

INTRODUCING UNGUIDED COMPUTERIZED SOLUTION-FOCUSED SELF-HELP INTO UNIVERSITY COUNSELING SERVICES

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Abstract. Background. Growing number of students with mental health problems and relatively high number of students in need not receiving help prompt university counseling centers to look for alternative means to be used alongside with the traditional counseling. Self-help is considered as one of the most promising options. Striving to expand student counseling services at Psychology Clinic at Vytautas Magnus University (Lithuania), the unguided computerized solution-focused self-help program was developed by the article authors and put on service in 2014. The Program invites a user to take a virtual “space journey” visiting several planets each introducing a different solution-focused theme, and helps to seek positive changes in a wide range of life areas and difficulties. **Aim.** The aim of this article is to present the initial results on the Program’s potential to help university students in overcoming difficulties and improving psycho-social functioning, and to discuss the benefits of the introduction of the Program into the counseling services at Vytautas Magnus University. **Methods.** Subjective 10-point scales and standardized (OQ-45.2) measures were applied at the initial and the final evaluations with one month in-between. **Results.** The data of 24 students, who went through the entire Program, were analyzed showing that the Program attracted more students in need than the face-to-face counseling, was useful and positively evaluated by the participants, suggesting that computerized self-help tools based on strengths-oriented approaches and addressing a wide range of issues have the potential to make the psychological help more accessible for students as well as cost and time efficient for university counseling centers.

Keywords: university student counseling; computerized self-help; solution-focused approach.

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INTRODUCTION

The transition from a high school into a university is followed by new responsibilities and demands for a young person, creating pressure and the need to adjust, and leading at times to the difficulties in psychosocial or academic functioning (Harrar, Affsprung, & Long, 2010; Kress, Sperth, Hofmann, & Holm-Hadulla, 2015). Large body of students' mental health screening data from around the world show that up to 30% of students suffer from serious mental health problems, such as depression or anxiety (Berger, Franke, Hofmann, Sperth, & Holm-Hadulla, 2015; Kress et al., 2015).

Therefore, the assistance in coping with psychosocial problems is nowadays seen as an important part of student affairs. Most universities in North America provide mental health services to their students (ACHA, 2010), while in Europe, due to different health care policy, only around two thirds of countries report that their higher education institutions provide such services (Rückert, 2015). Nevertheless, the importance of psychological support and mental health services for students is emphasized in many political documents (ACHA, 2010; EUSUHM, 2007; Rückert, 2015), and today university counseling centers play an important role in many countries; thus, the demand for student counseling is constantly growing (ACHA, 2010; Berger et al., 2015; Harrar et al., 2010; Kress et al., 2015).

However, surveys indicate that the accessibility of counseling services for students is limited and at times does not meet the demand (Harrar et al., 2010). Between 49% and 85% of students with mental health problems do not receive or do not seek for professional help (Nordberg, Hayes, McAleavey, Castonguay, & Locke, 2013).

Lithuanian universities deal with similar tendencies to those mentioned previously. Up to 30% of students experience academic or psychosocial functioning difficulties, such as depressive mood, anxiety, distress, suicidal tendency, some reaching even clinical level (Bunevicius, Katkute, & Bunevicius, 2008; Jonušienė, 2014). Most universities have counseling centers where services are provided either by hired professional counsellors or on a voluntary basis (usually by the faculty of psychology departments) (Katzensteiner, Ferrer-Sama, & Rott, 2008). However, not all students in need look for, reach for, or accept help (Jonušienė, 2014).

Thus, to ensure accessibility and acceptability of the services, to meet specific needs of the new generation, student development and counseling field moves towards searching for alternative services to be used alongside with the traditional counseling (Cavanagh et al., 2013; Cavanagh & Millings, 2013; Day, McGrath, & Wojtowicz, 2013; Harrar et al., 2010). Besides, the importance of preventive work at universities by providing students with easily accessible resources and means helping to overcome psychosocial challenges at early stages has been stressed recently (Harrar et al., 2010). Among the potential alternatives self-help is often proposed as likely meeting these demands (Mitchell & Dunn, 2007).

The field of self-help stands on the idea that people are capable of improving their lives on their own (Lintvedt, 2013), and usually is defined as standardized, structured intervention methods intended to help a person to overcome difficulties or achieve self-improvement autonomously (Baguley et al., 2010; 2014; Rozental et al., 2014). Self-help methods are intended at mobilizing and utilizing persons' resources, proficiency and knowledge through the exercise of the self-reflection process which is at the essence of initiating change (Lintvedt, 2013). Therefore, the aim of any self-help method is to stimulate and focus users' reflection on their experiences, problems, goals, or other aspects of their lives by using a variety of instruments (e.g. paper-and-pencil work-sheets, audio or video materials, computerized programs, and mobile applications) which determine the form and the method of self-help delivery (Cavanagh & Millings, 2013; Pakrosnis & Cepukiene, 2015). Providing self-help on the internet appears to be the most promising form of such service delivery (Day et al., 2013). Contemporary generation is more prominent to use opportunities for communication, learning, self-development and health-care, provided by recent technological advances more extensively than ever before (Day et al., 2013). There is data showing that some students prefer computerized self-help to workbooks or other written materials (Richards & Timulak, 2013; Day et al., 2013), and even face-to-face counseling (Mitchell & Dunn, 2007). Consequently, the field of self-help moved towards intense development of the internet and computer-based tools (Cavanagh et al., 2013; Cavanagh & Millings, 2013; Day et al., 2013; Rozental et al., 2014) which are visually attractive, highly interactive, individualized, and, therefore, more engaging than other forms of self-help (Day et al., 2013).

The direction and object of the self-reflection process is shaped by the theoretical perspective, and define the content of a self-help tool (what questions, tasks, exercises are given) (Pakrosnis & Cepukienė, 2015). To the date the Cognitive Behavioral Therapy (CBT) remains the most utilized theoretical perspective in the field of self-help (Baguley et al., 2010; Davies, Morriss, & Glazebrook, 2014; Rozental et al., 2014), yet, applications of other approaches such as psychodynamic psychotherapy (Rozental et al., 2014), problem-solving therapy (Baguley et al., 2010; Warmerdam et al., 2008, cited by Rozental et al., 2014), solution-focused brief therapy (Grant, 2012; Pakrosnis & Cepukienė, 2015), interpersonal therapy, and mindfulness (Lintvedt, 2013) has grown recently.

An important characteristic of any self-help tool is the amount of human contact and the level of users' autonomy. Accordingly, types of self-help methods can vary from predominantly administered by a professional (guided self-help) to self-administered or stand-alone interventions (pure or unguided self-help) (Baguley et al., 2010; Day et al., 2013; Cavanagh & Millings, 2013). The unguided self-help has several important advantages: good adjustability to users' needs (can be used anytime, anywhere, and at own pace); anonymity and no need for the face-to-face contact; high and immediate accessibility; easy dissemination and suitability for preventative purposes; low costs; high degree of structure and standardization ensuring the equal quality of services; good adaptability to computer technologies (Berger, Hammerli, Gubser, Andersson, & Caspar, 2011; Cavanagh & Millings, 2013; Rozental et al., 2014).

Along with the advantages, two main limitations of unguided computerized self-help tools are usually pointed: high drop-out rates (Berger et al., 2011; Cavanagh et al., 2013) and the lack of therapeutic relationship (Cavanagh & Millings, 2013). However, research results are not consistent in this respect. For instance, there is data showing that some common therapeutic factors are successfully utilized (Baguley et al., 2010), and even some features of therapeutic relationship are evident in various self-help methods (Cavanagh & Millings, 2013). Other studies revealed that the outcome of self-help is not related to the amount of guidance from a professional (Cavanagh & Millings, 2013). Some research demonstrates that the attrition from the unguided self-help is higher compared to the guided self-help (Lintvedt, 2013), while others find no significant

differences (Furmark et al., 2009, cited by Lintvedt, 2013). Therefore, unguided internet or computer-based self-help tools are often named as economically most effective and attractive means of psychological help, especially for young people (Davies et al., 2014; Day et al., 2013; Richards & Timulak, 2013), and stimulate growing interest and discussions among scholars and clinicians.

Recent studies, systematic reviews, and meta-analyses repeatedly reveal the effectiveness of internet or computer-based self-help methods and comparability to the outcomes of traditional counseling (Berger et al., 2011; Cavanagh & Millings, 2013; Richards & Timulak, 2013; Rozental et al., 2014), and, thus, should be considered as a treatment option when low-cost alternatives are needed, or no face-to-face services are available (Berger et al., 2011). Participants usually find unguided computerized self-help methods useful, easy to use, and exceeding their expectations (Richards & Timulak, 2013). Several studies in student population have found that CBT-based online or computer delivered self-help was effective in reducing students' stress, anxiety, and depression (Davies et al., 2014; Day et al., 2013; Mitchell & Dunn, 2007), as well as working with perfectionism (Radhu, Daskalkis, Arpin-Cribie, Irvine, & Ritvo, 2012), social phobia (Tillfors et al., 2008), and bulimia (Sanchez-Ortiz et al., 2011). The effectiveness of the brief online mindfulness-based intervention for students' stress, anxiety, and depression reduction was demonstrated in one study (Cavanagh et al., 2013). Despite a growing number of studies coming mostly from the CBT field and focusing on emotional and mood difficulties, the question of self-help methods most adequately meeting the needs of university students remains open.

In the light of mentioned benefits, widely accepted effectiveness of self-help, and the tendency for young people to rely on digital devices in a wide range of their activities as well as looking for the ways to meet the demands of the cost effectiveness, accessibility, and students' needs the best, the unguided computerized solution-focused self-help program (hereafter the Program) was developed and proposed as one of the services of the Psychology Clinic at Vytautas Magnus University (VMU) (Kaunas, Lithuania). VMU Psychology Clinic offers counseling services to students free of charge provided by the faculty of Psychology Department on the voluntary basis. No self-help means had been offered at

the University previously. Therefore, the goal of introducing the Program was to expand the services of Clinic and, thus, benefit the students.

The aim of the article is to share the initial results on the unguided computerized solution-focused self-help program's potential to help university students in overcoming difficulties and improving psychosocial functioning.

MATERIAL AND METHODS

Main Features of the Computerized Solution-Focused Self-Help Program

Unguided and internet-based. The Program can be accessed by VMU students online free of charge, following the link placed on multiple conferences of VMU intranet system (First Class). Informed consent form, containing information regarding participation conditions, data security and confidentiality is provided on the Program website. The participants are asked to create their password-protected personal account. The Program is completely self-administered with no human contact involved. However, e-mail address is provided for the participants to be used in the case of technical issues or inquiries. No rewards for the participation are offered to the participants by the Program developers or the University. The total duration of the Program is 26 days, consisting of six steps with five days between them (see Figure 1).

Focused on solution building. The content of the Program is framed around the ideas and techniques of the solution-focused brief therapy: a postmodern therapy model grounded in the research on effective elements in therapy and based on constructivist and systemic thinking (DeShazer et al., 2007). The elements of the approach, such as the belief in constant change, the focus on a person's strengths and ability to initiate positive change, understanding of the reality as constructed and reconstructed, and strive for achieving maximum with minimal effort (DeShazer et al., 2007) is supported by the research as effective in many different contexts (Gingerich, Kim, Stams, & Macdonald, 2011), and resonates well with the core idea of self-help that people are capable of changing their lives on their own (Lintvedt, 2013). Following these ideas, the Program invites participants to reflect on their goals,

preferred changes and clues for these changes in the nearest future, resources and past successes which have the potential to enhance a positive view of the self, increases hope as well as willingness to take actions and seek for changes (McKeel, 2011). Formally speaking, the Program incorporates following solution building tools, associated with the SFBT: best hopes discussion, exception question, miracle question, scaling questions. It should be pointed out, that the absence of human contact due to the unguided nature of the Program limits the possibility to fully employ the co-construction process using solution-focused language, which is often emphasized as one of the key components of the solution-focused approach (DeShazer et al., 2007). In this respect, attempts were made to compensate this lack of the person-to-person communication and keep the Program in line with the main tenets of the solution-focused approach by adding the interactive elements (e.g. the introduction of a “board computer” described below), additional questions and encouraging messages, based on the solution-focused language, and intended to stimulate further meaning making in solution-focused manner.

Aimed at broad spectrum of issues. Most computerized self-help tools address specific clinical problems or conditions such as depression or anxiety, include, or at times are limited to, the psycho educational materials, and are oriented towards the development of general adaptive thinking skills and behavior patterns. The Program, relying on solution building rather than problem solving, is oriented towards setting and striving for a situation-specific goal, and, thus, is not prearranged for any particular problem or condition but rather helps to seek positive change or improvement in any life area or difficulty which a user chooses to work on. This is also supported by some data (Harrar et al., 2010) that self-help tools, addressing the broader spectrum of non-clinical issues or personal growth, could be more widely applicable in the student population and would be more in line with their developmental needs.

Interactive and computer-guided. Design and interactivity is often named as an important feature of self-help tools attracting users’ interest and maintaining their engagement in self-help activities (Richards & Timulak, 2013). Therefore, visual interface of the Program invites a user to take a “space journey” towards desired changes. A user is accompanied

by a “spaceship board computer”, which provides information and assistance, asks questions, and delivers feedback. At the beginning of the “journey”, a user is invited to choose any personal issue to work on and is guided successively by the board computer through six steps. At every step a user is invited to work on the issue by reflecting on solution-focused themes such as preferred future, successful past, etc. At the end of each step, the board computer delivers feedback with the suggestion to think about a small step, perhaps to try it out and keep a track of any benefits. The day before the next step an automatic e-mail reminder is sent to a user.

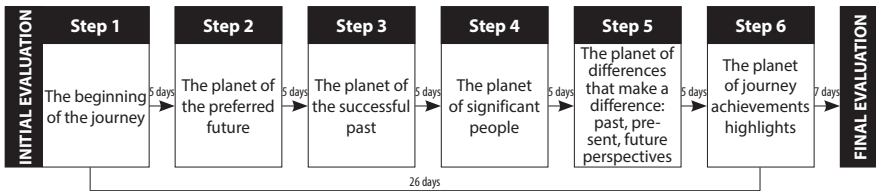


Figure 1. The outline of the unguided computerized solution-focused self-help program

Measures

Outcome measures. Two groups of outcome measures were used during the initial and the final evaluations:

1. *Outcome Questionnaire* (OQ-45.2, Lambert et al., 1996) is a 45-item self-report inventory, assessing clients’ functioning and designed to measure the therapeutic progress. For each item, clients rate their functioning on a 5-point Likert scale, where increasing number reflects higher severity of difficulties. The total score (Cronbach’s $\alpha = .944$), or three subscales reflecting symptom distress (Cronbach’s $\alpha = .926$), interpersonal relationships (Cronbach’s $\alpha = .823$), and social role (Cronbach’s $\alpha = .728$) can be obtained.
2. *Subjective 10-point scales*, measuring:
 - The difficulty of the situation where change is desired (0 stands for “Situation is at its worst”, and 10 stands for “Situation is perfect”).
 - General life satisfaction (0 stands for “Totally dissatisfied with my life”, and 10 stands for “Totally satisfied with my life”).

Participants' feedback about the Program. The participants' feedback was obtained during the final evaluation using 10-point scales assessing the usefulness, difficulty, acceptability of the Program, and the attractiveness of the space journey idea.

Additional information about the participants' demographic characteristics and their prior experience with the mental health services was collected during the initial evaluation.

Intervention quality control was evaluated by monitoring the content provided by the Program participants to ensure that their answers and other input correspond to the tasks and questions. The participation in all the cases analyzed in the article was evaluated as meeting the intervention quality criteria.

RESULTS

Characteristics of the Students Participating in the Program

During one academic year 15% of VMU students (1253 students of 8300 (the total number of University students that year)) read the letter introducing the possibility to use the Program for solving their psychosocial difficulties or seeking personal development (the First-Class intranet system provides a sender with the possibility to see the number of registered students who read an e-mail). Eighteen percent ($n = 230$) of these students registered for the participation in the Program by creating their personal accounts, 50% ($n = 114$) of those who registered, started the Program, and 21% of them completed the participation. Students who did not complete all six steps of the Program were considered as the drop-outs resulting in a rather high dropout rate of 79% with the largest number of participants (60%) dropping-out after the first two steps.

In comparison, during the same academic year 50 students registered for the face-to-face counseling at the VMU Psychology Clinic, 62% ($n = 31$) of them started the counseling and 58% ($n = 18$) of those who started, completed it with the average of 4 sessions (ranging from 3 to 7). Hence, the dropout rate in this group was 42% ($n = 13$).

Table 1 demonstrates main characteristics of three groups of the Program participants: all students who started participation in the Program, those who dropped-out, and those who completed it.

Table 1. *Main characteristics of all students who started participation in the Program (n = 114), drop-outs (n = 90), and completers (n = 24)*

	<i>All participants n (%)</i>	<i>Drop-outs n (%)</i>	<i>Completers n (%)</i>
Gender			
Male	21 (18.4)	19 (21.1)	2 (8.3)
Female	93 (81.6)	71 (78.9)	22 (91.7)
Experience with mental health services?			
Never used	68 (59.6)	54 (60.0)	14 (58.3)
Used in the past	40 (35.1)	33 (36.7)	7 (29.2)
Using now	6 (5.3)	3 (3.3)	3 (12.5)
Using mental health medication?			
Yes	7 (6.1)	5 (5.6)	2 (8.3)
No	107 (93.9)	85 (94.4)	22 (91.7)
Using other means to improve wellbeing?			
Not using	92 (80.7)	75 (83.3)	17 (70.8)
Personal or group psychotherapy	5 (4.4)	3 (3.3)	2 (8.3)
Meditation, relaxation, Yoga, self-help groups, etc.	17 (14.9)	12 (13.3)	5 (20.8)
Goals ^a chosen by the participants to work on:			
External	32 (28.1)	24 (26.7)	8 (33.3)
Relationship improvement	10 (8.8)	8 (8.9)	2 (8.3)
Time management	8 (7.0)	5 (5.6)	3 (12.5)
Improving studies	6 (5.3)	6 (6.7)	0 (.0)
Eating habits/weight control	4 (3.5)	2 (2.2)	2 (8.3)
Work-related goals	4 (3.5)	3 (3.3)	1 (4.2)
Internal	82 (69.3)	66 (70.0)	16 (66.7)
Personal growth/personality improvement	29 (25.4)	25 (27.8)	4 (16.7)
Growth of self-confidence	23 (20.2)	16 (17.8)	7 (29.2)
Emotion control/mood improvement	23 (20.2)	18 (20.0)	5 (20.8)
Overcoming loneliness	4 (3.5)	4 (4.4)	0 (.0)
Improvement	3 (2.6)	3 (3.3)	0 (.0)
Not specified			
	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>
Age	23.14 (4.87)	22.99 (5.07)	23.71 (4.10)
OQ-45 total score at initial evaluation	73.89 (25.17)	73.43 (25.67)	75.63 (23.64)
Motivation for change	8.33 (1.84)	8.32 (1.93)	8.38 (1.53)
Difficulty of the situation where change is desired	3.70 (1.86)	3.66 (1.94)	3.88 (1.54)

^a During the first step of the Program, the participants were free to name any goal (there was no pre-set list of possible goals provided). For the purpose of analysis, the goals were categorised into nine categories and later into two broad categories (External and Internal goals).

Several interesting tendencies could be drawn from this data. First, the number of female participants prevailed in all three categories. This partially reflects the general ratio of female (68%) and male (32%) students at VMU: however, this disproportion was much greater among all the participants, and especially in the completers' group. On the other hand, similar gender ratio can be seen among the clients of face-to-face counseling at the VMU Psychology Clinic the given academic year: 77% ($n = 24$) was female, and 23% ($n = 7$) male.

Second, as much as 40% of the participants reported using mental health services in the past or at the time of starting the Program. In addition, 20% (30% in the completers' group) reported using other means to improve their wellbeing. Besides, the mean evaluation of the difficulty of the situation, where change was desired, was 3.7 (on the 10-point scale) in the Program's participants' group, indicating that they perceived their situation as rather difficult. Moreover, the mean of OQ-45.2 total score in this group was 73.89, which can be considered quite high (there are no Lithuanian norms for the instrument, but, according to the US norms provided on the official OQ-45.2 website, this score indicates symptoms of clinical significance). Participants' average motivation for change was 8.33 on the 10-point scale, indicating strong willingness to seek for changes.

Two thirds of the participants started the Program willing to work on internal issues, such as personal growth/personality improvement, self-confidence, and emotional issues. Relationship improvement and time management were most frequently mentioned from external goals.

The group of students who completed the Program ($n = 24$) was quite similar to the whole group of participants ($n = 114$) in respect to all analyzed characteristics. Moreover, the comparison of all characteristics between the groups of "completers" and "drop-outs" revealed no statistically significant differences.

OUTCOME RESULTS

Since 2 of 24 students who finished the Program (completers) did not participate in the final evaluation, following outcome analysis was based on the sample of 22 completers. In addition, another three completers left some questions of the final evaluation not answered; thus, some parts of the analysis were based on the sample of 19 participants.

Pairwise comparisons of the completers' group scores between the initial and the final evaluations (paired sample *t*-test) revealed significant improvement on all outcome measures, except for OQ-45.2 social role scale (see Table 2). However, estimated Effect Sizes can be considered as small with one exception: the subjective evaluation of the difficulty of the situation where change is desired increased from 4 to 6.86 on the 10-point scale, resulting in the large Effect Size.

Table 2. Comparisons of the outcome measures' scores between the initial and the final evaluations in the completers' group

	<i>n</i> ^a	Initial evaluation M (SD)	Final evaluation M (SD)	<i>t</i>	<i>p</i>	Cohen's <i>d</i> ^b
OQ-45.2 scales:						
Symptom Distress	19	45.53 (14.44)	40.26 (14.50)	3.15	.006	.36
Interpersonal Relationships	19	20.11 (7.26)	17.26 (8.08)	3.04	.007	.36
Social Role	19	12.42 (3.31)	11.74 (4.48)	1.00	.331	.16
Total Score	19	78.05 (22.57)	69.26 (25.52)	3.38	.003	.35
General life satisfaction	19	6.11 (1.66)	6.84 (1.89)	-2.42	.026	.41
The difficulty of the situation where change is desired	22	4.00 (1.54)	6.86 (2.08)	-9.02	< .001	1.50

^aThe difference of the participants' number here and hereafter is because not all Program completers answered all questions of the final evaluation. ^bThe Effect Sizes for paired *t*-tests were calculated using the online calculator (Lenhard, Lenhard, 2016)

Besides, 91% of the participants demonstrated at least some improvement on this scale from the initial to the final evaluation: 9% (*n* = 2) improved by 1 point; 18% (*n* = 4) – by 2 points; 23% (*n* = 5) – by 3 points; 36% (*n* = 8) – by 4 points, and 5% (*n* = 1) by 6 points. Only 9% (*n* = 2) of the participants, who completed the Program, demonstrated no improvement (Wilcoxon Signed Ranks Test *Z* = -3.96, *p* < .001).

Face-to-face counseling clients of the VMU Psychology Clinic are also routinely asked to evaluate their difficulty of the situation bringing them to the counseling (on the 10-point scale) before the first and after each of the following sessions. This provided us with the possibility to

compare the progress on this measure in the groups of clients who completed the face-to-face counseling at the Clinic in the academic year of 2014/2015 ($n = 15$), and the completers of the Program ($n = 22$). There was no significant between-group difference at the pre-intervention evaluation (the face-to-face counseling group: $M = 3.93$, $SD = 1.62$; the Program completers group: $M = 4.00$, $SD = 1.54$; $t(35) = -.13$, $p = .90$), showing that both groups perceived their situations as similarly difficult. Similarly to the Program completers group, in the group of face-to-face counseling clients the average evaluation on the scale increased significantly from pre- ($M = 3.93$, $SD = 1.62$) to post- intervention ($M = 7.33$, $SD = 2.69$) ($t(14) = -6.28$, $p < .001$, *Cohen's d* = 1.40). The comparison of the magnitude of change (the arithmetical difference between scores of the final and initial evaluations) revealed no statistically significant difference between groups of face-to-face counseling clients ($M = 3.40$, $SD = 2.09$), and the Program completers ($M = 2.86$, $SD = 1.49$) ($t(35) = -.91$, $p = .37$, *Cohen's d*_{corr} = .25). Thus, the progress on the measure of the difficulty of the situation where change is desired can be considered as moderately large and comparable in both analyzed groups.

PARTICIPANTS' FEEDBACK ABOUT THE PROGRAM

During the final evaluation the participants were asked several questions to obtain their opinion and subjective perception about the usefulness, difficulty, acceptability of the Program, and the attractiveness of the space journey idea. The data revealed that the participants evaluated different aspects of the Program better than average with the group means scattered around 7 on the 10-point scale.

Furthermore, as many as 86% ($n = 19$) of the participants who went through the entire Program ($n = 22$) reported that it helped in seeking desired changes, and 96% ($n = 21$) would recommend the Program to friends or other close people. Most of the participants at least partially saw their personal involvement in achieving the positive change: 41% ($n = 9$) reported that the change was due to their personal efforts; 50% ($n = 11$) – that the change was initiated by the combination of personal efforts and changed circumstances; and only 9% ($n = 2$) said that did not experience positive changes during the period of participation in the Program.

Another interesting data come from the completers' ($n = 22$) answers to the question regarding their attitude towards the participation in the Program: 4% ($n = 1$) answered that they "went through the Program without the enthusiasm, just under an obligation"; 41% ($n = 9$) stated that they "started with the enthusiasm, but gradually the motivation to participate faded"; 23% ($n = 5$) said that they "had no expectations at the beginning, but gradually their willingness to participate grew"; and finally, 32% ($n = 7$) claimed that they "were looking for something like this, so are glad they could participate". Hence, most of the completers had certain degree of motivation, but some fluctuation of the motivation during taking part in the Program also can be observed: in almost one third of the cases the willingness to participate grew: however, in almost half of the cases it was gradually decreasing as the participation in the Program progressed.

DISCUSSION

Comparing to other university counseling centers and data presented in the literature (Jonušienė, 2014; Rückert, 2015), a relatively small demand for counseling services at VMU during the period of analysis was revealed. On the one hand, this could reflect the peculiarities of the Lithuanian health care system where, similarly to some other European countries, students enter universities at legal age and are considered as adults who can take care of themselves (Rückert, 2015). Accordingly, they can access mental health services outside the university as students' health care is ensured by the State. On the other hand, the number of students seeking help during one academic year (50 face-to-face clients and 230 users of the Program) constitutes almost 4% of all VMU students, which is comparable to other European universities. For example, at the Freie Universität Berlin almost 6% of students use various means of psychological help every year (Rückert, 2015). The fact that much more students showed interest in the unguided computerized solution-focused self-help program could support the notion that some students in need prefer self-help over the face-to-face counseling (Mitchell & Dunn, 2007). Some could debate that self-help is more suitable for students with less severe difficulties; thus, offering this option prompts them to use it, while students with more serious difficulties

still seek for the face-to-face counseling. However, some of our findings seem to contradict premise that self-help is an option only for the less distressed students. For instance, OQ-45.2 scores reflect quite severe psychosocial functioning problems among self-help program participants and almost half of them reported using mental health services at present or in the past. In addition, the clients of the VMU Psychology Clinic who completed the face-to-face counseling and the completers of the self-help program evaluated the difficulty of the situation where change is desired as rather severe with no significant difference between groups. These results are in line with other studies analyzing mental health of university students (Berger et al., 2015; Kress et al., 2015; Rückert, 2015). For the further inquiry it would be useful to compare the characteristics of students who chose self-help, face-to-face clients, and general population of university students to answer the question whether the self-help is seen as favorable by all students in need, or there is some specific group with specific issues or severity of difficulties, where self-help is more preferable.

Another important finding was that completers of the unguided computerized self-help program benefited in several ways. Comparing the evaluations of the situation where change is desired before and after the intervention: (a) most of the Program completers (91%) demonstrated improvement, (b) group mean evaluation increased significantly with the large effect size, and (c) the magnitude of change did not differ significantly from the group of the VMU Psychology Clinic clients who completed the face-to-face counseling. In addition, the Program completers also reported statistically significant improvement of psychosocial functioning, although with small effect sizes. Such finding was not unexpected, knowing that the participants of the Program are prompted to choose one issue or goal to work on, which can vary from a very broad issue, covering several life areas, to a very narrow one, altering of which does not necessarily lead to the changes in broader life context. Such results encourage looking further at how much impact the Program (being focused at setting and achieving specific goals) can have on the participants' general psychosocial and even academic functioning.

Finally, the participants' feedback about the Program was rather positive: (a) group evaluations of the Program's usefulness, acceptability, and attractiveness of the idea of space journey were higher than average

on the 10-point scale; (b) most of the participants reported that the Program was helpful in achieving change, and that they would recommend it to other close people.

In summary, our preliminary data suggest that being cost effective and easily accessible the unguided computerized solution-focused self-help program attracted more students in need than the face-to-face counseling, and was considered useful and appreciated by those participants who completed it. For the larger part of students, the Program was the first experience of psychological help, which is in line with other findings (Harrar et al., 2010). If this first experience is positive, it could also be an encouragement to seek for help when needed in the future.

These results contribute to a currently existing few reports that solution-focused approach can be beneficial in the context of self-help (Grant, 2012; Pakrošnis & Cepukienė, 2015). Besides, our findings are in line with the results of non-SFBT based self-help tools revealing significant changes mostly in students' emotional state (Cavanagh et al., 2013; Davies et al., 2014; Day et al., 2013), and confirming the potential of self-help in reducing students' distress. Nevertheless, the data presented in this article should be considered with precaution. First, despite statistically significant improvement in Program completers' psychological functioning it is difficult to judge about clinical significance of these results because of the lack of OQ-45 norms for Lithuanian population. According to the USA norms the scores of this group remain in the distressed range even after the intervention. Second, the use of subjective measures (self-report scaling questions) limits the accuracy and generalizability of the results. Therefore, to thoroughly evaluate the effectiveness of the self-help program and justify its purposefulness for the university student population, further research with larger sample sizes, control, or comparison groups and broader spectrum of evaluation methods is required. Furthermore, the follow-up of the self-help program users could provide valuable information on the potentially lasting effects of the Program.

However, despite rather positive evaluations from the completers of the Program, the drop-out rate, although comparable to drop-out rates of other unguided computerized self-help tools provided in the literature (up to 79 %) (Berger et al., 2011; Cavanagh et al., 2013; Davies et al., 2014), was still relatively high and considerably higher compared to the

group of face-to-face counseling clients. In addition, more than half of the participants (60%) dropped out after the first two steps, and 41% of the self-help program completers reported that their motivation to participate decreased during the Program. This could suggest that part of the students perceived the Program as not meeting their initial expectations or not attractive enough to continue. On the other hand, in the current study the participants were considered as completers only if they completed all six steps of the Program. At this stage, the Program does not provide the participants with the option to leave it earlier. As a result, some participants, considered as drop-outs, could have terminated early because they improved enough before the formal end of the Program. The notion that the drop-out rate is related to early improvement has some support in the literature (Christensen, Griffiths, & Farrer, 2009). Unfortunately, the participants' feedback about the Program was collected only at the very end of the Program; thus, the information about the reasons for early termination was not acquired. At the same time the average number of sessions among face-to-face clients was four, suggesting that some students improve quite fast. This suggests that providing participants with the more flexibility to finish the participation earlier and collecting information about the reasons for such decision could be a valuable and necessary improvement for the Program and other similar programs.

Another often-suggested option for improving the adherence to the computerized self-help and effectiveness of self-help in general is to provide a certain level of guidance or human contact (Cavanagh et al., 2013; Cavanagh & Millings, 2013; Davies et al., 2014; Richards & Timulak, 2013). Nonetheless, adding some guidance is always related to additional human resources and costs. Besides, there is evidence that some of the common factors are utilized successfully and therapeutic relationship can be formed to some degree even in the case of unguided self-help (Baguley et al., 2010; Cavanagh & Millings, 2013). In this respect, further studies could provide more information on the means to enhance the formation and maintenance of the therapeutic relationship in the context of unguided self-help.

Another tendency to be mentioned, which is in line with other results (Rückert, 2015), is the low number of male participants, especially among those who completed the Program. This prompts to look for the

aspects of self-help programs which could increase and help to maintain male students' willingness to start and keep using a program.

Summing up, adding the unguided computerized solution-focused self-help program to the services package was a valuable decision for the VMU Psychology Clinic. Despite the limited generalizability and some questions left for future studies, the presented data suggests that unguided computerized self-help tools based on strengths-oriented approaches and addressing a wide range of issues have the potential to make the psychological help more accessible for students as well as cost and time efficient for university counseling centers.

REFERENCES

- ACHA. (2010). American College Health Association Consideration for Integration of Counseling and Health Services on College and University Campuses. *Journal of American College Health, 58*(6), 583–596.
- Baguley, C., Farrand, P., Hope, R., Leibowitz, J., Lovell, K., Lucock, M., O'Neill, C., Paxton, R., Pilling, S., Richards, D., Turpin, G., White, J., & Williams, C. (2010). Good Practice Guidance on the Use of Self-Help Materials Within IAPT Services. Technical Report. IAPT (Improving Access to Psychological Therapies), Retrieved from: <http://eprints.hud.ac.uk/9017/>
- Berger, H., Franke, G. H., Hofmann, F. H., Sperth, M., & Holm-Hadulla, R. M. (2015). Mental Health of Students and Its Development Between 1994 and 2012. *Mental Health & Prevention, 3*, 48–56. doi: <http://dx.doi.org/10.1016/j.mhp.2015.01.001>
- Berger, T., Hammerli, K., Gubser, N., Andersson, G., & Caspar, F. (2011). Internet-Based Treatment of Depression: A Randomized Controlled Trial Comparing Guided with Unguided Self-Help. *Cognitive Behaviour Therapy, 40* (4), 251–266. doi: 10.1080/16506073.2011.616531
- Bunevicius, A., Katkute, A., & Bunevicius, R. (2008). Symptoms of Anxiety and Depression in Medical Students and in Humanities Students: Relationship with Big-Five Personality Dimensions and Vulnerability to Stress. *International Journal of Social Psychiatry, 54*(6), 494–501. doi: 10.1177/0020764008090843
- Cavanagh, K., & Millings, A. (2013). (Inter)personal Computing: The Role of the Therapeutic Relationship in E-Mental Health. *Journal of Contemporary Psychotherapy*, doi: <https://doi.org/10.1007/s10879-013-9242-z>
- Cavanagh, K., Strauss, C., Cicconi, F., Griffiths, N., Wyper, A., & Jones, F. (2013). A Randomised Controlled Trial of a Brief Online Mindfulness-Based Intervention. *Behaviour Research and Therapy, 51*, 573–578. doi: <http://dx.doi.org/10.1016/j.brat.2013.06.003>

- Christensen, H., Griffiths, K. M., & Farrer, L. (2009). Adherence in Internet Interventions for Anxiety and Depression: Systematic Review. *Journal of Medical Internet Research*, 11(2), e13. doi: 10.2196/jmir.1194
- Davies, E. B., Morriss, R., & Glazebrook, C. (2014). Computer-Delivered and Web-Based Interventions to Improve Depression, Anxiety, and Psychological Well-Being of University Students: A Systematic Review and Meta-Analysis. *Journal of Medical Internet Research*, 16(5), pp. e130. doi: 10.2196/jmir.3142
- Day, V., McGrath, P. J., & Wojtowicz, M. (2013). Internet-Based Guided Self-Help for University Students With Anxiety, Depression and Stress: A Randomized Controlled Clinical Trial. *Behaviour Research and Therapy*, 51, 344–351. doi: <http://dx.doi.org/10.1016/j.brat.2013.03.003>
- DeShazer, S., Dolan, Y., Korman, H., Trepper, T., McCollum, E., & Berg, I. K. (2007). *More Than Miracles: The State of the Art of Solution-Focused Brief Therapy*. NY: Routledge. p.177.
- European Union for School and University Health and Medicine (EUSUHM). (2007). *The Tampere Declaration on Student Health Care in Europe*. Retrieved from: <http://www.eusuhm.org/documents/EUSUHM2007TampereDeclaration.pdf>
- Gingerich, W. J., Kim, J. S., Stams, G., & Macdonald, A. J. (2011). Solution-Focused Brief Therapy Outcome Research. In C. Franklin, T. Trepper, E. McCollum, & W. Gingerich (Eds.), *Solution-focused brief therapy: A Handbook of Evidence-Based Practice* (p. 95-111). New York: Oxford University Press.
- Grant, A. M. (2012). Making Positive Change: A Randomized Study Comparing Solution-Focused VS. Problem-Focused Coaching Questions. *Journal of Systemic Therapies*, 31(2), 21–35. doi: <http://dx.doi.org/10.1521/jsyt.2012.31.2.21>
- Harrar, W. R., Affsprung, E. H., & Long, J. C. (2010). Assessing Campus Counseling Needs. *Journal of College Student Psychotherapy*, 24, 233–240. doi: 10.1080/87568225.2010.486303
- Jonušienė, D. (2014). Psichikos sveikatos problema studijų procese [On the Problem of Mental Health in Study Process]. *Tiltai*, 4, 115–125. doi: <http://dx.doi.org/10.15181/tbb.v68i4.954>
- Katzensteiner, M., Ferrer-Sama, P., & Rott, G. (Eds.). (2008). *Guidance and Counseling in Higher Education in European Union Member States*. University of Aarhus, Aarhus. Retrieved from: <https://www.uhr.se/globalassets/syv/webbibliotek/utbildning-och-arbetsliv/guidance-and-counselling-fedora.pdf>
- Kress, V., Sperth, M., Hofmann, F. H., & Holm-Hadulla, R. M. (2015). Psychological Complaints of Students: A Comparison of Field Samples with Clients of a Counseling Service at a Typical German University. *Mental Health & Prevention*, 3, 41–47. doi: <http://dx.doi.org/10.1016/j.mhp.2015.04.002>
- Lambert, M. J., Burlingame, G. M., Umphress, V., Hansen, N. B., Yancher, S. C., Vermeersch, D., & Clouse, G. C. (1996). The Reliability and Validity of a New Psychotherapy Outcome Questionnaire. *Clinical psychology and Psychotherapy*, 3(4), 249–258. doi: [https://doi.org/10.1002/\(SICI\)1099-0879\(199612\)3:4<249::AID-CPP106>3.0.CO;2-S](https://doi.org/10.1002/(SICI)1099-0879(199612)3:4<249::AID-CPP106>3.0.CO;2-S)

- Lenhard, W. & Lenhard, A. (2016). Calculation of Effect Sizes. Available at: https://www.psychometrica.de/effect_size.html. Dettelbach (Germany): Psychometrica. doi: 10.13140/RG.2.1.3478.4245
- Lintvedt, O. K. (2013). *Unguided Internet-Based Self-Help for Symptoms of Depression. A Translation Project: From Planning and Establishing the Efficacy to Dissemination and Cost-Benefit Evaluation*. A dissertation for the degree of Philosophiae Doctor, University of Tromsø. Retrieved from: <https://munin.uit.no/bitstream/handle/10037/5483/thesis.pdf?sequence=2&isAllowed=y>
- McKeel, J. (2011). What Works in Solution-Focused Brief Therapy. In C. Franklin, T. Trepper, E. McCollum, & W. Gingerich (Eds.), *Solution-Focused Brief Therapy: A Handbook of Evidence-Based Practice* (p. 130–143). New York: Oxford University Press.
- Mitchell, N., & Dunn, K. (2007). Pragmatic Evaluation of the Viability Of CCBT Self-Help for Depression in Higher Education. *Counseling and Psychotherapy Research*, 7(3), 144–150. doi: <https://doi.org/10.1080/14733140701565987>
- Nordberg, S. S., Hayes, J. A., McAleavey, A. A., Castonguay, L. G., & Locke, B. D. (2013). Treatment Utilization on College Campuses: Who Seeks Help for What? *Journal of College Counseling*, 16, 258–274. doi: 10.1002/j.2161-1882.2013.00041.x
- Pakrošnis, R., & Cepukiene, V. (2015). Solution-Focused Self-Help for Improving University Students' Well-Being. *Innovations in Education and Teaching International*, 52(4), 437–447. doi: 10.1080/14703297.2014.930352
- Radhu, N., Daskalakis, Z. J., Arpin-Cribbie, C. A., Irvine, J., & Ritvo, P. (2012). Evaluating a Web-Based Cognitive-Behavioral Therapy for Maladaptive Perfectionism in University Students. *Journal of American College Health*, 60, 357–366. doi: 10.1080/07448481.2011.630703
- Richards, D., & Timulak, L. (2013). Satisfaction with Therapist-Delivered VS. Self-Administered Online Cognitive Behavioural Treatments for Depression Symptoms in College Students. *British Journal of Guidance & Counseling*, 41(2), 193–207. doi: <http://dx.doi.org/10.1080/03069885.2012.726347>
- Rozental, A., Andersson, G., Boettcher, J., Ebert, D. D., Cuijpers, P., Knaevelsrud, C., Ljótsson, B., Kaldo, V., Titov, N., & Carlbring, P. (2014). Consensus Statement on Defining and Measuring Negative Effects of Internet Interventions. *Internet Interventions*, 1, 12–19. doi: <http://dx.doi.org/10.1016/j.invent.2014.02.001>
- Rückert, H. W. (2015). Students' Mental Health and Psychological Counseling in Europe. *Mental Health & Prevention*, 3, 34–40. doi: <http://dx.doi.org/10.1016/j.mhp.2015.04.006>
- Sanchez-Ortiz, V. C., Munro, C., Stahl, D., House, J., Startup, H., Treasure, J., et al. (2011). A Randomized Controlled Trial of Internet-Based Cognitive-Behavior for Bulimia Nervosa or Related Disorders in a Student Population. *Psychological Medicine*, 41, 407–417. doi: 10.1017/S0033291710000711
- Tillfors, M., Carlbring, P., Furmark, T., Lewenhaupt, S., Spak, M., Eriksson, A., et al. (2008). Treating University Students with Social Phobia and Public-Speaking Fears: Internet Delivered Self-Help With or Without Live Group Exposure Sessions. *Depression and Anxiety*, 25, 708–717. doi: 10.1002/da.20416

Į SPRENDIMUS SUTELKTOS KOMPIUTERINĖS SAVI-PAGALBOS PROGRAMOS ĮTRAUKIMAS Į UNIVERSITETO PSICHOLOGINIO KONSULTAVIMO PASLAUGAS

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Santrauka. Įžanga. Psichologinių problemų turinčių studentų augantis skaičius ir santykinai didelis skaičius studentų, kurie negauna reikiamos pagalbos, skatina universitetų psichologinio konsultavimo centrus šalia tradicinio psichologinio konsultavimo ieškoti ir diegti alternatyvias pagalbos priemones. Pripažįstama, kad kompiuterinė savi-pagalba yra viena iš daugiausiai žadančių alternatyvų. Siekiant išplėsti studentų konsultavimo paslaugas Vytauto Didžiojo universitete (Lietuva), straipsnio autoriai sukūrė ir 2014 m. į paslaugas studentams įtraukė į sprendimus sutelktą kompiuterinę savi-pagalbos programą. Programa kviečia dalyvį į virtualią „kelionę kosmosu“, applanbant keletą planetų, kurių kiekviena atspindi skirtingą į sprendimus sutelktą temą ir padeda siekti teigiamų pokyčių įvairiose gyvenimo srityse. **Tikslas.** Pristatyti pradinį Programos veiksmingumo, padedant studentams įveikti turimus sunkumus ir gerinti jų psichologinį-socialinį funkcionavimą, rezultatus bei aptarti Programos įtraukimo į Vytauto Didžiojo universiteto psichologinio konsultavimo paslaugas privalumus. **Metodai.** Pradinio ir baigiamojo vertinimų, kuriuos skyrė vienas mėnuo, metu buvo taikytos subjektyvios 10 balų vertinimo skalės ir standartizuotas klausimynas (OQ-45.2). **Rezultatai.** Buvo analizuojami 24 studentų, kurie pilnai užbaigė visą programą, rezultatai. Jie atskleidė, kad per tiriamą laikotarpį Programa, pritraukusi daugiau sunkumų turinčių studentų nei akivaizdinė psichologinė pagalba, buvo naudinga ir dalyviai vertinama teigiamai. Tai leidžia manyti, kad kompiuterinės savi-pagalbos priemonės, pagrįstos į stiprybes sutelktu požiūriu ir sudarančios sąlygas spręsti įvairaus pobūdžio problemas, ne tik gali sustiprinti psichologinės pagalbos prieinamumą studentams, bet ir taupyti universitetų psichologinio konsultavimo centrų išteklius bei laiką.

Reikšminiai žodžiai: universiteto studentų psichologinis konsultavimas; kompiuterinė savi-pagalba; į sprendimus sutelktas požiūris.

Received: 2018-09-06

Accepted: 2019-02-04