RESEARCH REV

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Of Online

I f brevity is the soul of wit, its equivalent in terms of efficiency and speed of progress is sometimes cited as one of the potential advantages of working online. Some proponents of online work take this to the extent of examining single-session interventions, including those where services are provided without the requirement that a formal appointment be made.

I will leave aside here questions of the degree to which this should fall under the title of 'therapy', sometimes defined as a formally contracted process; some would prefer to think of single-session work as a kind of guidance, support or emergency intervention but distance provision, whether online or by telephone, has long offered a means of contact, regardless of the title, to people seeking a short, readily accessed means of obtaining help.

The authors of a recent study (to be published by the British Journal of Guidance and Counselling in early 2015), suggest that services that provide one-off contacts have

seen rapid growth in the online environment. They found, however, that although there are studies that suggest that the quality of therapeutic alliance that can be achieved - even in these extremely short encounters - can be equivalent to other settings (e.g. Sucala, 2012) and that they can lead to demonstrable, positive improvements in well-being and distress (e.g. Dowling & Rickwood, 2013), only a small amount of research has been carried out on what actually happens in these single-session contacts (Rodda et al, in press).

The authors set out to explore the processes involved in single-session online support work by analysing a sample of 85 one-off text-chat based sessions provided by a total of 25 counsellors at a national service that specialises in addressing gambling problems in Australia (Rodda & Lubman, 2012). Gratifyingly, they did so with a deliberate emphasis on the clients' points of view which was prioritised over those of the practitioners.

Only around half of the sessions were, in fact, relating to an immediate crisis of some

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One Session
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sort, countering the received opinion that emergency help is where single-session work is most commonly focused. Sessions tended to be structured around the client 'telling their story' while rather less emphasis appeared to be spent looking at ways of creating change. The authors suggest that traditional models of counselling process like Egan's 'Skilled Helper' model (Egan, 2009) may, therefore, benefit from being adapted to better represent what takes place in online provision of this specific type.

In a separate study to be published in the same journal, Nieuwboer, Fukkink and Hermanns (in press) looked at the effects of single-session support, in this case directed towards the empowerment of parents, by comparing the outcomes achieved by trained and untrained providers. They report that while training in parental empowerment techniques did not make a significant difference to the outcomes achieved, parents who contacted the service and could be included in the study showed a significant increase in self-confidence.

A third paper in this series, which form part of a special Symposium edition on online practice edited by myself and Dr Tristram Hooley, looked at the impact of emotional first aid delivered over the Internet (Gilat, in press). In this study, a follow-up questionnaire was sent out as a means of following up spontaneous email contacts with trained voluntary practitioners who were responding to people in distress under the aegis of the Israeli Association for Emotional First Aid. The study reported that email contact was chosen as a means of help-seeking primarily because of its accessibility and, furthermore, because those clients who had chosen to use the service had a distinct preference for written communication. This could be seen as supporting the position of many online practitioners that work via text based communications has specific advantages not available in face to face encounters. Most clients, especially women, reported that they found the responses helpful. Help was most often perceived as lying in the ability of the service to assist clients to restructure their

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cognitive appraisal of the situation that had brought them to the service in the first place and, perhaps surprisingly for counsellors and therapists trained not to offer direct guidance to their clients, through practical ways of coping. Email was seen by the authors of the study as offering unique opportunities and mechanisms for providing emotional support that apply just as much in ad hoc, un-contracted support service provision as they do in longer term psychotherapeutic or counselling work that might stretch over many sessions. ■

The Special Symposium on Online Practice, edited by Stephen Goss and Tristram Hooley, will be available from January 2015. Some papers already available online, including Anthony, K. (2014) **"Training therapists to work effectively online and offline within digital culture"** – [click here](#)!

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Please send reports of research studies, planned, in progress or completed, to the TILT Editor at info@onlinetherapyinstitute.com

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RESEARCH CALL

NEW TECHNOLOGIES FOR THE MANAGEMENT AND REHABILITATION OF CHRONIC DISEASES AND CONDITIONS

Clinically and cost effective management of chronic diseases and conditions (such as cardiovascular pathologies, diabetes, obesity, chronic obstructive pulmonary disease (COPD), chronic pain, traumatic brain injuries, etc.), more common in elderly persons, typically requires long-term monitoring and treatment protocols in out-patient settings. New technologies can help clinicians and motivate patients in maintaining significant lifestyle behavior changes; improving health outcomes, quality of life and well-being; and ensuring functional patient empowerment and engagement.

We invite investigators to contribute original research articles, clinical studies, and review papers that will stimulate the continuing efforts to understand and discover the potential role of new technologies in chronic care management. Potential topics include, but are not limited to:

- Telemedicine and eHealth applications
- Biomedical sensors and devices, integrated platforms, and disappearing technologies for remote monitoring and management
- Web and Internet based clinical protocols in psychology and medicine
- mHealth (mobile Health) solutions and applications

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