kooth

The growing popularity and evidence of single-session interventions for children and young people

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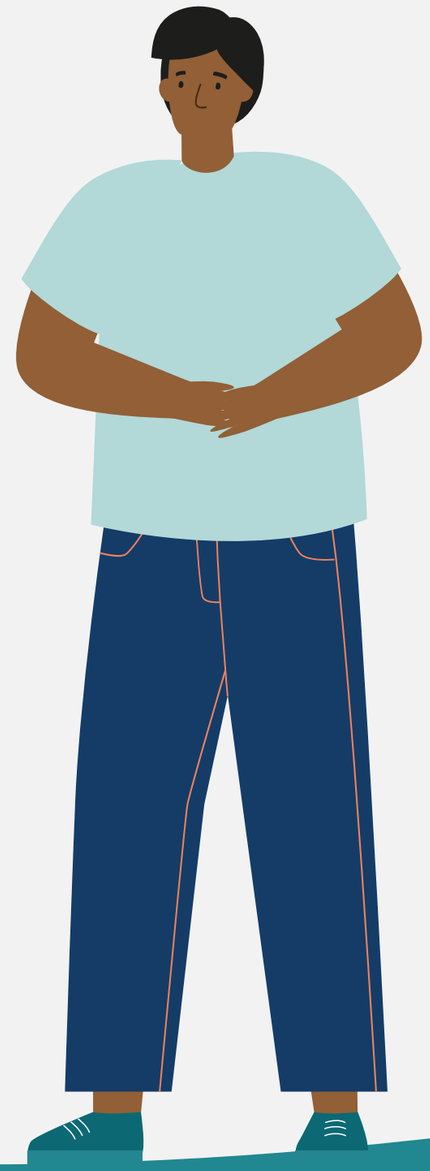

Foreword

Within single-session interventions, the therapist aims to provide a meaningful one-off therapeutic interaction, whilst acknowledging that the client may have no intention of returning for more support. Therefore, to account for the limited amount of time available, this type of work is commonly highly solution-focused, asset-based, and often centred around goal setting and problem solving. A major benefit of this way of working is that it provides the opportunity to support a large number of people in a timely fashion, something that proves increasingly important in today's therapeutic landscape. Single-session interventions also accommodate the many youth who are not able to access longer-term services by extending support outside of traditional mental healthcare. While single-session interventions are often delivered by therapists, they can also be delivered as self-guided, digital interventions.

Single-session interventions are not new, having had a place in the literature for over 30 years. There is, however, a growing interest and popularity in such work. Indeed, the most common number of therapeutic sessions in many services is one. Two explanations for this are (1) the client received what they wanted from the session and did not need to return, and (2) the client did not receive what they wanted and chose not to return. In contrast to longer-term work (e.g. structured weekly arrangements), it is therefore vitally important that the work is as effective as possible in the short time available to avoid scenario two outlined above. Hopefully, successful interactions also support individuals to return for additional one-off single sessions as and when they are needed. This approach enables young people with autonomy and agency to utilise support based on their needs and wants.

Whilst single-session interventions have historically been relatively commonplace in the Kooth service, they have proven even more important as waiting lists have increased following the onset of the Covid-19 pandemic. As such, the pandemic has led to an increased demand being placed upon the Kooth service, an experience that has also been noted within numerous other services, and emphasised the need for offering time-limited and focused interventions. Although the time-limited nature of the work is often trumpeted as the major benefit, other benefits of single-session work are noted. For instance, individuals report that even in these brief contacts they feel listened to and heard, find comfort in having their emotions and experiences normalised, and are able to find other support options that are available to them.

Even though single-session interventions have been present and delivered for some time, the National Health Service (NHS) only started accepting single-session contacts as therapeutic interactions for children and young people (in the Mental Health Services Data Set (MHSDS) as of autumn 2021. This is encouraging and reflects the acknowledgement of the importance of such work by the NHS in the United Kingdom, a factor that will hopefully spread to other providers.

Given the growing importance of single-session work, there are opportunities for the innovation of single-session outcome measures. Typically, clinical outcome measures track progress over a series of weeks or months, primarily looking at symptom reduction. This poses a dilemma for single-session interventions, as the whole premise is that the client will only attend a one-off session. Thus, using symptom-based outcome measures is not particularly helpful, nor a good use of resources. However, researchers are conducting important work to measure short-term outcome measurements, such as improvements in hopelessness and perceived agency and control, which have been found to predict long-term improvements (Schleider et al., 2019). Kooth recognises the importance of advancing the measurement of single-session interventions by combining children's and young people's wants and needs into an outcome measure. Such innovation could improve practitioners' and young people's experiences by focusing sessions on the wants and needs most relevant to the young person and supporting the collaborative therapeutic work within single-session interventions. In response, and because single sessions are so popular in Kooth, Kooth Digital Health embarked on developing an outcome measure, the Session Wants and Needs Outcome Measure (SWAN-OM). This is a tool and framework for solution-focused, single-session interventions, supporting the young person and the practitioner to get the most out of their session together, and a reflective, in-session goal outcome measure to track progress. We hope it is a useful contribution to this increasingly popular way of working.

Without a doubt, single-session work is an important and growing area of therapeutic work. We recognise the existing challenge of evaluating such work and support the need to develop appropriate research strategies, including the development of innovative and novel tools and measures to help assess the effectiveness of such work. These are essential in supporting the growth of an evidence base behind single-session therapeutic work. It is therefore wonderful to see a targeted review of the literature which pulls together the growing expanse of research in this exciting therapeutic space.

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Key points for policymakers and practitioners

- Single-session interventions are starting to grow in popularity in the UK, with the ability to complement and extend traditional models of care.
- The abundant evidence supporting single-session interventions should be recognised and considered to inform policy making and service delivery models.
- Service providers should adopt a single-session mindset and provide practitioners with appropriate training and supervision.
- Single-session interventions address barriers to access and engagement.
- Innovation is required to identify and respond to changes in the wants and needs of young people.

Background

Globally, mental health difficulties are the leading cause of disability and illness among adolescents, but are often untreated and unrecognised. Mental health concerns are estimated to affect 1 in 7 young people between the ages of 10 and 19, accounting for 13% of the global disease burden among this age group. (WHO, 2021). Most evidenced-based interventions for such difficulties are delivered over several weeks, and while these interventions have been found to be effective, they are cost and resource-intensive (Weisz et al., 2017). The World Health Organization has prioritised scaling up interventions to address the global treatment gap - the gap between those experiencing mental health difficulties and those who receive treatment (Kazdin, 2017; World Health Organization, 2019). As a result, healthcare providers and researchers around the world have begun investigating single-session interventions as a scalable strategy to address the increasing youth mental health needs. Single-session interventions intentionally involve only one contact or visit with a service. While people can have more than one single session, they are intended to be delivered with a “one at a time” approach with the aim of achieving positive and meaningful change within each session (Dryden, 2020a; Schleider et al., 2020a). Single-session interventions are typically solution-focused and asset-based to utilise the person’s strengths and respond to their current needs (Dryden, 2020a).

This report aims to collate the relevant literature on single-session interventions for children and young people.

Through this exercise, we aim to answer the following questions:

- What are single-session interventions?
- How effective are single-session interventions in addressing differing wants and needs?
- How do demographics affect service user wants and needs in single-session interventions?
- What tools are currently available to measure effectiveness?

United Kingdom

In England, it is estimated that 1 in 6 children aged 7 to 19 years old experience mental health concerns (NHS Digital, 2022b). More specifically, recent figures suggest 26% of 17 to 19 year olds experience a probable mental health disorder, rising from 10% in 2017 (National Audit Office, 2023). Despite the increasing need for children and young people's mental health services, the NHS fell 3% below their target for the number of 0 to 17 year-olds with mental health needs accessing services, and only 18% received treatment within the target of four weeks from referral (National Audit Office, 2023; NHS Digital, 2022c). However, among the children and young people who are able to access services, it is estimated that 30 to 40% eventually drop out of treatment prematurely (Wolpert et al., 2012). Studies suggest this elevated drop out rate may be a result of children and young people preferring single-session interventions over structured, multi-session interventions (Edbrooke-Childs et al., 2021; Hanley et al., 2020).

The NHS Long Term Plan outlines an expectation that by 2024, all children and young people experiencing a mental health crisis will be able to access 24/7 telephone, community mental health support through NHS 111 for single-session psychological aid (NHS, 2019). Furthermore, within the United Kingdom (UK), the Mental Health Services Data Set (MHSDS) is responsible for the collection of mandatory data from all NHS-funded mental health services. The MHSDS had historically used two therapeutic contacts as a proxy definition of service provision. In May 2022, this definition was revised to one therapeutic contact to better reflect the growing popularity of single-session attendance and align with the NHS initiative to increase access to services. (NHS Digital, 2022a). Additionally, the Department of Health and Social Care has also recognised the increasing evidence for single-session interventions (Department of Health and Social Care, 2022). These events signal an incremental shift toward the wider use of single-session interventions within the UK to address increasing service needs.

United States

In the United States, rates of anxiety and depression among children and young people have increased by almost 30% (The White House, 2023). The Biden-Harris administration announced plans for addressing the declining mental health of the country's children and young people. The administration prioritises strengthening the healthcare system's capacity and availability while expanding research into new practice models (The White House, 2023). Despite the low adoption of youth mental health single-session interventions in the United States, single-session interventions have been recognised as evidence-based practices for concerns such as HIV risk reduction among young people (Centers for Disease Control and Prevention, 2016). This demonstrates the potential expansion of single-session interventions for youth mental health difficulties in the United States.

As governments and healthcare providers aim to address the increasing mental health needs of children and young people, there is greater opportunity to identify single-session intervention efficacy and best practice.

Opportunities and Impacts of Single-Sessions

Given the current state of global youth mental health provision, there are substantial opportunities for single-session interventions to impact future service delivery.

As a result of the “one at a time” approach, single-session interventions may increase children’s and young people’s readiness to engage with ongoing, structured interventions (assuming this is deemed helpful/needed).. Additionally, single-session interventions may be used to provide children and young people with meaningful therapeutic contact while on waiting lists for other services, potentially resulting in positive change and subsequently reducing the waiting lists. Moreover, given the ongoing shortage of practitioners, digital, self-guided single-session interventions have been found to be an acceptable and effective support for young people with depression and anxiety (Schleider et al, 2017). Alternatively, single-session interventions can be used to promote prevention and early intervention efforts through the delivery of behavioural health strategies. These single-sessions can provide children and young people with the tools to leverage their strengths and cope with difficulties.

Organisational Wants and Needs

As is evident above, single-session interventions provide numerous opportunities for therapeutic work with children and young people. These opportunities might be viewed through different lenses, however, with organisational needs and wants likely to differ from those of therapists and service users. Below, we touch upon these two areas in turn.

Working as a therapist that offers single-session work can be a challenge. Many training programmes support practitioners to offer therapy that spreads multiple sessions. Indeed, for many, brief therapy might refer to work that consists of six sessions in length. As a consequence, assessments and formulation commonly work with the view that a client might attend multiple sessions. In contrast to this, single-session therapists have to adopt a single-session mindset (Dryden, 2020b). This mindset includes approaching the session as if it could be the last session regardless of diagnosis, complexity, or severity. Practitioners may want to assess whether single-session interventions can benefit an individual, but Dryden suggests that providers should shift away from an assessment mindset and deliver a single-session intervention to discover whether it is beneficial for the individual. Single-session interventions should collaboratively identify end-of-session goals, rather than long-term goals, while allowing the individual to lead. Practitioners should check in at various points throughout the session to ensure work is aligned with the individual’s goals. Additionally, the intervention should help identify and utilise the individual’s strengths and available external resources in order to negotiate and implement a solution. Lastly, each session or intervention should provide effective closure and clearly communicate the next steps.

Popularity and Acceptability of Single-Session Interventions

In the last 30 years, single-session interventions have grown in popularity as another alternative to traditional therapy sessions that require multiple sessions. Although children and young people services offer structured, multi-session interventions, many people only use the service for one session (Edbrooke-Childs et al., 2021). Web-based services also observe a large proportion of children and young people requesting single-session or drop-in therapeutic support (Hanley et al., 2020). Recently, an evaluation of an online, synchronous, text-chat counselling intervention found that single-session attendance was the most common mode of engagement (Blackshaw et al., 2023). More specifically, 74.08% of young people, most with high levels of distress, had just one chat session.

Research also suggests that most clients are satisfied with just one session. According to one study, 58.6% of individuals reported that a single session met their needs after a 12-month follow-up period (Hoyt et al., 1992). One review found, of the 10 studies that assessed client satisfaction, three studies reported satisfaction rates between 90% and 100%, five studies reported satisfaction rates between 74% and 90%, and two studies reported that most service users were either very satisfied or rated the service as 'excellent' (Hymmen et al, 2013).

Young et al., (2012) found that the number of times a client attended counselling sessions was irrespective of the client's diagnosis, problem severity, or the therapeutic model. The authors recommend that clinicians should approach the first sessions as if they may be the last. Since many clients may only attend once, a single-session approach allows the practitioner to maximise the therapeutic opportunity but enable the option for further contact.

Project YES! (Youth Empowerment and Support) delivers self-guided, digital single-session interventions for young people and encourages them to take on an 'expert' role where they feel in charge and use resources they've learned to help them. Project YES! has developed three programmes (Project Personality, Project CARE, and the ABC project) based on a growth mindset approach and tackling adaptive beliefs. The first programme, Project Personality teaches young people how and why their individual traits are not fixed, but rather malleable. Project CARE focuses on how acting with self-compassion can help to systematically reduce self-hate. Lastly, the ABC project takes on more of a behavioural activation role, teaching that engaging in valued activities first can activate pleasant emotions. An exploratory evaluation of Project YES! supported the perceived acceptability and utility of all three interventions for young people experiencing internalised distress (Schleider et al., 2020b).

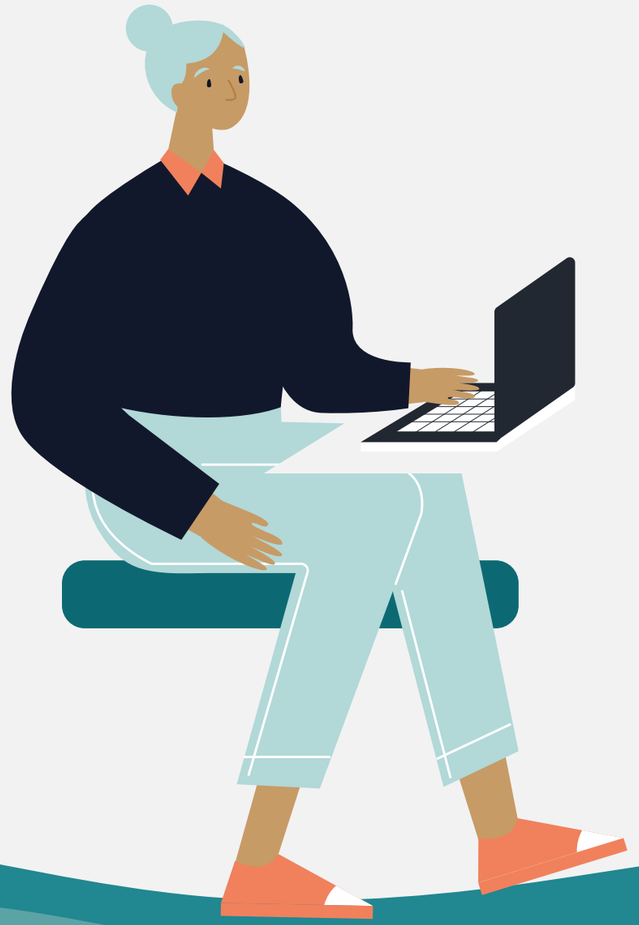
Single-session Intervention Effectiveness

Given that single-session interventions have been found to be popular and acceptable among children and young people, researchers have begun exploring the effectiveness of single-session interventions to address the increasing needs of children and young people.

A review by Hymmen et al. (2013) analysed 16 studies to investigate the effectiveness of both scheduled and drop-in single-session therapy for children, young people, and adults. Of these, seven studies reported an average of 60.9% of people did not return for a second single-session intervention, suggesting that they found one single-session to be sufficient for their wants and needs. The authors identified helpful aspects of single-session therapy, such as having the opportunity to talk about a problem, receiving helpful advice, feeling supported, being referred to other resources, and having direct access to the service. Lastly, while the limited data did suggest some effectiveness in improving presenting issues such as depression and anxiety, the authors acknowledge the need for more robust research and standardised measurement tools.

A meta-analysis by Schleider and Weisz (2017) analysed 50 randomised-controlled trials examining the effectiveness of single-session interventions. The authors found an overall significant small-to-medium beneficial effect of single-session interventions ($g = 0.32$) that remained consistent across problem severity and diagnosis status. These findings suggest the effectiveness of single-session interventions for children and young people with a variety of mental health difficulties. In particular, the review found that single-session interventions were most effective for anxiety and conduct difficulties ($g = 0.58$ and 0.52). The authors found less significant or effective results for difficulties such as depression, substance use, and eating disorders. While the authors posited that more intensive or extended interventions might be required to address these presenting issues, they call for more robust future research to confirm their findings. Lastly, the review also found that overall single-session interventions were marginally more effective for children 11 and younger, rather than for young people 15.5 and older. However, effectiveness did not differ significantly across gender, race, or ethnicity. Furthermore, effectiveness did not differ as a function of whether the single-session intervention was self-guided or delivered by a provider.

A 2021 systematic review analysed 18 randomised-controlled trials to summarise the evidence of single-session intervention effectiveness for anxiety disorders in young people and adults (Bertuzzi et al., 2021). Of the 18 trials, four involved young people. Two trials compared the efficacy of two different types of CBT-exposure (with parent present vs. without parent present) and a 12-month post-treatment. One trial also included a waiting list condition. Both trials reported significant reductions in anxiety levels over time ($p < 0.001$), with comparable trends across groups. The other two trials examined the efficacy of a CBT-exposure single-session intervention compared with a single session of educational support therapy at one-week and six-month follow-ups. One trial also included a waiting list condition. Both trials reported that both treatment conditions were effective in reducing anxiety symptoms over time ($p < 0.001$), compared to the waitlist control condition. The findings suggest that single-session interventions are superior to no treatment and provide effective and efficient treatment for anxiety disorders in young people.



The Importance of Practitioner Training

As with all approaches, it is important that practitioners work within their competence, and access appropriate supervision and training for their work. Practitioners may also require this support in order to 'buy into' this way of working, by enhancing their understanding of how this approach can be effective. Dryden (2020a) emphasises that this cannot be covered in a single talk/presentation, as it requires a particular attitude/stance to be developed. This can be challenging for some practitioners, for example, if they perceive that interventions can only be effective if delivered long-term.

Practitioners delivering single-session interventions require skills in empowering individuals as agents of change, connecting with their own strengths, resources, and solutions. It also requires practitioners to be able to quickly establish a therapeutic alliance and to be curious and compassionate listeners (Young & Jebreen, 2019). Steps from within effective single-session interventions typically include asking the client how the practitioner can help, developing shared goals or focus for the session, building on client strengths, collaboratively developing a solution, and encouraging the client to rehearse that solution (Dryden, 2020b). This also requires practitioners to be aware of any countertransference inviting them to provide a 'fix' or to 'rescue' the client. Hoyt, Rosenbaum & Talmon (1992) note that the practitioner must be 'versatile, innovative, and pragmatic', and not to try and cover too much.

Single-session Interventions Address the Wants and Needs of Underserved Communities

Previous research has found that single-session therapy requires a focus on Previous research has found that single-session therapy requires a focus on collaborative problem-solving and understanding the service user's current wants and needs. (Schleider & Weisz, 2017; Fleming et al., 2018; Schleider et al., 2020a,b). Recent studies suggest that single-session interventions are effective in addressing the wants and needs of underrepresented groups.

Edbrooke-Childs et al, (2021) explored associations between single-session service attendance and clinical characteristics. They found that 46% of young people accessing specialist mental health services attended only a single session. Boys, younger children, Black young people, or those whose ethnicity was not stated were more likely to attend one single session. These findings suggest that single-session interventions may provide an opportunity to address the barriers to accessing multi-session therapy, particularly for children and young people from diverse backgrounds.

Similarly, McDanal et al, (2022) aimed to assess whether single-session interventions are as effective and acceptable for LGBTQ+ youth compared to cisgender heterosexual youth, even without cultural-specific tailoring. The authors found that youth who completed a single-session intervention within the Project YES platform reported significant improvements in measures of hopelessness, self-hate, and perceived agency. Moreover, despite significant baseline differences in hopelessness and self-hate, such measures of improvement did not differ by LGBTQ+ identity. Additionally, acceptability ratings and qualitative intervention feedback were statistically indistinguishable across identity groups. Finally, there were no differences in drop-out rates between LGBTQ+ and cisgender heterosexual youth. The authors attribute the findings to the possibility that the anonymous, online, free, and inclusive nature of single-session interventions appeals to youths facing significant barriers to mental healthcare even without cultural-specific tailoring.

Shroff et al, (2023) used focus groups and co-design sessions with English and Spanish-speaking young people in San Antonio, Texas to culturally adapt and translate Project YES. The interventions were then disseminated through community and school partnerships and evaluated the acceptability and utility of the interventions. The authors found that the intervention completion rate was higher when the interventions were disseminated via community and school partnerships (49.6%), compared to when they were disseminated via social media (34%), demonstrating that the interventions are accessible to this population.

Additionally, young people rated the interventions as highly acceptability across all metrics in both English and Spanish. Furthermore, young people who completed the interventions in English reported significant improvements in hopelessness (d = 0.33), self-hate (d = 0.27), and perceived agency (d = 0.25). Those who completed the interventions in Spanish reported significant improvements in self-hate (d = 0.37). These findings support the utility and acceptability of adapting single-session interventions to the wants and needs of underserved communities.

How do we measure outcomes for single sessions?

As single-sessions are, by nature, only one session, there is a clear mismatch between the outcome measures available, as they are primarily symptom-based and the ability to track outcomes and impact from single sessions. Many existing outcome measures or instruments currently used for psychotherapy are designed for monitoring, which would be used in parallel to a course of therapy. This, however, does not match with the immediacy of the single-session framework. A key issue with using these measures is that they are designed to monitor symptoms or difficulties over a recent time period: for example, the last two weeks. These measures therefore should not be utilised for monitoring change directly after a single session and instead only used for assessment purposes before a single session takes place. However, as discussed in De Ossorno Garcia, Edbrooke-Childs, Salhi, Ruby, Sefi & Jacob (2023), there is currently a range of outcome measures used to measure single-session effectiveness; these are commonly being used to track specific symptom improvement and over a time period. Overall, tracking progress from single sessions can be difficult, and further follow-up with the young person is not obtained nor sought by practitioners regularly. Other strategies for measuring targeted single-session intervention effectiveness involve using corresponding targeted outcome measures. These measurement strategies provide important insights into the effectiveness of single-session interventions while allowing for further opportunities for innovation, which may reduce the burden of measurements within therapeutic sessions.

Hymmen et al. (2013) identified 18 studies looking at the effectiveness of single-session therapies, yet they only found six of the studies used standardised outcomes and, from those six studies, the standardised outcomes selected were diverse, reiterating the need for a specifically designed outcome measure for single-session therapy.

De Ossorno Garcia, Salhi, Sefi and Hanley (2021) reviewed the existing outcome measure available for single-session use and identified that common outcome measures used are for specific mental health difficulties, such as anxiety or depression (Coverley et al., 1995; McCambridge and Strang, 2004; Weersing et al., 2017), or, a generalist approach looking at wellbeing overall (Perkins, 2006; Perkins and Scarlett, 2008). Using existing measures in this way can lack the ability to measure the immediacy of change that is required for short-term interventions and may dilute its capabilities to demonstrate emotional changes and positive outcomes.

Beidas and colleagues (2015) identified different instruments used for monitoring and evaluation (Brief Problem Checklist (Chorpita et al., 2010), Pediatric Symptom Checklist/Youth Report (PSC & Y-PSC; Jellinek et al., 1988), Strength and Difficulties Questionnaire (Goodman, 2001), The Youth Counselling Impact Scale (YCIS; Riemer and Kearns, 2010)), which may all be appropriate and available for tracking outcomes and alliance for each session, but not extensively used in single-sessions, brief interventions or digital contexts specifically. These measures are not suitable for single-session interventions as they are best used as tools for the assessment and screening of symptoms to be tracked over time and do not ascertain the young person's wants going into a session.

Other relevant outcome monitoring and assessments, such as the Counselling Progress and Depth Rating Instrument (Bagraith et al., 2010; Chardon et al., 2011) are not suitable for evaluating large amounts of routinely collected data, of which services have to deal with on a regular basis. Scales like these are more suited to evaluating the effectiveness of smaller cohorts, rather than in routine care, as they require examining transcripts or conducting clinical interviews. Overall, there are inconsistencies between the measures used, which will cause longer-term issues in relation to evaluating the effectiveness of single sessions more widely.

While the measurement of proximal targets, such as hopelessness and perceived agency and control, have been used to successfully predict long-term single-session intervention outcomes (Schleider et al., 2019; 2020b; Schoff et a., 2023), there is further space for innovation which combines young people's wants and needs into the measurement of single-session interventions. This is where the Session Wants and Needs Outcome Measure (SWAN-OM) was developed to service a specific function around single session measurement and evaluation. When considering measurement for single sessions, there is a further challenge of capturing personalised outcomes and goals, which complement the pluralistic nature of single-session work due to the brevity of these interactions. De Ossorno Garcia, Salhi, Sefi & Hanley (2021) suggest a solution that focuses on utilising a patient-reported outcome measure that captures the individual "Wants" and "Needs" of the single session. As such, they developed the SWAN-OM.

The “Wants” are intended to represent the choice of common goals expressed and to be achieved within one session. The instrument also explores the “Needs” as psychological concepts that are required to grow, foster wellbeing, and achieve meaning in life.

The SWAN-OM identifies and explores changes in ‘in-session goals’ that represent service users’ wants and needs for the session. It does not only provide outcomes but also helps to provide a solution-focused framework for single sessions. Developed in conjunction with young people and clinicians, the SWAN-OM is aligned with Kooth’s values and service model.

A four-stage process was followed to develop the SWAN-OM: (I) classical item generation and development, (II) content, (III) face validity pilot testing, and (IV) a user-experience approach with young people using framework analysis. Importantly, both clinical experts and young people were involved in the item creation, item iteration as well as the usability of the measure. There is evidence for good face, content and concurrent validity of the SWAN-OM with similar constructs such as changes in positive and negative affect (PANAS), the impact of counselling (YCIS) and strengths and difficulties (SDQ).

In the future, it may be useful to determine meaningful change scores and clarify how these are defined (e.g., based on one item, aggregated, etc.) to further validate and support the use of the SWAN-ON as an outcome measure. Certainly, the SWAN-OM is a useful tool for both pracititoners and young people to support collaborative therapeutic work and align their experiences of single-session interventions rather than symptom-focused measurement.

Summary

Single-session interventions have become quite popular in the UK, especially among children and young people. The “one at a time” approach assumes the young person may not return for further sessions and focuses on providing an effective, solution-focused therapeutic contact to address the young person’s wants and needs. Throughout this report, we’ve looked at the approaches and mindsets used to ensure practitioners and clients are able to maximise the effectiveness of just one session. We’ve also highlighted the effectiveness and utility of digital single-session interventions. With the increase in demand for mental health services for children and young people, digital single-session interventions have been found effective and useful for addressing barriers and challenges. There are substantial opportunities for single-session interventions to meaningfully impact future policy-making and service delivery such as waiting list management. Furthermore, digital interventions provide access to support, especially when providers are not available to do so given the current shortage of practitioners. We have also acknowledged how single-session interventions address the wants and needs of underserved communities by providing support without the common barriers to accessing traditional therapeutic services. The online, free, and inclusive nature of single-session interventions appeals to youths facing significant barriers to mental healthcare, even without cultural-specific tailoring. Moreover, innovative tools such as the SWAN-OM (Session Wants and Needs Outcome Measure; De Ossorno Garcia, 2021) combine young people’s wants and needs into an outcome measure to improve the therapeutic experience for young people and practitioners.

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