at eight completed questionnaires.

At this point, the primary researcher questioned the logistics of the project design and limitations the project was encountering. Through consultation with the project academic supervisors, it was determined that the project was no longer viable. Further consultation with Foundry highlighted that low recruitment was being observed with other research projects and that ongoing staffing challenges at the Campbell River Foundry were complicating factors in supporting frontline staff dependent research projects.

Concluding Comment

Based on the literature review conducted for this project it appears promising that single session drop-in counselling meets the needs of some populations. It is unfortunate that this pilot study was not able to address the research question. Future evaluative studies that seek critical feedback on single session drop-in counselling will add to the understanding of how this model addresses the needs of those who engage with it. With continued efforts by Foundry to engage with ongoing client feedback, further growth and enhancement of this service model can be supported.

This project also highlights the many challenges attending community engaged scholarship. There are always multiple, pressing agendas for community partners, no matter the extent of their sincere enthusiasm for research that could potentially generate knowledge about service effectiveness from clients' perspectives. Researchers outside of the organization, or outside of the specific sites for data collection, are often unaware of the broader ecology in which a service agency is operating, or in which a research endeavour is made. While excellent communication is an obvious approach to pull back the blinders so that researchers can adjust project designs, timelines, and expectations accordingly, communication can also be challenging in service organizations that are chronically under-resourced with staff pulled in multiple directions. Student researchers are always "on thin ice" as they venture out to communities to explore community members' experiences and the functioning of complex service systems (Ball, 2014, p. 25). However, each exploration yields new insights, if not about the substantive questions of interest, then about the requirements for feasible, meaningful research approaches to investigate them. This was the case with this project: a template for future research has been developed that can be adapted when the time and place is amenable to client engagement with it.

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Appendix A

Community Representative
on a School of Child and Youth Care Graduate Student Project
Memorandum of Understanding

I agree to serve as the Community Representative on the Committee for a Project to be carried out by Tyler Lampard.

I understand that this project will be undertaken by the student as partial fulfillment of the requirements for a Master of Arts degree in Child and Youth Care. I understand that my role would be voluntary and would not be remunerated.

I agree to provide feedback at the following four points:
1. Critical and constructive review of a written proposal for the project provided to you by the student. If approved, I agree to indicate my approval in a written letter addressed to the primary supervisor and copied to the student. If not approved, I agree to provide commentary, suggestions, or requests for changes in project plans in a written letter addressed to the primary supervisor and copied to the student.

2. Critical and constructive review of the project provided verbally in a meeting with the student at a mid-point during the student's work on the project.

3. Critical and constructive review of the written product of the project, culminating in a letter to the primary supervisor indicating:
(a) approval;
(b) non-approval with indications of concrete steps that the student should take to complete the project satisfactorily.
4. Participation in an 'oral defence' of the project after it is completed.
This meeting process has been described to me as follows:
The oral defence is a formal meeting, chaired by a member of the Faculty of Graduate Studies, and attended by the primary supervisor, the Community Representative, and the student. Interested other parties are sometimes invited as non-participating attendees at the discretion of the faculty, Community Representative and student. At this defence, the student presents the project, the adjudicating committee asks questions, and a discussion of the project ensues. Finally, the committee members, including the Community Representative, are asked to determine whether or not the student has successfully met the requirements for the project. It is strongly preferred that the Community Representative be present in person for the defence held at the University of Victoria.
Reimbursement for travel to and from the meeting by car can usually be provided following discussion in advance of the meeting. (In difficult circumstances, participation via teleconferencing can be arranged.)

I agree to serve as a Community Representative.

Signature: ___  __ Professional role: __Director of Research_____

Name: ___Dr. Skye Barbic_____ Address: _1045 Howe Street, Vancouver, BC

Email: skye.barbic@ubc.ca Phone: 778-846-6134

Appendix B

University of Victoria

Office of Research Services I Human Research Ethics Board
Michael Williams Building Rm B202 PO Box 1700 STN CSC Victoria BC V8W 2Y2 Canada
T 250-472-4545 I F 250-721-8960 I uvic.ca/research I ethics@uvic.ca

Certificate of Approval

PRINCIPAL INVESTIGATOR	**Jessica Ball** (Supervisor)	**ETHICS PROTOCOL NUMBER** Expedited review - delegated	**21-0624**
PRINCIPAL APPLICANT	**Tyler Lampard** **Master's student**	ORIGINAL APPROVAL DATE	05-Jan.-2022
UVIC DEPARTMENT	**Child and Youth Care CHIL**	APPROVED ON	05-Jan.-2022
		APPROVAL EXPIRY DATE	04-Jan.-2023

PROJECT TITLE **Youth Experiences of Drop In Counselling**

RESEARCH TEAM MEMBERS **None**

DECLARED PROJECT FUNDING **None**

DOCUMENTS INCLUDED IN THIS APPROVAL
Completed Community Representative Agreement for Projects J Ball (003).pdf - 29-Nov.-2021
tcps2_core_certificate.pdf - 29-Nov.-2021
Questionnaire.docx - 29-Nov.-2021
Consent Form Draft 2021a.doc - 05-Jan.-2022
Poster1.docx - 05-Jan.-2022

CONDITIONS OF APPROVAL

This Certificate of Approval is valid for the above term provided there is no change in the protocol.

Modifications
To make any changes to the approved research procedures in your study, please submit a "Request for Modification" form. You must receive ethics approval before proceeding with your modified protocol.

Renewals
Your ethics approval must be current for the period during which you are recruiting participants or collecting data. To renew your protocol, please submit a "Request for Renewal" form before the expiry date on your certificate. You will be sent an emailed reminder prompting you to renew your protocol about six weeks before your expiry date.

Project Closures
When you have completed all data collection activities and will have no further contact with participants, please notify the Human Research Ethics Board by submitting a "Notice of Project Completion" form.

Certification

This certifies that the UVic Human Research Ethics Board has examined this research protocol and concluded that, in all respects, the proposed research meets the appropiate standards of ethcis as outlines by the University of Victoria Research Regulations Involving Human Participants.

[redacted]

Dr. Rachael Scarth
Associate VP Research Operations

Certificate Issued On: 05-Jan.-2022

Appendix C

Drop In Counselling Experience Study

We are looking for youth (19-24) to share their Drop-In counselling experience by completing a questionnaire

Who can participate?

- Youth 19 to 24 who have attended a Foundry Drop-In counselling session

What's This All About?

- This study is a graduate research project by Tyler at the UVIC and Foundry. We want to know a little about your experience using Drop-In counselling. The questionnaire is 100% voluntary and Foundry staff will not know that you have done the questionnaire.

Why participate?

- Let Foundry know if the session was helpful.
- Let Foundry know if the session was comfortable, respectful, and offered new ways to work with challenges.
- You can get a $20 gift card (Tim Horton's or Thrifty's) for completing the questionnaire.

Questions – call or text Tyler – 250-580-0620

How?

The Questionnaire is 10 questions, and your information will be anonymous. 5 to 10 minutes and if you change your mind, you can ask to not have your questionnaire included in the study.

The questionnaire is accessed on Survey Monkey
https://www.surveymonkey.ca/r/LG2NMNY

You have the right to withdraw your consent if you change your mind. Text Tyler and your questionnaire will be deleted. Gift cards will be sent out the week after the questionnaire is completed and you get to keep it even if you withdraw from the study.

A report will be written up when the project is all done to let Foundry know what youth think about Drop-In counselling.

Appendix C

Foundry Drop-In Counselling Client Experience Study Consent Form

Who?

University of Victoria, Foundry & Tyler Lampard

Supervised by Jessica Ball PhD

Questions, call Tyler at 250-580-0620

Why?

Purpose is to learn about how the drop in counselling experience.

- Improve research on youth drop in counselling experiences.
- Highlight areas for service improvement
- $20.00 Tim Horton's or Thrifty's gift card
- 100% voluntary
- Report will be written on results of questionnaire for Foundry and University of Victoria Graduate Project

How?

1. Attend a drop-in counselling session.
2. Scan QR code or use LINK to complete 5 to10 minute survey.
3. Please fill in the Anonymous Personal Information
4. $20.00 gift cards are sent out week after questionnaire has been completed to the email you provide at end of questionnaire.
5. 100% okay to change your mind, text Tyler if you do not want to participate in the research project.

Appendix D

Table I. Authors, methodology, key findings and limitations of studies reviewed.

Author(s)	Methodology	Key findings	Limitations
Scheduled SST			
Boyhan (1996)	Bouverie Family Therapy Centre, Melbourne, Australia. Sample composition not reported. Pre-post outcome study.	53% found single-session sufficient. 56% rated problem improved, 22% a little better. 81% rated helpfulness of session as 7.5/10 or higher.	Small sample size ($n = 36$). No control group. Outcome measurement not standardized.
Campbell (1999)	Child and Adolescent Mental Health Services, Tasmania, Australia. Sample composition not reported. Pre-post outcome study.	Significant reduction in the presenting problem; Significant increase in level of coping; Family pride identified as major factor in positive response to intervention.	Small sample size ($n = 33$). No control group. Outcome measurement not standardized.
Coverley et al. (1995)	Primary care health settings, UK. Frequently attending mothers of children with psychiatric disorders aged 7–12 years. Pre-post outcome study.	64% reported session had been markedly or extremely helpful. Mean yearly attendance for primary care decreased from 6.5 visits to 2.8 afterwards.	Small sample size ($n = 23$) Ethnic background and SES of sample were not reported. No control group.
Denner and Reeves (1997)	Community mental health centre, UK. Sample composition not reported. Pre-post outcome study.	Significant decrease in anxiety, depression and standardized measure of psychiatric disorder; 75% of clients did not require additional therapy; Most clients either fairly satisfied or very satisfied with service.	Small sample size ($n = 13$). No control group. 38% attrition rate at 6-week follow-up. Three of five outcome measurements not standardized.
Gawrysiak et al. (2009)	University of Tennessee Counselling Center, Knoxville, Tennessee, USA. 80% female university students, mean age 18 years. 73% Caucasian, 13% African American, 7% Latino, 7% Asian-American. Randomized control trial.	Significant reduction in depressive symptoms and increased environmental reward.	Exclusion criteria may have excluded more treatment resistant clients. Small sample size ($n = 31$). No follow-up data collected past 2 weeks.
Hampson et al. (1999)	Child and Adolescent Mental Health, Australia. Sample composition not reported. Post-intervention outcome study.	*1994 Evaluation:* 84% were satisfied with service; 80% reported session helpful; 71% reported problem improvement *1996 Evaluation:* 96% satisfied; 88% reported session helpful.	Small sample size ($n = 70$). No control group. No pre-intervention data collected. Outcome measurement not standardized.
Lamprecht et al. (2007)	Community hospital, UK. 53% women and 47% men presenting with self-harm for the first time, mean age 35.7 years. Post-intervention outcome study.	6% of treatment group repeated self-harm after 1 year, compared to 13% of comparison group. 78% of treatment group identified immediate post-session change.	Small sample size ($n = 32$). Ethnic background and SES of sample not reported. No control group – only comparison. No pre-intervention data collected. Outcome measurement not standardized.

Continued

Table I. (*Continued*)

Author(s)	Methodology	Key findings	Limitations
Miller (2008)	EFC, Calgary, Alberta, Canada. Sample composition not reported. Post-intervention satisfaction study.	81.9% either satisfied or very satisfied. Satisfaction highest for client presenting with sexual assault, self-esteem and child behaviour issues. Satisfaction lowest for clients presenting with anxiety and stress.	Outcome measurement not standardized. No follow-up data collected. Caution generalizing findings as data collected from clients who volunteered and may be positively biased.
Miller and Slive (2004)	EFC, Calgary, Alberta, Canada. 55.8% women and 44.2% men. 86% Caucasian, remaining 14% Asian, Japanese, Chinese or Aboriginal. Post-intervention outcome study.	67.5% improved or much improved; 44.3% found single-session sufficient; 74.4% satisfied or very satisfied with session; 50% attributed positive change to extra-therapeutic factors.	Small sample size ($n = 43$). Only 14% sample identified as non-Caucasian – despite an ethnically diverse population. No control group. No pre-intervention data collected.
Price (1994)	Child and Family Care, Australia. Sex and ethnic background of sample not reported. 32% of participants' annual income less than $20 000. Post-intervention outcome study.	*First survey:* 72% of families reported problems much better or a little better; 94% described service as very helpful or somewhat helpful; 12% felt single-session sufficient. *Second survey:* 63% reported problems much better or little better; 78% described service as very helpful or somewhat helpful; 45% felt single-session sufficient.	Families reporting violence or abuse were excluded. Small sample size for First survey ($n = 32$). No control group. No pre-intervention data collected. Outcome measurement not standardized. Possible bias due to therapist involvement with data collection.
Slive et al. (1995)	EFC, Calgary, Alberta, Canada. Sample composition not reported. Surrounding community described as ethnically diverse, low SES, large number of single-mother families. Post-intervention outcome study. Methodology not available.	>60% reported single-session sufficient. 10% of sessions repeat walk-in clients. < 1% of clients use service more than 3 times, which is considered "misuse" by agency. 89% satisfied with the service.	No control group. No pre-intervention data gathered. Outcome measurement not discussed.

Single-session sufficiency

Perkins and Scarlett (2008) found that 61% of parents seen for a single session at a children's mental health service reported that they and their children had not required further therapy 18 months later. Another longitudinal study reported that 45% of families seen once during "Open Day" at a child and family welfare organization had not returned for further assistance

Appendix E

Copy of Questionnaire on Survey Monkey

1. Was the session helpful?

0 ----------10
Not at all Yes, completely

2. How distressed were you before the drop-in session?

0 ----------10
Very distressed No Distress

3. How distressed were you after the drop-in session?

0 ----------10
Very distressed No Distress

4. Did you feel like the counsellor was listening?

0 ----------10
Not at all Yes, completely

5. Did you feel comfortable with the counsellor?

0 ----------10
Not at all Yes, completely

6. Did you feel respected?

0 ----------10
Not at all Yes, completely

7. Did the counsellor invite you to share cultural strengths?

0 ----------10
Not at all Yes, completely

8. Do you feel more hopeful?

0 ----------10
Not at all Yes, completely

Appendix E

9. Did the session offer new insights?

0 ----------10
Not at all Yes, completely

10. Would you recommend Drop-In counselling to a friend?

0 ----------10
Not at all Yes, completely

Anonymous Personal Information

Preferred Gender Pronoun: They/Them She/Her He/Him Other

Ethnicity/Race: _____

Nationality:_____

Age:_____

Reason for Drop-In Counselling:_____

Email: _____

Phone: _____

Appendix F

Foundry Youth Experience of Drop-Counselling Brief

By Tyler Lampard
March 7, 2022

Thank you, Campbell River Foundry for hosting the Youth Experiences of Drop-In Counselling Project!

Appreciating that you are all busy I crafted the graph below to highlight the questionnaire findings.

The questionnaire also captured demographics, but with the sample size being small, two lovely folks I decided to withhold demographics to ensure anonymity.

Two areas of the questionnaire of note are, 1) the pre-sessions and post-session, which was dropped as results were conflictual, and 2) the question on whether cultural strengths were invited into the session was reported positively (100%) by an individual identifying as a POC and exceptionally low (7%) by an individual who identified as Caucasian.

If you have questions or comments, please feel free to contact me at 250-580-0620.