4th Edition

THE SAGE HANDBOOK OF COUNSELLING AND PSYCHOTHERAPY

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THERAPEUTIC SPECIALISMS: TECHNOLOGY AND THERAPY

7.23 COUNSELLING BY TELEPHONE

MAXINE ROSENFIELD

OVERVIEW AND KEY POINTS

Since the last edition of this *Handbook*, there has been a substantial increase in the use of mobile phones. Counselling by phone is sometimes considered 'old technology', yet more people use phones every day and clients are able to access counselling wherever they might be and at times to suit them. The skills required to work effectively by phone are among the highest order skills a counsellor can attain:

- Counselling effectively with a stranger with no visual cues
- Counselling with no background knowledge, except perhaps a brief referral
- Counselling skilfully, aware of and appropriately responding to nuances, silences, slight audible changes in voice tone or pitch, words used that might be at odds with information provided
- Holding a clear contract and its inherent boundaries negotiated by voice alone, though a written final version must be signed by the client before sessions commence.

BACKGROUND AND CONTEXT

Smartphones have become the hub of many people's daily lives and are now used by two-thirds (66%) of United Kingdom (UK) adults, up from 39% in 2012. A majority (90%) of 16–24 year-olds own one; but 55–64 year olds are also joining the smartphone revolution, with ownership in this age group more than doubling since 2012, from 19% to 50% (Ofcom, 2015).

As this chapter will highlight, working as a counsellor by telephone is significantly different from face-to-face and internet-based work. Also examined are the standards and ethical considerations that should be taken into account to ensure that clients receive the best possible service from their counsellors and that the counsellors develop high-quality practice.

Telephone counselling is not the same as one-off crisis interventions on a helpline; nor is it the same as an education-based programme such as one for quitting smoking or tackling gambling problems. While these programmes might teach a modified cognitive-behavioural therapy (CBT) approach, this is not considered true telephone counselling in the context of working with a range of issues requiring a deeper exploration of the client's past and present challenges. It is holding this depth of relationship that necessitates the highly specialised skill base and clear contracts that keep both parties safe (Rosenfield, 2013: 47–65).

WAYS OF WORKING

Telephone counselling has many advantages over face-to-face or visual internet counselling. The lack of the impact of any visual impressions and assumptions or prejudices that occur when client and counsellor see each other in a formal counselling room causes both parties to focus on each other's voice tones and words. The anonymity of the medium is liberating for many clients (and counsellors!). The intensity of the interaction further enhances the development of the relationship, because there is less opportunity for distractions during the session while both parties are focused on words and voice tone alone. This usually enables a deeper therapeutic relationship to be established sooner than would occur in much face-to-face work. Silences are nuanced and form an essential part of the process.

The entire process of counselling in this medium is generally accelerated so that fewer sessions are indicated for the client to gain insight, awareness, understanding and/or empowerment. In my contracts, I suggest a maximum of six sessions, with a review often at session four, as clients reach their most emotionally challenging sessions during session two and perhaps continuing into session three.

Telephone counselling is an excellent example of an integrative approach to counselling. It can utilise aspects of psychodynamic orientations, person-centred approaches, brief therapeutic interventions and other humanistic methods of working. Cognitive-behavioural techniques may be used alongside interpretative psychotherapeutic disciplines.

There is no doubt that transference and countertransference occur, triggered by language, subject matter and by voice tones, pitch and accents. Psycho-education, goal-setting and action-planning may be as much a part

of some sessions as exploring the emotional aspects of the client's situation. Much effective work by telephone can focus on helping the client to draw on their own strengths or on the client's 'self-healing potential'.

When someone contracts for telephone counselling sessions, they lose some of their anonymity and confidentiality. As with helpline work, a point of crisis may be the trigger for the person to seek counselling but, unlike talking to someone on a helpline, the client is not anonymous. The client has to agree a contract for the work and therefore provide some personal details which they might not reveal if they are calling a helpline for a one-off call. Telephone counselling is an excellent medium for challenging the inherent power relationship between counsellor and client. Both parties have to work with the unknown in ways that face-to-face counselling does not present. Further, it could be argued that the ultimate power lies with the client, who can choose to hang up at any time. Of course the counsellor who has completed a degree or equivalent is going to have the theoretical knowledge and therefore likely hold 'academic' power in the relationship, but in practice, the client and counsellor work more 'collegially' than in any other counselling mode.

ACCESSIBILITY AND FINANCIAL CONSIDERATIONS OF TELEPHONE COUNSELLING

Many people have relatively easy access to a telephone, but for a one-hour counselling session finding a place that is private, quiet and uninterrupted is more difficult. As the statistics mentioned earlier demonstrate, many people now use mobile phones for their counselling. These are as reliable in sound quality as fixed phone lines and make the mobile the choice of phone for many clients. It is good for the counsellor to discuss the likely choice of phone with the client at the assessment session so that the client can plan to be in a suitable safe space for their sessions. Headsets or earpieces attached to the phone provide good quality audio and voice quality.

The cost of calls between a private counsellor and client, whether on a landline or mobile, can impact on the consideration of both parties to enter into a therapeutic relationship, although many mobile phone plans include 'unlimited' calls. Technology has also come to the aid of this potential financial constraint. The use of voice over internet protocol (VOIP) enables people to talk at low cost over internet networks, although there may be data limitations for heavy usage. Software such as Skype enables users to make voice calls over the internet. Skype calls are free to other Skype users but calls can be made to both landlines and mobiles for a fee.

Telephone counselling makes it unnecessary for the client to travel to see a counsellor; when the client has access to a phone and a quiet room, the session can take place without the client or counsellor having to be in the same location for each session. It is therefore a very accessible medium for people who travel, for someone who has limited mobility, or who has limited time in their schedule.

Where illness can result in face-to-face sessions being cancelled, it does not always prevent telephone counselling sessions from taking place. People who are terminally ill or limited in mobility can still receive counselling. Carers who might wish to attend counselling sessions, but cannot guarantee the availability of regular respite care at a specific time for an appointment, can also benefit from telephone counselling.

The cost of any phone call is likely to be less than the cost in time and travel to visit a counsellor, making telephone work more financially accessible in many cases. Clients can choose to work by telephone with counsellors who are not geographically accessible to them. This enables people to find a specific counsellor for a specific purpose. Some counsellors and clients work together when one party is outside their own country.

From the counsellor's perspective, the telephone can be liberating, enabling them to operate from any environment that is quiet and where they are uninterrupted. It may also mean that the counsellor can work with a wider variety of clients at a greater range of times.

For telephone group work, the teleconference can bring together people from all over the country, or indeed the world, as long as each individual can be in a quiet, private place. This can lead to groups being created for people who are linked through rarer situations, specific illnesses, age or any other common theme.

CONTRACTING

Some of the issues to be considered for contracting have already been addressed, such as location and time.

A contract must be agreed at an initial assessment session which may be free of charge except, perhaps, for the cost of the phone call, and can last for up to an hour. Sometimes the core elements of the contract are agreed in a first conversation prior to a formal session. The core elements of a contract should include:

- the goals or aims of the sessions
- the length of each session, which should be fixed at no longer than an hour and no less than 30 minutes
- the likely time interval between sessions, ideally a week or two

- the number of sessions before a review – a block of six with a review during the fourth or fifth is suggested. Further blocks of four to six sessions can be agreed as desired.
- who calls whom and therefore pays if there is any cost for the call
- methods of payment – how much, when and how it will be received?
- the terms for the cancellation of a session
- what is considered a late start or no-show and what happens in these instances?
- what types of notes or other means of recording the sessions would be acceptable? If recording is to happen, both parties must give overt consent.
- what the client might do to 'leave the room' in a practical sense after the session ends, given there is no travelling which helps the session to 'end' or 'close' psychologically?
- what would constitute a breach of confidentiality and why?
- how confidentiality relates to technological issues for both parties
- what happens if the technology fails – if the phone lines drop out or, if using VOIP, the internet crashes?
- what happens if the client makes contact between sessions?

ETHICAL ISSUES

Ethical issues include the counsellor explicitly adhering to existing codes of conduct, such as those published by professional counselling associations. There is also an ethical consideration regarding payment. It is possible for a counsellor to purchase a premium rate tariff telephone line. In this case, the client calling the counsellor pays more than the cost of a regular phone call and the 'profit' could constitute all or part of the counsellor's fee. If this is the case, the counsellor must inform the client or the potential client of the likely cost per session in advance. Ethically, it is inappropriate for the counsellor to use this premium rate telephone line for the assessment session. In addition, such a tariff does not permit any discretionary rate for clients.

Mixing face-to-face sessions and telephone sessions is not acceptable for telephone counselling. This is because the mixing of the media will affect the transference issues/power relationship/dynamics of the relationship, with visual assumptions or judgements or prejudices changing the phone relationship thereafter. When a counselling relationship is being established, this could have an impact on the trust and the development of the partnership.

Confidentiality comes into both contracting and ethics. If the counsellor who operates anything other than a freephone service, calls the client, the counsellor's phone number will be itemised on the client's telephone bill, unless the counsellor applies the 'one off' block code prior to dialling or has their number permanently blocked.

SETTLING IN TO A SESSION

It is important to have some 'settling in' comments to enable the client to feel as comfortable as possible to start talking in session. The counsellor needs to take responsibility for leading this so that the client is welcomed and encouraged to talk if they want to. Often a welcome followed by a pause then a simple open question such as 'what is it that has brought you to counselling?' or 'what's been happening since last time we spoke?' is enough. For a first session, it can be useful to start with a few 'safe' comments, perhaps about the sessions, reiterating parts of the contract, and including a reminder of how long each session will last. I also make explicit any strategies for re-contacting if technology fails for any reason, taking responsibility for trying to re-contact the client. The reason I take this role is so that I have some control over this. I have scheduled an hour and can only re-try for that time period. If for some reason we were not able to get back in contact during the hour, I would call, text, email or get in touch by post later in the day to re-establish contact and suggest another time to talk.

The first few minutes of any session are crucial for establishing the bond between client and counsellor and particular attention needs to be paid to the sounds, the tone and pitch of voice, the way the client presents. This indicates where they are, emotionally speaking, at that time and enables the counsellor to respond empathically and appropriately, following the client's agenda, which might not be overt to them.

IN PRACTICE: WORKING WITH OLIVIA

Session 1:

Me:	'Hello Olivia'.
Olivia:	'Hello I'm a bit unsure how to begin…'
Me:	'Well, just before we start talking today, I want to remind you that we have up to an hour to talk and if we get cut off for any reason, we will try to re-connect with me calling you again or texting your mobile if I cannot get through to the landline that we are using just now'.

At the end of the first session Olivia decided to try to talk to her mother about one of the big issues she thought blocked their conversations – how her mother seemed to tell Olivia's sister everything they ever discussed.

Session 2:

Starting session 2, Olivia sounded quieter than I had remembered and her voice was almost childlike. It is usual to make explicit what is heard, so after she had been talking about what had happened in the past week, I commented on her voice:

> Me: 'Olivia, as you've been talking, I've noticed that you sound quite different from how you sounded in our last session…'

I always pause after such a comment, just for a couple of seconds to see if the client wishes to respond. If not, I would ask an open question seeking to explore this further or to open up the session in any other way the client wanted. In this case, the pause provided the space for Olivia to open up.

Intense emotions can be expressed freely in a phone session and the counsellor role is to sit and attend, making non-verbal sounds which the client may not even hear, but if they do, it is reassurance that the counsellor is still there.

The importance of such subtleties cannot be underestimated.

TRAINING AND SUPERVISION

One assumption throughout this section is that the counsellor should hold at least a full Graduate Diploma or Degree in Counselling and have at least a year's experience of face-to-face counselling practice before they commence telephone work. This ensures their core skills are adequately developed to adapt to the non-visual medium.

It is not enough to assume that a good face-to-face counsellor will have, or be able to develop, the necessary skills for telephone counselling and there is a worrying trend in trained counsellors or therapists developing a telephone practice without ever receiving qualitative feedback about their voice, style and manner, which would be assessed during a telephone counselling training course.

Telephone Group Counselling requires additional skills, usually learned 'on the job'. Counsellors with previous experience of running face-to-face therapy groups should have the necessary core skills and could adapt these to the non-visual medium.

A SKILLS CHECKLIST FOR THE TRAINED COUNSELLOR/THERAPIST STARTING TELEPHONE WORK

- How do you sound?
- Is your accent pronounced or could it be off-putting to the client group you seek to attract?
- Are you able to work with silence on the phone? Be aware that a silence of a few seconds on the phone often seems like minutes and the usual counselling/therapeutic interpretations of silence and methods of responding to silence need to be adapted for successful work on the phone.
- How skilled would you be at handling distress with no visual clues?
- Are you confident at interrupting the client's flow if needs be because the session is almost over?

SUPERVISION BY TELEPHONE

This form of supervision is growing as counsellors seek out supervisors for specific reasons. The issues relating to skills transfer and voice tones are the same as for the client–counsellor relationship, and not all supervisors can or should adapt to the phone. At the very least, a supervisor might ask a fellow supervisor to do an objective assessment for voice tone, manner and style before offering themselves to work in this medium.

RESEARCH EVIDENCE

There is limited published research into telephone counselling; there is plenty about helpline work and plenty about specific CBT-based programmes, such as to help quit smoking, but these are not true phone counselling and are excluded here.

Often the research will contrast phone and internet counselling, such as King, Bambling, Reid and Thomas (2006: 175), who concluded that the phone was more beneficial: 'thought to be due to the greater communication efficiency of the phone enabling more counselling to be undertaken in the time available'.

Countertransference during telephone counselling is discussed by Christogiorgos et al. (2010). The paper considers countertransference phenomena, which may become apparent when working by phone, originating from the same factors that are experienced in a traditional psychotherapeutic framework.

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RECOMMENDED READING

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An introductory text for those counselling by telephone.

2. Rosenfield, M. (2013) *Telephone Counselling*: *A Handbook for Practitioners*. Basingstoke: Palgrave Macmillan.

A practitioner-focused text aimed at developing skills in telephone counselling.

3. King, R., Bambling, M., Reid, W. and Thomas, I. (2006) Telephone and online counselling for young people: a naturalistic comparison of session outcome, session impact and therapeutic alliance. *Counselling and Psychotherapy Research*, 6(3): 175–181.

An interesting research article comparing telephone and online counselling for young people.

7.24 ELECTRONICALLY DELIVERED TEXT THERAPIES

KATE ANTHONY

OVERVIEW AND KEY POINTS

This chapter describes the most essential elements that practitioners need to be aware of before considering an online presence. It will concentrate on the use of *text* (via email, chat, forums and mobile phone texting (Short Message Service: SMS)) for conducting an individual client–practitioner therapeutic relationship. Key points include:

- Text-based therapies have become an established part of the therapy world.
- There are specific skills, such as enhanced writing techniques, that are needed to work online with clients.
- Research in this area commonly demonstrates the effectiveness of working through text-based media.

BACKGROUND AND CONTEXT

The concept of delivering psychotherapeutic services via technology has traditionally been a controversial one. However, the body of evidence that was slowly increasing when previous editions of this *Handbook* were published is now established, and it is increasingly rare to find a mental health service that does not have an internet presence in some form – from a simple website or directory listing to a fully developed e-clinic or presence in a virtual environment.

Twenty years on from the first appearance of commercial websites that offered email and chat for therapeutic communication, many publications have provided a wealth of information and literature around the topic. Perhaps the most comprehensive of these, for further textbook reading, are Hsiung (2002), Goss and Anthony (2003), Kraus, Zack and Stricker (2004), Derrig-Palumbo and Zeine (2005), Evans (2009), Jones and Stokes (2009), Anthony and Nagel (2010) and Anthony and Goss (2009; Goss, Anthony, Stretch and Nagel, 2016), Kraus, Stricker and Speyer (2010), and see Chapter 7.25 (Anthony, Goss and Nagel – this volume).

As well as the work of international experts in the field, publishing literature and collaborating on research projects, the area of electronically delivered therapy (and in particular the ethical and legal side of it) has been addressed by mental health organizations worldwide. Professional bodies such as the British Association for Counselling and Psychotherapy (Anthony and Goss, 2009; Anthony and Jamieson, 2005; Goss, Anthony, Palmer and Jamieson, 2001; Hill and Roth, 2014), the National Board of Certified Counselors (2001), and the American Counseling Association (1999) have addressed and published guidelines for their members who wish to offer an online presence. The International Society for Mental Health Online (www.acto-org.uk) was formed in 1997 and offers suggested principles for working online; the Association for Counselling and Therapy Online (www.acto-uk.org) was formed in 2006 for UK practitioners and offers a code of ethics; and in 2008, the formation of the Online Therapy Institute (www.onlinetherapyinstitute.com) in 2008 led to the *Ethical Framework for the Use of Technology in Mental Health* (Nagel and Anthony, 2009), a framework designed to be applicable to as many areas of mental health provision as possible. Online mental health clinics are increasingly turning to developing their own ethical frameworks in light of the lack of concrete advice from professional organizations (see PlusGuidance.com, for example).

WAYS OF WORKING

TYPES OF ELECTRONICALLY DELIVERED THERAPY

USING BLOCK-TEXT EMAIL (ASYNCHRONOUS) FOR THERAPY. This is most people's perception of using email for therapeutic use: the exchanging back and forth of emails between two people within a contract, which is (usually) short term and (usually) weekly, and which utilizes encryption software for privacy and confidentiality.

USING NARRATIVE DYNAMIC EMAIL (ASYNCHRONOUS) FOR THERAPY. This type of email is where the practitioner inserts his/her responses *within* the client's email using different fonts and/or colours, and the client reciprocates in the same way, usually for a small number of exchanges before the dynamic text becomes too unwieldy and a new narrative is required. Again, it is (usually) short term and (usually) weekly, and utilizes encryption software for privacy and confidentiality.

USING CHAT ROOMS (SYNCHRONOUS) FOR THERAPY. This method involves a dialogue between client and practitioner in real time, using an encrypted internet chat room or encrypted instant messaging software. The contracted sessions are usually weekly, and often incorporate a weekly exchange of asynchronous email (this is a useful function to allow the client to expand upon actual descriptive situations that would otherwise take up valuable time within the sessions).

USING FORUMS (ASYNCHRONOUS) FOR THERAPY. More secure than any other form of electronically delivered therapy within this context, forums are held on the internet itself behind a password protected access system so that client and therapist visit a website to view and post responses to each other.

USING MOBILE PHONE TEXTING (ASYNCHRONOUS) FOR THERAPY. Mobile phone texting (SMS) is often reserved for making and cancelling face-to-face appointments, but is increasingly used as part of the therapeutic process and is useful if used with care within a boundaried relationship. It is increasingly also used for crisis intervention by organizations such as Samaritans (Goss and Ferns, 2016).

THE ESSENTIAL CONCEPTS OF ONLINE TEXTUAL THERAPY

The first aspect of working with text that may seem obvious but bears clarifying is that it is a distance method of

communication. There are obvious benefits to those who cannot access therapy, for example because of disability or geographical reasons, but apart from practical reasons it is important to understand the 'disinhibition effect' (Suler, 2004) that often makes for a more open and honest relationship. The ability for the client to reveal much more when working at a certain perceived distance (the one with which they feel comfortable) is significant. It also means that the level of disclosure occurs at a much faster pace than it usually does in a face-to-face relationship or even within other methods of distance therapy, such as the telephone. This intensity of disinhibition is peculiar to using typed text over the internet for communication, and should not be underestimated, particularly when taking care of the self and the client. Many clients find that a one-off outpouring of emotion and narrative, due to the disinhibition that affords a cathartic experience, means that they feel better and can disappear into cyberspace – a particularly distressing experience for the practitioner (also known as a black hole experience). For the most part, though, the disinhibition effect is a positive empowering experience, and one that is important to clients who cannot reveal sensitive information due to shame, embarrassment or being unable to 'look someone in the eye' while doing so.

The distance of the client also means that self-revelation of practitioner material, where appropriate within the work, can be a useful tool to facilitate a second aspect of working online – the concept of presence, described by Lombard and Ditton (1997) as 'the perceptual illusion of non-mediation'. This is described in my original research as occurring when 'the media used (in this case the computer and keyboard) is unimportant and you are interacting with another person in a separate space' (Anthony, 2000: 626). In this way, the medium used to conduct a therapeutic relationship is secondary to the therapeutic relationship actually taking place as a mutual journey towards the client's recovery. Despite the lack of any body language, so often cited as the reason that online work via text can never be 'real' therapy, the practitioner is able to enter the client's mental constructs of their world through their text, respond in a similar manner, and so develop a rapport that transcends the hardware used to support the communication as *well* as the 'white noise' that a physical presence can induce.

The white noise of the physical presence, which can introduce bias and judgement into a face-to-face therapeutic relationship, is bypassed when working online. Rather than seeing this as a negative part of the method, many online practitioners believe that it is not only positive, but also essential to the development of the therapeutic relationship to encourage a fantasy of the other person via a visual, auditory and kinaesthetic representation system. In this way, the client can build an overall sense of their counsellor or psychotherapist and develop that fantasy to fit their perception of the person they are most able to work with. It can be argued that the person behind each other's defences is found and the therapeutic relationship becomes stronger much more quickly.

Finally, we must consider how all this building of the therapeutic relationship can occur without the gestures, vocal interventions and eye contact that make up the traditional face-to-face relationship. The quality of the practitioner's written communication and their ability to convey the nuances of body language that facilitate the client's growth (empathic facial gestures, for example) are paramount when working online. However, it should be noted that respect for the client means that their ability to communicate in this way need not be expert (although the practitioner's work is made much easier if it is). The use of text to replicate body language takes many forms online, as does the use of netiquette (a combination of 'net' and 'etiquette'), but both aspects are integral to the success of the communication and therefore the client's recovery. Both of these aspects are also sometimes considered facile within the conventional profession, and yet their contributions to the online therapeutic relationship being established, developed and maintained are vital. While in no way exhaustive, the following should give the reader some insight into what is possible within the remit of using typed text:

- There are different ways of communicating in an appropriate manner, depending on the context of that communication. Danet (2001) identified two types of textual communication: business and personal. However, in Goss and Anthony (2003) I explain how a third definition is necessary because the 'therapeutic textual communication' is at once both a business transaction (contracted between therapist and client) and a personal communication (because of the nature of the content).
- One rule of netiquette that it is essential to be aware of is that the use of CAPITALIZATION for an entire sentence or block of text is considered to be shouting and is usually disrespectful and rude.
- There are many ways of emphasizing certain words where necessary, such as *italicizing*, **bold**, underlining, _underscoring_, and *asterisks*.

- Overuse of exclamation marks generally makes the text difficult to read and is considered poor form.
- There are thousands of emoticons that are used to convey facial expressions. Most are supplied in email and chat software and some have to be (or are preferred to be) created using keyboard characters and read by holding the head to the left (this does not apply in Asian countries – a cultural issue practitioners need to be aware of). Some of the more frequently used in online therapeutic work are:

  ☺ or :o) or :) smiles (smileys)

  ☹ or :o(or >:o{ frowns

  ;) or ;o) winks (winkies)

  The winky, in particular, is essential to indicate irony or a non-serious statement.

- Abbreviations and acronyms are also widely used. Some of the more frequently used in online therapeutic work (and more generally) are:

  LOL laugh out loud

  BTW by the way

  PFT, k? pause for thought, OK?

  The latter is particularly useful for the client to use silence within a synchronous text session.

- Emotional bracketing is also used to clarify emotion. As well as being able to hug your client by using parentheses, as in ((((Kate)))), some other uses are:

  <<crying>>

  [[sigh]]

- Automatic signature files, greetings and sign-offs also need careful consideration and the use of personal style *within the appropriate context of the communication*.

As well as the above facets of using typed text for therapeutic communication, there is, of course, a wealth of both practical and ethical considerations that need to be taken into account when setting up an online presence to work with clients. In-depth analysis of these facets is available in Anthony and Goss (2009) and Anthony and Nagel (2010), but some of the more obvious considerations are:

- confidentiality and data protection
- limitations of the method
- contracting and informed consent
- encryption
- fee structure
- assessment skills, suitability of client and referring on
- verification of parties (identity management)
- practitioner competence (both within IT and online clinical work)
- boundaries
- licensing, regulation and quality control
- virus, worm and trojan management
- crisis intervention and the suicidal client
- cultural differences
- technical breakdown.

Training in online work is now considered essential (Anthony and Goss, 2009; Anthony and Nagel, 2010; Gehl et al., 2016), and there are now a variety of online trainings available in the form of long or modular courses, such as those of the Online Therapy Institute (www.onlinetherapyinstitute.com).

The world of technological development is one that moves and develops extremely quickly, and it is well known that the counselling and psychotherapy profession in particular has been playing catch-up with the arrival of technology for therapeutic use over the last 20 years. What is certain, however, is that the profession has had to come to terms with the idea that sometimes the client is in a situation that means that they not only *cannot* sit with us face to face, but also that *they don't want to*. It is these clients that practitioners can now stop excluding from our services, ensuring that the world of counselling and psychotherapy becomes more accessible to our potential clients worldwide.

RESEARCH EVIDENCE

Barak et al. (2008) offer 'A comprehensive review and a meta-analysis of the effectiveness of internet-based psychotherapeutic interventions', which concludes that on average online therapy is as effective as face-to-face intervention. They also conclude that 'Psychotherapy and counseling should adjust to this changing world and adopt new, innovative tools accordingly to fit into the world of today and tomorrow so as to better meet clients' expectations and needs. The current review shows that this is not only theoretically possible but actually a developing professional reality' (p. 148).

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RECOMMENDED READING

1. Goss, S., Anthony, K., Stretch, L. and Nagel, D.M. (eds) (2016) *Technology in Mental Health: Applications in Practice, Supervision and Training* (2nd ed.). Springfield, IL: CC Thomas.

The second edition of this 2010 edited textbook includes 40 updated chapters on all available technologies used in the profession in 2016. It also includes a new section on clinical supervision and training. Authors are selected from experts worldwide, giving a true international flavour to the book.