

## ***1969-2009: Forty Years of Leadership and Innovation by Gary Schoener, Executive Director***

The idea of Walk-In Counseling Center was suggested during a meeting of the Minnesota Chapter of Psychologists for Social Action during winter 1969. There was a need for a free clinic that could use volunteer psychologists to provide counseling services to those in the community who could not otherwise obtain them. The most visible unmet need was among young people who had drifted to the West Bank of the University of Minnesota in Minneapolis, which had become a haven for runaway youth and those who were alienated. Many were "hippies." At the time a free store had been created to provide clothing and other items, but there were no social services.

In May 1969 Minnesota's first "hotline," the Youth Emergency Services (YES), began service using a mix of lay volunteers and professionals who handled phone calls from young people. Soon after, The Bridge for Runaways house opened.

During this time, it was decided that free, easily accessible, face-to-face counseling services could be offered by volunteers at a site about a mile away from the West Bank. A group of pediatricians, nurses and others had opened a free medical clinic for young people in an old house at 2421 Chicago Avenue South, Minneapolis. The sponsor was the same group developing a Children's Medical Center called the Teenage Medical Service (TAMS).

Psychologist Marian Hall, who had been involved with Children's, suggested that many of the young people who were coming into TAMS needed counseling and that TAMS did not have any psychologists. An arrangement was made for Walk-In volunteers to provide free counseling in the evening at TAMS. It was not long before both TAMS and Walk-In became busy enough that TAMS decided to move next door to 2425 Chicago Avenue South.

Walk-In now had exclusive use of the house. The rent was, for a time, paid by TAMS, and a steering committee coordinated Walk-In. There were no paid staff, and the phone costs were paid with money given to TAMS. By late 1970 it was clear that both Walk-In and TAMS were needed and that funding was important. A grant was written to the Governor's Crime Commission for funds from the Law Enforcement Assistance Administration (LEAA). The LEAA supported improvements in law enforcement and also provided funds for newly evolving "alternative agencies" attempting to serve alienated young people. Drop-in centers, hotlines, free medical clinics, drug treatment programs and other services were springing up throughout the United States.

This was an era when Minnesota business and foundation leadership began looking at what could be done for alienated young people. An organization called The Enablers was founded to help channel foundation grants to the growing number of "alternative agencies." Ken Beitler, who had founded Youth Emergency Service (YES), became its first staff member and helped provide small amounts of money for phone bills, rent and other expenses. Other costs were covered by the University of Minnesota Hospitals and the Minneapolis Clinic of Psychiatry and Neurology and volunteers through their own gifts.

On another front, community mental health, begun in the 1960s, had exploded nationally. The federal government was funding the creation and expansion of community mental health centers around the country. There was the creation of suicide prevention lines and, eventually, crisis centers. The Hennepin County Medical Center started a suicide prevention line under the leadership of psychologist Zigfrids Stelmachers in the late 1960s and in 1971 opened a Crisis Intervention Center as an emergency room bypass.

It was also a time when - both states and the federal government – were developing and expanding outpatient services with a goal to closing down state hospitals for the mentally ill. Rapid progress was also being made in the development of psychotropic medications that helped reduce the need for hospitalization.

Finally, there was an emphasis on involving the community in providing mental health services - in both the planning and in the actual service delivery. Consultation, education and training (CET) were a key component of the model and there was an emphasis on training native "helpers" such as bartenders, hairdressers, clergy and others. Hennepin County divided itself up into seven planning areas, each having a planning group to decide which services were needed by the residents of their neighborhoods. Public-private partnership, long a Minnesota ideal, was evident in the development of a community mental health program by the Metropolitan Medical Center and Neighborhood Counseling Center by Abbott Northwestern Hospital.

### **The Early Counseling Program**

When Walk-In was counseling TAMS clients, the clinic was staffed by graduate students in psychology, university psychologists and many others from the community. Volunteers were required to have some training, but a wide range of people volunteered. There was no team structure and supervision varied considerably. There was no attempt to apply any time limits to counseling.

One of the great challenges initially was to learn how to serve alienated young people. Volunteers needed to learn how to interview about drug use and abuse - something not taught in graduate school and a new field of work for most. In addition, many of these kids were sexually active and there were issues around birth control and pregnancy. Memos were generated and circulated about the handling of these issues and volunteers were required to attend a training session on the assessment of drug problems.

In the early days smoking marijuana and taking hallucinogens were the major issues. The impact of "bad trips" and the handling of "flashbacks" were common problems. Later the use of amphetamines, barbiturates, and eventually opiates became more prevalent. Walk-In volunteers learned more about these situations than colleagues who had never worked with alienated young people.

An early challenge was the illegality of counseling minors without parental consent. The Minnesota Legislature eventually enacted statutes enabling minors to consent to treatment in certain circumstances. There was still considerable legal risk in assisting runaways, but fortunately the police and the city attorney believed that such help was important and allowed Walk-In and other agencies to function. There were some challenging situations, however, such as the night YES burned down in a fire and some runaways being harbored there showed up at Walk-In, followed soon afterward by the police. Cool heads prevailed and the situation was resolved at the local precinct.

### **Consultation and Training**

From the beginning, Walk-In was an organization through which professionals could volunteer psychological services to the community. At the first Psychologists for Social Action meeting, examples were given of organizations that might need help in program development, staff training, consultation on difficult cases or even help in doing evaluation research. Having psychologists available to give information to the news media and to give talks to the public was also an early goal.

Psychologists Sam Scher, Bob Neal, John Brantner and psychology graduate student Gary Schoener were among those who gave talks in the community. Some volunteered at YES or in other programs and offered to help with training.

As new programs evolved, Walk-In volunteers began consulting with paraprofessionals who found themselves faced with difficult cases. Some of this evolved into Walk-In volunteers doing training in the handling of suicide, panic attacks, anxiety and depression.

It was not long before Walk-In began to work with new programs to develop policies and train staff. In the case of a new drug abuse treatment program, Pharm House, Walk-In created a training program for volunteers about how to run support groups. Walk-In volunteers co-led some groups, and also helped process staff conflict as it arose. Walk-In was also the place where volunteers at these services would come for help when they needed therapy.

In the early 1970s Walk-In staff began encouraging drug abuse treatment programs to work more collaboratively with each other, founding the Metropolitan Drug Assembly. In the same time period Walk-In staff was actively involved in the National Free Clinic Council's efforts to organize drug abuse treatment programs nationally and to obtain federal funds. This resulted in the development of the Metro Area Free Clinic Consortium, which over the years has involved into the Community Health Care Coalition.

### **Getting Organized**

Although incorporation was discussed as early as 1969, for a variety of reasons Walk-In didn't actually complete its incorporation until 1971. It was incorporated as a nonprofit tax exempt organization under section 501c(3) of the IRS Code. Its original incorporators were psychologists Marian Hall, Bob Neal and Sam Scher. It had been run by a steering committee, which then became the board of directors.

As was noted earlier, together with TAMS a grant request was submitted to the Governor's Crime Commission in 1970 asking for funding for research services to alienated young people. The clientele was presented as delinquent or pre-delinquent. Funding was granted that spring and Walk-In hired its first staff: Nancy Pepinsky (now Nancy Rains) as project director, Mickey Maley as coordinator, and Gary Schoener as half-time community coordinator. A management committee took over the coordinating and oversight functions as required by the grant, and the grant itself was administered through Minneapolis Children's which now had a structure (although the hospital had not yet been built). Pediatricians Betty Jerome and Arnold Anderson, some of the key people in the founding of TAMS, were actively involved.

Posters were developed, outreach was undertaken and the clinic was organized. Research about attitudes towards sex and birth control was done in conjunction with TAMS, and for the first time systematic data was collected on Walk-In clients. Walk-In staff began to contact free clinics elsewhere in the country and share ideas. Based on contact with the Los Angeles Free Clinic's counseling program, the concept of team supervision was developed and implemented at Walk-In. The supervisory role was further defined and became that of a team leader.

The grant was for two years, July 1971 through June 1973. David McCaffrey replaced Mickey Maley for the second year, and, in 1972, planning began for the search for ongoing funding. The United Way was not at that time funding any "alternative agencies" and it indicated that the application process would take two years. It was not encouraging. Foundation funding was sought without success. In July 1972 Gary Schoener went from half-time to full-time.

The Mental Health, Mental Retardation and Inebriety Program of Hennepin County indicated some interest in contracting with Walk-In for counseling and consultation, education and training services. There had been pressure for the county to offer more community services, and purchasing them from Walk-In would be far less expensive than providing them directly. Furthermore, Walk-In was located in a community setting and had a good reputation. Although the state's fiscal year was June-July, the county was on a calendar year.

Both Nancy Pepinski and David McCaffrey announced their intentions to leave Walk-In for other positions, and the county granted Walk-In a half-year grant. While it would begin retroactive to July 1, the money would not be received until later in the summer. Gary Schoener became executive director and kept the program going until new staff could be hired. Social worker Jeanette Milgrom was hired as coordinator of consultation and training, and psychologist Irving Benoist was named clinic director. The clinic director position was upgraded from paraprofessional to professional. Bonnie Schmidt was hired as office coordinator. All three staff members began in September 1973.

The clinic director position was changed several times, from full-time to half-time and back to 3/4 time. Its coordinating duties were combined with officer manager duties to create the position of clinic and administrative coordinator. Martha Hughes, who had been hired in November 1974 as office coordinator, assumed the new position in 1976. She holds this position today. Irving Benoist left and was replaced sequentially by psychologists John Gonsiorek, Robert Wiley, Ray Conroe and Jim Ayers who is the current clinic director. It has not been a full-time position for twenty years, largely because it is deemed advantageous for the clinic director to remain clinically active outside Walk-In.

### **The Counseling Program Evolves**

By the mid-1970s several changes had occurred in the Walk-In counseling program. First, after observing the team supervision model in use at the Los Angeles Free Clinic, Gary Schoener suggested that Walk-In adopt a similar model. This involved a supervision/consultation session following each clinic session. Second, the demand for Walk-In services during the day led to experimentation with daytime hours in 1976. Eventually, a low client load on Friday evenings caused Walk-In to limit its evening sessions to Monday through Thursday.

Daytime hours represented a new challenge – finding volunteers who were free during the afternoons was not easy. This and the growth of Walk-In's consultation and training services caused Walk-In to develop an internship program. By the late 1970s half-time psychology interns and social work field placement students joined Walk-In. Since social work field placements typically required only 16 hours per week, social work students were asked to put in longer hours. However, psychology internships are typically full time, so Walk-In interns needed either to have another internship site simultaneously or be in a program that enables them to stretch the internship out over two years.

Starting in the early 1970s, Walk-In's clientele had gradually shifted away from adolescents. Over time adolescents came to make up only a small percentage of Walk-In's clients. Walk-In developed an operational definition of "alienated" to include those who would not have gone elsewhere for service or those who might have, but weren't sure where they would go.

Although in the early years referrals from TAMS and YES made up as much as 40 percent of the referrals, by the late 1970s Walk-In was receiving referrals from a myriad of sources.

### **Recognition**

In 1972 the Nixon Administration became interested in studying free clinics, hotlines and walk-in centers since the concept had obviously had success in reaching alienated young people. The Office of Youth and Student Affairs of the Department of Health, Education and Welfare (HEW) selected four people to consult with the HEW Secretary Elliott Richardson about what had been learned. Two of the four were from Minnesota: Gary Schoener from Walk-In and Ken Beitler, the founder of YES.

The United States Senate was also studying the problem of alienated young people through the Subcommittee on Children and Youth of the Committee on Labor, chaired by Birch Bayh. Senator Walter Mondale of Minnesota headed the subcommittee and it held hearings in Minnesota during 1972. Walk-In submitted a paper on Walk-In Counseling Services, which became part of the subcommittee report. Ken Beitler, Sister Marlene Barghini, who founded the Bridge for Runaways, and many other Minnesotans, played key roles in the hearings.

The federal government was also interested in finding better solutions for the youth drug problem. Gary Schoener provided input to the Special Action Office for Drug Abuse Prevention in the White House. He was also a consultant to the Drug Abuse Section of the U.S. Office of Education headed by Dr. Helen Nowlis.

In 1974 Walk-In received an award from the Center for Voluntary Action as a top volunteer program. In 1975 it was chosen as one of two counseling centers to be seen as a national model in a study done by the Joint Information Service (JIS) of the American Psychiatric Association and the National Association for Mental Health. In addition, Walk-In Executive Director Gary Schoener was chosen to participate in a "think tank" in Washington, D.C. concerning the evolution of "alternative services." All of this was memorialized in **The Alternative Services: Their Role in Mental Health** (Glasscote et. al., 1975), which features a chapter on Walk-In.

In 1977, with the support of the Minnesota Psychiatric Society, Walk-In was nominated for and received the 1977 Gold Achievement Award in Hospital and Community Psychiatry from the American Psychiatric Association. No program in Minnesota had been so honored. Walk-In was described in an article in the journal **Hospital and Community Psychiatry** and Gary Schoener traveled to San Francisco to accept the award on behalf of Walk-In.

During the 1970s and in the years that followed, Walk-In has received many visitors from around the United States and abroad, and has also provided assistance to many around the world who are trying to start walk-in centers. Walk-In staff has received local, state and national awards and recognition for professional accomplishments and contributions.

## **Emerging Community Issues**

In the early 1970s Walk-In was involved in the development of a large number of emerging youth service agencies, providing support and consultation. Some, like YES and the Bridge for Runaway Youth, grew and developed. YES, Walk-In and the Bridge for Runaways celebrated their 15<sup>th</sup> anniversaries together in 1984. Since that time YES has merged with Contact Twin Cities and became Crisis Connection.

Other youth serving agencies such as Storefront and Edina Youth Action, merged and became Storefront/Youth Action. Some early crisis services like the hotline Pooneil Corner did not make it. Nor did a number of "drop-in centers" such as Anomie, sponsored by the YMCA, or Give and Take in St. Louis Park. Once the Minneapolis Children's Health Center was built in the early 1970s TAMS became an outpatient department, although still with some very distinctive features, including operating out of the house next door to Walk-In.

At the same time a number of drug treatment programs were evolving. There was an early methadone maintenance program at Mt. Sinai Hospital, close to Walk-In, which was part of an outpatient program called The Castle. Pharm House developed on the West Bank and eventually opened a residential program in South Minneapolis. After some years the outpatient program closed and only a residential program, Omegon, survived. Eden House, a more confrontive program aimed at hard core addicts, opened and helped give birth to other programs. Walk-In assisted in training staff, providing consultation, helping with staff conflict resolution and organizing the Metropolitan Drug Assembly that attempted to mold the programs into a system. Walk-In still provides consultation and training to these programs.

Walk-In was also an integral part of planning efforts by the Metropolitan Health Board of the Metropolitan Council, with Gary Schoener serving on the Mental Health, Mental Retardation and Inebriety Committee (MHMRI). Walk-In was also involved in the early planning efforts by Hennepin County that had an MHMRI division. The county was examining models of community mental health service provision, and Walk-In staff accompanied county staff to visit other models. In the late 1970s Walk-In was involved in a study termed "Post Crisis Care" by a committee of the Community Health and Welfare Council of the United Way. This planning unit no longer exists, but during the 1970s it played a key role in fostering community change. The report of this committee had a dramatic effect, partly because it was released at the same time as a consumer lawsuit (Vickerman et. al. vs. Hennepin Co., State of Minnesota, etc.). This lawsuit, which alleged a failure on the part of the county and state to provide alternatives to state hospital care, was settled through a consent decree after which Hennepin County overhauled its commitment process and expanded its mental health system.

## **The Community Faces Sexuality Issues**

While sexual issues of young people were important in the creation of TAMS, and while Walk-In was involved in addressing them, this was NOT to be the major issue of the 1970s. At the beginning of the 1970s homosexuality was considered a mental disorder by the American Psychiatric Association in its Diagnostic and Statistical Manual and homosexual sexual acts were against the law. The Twin Cities had a fairly large gay and lesbian community and several struggling drop-in and referral programs - Gay House and the Lesbian Resource Center - provided some services. There was also a gay Alcoholics Anonymous group, the Maverick AA group, which for a time met at Walk-In.

Some political activism was in evidence. Jack Baker, an openly gay attorney, ran for public office and was married to Mike McConnell. Jack eventually became a member of the United Way Board. There was an effort to expand the Minneapolis Civil Rights Ordinance to include protection for gays and Walk-In helped craft the language, which was unique and became a national model.

Walk-In had been seeing gays and lesbians who were depressed after relationships had broken up or who had other problems but were afraid to go to traditional providers. A trial program of relationship counseling was set up, but Walk-In's major contribution was providing training and consultation to seven counselors who were providing services through Gay House. One, Jim Frost, developed a program as part of his undergraduate studies. Eventually space was donated by Abbott Northwestern Hospital. Walk-In arranged to provide clinical supervision, assisting in obtaining tax exempt status (the first of its type in the country, and helped it arrange with Minneapolis Family and Children's Service to provide supervision.

Over time Gay Community Services was created, which took its name from a National Institute of Mental Health (NIMH) funded project headed by John Preston (later to become an editor and well-known novelist) and published the "Gay People and Mental Health Newsletter." The program grew, developed a social work field placement (also a first) and became a major service provider. Unfortunately, in the mid-1980s it became insolvent and went out of business. During this time, Minneapolis Family and Children's Service and the Community-University Health Care Center developed services for gays and lesbians. There were also a growing number of private practitioners providing service. By the end of the 1970s homosexuality was no longer considered a mental disorder).

### **Domestic Violence**

Jeanette Milgrom joined the Walk-In staff in September 1973 as consultation coordinator. She brought training and experience in a wide range of areas of service provision. She had worked in Maxwell Jones' original therapeutic community in London and in a settlement house. She had worked in other parts of community mental health and also in corrections. She had even been assistant warden of Shakopee Women's Correctional Facility. She had held most jobs only long enough to develop or fix a program. She was to stay at Walk-In for more than 23 years, retiring in December 1996 after nearly a quarter of a century of innovation.

One of her first targets was domestic violence, which at that time was just becoming known under the title of "battered women." She had provided some consultation to the first local program - Women's Advocates - which was coordinated by Sharon Vaughn in St. Paul. With the help of that program, she developed an evening workshop on "Battered Women." This attracted a reasonable crowd and it was ended with planning for a community response.

From this workshop and Jeanette's collaboration with Sharon Vaughan grew the Consortium on Battered Women. Walk-In provided staffing and support for several years as the consortium grew and expanded. By the end of the 1970s there was a state program office and seven programs in the metropolitan area - probably the largest response per capita anywhere in the world. This effort continues today with programs growing and expanding. A Domestic Abuse Program, aimed at treating violent men and couples, was founded by former Walk-In intern Philip Oxman, a psychologist, and Mary Pat Brygger, a social worker from Minneapolis Family and Children's Service who had been involved in the consortium.

While Walk-In still sees some domestic violence cases in the clinic, and also from time to time does some training or consultation, it has not been involved in the coordination of these efforts for many years. But this was by design. Walk-In helps launch initiatives then moves on when others assume the effort. The staffing of the consortium would have ended earlier if someone had been willing to do it.

### **Sexual Violence**

While rape and other types of sexual violence were certainly more visible than domestic violence, in the early 1970s many blamed women victims for rape. There was considerable confusion about sexual violence, and the focus of public discussion was often on the sex, rather than the violence. A fledgling Rape Counseling Center had begun, coordinated by Deborah Anderson, and Walk-In helped with staff training. But it was clear that a broader community response was needed.

Jeanette decided, after talking with many of the players, the best approach would be a full day workshop. This workshop would explore the issues of the victim, of emergency rooms, of the police and of prosecutors. Two rape victims would present their stories - something that had not been done before. In addition, Walk-In arranged the seating so rape victims sat next to police who sat next to social workers and nurses.

The program went very well, and the hoped-for interaction occurred. Bridges seemed to be built couldn't have been done through shuttle diplomacy among the various players. But it remained to be seen whether the distrust and previously large gulfs would be fixed. Walk-In waited and watched and after two months did a follow-up study.

The results were very gratifying. A number of participants had invited other participants to do agency in-services. The Hennepin County attorney developed an advocacy group in his office to assist rape victims and hired one of the victims, Deborah Anderson, to head it up. (She later went on to do consulting and to work with the Illusion Theater in developing programs about sexual violence.) Twin Cities hospitals with emergency rooms all improved procedures that were victim-friendly and also helpful to the police. Within several years rates of prosecution and conviction skyrocketed.

In 1976 the problem of child sexual abuse was still relatively new. The reporting of child abuse dated only from 1972 and the concern with children had been more about neglect than abuse. Incest was a taboo topic. Walk-In decided to sponsor a workshop on child sexual abuse and incest during fall 1976, and while it was reasonably well attended and fostered some good discussion, it was not followed by program innovation or community response. Many felt that the time was not yet right, although at a later date, in the 1980s, there was broad community discussion. Unfortunately, the success of the two previous workshops was not matched, although Walk-In's early effort helped begin the process of examination of these issues in the broader community.

### **Sexual Misconduct by Professionals**

Walk-In had always seen clients who had complaints about therapy or counseling received elsewhere. On a few occasions the complaints involved sexual misconduct by professionals. In 1974 a person approached Walk-In about assisting a woman who had been sexually exploited by a prominent psychiatrist about whom Walk-In had heard other complaints. Walk-In assisted this client in filing a complaint with the board that licensed physicians -- the Board of Medical Examiners. Until that time there had been few prosecutions of therapists by boards.

In this case prominent citizens and nationally-known professionals such as Dr. Virginia Satir came forward to defend the psychiatrist in question and he ended up with a minor penalty which he appealed. During the appeal process, the media followed the story and the appellate court judge made it clear that a significant penalty would have been justified. Walk-In developed a reputation for assisting people bring complaints. In 1976 Jeanette Milgrom and Walk-In volunteer Donna Witthaus ran what is believed to be the first support group in history for victims of therapist abuse.

To recapture the time period, it is useful to remember that one social worker, upon receiving the notice of the group, believed that there was no group but that this was a "clever way to send a message to the professional community." He could not believe that we had enough women for a group. After the success of that first group, a second one followed, and then Walk-In decided to find another agency to continue this work.

Walk-In approached Minneapolis Family and Children's service and met with Ellen Luepker, the social worker who coordinated its groups. Intrigued, she decided to co-lead the first group with another worker, Carol Retsch-Bogard. This group was successful and many more followed. Eventually Ellen left the agency and went into private practice, but continued the groups with co-leaders who were Walk-In interns. Jeanette served as a consultant, giving a key learning experience for psychology and social work interns while providing an important community service. The history of these groups is recounted in our book **Psychotherapists' Sexual Involvement With Clients: Intervention and Prevention**.

In the years that followed, Ellen and Jeanette taught our group model to many others, and Ellen developed it further still. Unlike most approaches to victim groups, this one is short-term: 10 to 12 sessions. Ellen has recently completed a large-scale follow-up study of women who had been treated in her groups.

By 1979 Walk-In staff had also developed a **Checklist of Administrative Safeguards to Limit the Risk of Sexual Misconduct** and had also pioneered the Processing Session - a meeting between the complainant and the alleged offender. These are all discussed in Walk-In's book.

Then, in the early 1980s, Walk-In was asked to undertake assessments of professionals who had engaged in sexual contact with clients and determine if rehabilitation was possible. This work is still a key service offered by Walk-In, and the Gonsiorek/Schoener model is widely used.

### **Minnesota Responds**

Political activist Peggy Spector authored a paper in 1984 that attempted to translate Walk-In's experience with sexual misconduct by professionals into public policy options. She then successfully lobbied for the creation of a legislative Task Force on Sexual Exploitation by Counselors and Psychotherapists. By the spring of 1985 the task force had issued a legislative report recommending the criminalization of therapist-client sex, and a bill was created and passed. Thus Minnesota followed Wisconsin and became the second state to create a criminal law. Minnesota was the first state to create a felony statute and the first to include clergy. (Within two years Wisconsin followed suit.)

In 1986 a civil statute was passed in Minnesota that, among other things, required employers to do background checks including specific questions about sexual misconduct. An employer who failed to provide such information when it was requested might be liable for future damages. This statute was based on Walk-In's experience that repeat offenders were often able to go from job to job with silence agreements (done in exchange for a resignation) covering past misdeeds. The legislators were shocked by this information and asked how this practice could be stopped. Walk-In staff indicated the employer of an offending practitioner needed to be more concerned about harm to future clients or parishioners than about the practitioner suing the former employer for revealing the history. Case law (e.g. **Moses [Tenantry] v. Diocese of Colorado 863 P.2d 310 [Colorado 1993]**) eventually caused insurance companies to demand that these things no longer be hidden.

Eventually the work of the Task Force on Sexual Exploitation by Counselors and Psychotherapists was published by the State of Minnesota in a book entitled **It's Never O.K.** edited by Barbara Sanderson. A national conference of the same title was held in 1988, attracting more than 250 people from 35 states to Minneapolis for an in-depth review of the problem of sexual misconduct by professionals. Walk-In co-sponsored the conference, had extensive involvement in the task force and authored sections of the report. Walk-In staff also participated in state-wide training efforts, sponsored by the Department of Corrections, aimed at educating professionals, law enforcement and advocates about how to assist victims.

The Minnesota laws and approach to this problem have been used as a model internationally.

### **Professional Boundaries**

Early in the work on professional sexual misconduct, Walk-In staff began to view the problem in the context of a larger issue - professional boundaries. In the 1980's Jeanette Milgrom developed a model for a two-hour agency in-service on professional boundaries. A great many of these were done and the model evolved, and eventually was described in a manual authored by Jeanette and published by Walk-In in 1992: **Boundaries in Professional Relationships: A Training Guide.** (See information on the web site about ordering this publication.) The manual has been used around the world and has influenced many who train in this area. Walk-In still offers these two hour in-services to a wide range of agencies and programs, although the model has evolved still further.

Walk-In also began offering half-day and full-day training programs, often sponsored by other organizations, on "Professional Boundaries and Risk Management." (An example can be found on this web site.) These utilized the exercises developed by Jeanette, and also other exercises, videotaped vignettes, etc.

These often include a discussion of privacy, confidentiality, mandatory reporting, and other ethical and legal duties. Examples of handouts can be found on this web site.

### **Training Supervisors**

The Walk-In supervision model involves the supervisor serving as a team leader and facilitating team discussion of all client visits. The supervisor has the last word only in situations deemed to be life threatening, and the supervisor's own work is processed with the team.

Although the fields of psychology and social work - from which Walk-In draws its volunteers - rely heavily on supervised experience as a method of training and credentialing, historically there has been little or no direct training for supervision skills.

In the early 1980s Walk-In decided to offer supervision training that could also bring experienced clinicians into the role of supervisor. Clinic Director Bob Wiley, Ph.D., developed a supervision training program involving didactic training, discussion groups and an apprenticeship as an assistant supervisor. The program lasted nine months, and those who completed it received a certificate.

The program has been continued under successive clinic directors although it is not run every year. In recent years Walk-In Clinic Director Jim Ayers has conducted workshops on supervision in the broader community, and Walk-In has developed half-day and full-day training seminars on supervision issues. In 1998 Walk-In provided a full day of training on supervision for the trainees and supervisors in local American Psychological Association (APA) approved internship programs.



### **Short-Term Therapy**

Walk-In has always provided brief, short-term therapy. The basic model involved removing entry barriers so people would come for help earlier. This would make shorter term interventions effective. By removing the complicated intake process, the focus has always been to begin counseling during the first session.

When Walk-In was founded in the late 1960s, short-term therapy was a new concept. In fact, crisis intervention was, to some degree, a relatively new idea. There were those who argued that brief therapies short-changed the client, and that only longer-term therapy represented a reasonable approach to therapy. Walk-In staff periodically provided workshops or in-service training in short-term therapy to a variety of groups and programs.

Walk-In staff lectured in various professional training programs on the topic of short-term therapy and in the early 1980s began teaching a course in crisis and short-term therapy as part of the Clinical Psychology Training Program at the University of Minnesota. This involved didactic sessions and supervised experience on Walk-In counseling teams.

Ray Conroe, Ph.D., further developed this course, and after his departure from the Walk-In staff, he generously continued to help with the teaching as a volunteer. Psychologist Gary Fishler, Ph.D., also helped teach this course for a number of years, and it has been continued under current Clinic Director Jim Ayers, Ph.D. The University of Minnesota began paying Walk-In to teach this core course in the mid-1990s. The course is helpful to those in training and also at times provides a way of bringing new counselors to Walk-In.

### **Internships and Practicums**

As was noted earlier, to help staff daytime hours, and to extend Walk-In's consultation and training work, Walk-In began half-time psychology internships and social work field placement in the late 1970s. Typically there is one intern from each field, and they are at Walk-In for at least nine months on a half-time basis. Some work over the summer. The training involves principally short-term therapy, but also includes some longer-term work. In addition, interns develop skills and experience in consultation and training.

Starting in the late 1980s Walk-In began offering practicums to select students. In many instances these were graduate students who had previously volunteered at Walk-In. These typically involved service on weekly counseling teams and then working with some clients on a referral basis. The focus was short-term therapy.

A current reality in our community and elsewhere is that internship positions and social work fieldwork positions are fewer, and there are some graduate students who cannot find training placements.

### **The 1990s**

Walk-In turned 25 in 1994 and a major reunion and celebration was held. By this time thousands of mental health professionals and others had volunteered their time over the years. Still others had served on the Walk-In Board of Directors.

Beginning in the 1980s, Hennepin County's Mental Health Division was no longer providing contracted agencies with yearly increases to match inflation. Walk-In and other mental health programs had to find more outside funding, and Walk-In did this by selling consultation and training services, selling its book and manual as well as approaching volunteers for donations.

In Hennepin County and the State of Minnesota, the role of government in providing mental health services was changing dramatically. Private health plans were covering Medicaid services and the notion of government as a provider of community mental health services was being challenged. It had become clear that community mental health as it had been known for the past 30 years was going to decline.

Over the years volunteers have been very generous with both their time and their donations. Walk-In has also been able to sell more and more consultation and training services. In 1996 and 1997 Walk-In and other community programs suffered budget cuts. Walk-In was able to keep operating by reducing one staff position from full-time to 80 percent and then 50 percent time. In addition, Walk-In had to stop paying interns. Finally, Walk-In raised more outside income. There were no additional cuts in 1998 and the funding was, at least for a time, stable. However, Walk-In had to redo its strategic plan and develop an aggressive plan to generate more income.

### **The Millennium and Beyond**

Walk-In remains firmly committed to the concept with which it began its work 40 years ago - that mental health services should be readily available to everyone, and they should be accessible so that people can come for help before problems escalate. Second, it is committed to the idea that professionals can play a key role in helping others provide services more effectively.

For Walk-In to be able to continue its services it will need to find more funding from non-public sources. Most of this will have to involve donor contributions and the sale of services.

Walk-In purchased its home in the late 1970s and has periodically undertaken building renovations. The neighborhood around Walk-In has undergone tremendous change. Abbott-Northwestern Hospital, Children's Hospital and the Phillips Eye Institute have grown and expanded. In addition, the headquarters of the Allina Health System is now only five blocks from Walk-In at the intersection of Chicago Avenue and Lake Street. Chicago Crossings, a large condo development, now sits next to Walk-In on its north side. In fact, Walk-In is now in a zone the state has classified as a "medical corridor."

Another important change is the rapidly expanding diversity of Minneapolis. Refugees from Europe, Africa and Asia are arriving and many are choosing to live in the neighborhood around Walk-In. This has brought great challenges for the service system to be able to respond and provide assistance where it is needed. Walk-In has also developed a working relationship with the Center for Victims of Torture to help with their ever-increasing caseload of refugees who have been tortured in their homelands.