



University of Roehampton

## DOCTORAL THESIS

**A qualitative study to investigate in what ways are the distinctive features of synchronous text- based counselling experienced as being helpful and/or unhelpful by young people?**

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A qualitative study to investigate in what ways are the distinctive features of synchronous text-based counselling experienced as being helpful and/or unhelpful by young people?

by

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A thesis submitted in partial fulfilment of the requirements for the degree of

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## **Abstract**

Within the UK, there has been a growth of services delivering online counselling to young people. Many studies have identified helpful and unhelpful factors of online counselling for both adults and young people. This study expands upon this literature, by not only identifying what factors young people find helpful and unhelpful about synchronous online counselling but also how and why these factors are perceived as helpful or unhelpful. Participants were recruited through an online service in the UK that offers synchronous online counselling to 10-25 year olds. Thirteen young people, aged between 14-18 who had completed a minimum of 4 online counselling sessions with Kooth, were interviewed synchronously online, using semi structured interviews. Thematic analysis was used to analyse the data. Four main themes were generated: 1. anonymity, 2. access and availability, 3. communication, and 4. control. The way in which young people perceived these as helpful and unhelpful is discussed for each. The findings can contribute to practice by offering recommendations to improve face to face service provisions such as improving access to therapy, greater availability of appointments and suggestions on how to facilitate a safe environment. Furthermore, recommendations are made of how online counselling provisions could be developed such as discussing the potential of misinterpretation with young people and developing functions for young people to upload documents or colour and draw to facilitate communication. The findings also highlight that further research could be done to explore in which contexts online counselling may be more or less helpful than face to face counselling. Limitations of the study included the use of one online counselling service, which may limit the transferability of the findings.

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## Chapter 1: Introduction

The purpose of this chapter is to introduce how I became interested in researching the topic of online counselling with young people. I will begin by defining terms that shall be used throughout this thesis. I will then provide context for how the topic developed into a research area followed by the rationale for this study. The aims of the study shall then be discussed. Finally, I will present a reflexive statement regarding my epistemological position in relation to my identity as a counselling psychologist.

### 1.1 Definition of Terms

**1.1.1 Young people.** There are various definitions of *young people* used across organisations. The United Nations (United Nations; UN, 1981) refers to young people as those aged between 15-24. However, the World Health Organisation (World Health Organisation; WHO, 1986) had originally defined it as those aged between 10-19 but revised their definition to include those aged between 10-24. They argued that the UN's definition excluded those at the onset of puberty. Furthermore, they felt that their original definition of 10-19 did not capture those at the upper end of the spectrum. As a result, they merged both definitions to produce a more representative sample of young people. Furthermore, their definition permitted the age range to be divided into equal subcategories of 10-14, 15-19 and 20-24. This study will use the WHO's (1986) definition of young people.

**1.1.2 Online counselling.** This can be defined as “any delivery of mental and behavioural health services, including but not limited to therapy, consultation, and psychoeducation, by a licensed practitioner to a client in a non-face to face setting through distance communication technologies such as the telephone, asynchronous e-mail, synchronous chat, and videoconferencing” (Mallen & Vogel, 2005, p.764). There are numerous terms used to refer to online counselling including cybertherapy, e-therapy, web-

based therapy, computer-mediated interventions, online therapy and e-interventions. This research shall focus on therapy delivered through synchronous communication which can be termed synchronous online counselling. Throughout the thesis this shall be referred simply as online counselling.

**1.1.3 Synchronous communication.** In this style of communication an individual submits an online message and receives a response immediately as the communication occurs in real-time (Mallen & Vogel, 2005).

**1.1.4 Asynchronous communication.** This communication is not in real-time and therefore involves participants responding to each other online when they have time (Rochlen, Zack & Speyer, 2004). Email exchange is an example of this.

## **1.2 The Development of the Research Area**

My personal interest in the subject area of young people's online counselling was influenced by personal and professional experiences. My personal relationship to this research area is discussed in detail in the reflexivity section.

On a professional level, I have worked within an NHS child and adolescent mental health service as part of my training placements. This has nurtured my interest in young people's psychological therapy further. Additionally, as a counselling psychologist in doctoral training, I have been exposed to a relational way of working which prizes the relationship between therapist and client. Having come across counselling being delivered online I questioned how I, as a counselling psychologist, could engage in therapy in this way? This prompted me to explore this subject area and take it forward as my doctoral research project.

### **1.3 Context and Rationale**

It has been reported that there is a high prevalence of mental health difficulties in adolescence and young adulthood (Costello, Mustillo, Erkanli, Keeler & Angold, 2003; Rickwood, Deane & Wilson, 2007). Numerous reports have quoted various statistics regarding mental health in children and young people. For example, one in five children face mental health difficulties across low, middle and high-income countries (Kieling et al., 2011) and approximately half of all those who experience a mental health difficulty would have experienced their first symptom before the age of 14 (Public Health England, 2016).

A United Kingdom's (UK) government green paper, *Transforming Children and Young People's Mental Health Provision* (Department of Health & Department of Education, 2017), outlined new initiatives to improve the lives of young people. The purpose of the paper was to outline their aims to ensure early intervention and prevention for young people and improve access times to NHS services delivering psychological support. There was also a focus on the role that schools and colleges have in helping reach these objectives.

This was echoed by the Care Quality Commission (2017) who reviewed mental health services for children and young people across the UK. Their review highlighted that many young people are not receiving timely care and thus improvements need to be made to ensure young people are receiving the help they require.

In order to bridge these gaps between service demands and young people's needs, the use of online platforms has been suggested (Burns & Birrell, 2014; Department of Health & Department of Education, 2017). The Children's Commissioner (2015) reported that research indicates that children in England are using online platforms to access information and advice on mental health problems. The report concluded that the quality of these websites needs to be assured and professionals should be present online to promote more awareness of mental

health problems. MindEd, an e-learning resource for counsellors which was funded by the Department of Health, carried out a scoping review of UK online counselling services for young people (Street, 2013a). The review found 10 services and concluded there is a modest range of online services present and the data so far presents encouraging outcomes. Data from this scoping review suggested that demand for such online counselling services is growing and that feedback from young people using them is positive.

There has been limited research looking at online counselling for young people in the UK with a large body of literature stemming from Australia. This provides a rationale to carry out further research in the UK to understand the experiences of young people and guide specific services for this population. Specifically, previous studies have highlighted what young people find helpful and unhelpful about online counselling. Research from the UK (Callahan & Inkle, 2012; Hanley, 2008; Hanley, 2009; Frith, 2017a) has used small sample sizes and quantitative methods and not focused on how or why these factors were helpful or unhelpful. Mallen, Vogel, Rochlen and Day (2005) have argued that more research needs to look at the processes taking place in online counselling. As a result, it could be argued that the purpose of investigating underlying processes would help contribute to our understanding of why such factors are perceived as helpful and/or unhelpful for young people.

A vast amount of the research into online counselling for young people was carried out over a decade ago. The current demand for youth mental health services within the UK has seen the government focus their attention on improving service provisions ((Department of Health & Department of Education, 2017). Additionally, the use of internet services has developed across the decade with more young people using the internet (Frith, 2017b; Ofcom, 2017). This research is similar to past research (King et al., 2006b; Hanley, 2008; Hanley, 2009) in that it will seek to identify helpful and unhelpful factors of online counselling. However, given that past research was done over a decade ago this study will

aim to provide insight into the current experiences of online counselling for young people given the growth in internet use and the demands of youth mental health services. This will help towards understanding whether online counselling may or may not have developed to meet the needs of young people within the UK. This research will also extend past research by understanding why these factors are perceived as being helpful or unhelpful. These findings can then be used to guide practice.

The field of counselling psychology aims to develop phenomenological practice whilst utilising scientific methods (British Psychological Society; BPS, 2005). The present study is consistent with these principles in its emphasis on exploring the subjective experiences of young people who access online counselling, with a view to developing online counselling services. There is also a special interest in therapeutic work with young people within counselling psychology (BPS, 2016) which further strengthens the rationale for the current study. The growth of online counselling has also seen leading organisations such as the British Association for Counselling and Psychotherapy (BACP) modify their views on the need for training therapists to deliver counselling online. In the early 2000s the BACP suggested that such training might be required (Goss, Anthony, Jamieson & Palmer, 2001). However, more recently their position has shifted to strongly recommending such training (Anthony & Goss, 2009; Anthony, 2015). By developing a better understanding of what factors young people find helpful and unhelpful in their experiences of online counselling and why, this research will aim to contribute to the training of staff delivering online counselling and to foster good practice.

#### **1.4 Aims of the Study**

The aim of the present study is to understand what specific aspects of synchronous online counselling young people find helpful or unhelpful. Additionally, the study aims to

establish why these helpful and/or unhelpful factors are perceived as helpful or unhelpful for the young person. As a result, this study aims to build on existing studies that have explored helpful and unhelpful factors in online counselling by exploring the process by which these factors are deemed as helpful or unhelpful for young people. This will be done by interviewing young people who have engaged in online counselling about their experiences and analysing these using thematic analysis. It is hoped that this study will contribute towards the body of research looking at online counselling for young people in the UK and help guide practice and development of online counselling initiatives as well as training for practitioners delivering online counselling.

### **1.5 Contribution to Counselling Psychology**

Training in counselling psychology requires trainees to become proficient in at least two models of psychological therapy (BPS, 2014). This provides a counselling psychologist with the skills to draw upon psychological theories to suit the client. This capacity to adopt different theoretical positions allows counselling psychologists to remain critical and flexible in their work (Douglas, Woolfe, Strawbridge, Kasket & Galbraith, 2016). These skills are said to be transferrable to different client groups such as young people, adults, older adults, those with learning disabilities, substance abuse clients and more (BPS, 2014).

As outlined by the BPS' (2005) counselling psychology practice guidelines, counselling psychologists should seek to understand the impact that the client's context may have on their therapeutic journey, as well as be reflective about their own practice and profession. The current research focuses on the subject of delivering counselling across an online platform. This is a relatively new and growing field compared to traditional face to face psychotherapy. It is therefore important that, as a counselling psychologist, there is an understanding of how the client may be experiencing this medium in order to inform practice

accordingly. It could also be argued that, as adults are normally responsible for delivering psychological therapy, they may hold generational biases that may or may not accurately mirror the experiences of young people using online counselling. Consequently, there is a need to research this to assess young people's experiences of this medium.

Additionally, the research aims to understand how these helpful and unhelpful factors are perceived to be helpful and/or unhelpful. Counselling psychologists are interested in understanding the meanings, beliefs and processes that are formed between and within people and how this may influence an individual's wellbeing (BPS, 2014). As a result, the research aimed to understand the underlying processes that young people feel make the factors of online counselling helpful or unhelpful to develop online services.

## **1.6 Reflexivity**

Reflexivity refers to the process of exploring the relationship between the researcher and the research (Brannick & Coghlan, 2006). Willig (2013) described two types of reflexivity: epistemological reflexivity and personal reflexivity. Epistemological reflexivity refers to the assumptions that are made through the research about the world and knowledge. This involves a critical appraisal of the research by answering questions about how the research question has defined what can be found, whether the data and findings have been imposed upon by the study's design and method of analysis, and whether the research could have been conducted in another way.

As a counselling psychology trainee my practice includes an integrative approach utilising person-centred, psychodynamic and cognitive behavioural ideas, all of which are underpinned by a relational framework. The therapeutic relationship is a fundamental process in my work and I value the diversity that clients bring with their own experiences. Within my own belief system, I am aware that I consider clients as the best narrator for their individual

stories, including young people who can often be overshadowed by adults in their world. I believe that there may be elements of experience that clients are unaware of and this may be uncovered within the therapeutic work.

Considering this, the philosophical position to which I align myself with is critical realism. Critical realism is discussed in detail within the methodology chapter of this thesis. A critical realist position posits that the ontological nature of reality cannot be reduced to epistemological knowledge of reality (Fletcher, 2017). Consequently, our knowledge contributes towards a small amount of reality. Research participants may give voice to their experiences, offering insight into a phenomenon. As a researcher, I also bring myself into the research process by interpreting my participants' experiences, in an attempt to develop a more comprehensive understanding of the phenomenon. Hence, as in the therapy room, I will prize the participants' experiences whilst offering my understanding too.

As well as epistemological reflexivity, I have also engaged in personal reflexivity in relation to this research. From my teenage years I was always aware that the profession I would find myself in would involve working with people and particularly young people. This drive towards working with young people came from my own experiences as a teenager, struggling with the impact of my eczema on my confidence. It was during these significant years, as a young person trying to develop a sense of identity, that my eczema flared significantly. This impacted my attendance at school as I had to attend weekly hospital appointments as well as basic decisions such as what I felt I could or could not wear. At the age of 17, I found a consultant dermatologist who had a profound effect on my life. Not only did he offer the medical treatment needed to stabilise my skin but offered comfort and warmth which provided me with hope and confidence. I recall his way of being with his patients as something I wished to emulate in my own practice with young people. This



personal experience has provided me with a strong empathy towards young people and understanding the importance of psychological wellbeing during adolescence.

During the research process, I attempted to be critically mindful of my own belief system and assumptions. I kept a reflexive journal documenting a range of thoughts, beliefs and difficulties I encountered through the research journey. The purpose of a reflexive journal is to aid reflexivity throughout the research and to create a transparent and critical approach to the research process (Nadin & Cassell, 2006; Ortlipp, 2008). The diary was particularly important for me when interviewing the participants as I was aware of my struggle from moving into a researcher role from a therapist role. It was noticeable, by me and my supervisors, that my interviewing style incorporated communication styles used within therapy sessions such as summarising and empathy whilst remaining focused on conducting an interview. For me, this style of interviewing was a natural way of communicating and was important to engage the young people.

Alongside the reflexive journal, I used research supervision to relay any concerns I had about how I was engaging in the research. For example, there was a time I was exposed to upsetting content whilst arranging an interview with a young person. It was important for me to discuss this with my supervisors to ensure this would not influence my interview with the young person and to ensure my own personal wellbeing.

## **Chapter 2: Literature Review**

The purpose of this chapter is to review and discuss existing literature on online counselling as means of introducing this subject area. A systematic literature review was conducted initially focusing on research exploring helpful and unhelpful factors in synchronous online counselling for young people. However, a limited amount of research was found, so a broader non-systematic search of the literature was conducted to establish whether there was research on helpful and unhelpful factors in online counselling, not solely specific to young people or synchronous chat. This yielded more results. The resultant literature is discussed in this chapter and provides a general overview of online counselling. This chapter shall begin by exploring the development of online counselling before presenting literature focusing on young people's mental health and online counselling. The final section shall then discuss the research looking at general helpful and unhelpful factors of online counselling which are not specific to young people's research or synchronous online counselling. The aim of this latter section is to provide a backdrop for the next chapter. A systematic literature review is then presented in the following chapter, which focuses specifically on synchronous online counselling for young people.

### **2.1 Development of Online Counselling**

It was in the 1990s that the development of online counselling first became evident (Chester & Glass, 2006). In 1990, a woman by the name of Martha Ainsworth was unable to receive counselling due to her travelling commitments and thus searched online for a therapist (Zeren, 2015). Through her searches, she found only one therapist who was able to offer counselling remotely. As a result, she set up a website called 'Metanoia' which offered people a directory of online psychological services for those who preferred to access remote counselling. In 1995, Grohol set up a popular mental health forum online which offered

individuals mental health publications and access to a forum which allowed individuals to communicate with each other about mental health related topics (Grohol, 2010).

By the late 1990s and early 2000s, professional bodies began producing guidelines for providing psychological services ethically online. These bodies included the American Psychological Association in 1997, the American Counselling Association in 1997 and the BACP in 2001 and 2005 (Chester & Glass, 2006; Robinson, 2009).

Across the years, many terms have been used to describe this phenomenon. These include but are not limited to, *etherapy*, *webcounselling*, *cybertherapy* and *online counselling* (Bloom, 1998; Castelnuovo, Gaggioli, & Riva, 2001; Cohen & Kerr, 1998; Mallen & Vogel, 2005). This research shall utilise Mallen and Vogel's (2005) following definition of online counselling focusing on the synchronous chat element encompassed within the definition:

Any delivery of mental or behavioural health services, including but not limited to therapy, consultation, and psychoeducation, by a licensed practitioner to a client in a non face-to-face setting through distance communication technologies such as the telephone, asynchronous email, synchronous chat, and videoconference. (p. 764).

This synchronous element refers to communication which occurs in real-time whilst asynchronous communication is not in real-time but when the therapist and client have time to respond (Rochlen, Zach, & Speyer, 2004).

There are many variations of how psychological support is delivered online. Glasgow and Rosen (1978) attempted to categorise how clients make use of the online medium to access support. This was updated by Newman, Erickson, Przeworski and Dzus (2003) into four categories. These categories were described as accessing self-help resources, utilising self-help supported by a therapist, accessing therapy where the therapist has direct input, but

contact tends to be less frequent compared to face to face counselling and using regular therapy combined with self-help. The prevalence of such a variety of terms and delivery methods highlights the breadth and complexity of the use of such a medium within a psychological context.

## **2.2 Young People's Mental Health and the Development of Service Provisions**

Research has suggested that young people have the highest incidence and prevalence rates of psychological difficulties across the lifespan making it an important area of interest for clinicians and researchers (Polanczyk, Salum, Sugaya, Caye, & Rohde, 2015; McGorry, Bates, & Birchwood, 2013). The Health and Social Care Information Centre (HSCIC; 2016) published a report stating over 100,000 young people had been in contact with NHS mental health services in the UK across two months in 2016. Such figures provide a strong argument for the need for good mental health provision for young people.

Despite such statistics, research suggests that young people have difficulty accessing or remaining engaged with psychological services, and show high dropout rates (Rickwood, Deane, Wilson, & Ciarrochi, 2005; Owen et al., 2002; Block & Greeno, 2011). Some reasons for this may include practical issues such as time, cost and location (Owens et al., 2002) or because services are unable to offer appropriate support for the distinctive developmental and cultural needs of this client group (McGorry et al., 2013).

Plaistow et al. (2014) carried out a systematic review of literature looking at young people's perceptions of mental health services in the UK. They identified 31 studies, of which 21 used qualitative methods, 9 used mixed methods and 1 used quantitative methods. They identified key themes of what young people wanted from mental health services and what they perceived as helpful and unhelpful about mental health services. Studies included participants from NHS and non-NHS services, schools or the general population. Those from

schools and the general population were assumed to have no experience of accessing mental health services and therefore were offering insight of what they would like from mental health services rather than their experience of using such as service. Young people expressed a desire to have access to information about mental health services and what to expect from sessions. They suggested that leaflets and websites could be beneficial to do this. They also expressed an interest in receiving information regarding non-statutory services, so they could decide where they would like to access help. Such information would help address pre-conceived ideas about mental health services and issues of stigma. Another theme that emerged from the review related to accessibility. Findings suggested that young people wanted mental health services to be flexible with the timing and location of support, and to be responsive to their individual needs. In terms of location, they young people spoke wanted to be able to access support from areas local to their home or within their school, and wished for support to be immediately accessible, when needed, so problems do not escalate. With these first two themes of information and accessibility, some young people in the studies reviewed reported being unaware that referrals had been made for them or not knowing where to get support from. In terms of the qualities in staff that young people would find engaging, the review suggested that they would value someone who was warm and genuine rather than someone who medicalised their difficulties.

These findings help to highlight the kinds of barriers that can affect access to mental health services for young people as well as how important it is for them to feel in control of their care. Additionally, the desire for services to meet their needs, in terms of location and problem management, served as a potential barrier for them.

Findings from Plaistow et al.'s (2014) systematic literature review were also echoed in a more recent study, by Gibson, Cartwright, Kerrisk, Campbell and Seymour (2016). This identified five themes from interviews with 63 young people about their engagement with a

range of mental health services. This included a face to face hospital-based service, a face to face school counselling service, a telephone counselling service and counselling through mobile phone text messages. Many participants reported a desire to keep in control of whether or not they engaged, and the pace and focus of the sessions. They also stressed the importance of privacy and confidentiality in relation to their parents. Many felt they did not want their parents to know the content of sessions and some stated it was important that parents remained unaware of them accessing services. The therapeutic relationship was found to be another key factor for engagement, with participants reporting wanting their counsellor to be like a friend rather than a professional. In addition, they felt that the role of the counsellor was to listen as they found talking and expressing themselves helpful.

Finally, the young people in Gibson et al's (2016) study felt that accessibility and flexibility was important to their engagement in services. Gibson et al. (2016) concluded that telephone or text counselling would be appropriate in meeting the needs of young people based on their findings.

In relation to the sense of control, Madell and Muncer (2007) highlighted that young people value communicating through the internet and via mobile phones as they perceive control over the interaction. Such research has attempted to understand what young people find important which can then be used to develop services accordingly.

In order to overcome these potential barriers, online provision has been developed to meet the varying needs of young people. National surveys involving adults have suggested that the internet is more likely to be used to search health related information and contact professionals by those who have stigmatised difficulties such as mental health problems, sexually transmitted infections and incontinence problems (Berger, Wagner & Baker, 2005). Furthermore, those websites which offer anonymous access are likely to engage those

individuals who do not seek help from face to face services (Leach, Christensen, Griffiths, Jorm & Mackinnon, 2007). This highlights the potential that the internet can offer for young people (Webb, Burns & Collin, 2008).

The early 2000s saw the further development of specialist online services to target young people in the hope of engaging them in online therapeutic work. This was facilitated by significant developments in digital and online communication technologies such as computers and mobile phones (Ritterband et al., 2003; British Psychological Society, 2009). These technological advancements have seen online counselling develop across the past 15 years (Richards & Vigano, 2013).

In 2000, a service called *Kids Help Line* was launched which offered online counselling to thousands of young people in Australia (Beattie, Cunningham, Jones & Zelenko, 2006). This service has been widely cited within the literature for highlighting the benefits and difficulties of online provision for young people (e.g. Bambling, King, Reid, & Wegner, 2008; Emmison & Danby, 2007; King et al., 2006a, 2006b). Within the UK, the online counselling services *E-motion* and *Kooth* were developed for young people (Glasheen & Campbell, 2009; Hanley, 2004, 2007). More recently, a scoping review within the UK identified ten online services offering either synchronous or asynchronous counselling to young people (Street, 2013b). The report concluded that overall young people reported positive experiences of such services. The development of such services across the years highlights the growth of online counselling for young people.

Furthermore, a systematic review was conducted looking at all the literature related to synchronous online counselling for 11-25 year olds (Ersahin & Hanley, 2017). There were 19 papers established. The authors concluded that this research area demonstrates that online

counselling is valuable but those commissioning these provisions must be aware of the potential difficulties of this medium.

### **2.3 Young People's Willingness to use Online Counselling**

As the field of online counselling has grown, studies have sought to understand young people's intentions to use this medium. One research study in Australia administered an online survey consisting of two measures to secondary school students (Glasheen, Shochet, & Campbell, 2016). The first measure assessed students' intentions to use online counselling and the second measured levels of psychological distress. The results showed that over 80% of the students would consider using online counselling, with 39% stating they would definitely use it, and 43.7% responding that they might use it. The students also indicated that they were more likely to use online counselling for more personal issues such as issues relating to sexuality rather than less personal ones such as school related issues. Furthermore, higher levels of psychological distress were associated with higher intention to access online support.

A similar study was also conducted in Australia involving university students (Ryan, Shochet, & Stallman, 2010). Again, the students completed an online survey regarding their intentions to use online support and levels of psychological distress. The results indicated that 47% of students were quite likely or very likely to access online support whilst 30.3% were unsure. Additionally, those students who reported higher levels of distress were more likely to report an intention to use online support.

Both studies found similar results within a cohort of young people. The combination of both studies offers an understanding of intentions to use online support for a range of ages within the young people age spectrum. Ryan et al.'s (2010) research suggests that a large proportion of secondary and university students were uncertain about whether they would



access such support. There may be a number of possible reasons for this which could be explored. For example, the participants were asked about intentions to use rather than actual use and therefore may not be fully aware of the counselling process. The participants were not informed what the online intervention would entail and therefore may not have been able to make an informed decision of whether they would use it or not. Alternatively, those participants who were uncertain may be ambivalent to seeking help.

Overall these studies provide insights into the intentions of young people regarding accessing online counselling for psychological support. However, they focus on intention and not actual behaviour to engage in such services. As a result, scope remains to further explore actual use of online counselling by young people. Furthermore, such research offers a means of understanding when online counselling might be accessed by young people, such as during periods of high distress, or for more personal issues or where face to face access is difficult. Finally, these studies were conducted outside of the United Kingdom which may limit the generalisability of such findings to young people in the UK.

Within the UK research has compared young people's therapeutic goals in online counselling to face to face counselling (Hanley, Ersahin, Sefi & Hebron, 2017). This offers insight into when young people might use online counselling. There were several differences between the goals that were identified within the findings. Firstly, goals related to others was significantly different between online and face to face counselling. Within the online platform, there were more goals linked to contacting other services which could infer that young people use online counselling as a means to assess support and gather information about face to face services. Additionally, interpersonal goals online were linked to improving relationships with friends whilst in face to face counselling the focus was on improving relationships with family. The authors suggested that this may reflect the nature of referrals to face to face services or that young people felt compelled to improve relationships with family

rather than friends in face to face settings. Finally, young people articulated goals about personal growth in online counselling compared to emotional growth in face to face counselling. This study provides insight into when young people may access online provisions within the UK by exploring the nature of their therapeutic goals. This research shows that young people are willing to use online counselling but this may be dependent on their goals for therapy.

## **2.4 Effectiveness of Online Provisions**

The literature discussed in this section will review the effectiveness of online counselling for all age groups. With the growth of online provision, researchers and clinicians have become interested in the effectiveness of such services. A meta-analysis of 64 studies was carried out by Barak, Hen, Boniel-Nissim, & Shapira (2008). The inclusion criteria were a psychological intervention had to be evident and not simply a provision for online support or an assessment carried out online, a minimum of five participants had to be receiving the psychological intervention and pre and post quantitative data for at least one outcome measure had to be used to measure effectiveness. It found a medium effect size for internet-based interventions which is similar to face to face therapy. Interestingly, online interventions for under 18s and the oldest adults appeared to be less effective compared to those aged 19-39 using such interventions.

Rickwood (2015) highlighted that only nine studies within Barak et al.'s (2008) meta-analysis looked at synchronous chat whilst the remainder included forums, email and audio. Of the nine, seven were groups involved synchronous chat (Gollings & Paxton, 2006; Harvey-Berino et al., 2002; Harvey-Berino, Pintauro, Buzzell, & Gold, 2004; Hopps, Pepin, & Boisvert, 2003; Lieberman et al., 2005; Woodruff, Edwards, Conway, & Elliott, 2001; Zabinski, Wilfley, Calfas, Winzelberg, & Taylor, 2004) and one study involved synchronous

chat alongside self-help. As a result, only one study looked solely at synchronous chat (Cohen & Kerr, 1998). Cohen and Kerr (1998) compared face to face counselling and online synchronous counselling for anxiety in 24 undergraduate students. They found that both groups showed a reduction in anxiety symptoms. Additionally, client ratings of therapist characteristics were not affected by the mode of counselling. Such findings provide some insight into online counselling but also shine light on the lack of research looking at the effectiveness of synchronous online counselling.

More recently, Dowling and Rickwood (2013) carried out a systematic literature review and found only six studies investigating effectiveness for synchronous online counselling. They also highlighted issues with the quality of the studies. Such research highlights the potential for online provision though points to the lack of effectiveness data into synchronous online counselling.

Focusing on young people's literature, Sefi & Hanley (2012) highlighted that online counselling is still an evolving means for psychological support and therefore understanding factors contributing to this phenomenon may be of more interest than efficacy using outcome measures. They conducted a study aiming to evaluate how practice-based research methods used in face to face counselling may be applied alongside routine monitoring in online counselling for young people. Sefi and Hanley's (2012) work emphasised the complexity of measuring effectiveness within the online counselling medium. They highlighted that the use of routine outcome measures within the online setting is complicated due to the complex nature of the online medium. Their results found that those accessing online counselling reported higher levels of distress when compared to face to face counselling. They also found higher levels of disclosure of self-harm and sexual abuse. They noted this may be due to online disinhibition (Suler, 2000) or due to face to face interactions being more inhibiting for young people. This study draws attention to the nuances of online counselling which are not

present in face to face counselling. It also shows that simply using pre and post measures to assess effectiveness in online counselling may not be sufficient.

With those findings in mind, research was found looking at other factors which contribute to assessing effectiveness within the online medium rather than relying on pre and post measures. King, Bambling, Reid and Thomas (2006a) investigated the therapeutic relationship, session outcome and session impact in telephone and online counselling for young people. Results revealed both telephone and online counselling had a positive effect; and distress, as measured by the General Health Questionnaire (GHQ-12; Goldberg et al., 1997), was significantly lowered. Specifically, telephone counselling had a greater session impact compared to online counselling and yielded higher mean scores for therapeutic relationship. Additionally, telephone counselling showed a greater reduction on the GHQ-12 scores implying that this group had a larger counselling effect. King et al. (2006a) concluded that telephone counselling was superior to online counselling. They put forward the argument that time constraints in online counselling may result in fewer exchanges between client and counsellor and therefore young people were unable to communicate their problems as efficiently as in telephone counselling.

## **2.5 Helpful and Unhelpful Factors in Online Counselling**

There have been a number of helpful and unhelpful factors identified in the literature for online counselling. The research discussed here shall focus on publications which discuss online counselling as a whole and not for particular groups of individuals or following particular modalities. In the next chapter, helpful and unhelpful factors, as experienced by young people, are explored. A range of common helpful factors were identified within the literature and these have been characterised as follows:

**2.5.1 Increased Access.** The attractiveness of online counselling comes from the potential for remote access, allowing those individuals in rural or insufficiently served areas to attain support at any time (Alleman, 2002; Baker & Ray, 2011; Sampson, Kolodinsky, & Greeno, 1997). Furthermore, online counselling can be accessed by those with mobility issues or time restrictions as well as also being a convenient medium for therapists to deliver such services (Rochlen, Zack, & Speyer, 2004).

**2.5.2 Therapeutic Writing.** The focus of writing as a therapeutic method has been explored extensively by Pennebaker and colleagues (e.g. Pennebaker & Beall, 1986; Pennebaker, 1997). They studied the nature of writing as a means for emotional disclosure. This process of writing a traumatic or difficult experience was described as difficult but meaningful by clients (Pennebaker, 1997). Their work has been applied to online therapy as a way of acknowledging the benefits of typing within this context. The way in which writing has been perceived as therapeutic is described by the term *zone of reflection*. The zone of reflection (Suler, 2002) refers to the time between an interaction where one has time to think and write a reply. This period for the client to think may offer them a containing space where they feel they are able to set the pace and tone of their self-disclosure (Suler, 2000). Further, writing offers the client an opportunity to explore what they feel is most relevant and offers freedom to express their own experiences (Cohen & Kerr, 1998; Rasmussen & Tomm, 1992). Wright (2010) concluded that the research for therapeutic writing offers a powerful and focused means for individuals to learn more about themselves and gain a sense of autonomy. Counsellors' experiences of typing online suggested that it impacted upon the relationship between themselves and the client (Fletcher-Tomenius & Vossler, 2009). Counsellors felt that typing offered clients a means of engaging with their thoughts and feelings which differed to face to face. Additionally, counsellors hypothesised that the ability to re-read

messages allowed the client to internalise the process which aided development of the therapeutic relationship.

**2.5.3 Disinhibition Effect.** The *disinhibition effect* refers to the process of being able to express one's self more openly online (Suler, 2004). Suler (2004) theorised two types, namely *benign disinhibition* and *toxic disinhibition*. The former refers to an individual expressing themselves more freely thus revealing private aspects of themselves. The aim of this may be to learn more about one's self. In contrast toxic disinhibition refers to individuals voicing harsh, rude, angry or threatening comments which they would not do in real world interactions. Suler (2004) hypothesised the combination of both provides the disinhibition effect seen in online counselling with six factors being involved in this.

The first of the six factors related to the anonymity of online interactions which provides a distance between the individual and their online actions which makes them feel less vulnerable when sharing personal experiences. The anonymity within online counselling permits individuals to express the most difficult of emotions due to a reduced sense of shame (Lange, 1994). Alongside this, the invisibility online enhances the disinhibition effect. The anonymity may serve to conceal identity but there may be times where an individual's identity is known. Despite being identified, the individual remains invisible online and therefore does not need to worry how they or the other physically come across. The disinhibition effect is further amplified in asynchronous communications where responses are not instant. The individual can express difficult emotions and then remove themselves from the situation instantly as a response will be delayed. The absence of face to face cues from the therapist causes the individual to imagine what the other looks like and how they physically respond. This internalisation of the other feels safer and thus fosters the disinhibition effect. The absence of physical cues also minimises the sense of authority and status of the other making it easier to share. Finally, the combination of being able to remove one's self from the

situation and imagining the other, creates a situation where the online interaction is perceived as a non-reality and separate to one's actual life. This perceived separation can magnify the disinhibition effect.

Disinhibition within online counselling has been widely cited as facilitating disclosure within the online therapeutic context (e.g. Cook & Doyle, 2002; Fletcher-Tomenius & Vossler, 2009, Richards, 2009). However, Nguyen, Bin and Campbell (2012) reviewed 15 studies and found that online disclosure was greater than face to face, but the depth of the disclosure varied. It was suggested that the level of disclosure was moderated by the relationship between those who were communicating i.e. friend or stranger, the type of communication i.e. asynchronous or synchronous and the nature of the conversation i.e. therapeutic or social. As a result, it should not be assumed that the disinhibition effect online will automatically create an environment where individuals feel comfortable to disclose.

**2.5.4 Hypertextuality.** This is the notion that supplementary materials can be accessed on the internet and provided to the client more readily than in face to face sessions where the therapist relies on materials they may have with them (Grohol, 2000; Rochlen et al., 2004). Griffiths (2005) identified three types of resources that clients can access online. These were interventions delivered online, peer support and accessing general information.

Alongside these, unhelpful factors have also been identified and are categorised as follows:

**2.5.5 Reliance on text to communicate.** Within the online setting there is no access to visual cues which places an emphasis on being able to convey emotions and prompts solely through text. The reliance on text may lead individuals to misinterpret what is being said due to the absence of visual and audio cues (Rochlen et al., 2004). Furthermore, some have argued that the key ingredient to therapy is to increase human connection and therefore

online therapy is unable to do this (Rosenfeld, 2000). Walker (2007) published a report about online mental health treatment and suggested this lack of physical presence may be unsettling for some whilst Alleman (2002) argued that non-verbal cues are central to some experiential therapies and therefore such therapies cannot be simply translated online.

**2.5.6 Technological issues.** The dependence on a computer, laptop or smartphone to participate in online therapy can be problematic if there are technical problems which may result in small disruptions or disconnection (Walker, 2007). If a session is disconnected, the client may feel abandoned (Collie, Eubraniae, & Long, 2002) and therefore it is advised that therapists highlight this as a potential problem to clients and devise a plan to overcome such difficulties (Chester & Glass, 2006). Time delays between responses can also be anxiety provoking for some individuals (Rochlen et al., 2004).

**2.5.7 Ethical Concerns.** A number of ethical issues can arise online relating to confidentiality, concerns with privacy, issues relating to the development of the therapeutic relationship and the adequacy of interventions offered by online therapists (Sampson, Kolodinsky & Greeno, 1997). Confidentiality of client records can be an issue online and therefore precautions should be made to ensure security (Walker, 2007; Zack, 2004). Ninety three online counsellors completed an online survey regarding their practice (Finn & Barak, 2010). Only 62% felt confident that their therapy sessions online were confidential, 24% felt somewhat confident whilst 14% did not feel confident. Despite measures being put in place, therapists cannot be fully certain that records have not been accessed by another online (Baker & Ray, 2011). As a result of the potential security risks that online counselling offer, professional bodies have attempted to define codes of practice relating to ethics online to enhance safe practice (Goss & Anthony, 2009; Zach, 2008).



Hanley (2006) carried out a study to explore challenges that counsellors may envisage whilst working online, in order to inform the development of such services in the UK. Counsellors reported being concerned about the regulation of online work and raised questions regarding boundaries. Such questions included how the service would be provided, what would happen in an emergency, who funds the service and how the service will be evaluated. Additionally, counsellors discussed the importance of the training of counsellors and legal and ethical issues.

## **2.6 Conclusion**

This chapter has provided an overview of online counselling literature, not solely specific to young people. The development of online counselling has been discussed as well as the willingness to use such a medium for counselling by young people. The literature discussed highlighted that young people demonstrate high dropout rates from psychological services for a number of reasons and therefore online counselling offers a means to access and engage them. The list of common helpful and unhelpful factors of online counselling within the literature highlight the potential for this medium but also stresses caution and consideration should be taken. As these helpful and unhelpful factors relate to online counselling as a whole, the next chapter shall focus on research specifically relating to young people. The review of helpful and unhelpful factors of online counselling, in general, provides a foundation for the research questions for this research. This research shall focus on young people's experiences of helpful and unhelpful factors which will offer insights into how young people experience online counselling. Furthermore, the literature discussed within this section focuses on helpful and unhelpful factors. This shall be expanded upon within this research by attempting to explore the process by which these factors are perceived as helpful or unhelpful.

## **Chapter 3: Systematic Literature Review**

A systematic literature review was carried out to explore the research into helpful and unhelpful factors of synchronous online counselling for young people. A PEO search (Khan, Kunz, Kleijnen & Antes, 2003) strategy was used to define the search terms. The mnemonic refers to the population of interest, exposure and outcome. Within this search, the population was young people, the exposure was online counselling, and the outcome was helpful and unhelpful factors.

### **3.1 Eligibility Criteria**

Eligibility criteria were defined to establish which studies would be included in the final literature review. This included:

1. Studies included should be published between 2001-2018. In the UK, the BACP (Goss et al., 2001) developed internet guidelines for online counselling. This year range was chosen as it would capture literature from the early beginnings of online counselling to present literature.
2. Studies included should involve young people to ensure it was related to the research question. The WHO's (1986) definition of young people shall be used which refers to ages 10-24.
3. Studies included should involve synchronous online counselling.
4. Studies included should be within the psychology, psychiatry or mental health subjects on the databases used to search. All study methods were selected.

### 3.2 Sources Used for Searches

Several databases, Google Scholar and a general internet search were used to carry out the searches including Web of Science, Taylor and Francis, Wiley and PsycInfo. The searches were amended to suit the relevant database. The search terms were as follows:

P (Searched in Any field) = adolescen\* OR students OR teen\* OR youth OR young people

E (Searched in Any field) = online counselling OR online counseling OR online therap\* OR online support or online treatment OR synchronous OR asynchronous OR e-therapy OR e-counselling OR e-counseling OR web-based counselling OR web-based counseling OR web-based therap\* OR web-based treatment OR web-based support OR internet based therap\* OR internet based counselling OR internet based counseling OR internet based support OR internet based treatment OR computer mediated counseling OR computer mediated counselling OR computer mediated therap\* OR computer mediated treatment OR computer mediated support

O (Searched in Any field) = helpful factors OR unhelpful factors OR useful\* OR attitudes OR important OR perceptions OR opinions OR thoughts OR beliefs OR feelings OR process of change OR change processes OR experience

### 3.3 Results

**3.3.1 Study selection.** In total, 3567 records were identified across all the databases used. Of these, 63 were extracted to further examine the title and abstract of the record. Table 1 shows the exclusions applied to the 3567 records which related to the eligibility criteria. Simultaneously, the records were checked for duplication resulting in a further 16 records being removed. This left a total of 47 records. Following review of the full paper, 41 records were excluded as they were not related to synchronous online counselling or were not related

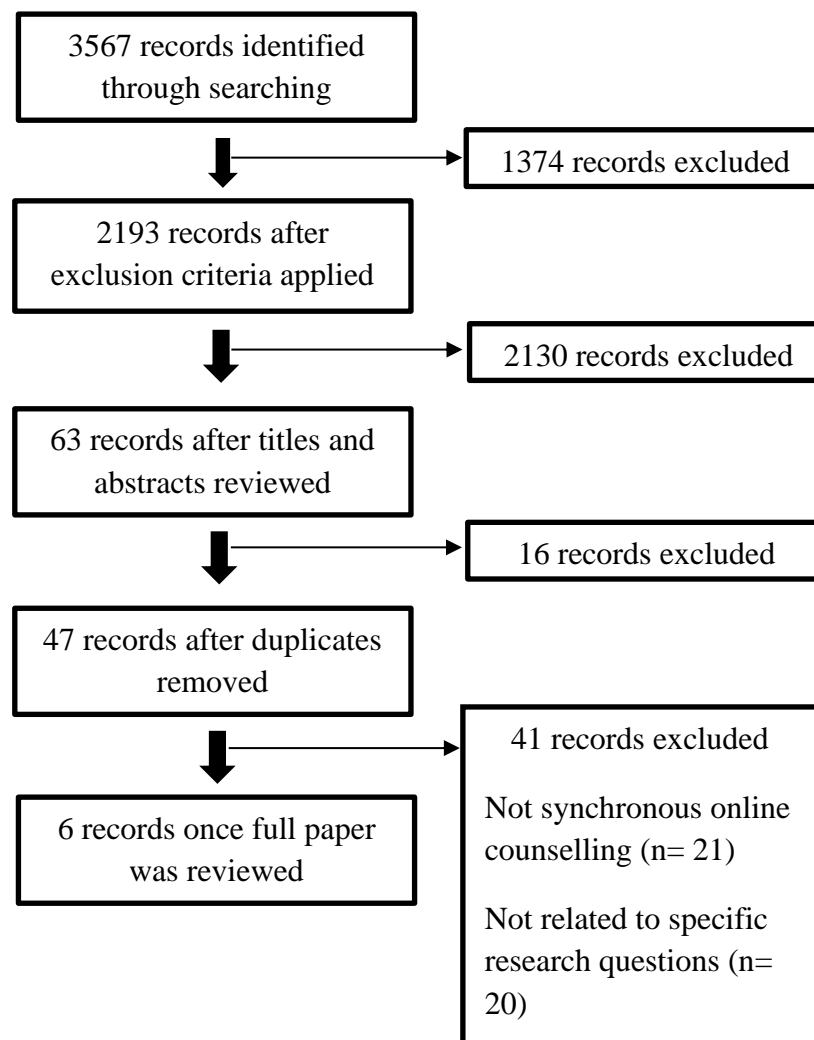
to the specific research questions. This left a total of 6 records. Some of the papers excluded were used in the previous chapter to provide context for online counselling. A further two studies were added following an internet search which provided a total of 8 papers used for the systematic literature review write up.

**Table 1**

*Systematic Literature Review Searches for each Database*

<b>Database</b>	<b>Total Records after Search</b>	<b>Exclusions</b>	<b>Total After Reviewing Title &amp; Abstract</b>
Web of Science	1040	Date range outside of 2002-2018  Subject area not psychology or psychiatry	15
Taylor & Francis	1083	Date range outside of 2002-2018  Subject area not mental health	17
Wiley	860	Date range outside of 2002-2018  Date range outside of 2002-2018	9
PsycInfo	584	Date range outside of 2002-2018  Age neonatal, infancy, preschool age, school age, childhood, thirties, middle age & aged	22

**3.3.2 Study characteristics.** The 6 studies included in the systematic literature review were published between 2006 and 2016. Three of the studies were from Australia, two from the UK and one from Vietnam. Two of the studies involved participants who were young people, two studies involved online counsellors, one study involved both young people and counsellors and one study involved both young people and parents. In relation to research design, four were focus groups and two were mixed methods. Of the two papers included from the internet search, one was an unpublished doctoral dissertation using a mixed methods design and another was a published report using a mixed methods design.



*Figure 1: Flowchart of Systematic Literature Review*

### **3.4 Introduction to Key Literature of Online Counselling for Young People**

The eight records discussed in this section shall focus on findings regarding synchronous online counselling with young people. The purpose of discussing this literature is to highlight what the research shows so far into helpful and unhelpful factors of online counselling for young people. In order to structure the literature review in a coherent manner, research solely using young people will be discussed first. This will offer individuals' accounts of online counselling. After this, research recruiting young people and counsellors will be presented, followed by research which has solely used counsellors. The final section shall discuss a study which recruited young people and their parents to share their experiences of online counselling.

#### **3.4.1 Research using young people.**

King et al. (2006b) ran online focus groups to explore the motives and experiences of young people using a synchronous online counselling service in Australia. Of the 39 participants, 17 had used online counselling for at least one session whilst 12 individuals had not used online counselling before and therefore reflected upon their motivation to use it. The findings showed that young people reported that they felt online counselling provided a private and emotionally safe environment. The absence of emotional cues from counsellors was favourable for some young people. The privacy element was the main benefit of online counselling for these participants. Participants shared that they did not have to worry about family members being aware they were using online counselling. However, young people also identified some unhelpful aspects of online counselling. The experience for some young people of relying on text to communicate emotions meant they felt that counsellors may not fully appreciate their feelings. Additionally, some young people felt that it was difficult to develop the therapeutic relationship as emotions were difficult to recognise through text and

that text may be misinterpreted by the counsellor. The final unhelpful aspect that was identified was related to the waiting time of sessions. As an appointment does not need to be made to access online counselling, some young people expressed frustrations in having to wait long periods of time to access support.

King et al.'s (2006b) study has been numerously cited amongst the other literature as providing a basis for understanding helpful and unhelpful factors of online counselling for young people. It clearly identified helpful and unhelpful aspects of online counselling as perceived by young people. However, the research used focus groups to gather data. Individuals in focus groups may be influenced by others in the group which may impact upon their answers. Additionally, the participants were waiting for their online counselling session and therefore participated in the research whilst they waited for this. Consequently, the participants were able to leave the research focus group at any point. As a result, the results from some young people may be less in-depth dependent on how long they participated for. Some of the participants had also never used online counselling before and therefore reflected upon their motivations to use it. The results, therefore, combine young peoples' actual experience of online counselling with preconceived ideas of online counselling. Furthermore, King et al.'s (2006b) study used focus groups which may impact on responses. The authors, however, argued that the responses reflected individual experiences rather than a group mindset. Finally, the research was able to identify helpful and unhelpful factors but did not explore how or why these factors were helpful for young people.

The following research within this section was carried out in the UK. Hanley (2008) wrote an unpublished doctoral thesis which explored online counselling for young people within the UK. The focus of the research was on the therapeutic alliance within online counselling. Hanley (2008) identified a list of helpful and unhelpful factors of online counselling for young people within the context of the therapeutic relationship. A mixed

methods design was used whereby quantitative measures assessed the presence and strength of the therapeutic alliance and qualitative interviews explored young people's experience of online counselling in relation to the therapeutic alliance. The quantitative measures were completed by 47 young people whilst the interviews were completed by 15. A semi-structured format was used to explore the therapeutic relationship.

Following on from this research, Hanley (2009) appeared to draw upon the findings from the unpublished doctoral thesis to provide preliminary findings for the therapeutic relationship within online counselling for young people. Helpful and unhelpful factors were identified, and these were linked back to the therapeutic alliance to create a model which captured the phenomenon of the therapeutic alliance within the online setting. Hanley (2009) echoed these findings though focused on preliminary findings of 7 qualitative interviews and 46 completed quantitative measures.

Hanley (2008, 2009) identified that young people valued the simplicity of accessing online counselling and the appreciation of being able to access it from their own home and at times which suit them. Young people also reported to feel more comfortable discussing difficult issues online compared to face to face due to the anonymity of online counselling. This ability to talk about a broader range of issues facilitated the therapeutic alliance. As well as anonymity, young people valued the perceived control they had online. Young people valued being able to control being able to inform the online counsellor if they were distressed and permitted them to assess their trust in the counsellor. This perception of control saw the power differentials within the therapeutic relationship between client and counsellor become more balanced (Hanley, 2008). Young people felt more in control of the counselling than in face to face counselling which created this sense of balance.



Both studies also highlighted the unhelpful aspects of online counselling. Hanley (2008) noted issues regarding the technology needed for online counselling and the impact it has on the therapeutic relationship. Some young people shared experiences when theirs or their counsellor's hardware crashed, or the internet went down. This interrupted the relationship between the counsellor and client. Also, some young people had limited access to the internet or to a computer which was in a private location. This would impact access to online counselling. The issue about time was also identified in Hanley's (2008) study whereby young people reported that they had to wait for long periods of time to access the online counselling. Finally, young people spoke about being misinterpreted due to typing (Hanley, 2009). Interestingly, Hanley (2009) reported that young people did not suggest that misinterpretation was more prominent online compared to face to face counselling.

Hanley's (2008, 2009) work provided insight into what factors young people found helpful and unhelpful about online counselling. Specifically, they offered an understanding of young people's online counselling within the UK.

However, the work done by Hanley (2008, 2009) explored helpful and unhelpful factors in relation the therapeutic relationship. The identification of such factors was not the primary aim for the research. The research was focused on the therapeutic alliance within online counselling for young people and therefore the factors which were identified were as a consequence to exploring the broader phenomenon of the alliance. Additionally, Hanley (2009) offers preliminary results based on seven participants. This small sample size should be taken with caution as it may not fully capture the experience of young people using online counselling.

The research discussed so far was conducted a decade ago. The final piece of research is a report written by Frith (2017a) on behalf of the Education Policy Institute which offers an

up to date insight of online counselling for young people. This report reviewed the existing literature in the field of online counselling for young people, some of which has been cited above, and reflected upon data from Kooth, an online counselling service within the UK. The data discussed used pre-conceived categories of helpful and unhelpful factors, identified by the researchers and used general feedback from young people to offer qualitative insights. Quantitative findings from Frith's (2017a) study showed that 14% of respondents valued the convenience that online counselling offered in terms of access and availability. The main three reasons why young people opted for online counselling was related to anonymity and confidentiality. The categories in which they selected related to accessing counselling without their parents knowing, liking being anonymous and not having to talk to someone face to face. Privacy was also another element in which young people found helpful about online counselling. Young people valued the perceived control they had over how and when they sought help online and the therapeutic relationship. Finally, for some young people, typing was perceived as problematic as they found it easier to express themselves through talking as opposed to writing. The qualitative element used a questionnaire to elicit feedback from young people.

This report mostly provides quantitative insights into helpful and unhelpful factors of online counselling for young people. However, it used existing literature to identify a list of helpful and unhelpful factors which young people had to choose from. Consequently, the research may have missed the individual experiences of young people using online counselling and offers a more general overview of what they perceive as helpful and unhelpful. The qualitative element was captured using a questionnaire which provided a broad focus. The use of a questionnaire meant that young peoples' answers could not be followed up for further detail.

The research which solely uses young people to understand online counselling has generated a number of common themes that reflect what aspects of online counselling young people find helpful and unhelpful. Like King et al.'s (2006b) work, Hanley (2008, 2009) and Frith (2017a) found common helpful and unhelpful factors. These linked to the perception that anonymity and privacy within the online context were valued by young people. Hanley's (2008, 2009) research linked this to the therapeutic relationship. Issues with time was present in King et al.'s (2006b) and Hanley (2008, 2009) studies whilst misinterpretation through text were evident in all four studies. The studies highlight that young people found many aspects of online counselling helpful but there are also several areas in which they find problematic.

### **3.4.2 Research using young people and counsellors.**

One study from the systematic literature review used both young people and counsellors to gather data. Callahan and Inckle (2012) carried out a mixed methods study in the UK to explore practitioners' and young peoples' experiences of using online counselling. The quantitative element aimed to compare client demographic data between those using online support and those using telephone support within an Irish helpline. These results showed that a majority of the young people using telephone support were males (65.9%) compared with the majority of the young people using online support were females (80.3%). Additionally, it appeared that those using online support were older than those using telephone support. These findings are interesting as they highlight who may access online counselling within the young people cohort. However, the authors noted that some individuals may not give their true age as some submitted ages which were clearly impossible i.e. 200,006 and therefore excluded those who were not under the age of 19.

The researchers also interviewed nine mental health providers which included organisations and individuals who offered online counselling in Ireland. The helpline used

within this study holds consultation groups led by local young people who are recruited through schools or local youth organisations. Five of these young people were interviewed in a focus group. The researchers assumed that the young people who participated had accessed help from the helpline before, but this was not confirmed due to issues of confidentiality.

The interviews with the practitioners and young people highlighted the potential for clients using online counselling to not be truthful about their age, gender or personal characteristics such as personality and that they can present themselves differently. Both young people and practitioners also spoke about the increased sense of control that young people had online. Young people felt it was less intimidating whilst practitioners acknowledged this helped young people be more open about personal difficulties. Practitioners highlighted that they noticed young people were more open online and were more likely to speak about issues which cause them embarrassment. The practitioners also spoke about their difficulty in conveying warmth and acceptance in the absence of nonverbal cues online as well as ethical concerns such as how to deal with risk issues online and procedures related to disclosures. Finally, young people shared that the anonymous nature of online counselling was helpful, but they also highlighted that privacy can be an issue online as others in their environment may see them using the site.

Callahan and Inckle's (2012) study provides insight into helpful and unhelpful factors but the predominant participants were practitioners and as a result the focus of the research was on practitioners' perspectives of online counselling for young people. Only a small sample size of young people was used and therefore the findings should be treated with caution when generalising to the wider population. Furthermore, it was not definite that the five young people who participated had engaged in online counselling with the helpline. This was only assumed by the authors. Consequently, these results may not reflect the experiences of actual service users of online counselling.

**3.4.3 Research using counsellors.** Two studies yielded from the systematic literature review explored the experiences of counsellors delivering online counselling to young people. Bambling et al. (2008) carried out focus groups whereby they interviewed 26 counsellors working for an Australian online and telephone counselling service for young people. The study focused on the experiences of working within an online counselling context. The counsellors reflected upon the online environment feeling safe as it is less confronting and allows them more time to think before responding to a client. They also acknowledged the impact that this safe environment has on the young people accessing online counselling. The counsellors reported that young people tend to be more open online due to the lack of physical proximity online. Additionally, there was a sense that the power between the counsellor and young person was more equal compared to telephone counselling which they felt allowed the young person to be more assertive.

Counsellors also identified unhelpful factors of online counselling. They shared that time was difficult online as clients may take time to type back resulting in a limited session. The concept of time was also discussed in relation to feeling pressured to respond promptly to communicate they were being attentive to the client. Consequently, some counsellors reported using pre-written phrases or paragraphs which could be pasted into the conversation to save time whilst also providing natural responses. They also identified that communicating through text could be problematic. Counsellors acknowledged that they were susceptible to missing or underestimating issues due to the lack of non-verbal cues and they may misunderstand what the young person has typed or vice versa.

Bambling et al.'s (2008) focused on counsellors' experiences of online counselling and thus does not capture the subjective experiences of the young people accessing such a service. The research transcribed the counsellor data to fit within the domains and themes identified in King et al.'s (2006b) work with young people. This may have biased the

findings as they attempted to correspond the counsellor's experiences within these pre-organised categories.

Another study done in Australia aimed to capture the views of online counsellors working with young people (Dowling & Rickwood, 2014). Focus groups were conducting interviewing 19 online counsellors. The findings captured a broad range of elements relating to online counselling. In relation to helpful and unhelpful factors, the counsellors discussed the concept of anonymity and control online and stated this affected how young people responded online. They suggested that young people were likely to be disinhibited and these factors also impacted the counsellor's ability to retrieve certain information such as personal contact details. For some, issues with time were considered as helpful whilst for others it was unhelpful. The slower pace of online counselling meant that it allowed the counsellors to spend time to think about their responses. However, for others, they acknowledged that the time constraints online meant those sessions did not cover as much as in face to face sessions.

Dowling and Rickwood's (2014) study provided some insight into helpful and unhelpful factors of online counselling for young people but this was not the predominant focus of their work. Like Bambling et al's (2008), the research echoes the factors identified by literature which has focused on gaining young people's experiences. Anonymity, perceived control, issues with time and issues with typing have been common themes which have emerged in both the young people's and counsellors' research.

**3.4.4 Research using young people and parents.** Sobowale et al. (2016) ran focus groups to explore young people's and parents' views of internet interventions for psychological support in Vietnam. Two key themes were identified, namely the perceived usefulness and the accessibility of online interventions. Participants reported that they would value the convenience and accessibility of such interventions as it meant they did not have to

leave their home and would not have to spend money or time on travelling. This study focused on prospective helpfulness rather than actual experienced helpfulness as the participants had not received online counselling and were reflecting on what they thought it might be like. The study was also carried out in Vietnam where perceptions of mental health may differ to western societies, particularly in relation to stigma. This may influence the participants' attitudes towards online counselling.

### **3.5 Conclusion**

The research discussed in this chapter has identified several helpful and unhelpful factors in online counselling for young people. The work done in Australia (Bambling et al., 2008; King et al., 2006b) offers sound insight into the subject area. These research studies bring together the experiences of young people using online counselling and counsellors delivering online counselling to provide a detailed understanding of the helpful and unhelpful aspects of online counselling.

This research shall be conducted within the UK which will add to the existing research from the UK. Callahan and Inckle's (2012) explored this in the UK but focused predominantly on practitioners' experiences. The work from Hanley (2008, 2009) offers feedback of helpful and unhelpful factors of online counselling for young people in the UK.

This raises the question as to why this doctoral project shall research this area too. This study shall expand on this work by identifying helpful and unhelpful factors, as reported by young people using online counselling and then explore the process by which these factors are perceived as helpful or unhelpful. For the purposes of practice, this can offer therapists offering online counselling an in-depth understanding of why these factors are perceived to be helpful or unhelpful.

Additionally, this thesis will aim to expand on Frith's (2017a) work to capture the idiosyncratic experiences of young people by conducting a systematic in-depth analysis. This can triangulate the quantitative data with the previous qualitative research to offer a richer account of synchronous online counselling for young people.

The earliest of the cited literature within this review comes from 2006, with a majority of the research being approximately ten years old. It would seem plausible to argue that services delivering online counselling have advanced significantly across the past decade given the advances in technology. Furthermore, internet usage across the years has grown amongst young people (Frith, 2017b; Ofcom, 2017) and therefore the context in which young people have previously accessed online counselling may be different to today's climate. As a result, this study aims to update the existing literature.

Another reason to conduct this study is linked to the field of counselling psychology. During the early development of online counselling, authors within the counselling psychology field reflected upon how counselling psychologists may engage with this new platform. Research suggested that despite the growth of online provisions, only 2% of practicing psychologists used the internet to deliver psychological care (VandenBos & Williams, 2000). Subsequently, Mallen, Vogel, Rochlen and Day (2005) put forward a case for the involvement of counselling psychologists in this growing field. They argued that despite such growth, few counselling psychologists have become involved in the development of provisions and researched whether it is a feasible option for therapy delivery. Mallen et al. (2005) stressed that the scientist practitioner role that counselling psychologists hold place them in a sound position to develop this area. This debate was further discussed by Sanchez-Page (2005) who added that further work needs to be done to evaluate who such therapy is appropriate for. She stressed that the notion that online therapy will permit access for hard to reach groups must be questioned and researched as such universal models tend to



be inadequately applied to such groups. Though these reflections are over a decade old, it seems that many therapists remain reluctant to adopt this medium to deliver counselling. Hanley and Reynolds (2009) stated that despite concerns amongst practitioners regarding the therapeutic relationship online have slightly decreased, online counselling is still in its infancy. This study, therefore aims to add to this literature to increase the discussion amongst counselling psychologists, and other therapists, of using the internet to deliver counselling to young people. Specifically, the study aimed to answer the following research questions:

- What distinctive features of online counselling are seen as helpful by young people, and why are they helpful?
- What distinctive features of online counselling are seen as unhelpful by young people, and why are they unhelpful?

## **Chapter 4: Methodology**

The purpose of this chapter is to explain how the research was designed and carried out. A discussion outlining research paradigms and the chosen ontological and epistemological approach shall be put forward. Thematic analysis shall be explored as the method used for data analysis as well as ethical considerations made as part of the research planning.

### **4.1 The Philosophy of Research Paradigms**

**4.1.1 Counselling psychology and science.** In 1994, the BPS recognised counselling psychology as a profession with a distinct identity and philosophy (Corrie & Callahan, 2000). The philosophical underpinnings of counselling psychology are rooted in humanistic, existential and phenomenological values (Woolfe, Dryden & Strawbridge, 2003). There is an emphasis on the exploration of understanding and meaning which is grounded in subjective experience and beliefs. The counselling psychology field prizes the subjective experience of the individual over diagnosis and pathology (Bury & Strauss, 2006). Woolfe (1990) described three features which are significant within the counselling psychology field. These include an appreciation of the magnitude of the effect that the helping relationship has on the therapeutic experience, a shift away from the medical model towards a humanistic framework and a focus on working towards improved wellbeing rather than working with pathology and sickness.

The philosophy of counselling psychology has been challenged by the concept of the scientist-practitioner model. The history of the scientist-practitioner view was formulated in the late 1940s. The American Psychological Association and The National Institute of Mental Health held a conference which focused on the work of Shakow et al. (1947). It was at this point that there would be an emphasis of practice embedded within a scientific structure. The

objective was to train psychologists as practitioners and scientists (Raimy, 1950). However, the notion of the scientist-practitioner has been questioned within the context of counselling psychology. Some argue that the scientist-practitioner model is incompatible within the field of counselling psychology as it cannot encapsulate the premise of the therapeutic relationship which is at the core of the counselling psychology work (Carter, 2002; Wakefield & Kirk, 1996). However, others have argued that the therapeutic relationship can remain central in the work but the definition of what is considered science needs to be broadened (Woolfe et al., 2003; Corrie & Callahan, 2000).

As a counselling psychologist conducting research, it was important for me to reflect upon my positioning within this debate as this would influence my research choices. By understanding the philosophy of science, the bridge between the field of counselling psychology (practitioner) and this research (scientist) will come together. Ponterotto (2005) defined the philosophy of science as the conceptual basis which underpins the quest for knowledge. This consists of ideas about ontology (the nature of reality), epistemology (nature of knowledge), axiology (values in research) and methodology. The combination of these ideas provides a philosophical paradigm about the research and guides the researcher's choice of questions, participants, instruments and methods (Denzin & Lincoln, 2000b).

**4.1.2 Conceptions of science.** The model of science was founded on the premise of rationality and reason as a basis for knowledge and followed a positivist paradigm (Ponterotto, 2005). This posits that there is a relationship between the world and our perceptions of it (Willig, 2013). It follows a naïve realist ontology which proposes an objective reality and a dualist or objectivist epistemology (Guba & Lincoln, 1994). Additionally, positivism treats the researcher as separate from the subjects being observed (Johnson & Onwuegbuzie, 2004). Historically, science has been characterised by quantifiable measures following this positivist framework (Guba & Lincoln, 1994). The course of science,

however, has seen a shift from positivist efforts to verify to postpositivist efforts to falsify (Guba & Lincoln, 1994). Across the years, questions arose regarding the principles of positivism within social science research. Some doubted whether controlled experiments were the most suitable way to understand human behaviour and whether the exclusion of contextual factors and motivations or meanings for behaviour could produce a sound study into human behaviour (Guba & Lincoln, 1994; Ritchie & Lewis, 2003).

These debates guided the emergence of interpretivism. Interpretivism or constructivism (Ponterotto, 2005) believes that there are multiple realities and they are relative (Hudson & Ozanne, 1988; Guba & Lincoln, 1994). The knowledge that is acquired from interpretivist research is socially constructed and relies on capturing meanings and making sense of this reality (Hudson & Ozanne, 1988; Carson, Gilmore, Perry & Gronhaug, 2001). An important part of interpretivism is the researcher's presence. The researcher acknowledges that their own lived experience cannot be eliminated from the research process and instead should be bracketed (Ponterotto, 2005). As a result, interpretivism follows ontological relativism and epistemological subjectivism (Guba & Lincoln, 1994).

In addition to the positivist and constructivist philosophical ideas, realism provides an alternative philosophical stance within social science (Maxwell, 2012). Realism posits that things exist independent from our theories about them and independent of them being perceived (Phillips, 1987). Lakoff (1987) made the distinction between scientific objectivism and scientific realism. The former argues that there is only one correct way in which reality can be separated into objects and properties. The latter, on the other hand, proposes that there are multiple scientifically correct ways in which reality can be understood. Another contrast between the two philosophies is in relation to causality. Positivist paradigms reject metaphysical concepts of causality as this is deemed incompatible with its view of science (Maxwell & Mittapalli, 2010). Furthermore, positivist paradigms ignore the role of meaning

in causality and reduce explanations to associations. Instead, positivist paradigms approach causality by comparing a situation where a presumed cause has taken place with a situation where it has not with the aim to find consistencies which can be applied to phenomena (Maxwell & Mittapalli, 2010).

In contrast, realism considers causality by placing emphasis on the underlying mechanisms that are related to events and situations (Salmon, 1984; Pawson & Tilley, 1997). These underlying mechanisms are considered within the social and cultural context in which they occur (Pawson & Tilley, 1997). Finally, realism in the social sciences, sees values, beliefs and emotions as part of reality and not as an extract from behaviour (Maxwell & Mittapalli, 2010).

**4.1.3 Critical realism.** The chosen philosophical assumptions chosen for this study was critical realism. An important premise of critical realism is the idea that ontology cannot be reduced to epistemology (Fletcher, 2017). That is, human knowledge only describes a small part of reality. The critical realist position combines ontological realism and epistemological relativism (Archer, Bhaskar, Collier, Lawson & Norrie, 1998; Sayer, 2000). Archer (2002) proposed that critical realism consists of ontological realism (the premise that reality exists as we know it but by large is out of our immediate reach), epistemological relativism (different people may understand the same phenomena differently) and judgmental rationality (educated reasoning modified by our values). The presence of critical realism offers an alternate position to naïve realism and moderates the far end of the spectrum, radical constructivism, which argues against an objective reality (Maxwell, 2012). It rejects the notion of objective or definitive knowledge and instead suggests that there are multiple realities of the same phenomenon (Maxwell & Mittapalli, 2010).

According to Danermark, Ekstrom, Jakobsen and Karlsson (2001) critical realism postulates that science should be able to generalise conclusions as well as identify the causal mechanisms that produce social phenomena. Danermark et al. (2001) also stressed the importance of abduction and retroduction as tools for applying critical realism. Abduction, as a way of drawing conclusions, is a logical inference which is therefore scientific and rational but also projects into an area of philosophical insight which creates new knowledge (Reichert, 2004). Additionally, retroduction in critical realism is a means of determining the prerequisites for the existence of a social phenomenon (Danermark et al., 2001).

Critical realism considers reality to be layered into three levels (Fletcher, 2017). The first layer, known as the empirical level, refers to experienced events or objects which can be empirically measured. The second layer, referred to as the actual level, sees events occurring whether or not we experience or interpret them. The final layer, called the real level, consists of the causal mechanisms which produce events such as those at the empirical level.

Linking critical realism to counselling psychology, the adoption of critical realism within a counselling psychology context permits an integration of causes, meanings and values (Pilgrim, 2013). Douglas et al. (2016) discussed critical realism within the context of clinical formulation. These ideas, alongside Archer's (2002) concepts, can be applied to how counselling psychology research utilises the critical realism philosophy. Firstly, ontological realism is shown by reporting potential causal processes in understanding our participants. Secondly, epistemological relativism is demonstrated by the unfolding of participant experiences. Finally, judgemental rationality is present when we conclude, in our opinion, what is a probable conclusion to the phenomenon. Rennie (2007) argued that critical realism is important within the field humanistic psychology. As counselling psychology follows humanistic principles the notion of critical realism within this field appears applicable. Rennie (2007) described how realism reduces people downwards to biology and behaviour

whilst relativism reduces upwards to culture, tradition and language. Consequently, critical realism provides a middle point between realism and relativism.

Bringing together the critical realist philosophy and this research, the helpful and unhelpful factors identified were considered a reflection of reality (ontological realism) but subject to participant experience (epistemological relativism). Judgmental rationality was used to consolidate the processes of why these factors were helpful as described by the young people.

## **4.2 Method of analysis**

### **4.2.1 Choosing thematic analysis.**

A qualitative design was chosen for this study. There are considerations which should be made when choosing which qualitative method to employ. The epistemological position should be considered as the philosophical principles underpinning the research will influence the chosen qualitative approach (Teherani, Martimianakis, Senfors-Hayes, Wadhwa & Varpio, 2015; Harper, 2011). Furthermore, the qualitative method should complement the research questions. Other factors that researchers might consider include the researcher's interest in a method and the researcher's expertise using a particular (Priebe & Slade, 2006).

Thematic analysis was chosen as the method for analysis. It has been argued that thematic analysis provides the basis of many other qualitative analyses and therefore cannot be classified as a method in its own right (Boyatzis, 1998; Ryan & Bernard, 2000). However, others have argued that thematic analysis is a method for analysis (Braun & Clarke, 2006; Nowell, Norris, White & Moules, 2017). Thematic analysis is used to generate themes which capture a phenomenon which are then explained (Daly, Kellehear & Gliksman, 1997; Ryan & Bernard, 2000). It is a method used to identify, analyse and report themes within data (Braun

& Clarke, 2006). This is applicable to this study as the aim is to draw out themes of helpful and unhelpful factors and then move onto interpret why these were helpful and/or unhelpful.

Other qualitative approaches were considered for this study. As noted above, Thematic analysis has been described as underpinning most methods of analysis in qualitative research, particularly interpretative phenomenological analysis and grounded theory (Willig, 2001). Like thematic analysis, both of these other methods also involve detailed line by line coding to generate themes and/or groups of meaning which outline the data.

Although several forms of grounded theory exist today, it was originally devised by Glaser and Strauss (1967) and embedded within critical realist ontology and an objective epistemology (Annells, 1997). The approach has also been developed within a constructionist paradigm whereby the role of the researcher's subjectivity in shaping the data and theory developed is more fully acknowledged (Charmaz, 2006). Grounded theory is a method which is suited to understanding social processes and/or meaning with the aim to induce a theory from the data (Hawker & Kerr, 2016).

Traditionally, grounded theory was prized on being an inductive approach where the categories emerged directly from the data (Charmaz, 2001; Willig, 2013). However, some have argued that the introduction of a coding paradigm, by Corbin and Strauss (1990) and Strauss and Corbin (1998), introduced a deductive element as this approach highlights a particular focus and the data is explored in relation to these. This study shall use an inductive thematic analysis which will impose the assumption that helpful and unhelpful factors of online counselling exist. This follows previous online counselling research which imposes the idea of helpful and unhelpful factors at the beginning of the research. This is important to recognise as it acknowledges that the thematic analysis used within the study is not completely neutral but will aim to be inductive in its approach to analysis.



If a constructionist inductive approach to grounded theory was used in this research, there would be a focus on identifying a theory based on the social processes that influence or impact on the participants' experiences of online counselling. Thematic analysis would focus on the internal experiences of the individual whilst grounded theory would focus on the social context. Willig (2013) argued that it is possible to merge both of these perspectives by focusing on the individual experiences of the participants and theorise about the social processes and their impact.

Considering this all, grounded theory was rejected as this study will not induce a theory from the data by taking the emerging concepts back to the data to ensure they are representative (Eyles & Smith, 1988). The focus of the study is to explore the individual and personal experiences of the young people rather theorising about their experiences in relation to their social context.

Interpretative phenomenological analysis (IPA) was also considered and has its roots in phenomenology, hermeneutics and idiography (Smith & Eatough, 2016). It is an approach closely linked to thematic analysis (Larkin & Thompson, 2012). Both thematic analysis and IPA aim to go past the surface level characteristics of the data to a more implicit and interpretative account (Joffe, 2012). Thus, the interpretative part of IPA is similar to the latent analysis in thematic analysis. With IPA there is a strong focus on the role of the researcher and a belief that the researcher cannot separate themselves from the data (Willig, 2013). Furthermore, it also acknowledges that researchers can never directly reach a participants' experience (Smith, 1997). Consequently, IPA was not chosen as its focus is on the combination of patterned meaning as well as individual experience. Though thematic analysis does acknowledge individual differences its primary focus is on patterned meaning across the dataset. This is consistent with the aims of the present study which focuses on identifying common helpful and unhelpful factors are identified across a cohort of participants.

Constructionist forms of thematic analysis have also been compared to discourse analysis. This can be referred to as thematic discourse analysis (Singer & Hunter, 1999; Taylor & Ussher, 2001). Here, the focus is on the underlying structure of meaning and the role of language whilst paying attention to patterned meaning across the dataset (Taylor & Ussher, 2001). This can be similar to the latent part of thematic analysis (Braun & Clarke, 2006). If this was used within this research there would be a focus on how young people construct language to talk about their experience of helpful and unhelpful factors of online counselling. This would not simply be idiographic in nature but would reflect a wider societal discourse which symbolises their experience. The aims of the research are to focus on identifying helpful and unhelpful factors and determining why these were perceived as helpful and/or unhelpful. There is not an interest in exploring the language used to discuss this and embedding this within a wider social context. Consequently, this approach was not used.

**4.2.2 Considerations when using thematic analysis.** Braun and Clarke (2006) have argued that thematic analysis should be considered a method in its own right and highlighted a number of points that should be considered when using this method. For example, they suggest that, when beginning thematic analysis, it is important to consider the ontological and epistemological framework being followed, whether coding shall be semantic or latent and whether it shall be used inductively or deductively (Clarke & Braun, 2016).

**4.2.2.1 Epistemological position.** According to Braun and Clarke (2006) thematic analysis is a method which is not bound to any particular theoretical framework. As a result, thematic analysis can be used following a critical realist position (Braun & Clarke, 2006; Maxwell, 2012). The use of a critical realist perspective within thematic analysis establishes ways in which participants give meaning to their experiences. Critical realism posits that there are different perspectives on reality whilst recognising that this meaning is imperfect (Maxwell, 2012). Within this study, the participants' experiences of helpful and unhelpful factors of

online counselling and why these were perceived this way were treated as different perspectives of reality. This aims to highlight an idiographic influence whilst positioning these experiences within a broader social context (Willig, 1999).

**4.2.2.2 *Semantic or latent themes.*** The study utilised a combination of semantic and latent coding. A semantic theme is at an explicit level whilst a latent theme is at an interpretative level (Boyatzis, 1998). The semantic meanings provide an analysis which stays close to the participants' experiences thus providing surface level meanings whilst latent coding explores the frameworks underpinning those semantic meanings (Clarke & Braun, 2016). Patton (1990) suggested that the analysis begins with semantic description before progressing onto interpretation which attempts to explain the patterns and their wider meanings and implications. As a result, thematic analysis can be used to summarise and interpret the data (Clarke & Braun, 2016).

**4.2.2.3 *Inductive or deductive analysis.*** The emergence of themes can develop deductively in which the researcher brings theoretical concepts to the research or inductively where the themes emerge from the raw data (Joffe, 2012). The study used an inductive approach whereby the themes were linked strongly to the data and did not attempt to fit with an existing coding frame or the researcher's pre-existing ideas (Braun & Clarke, 2006; Patton, 1990). This meant that the themes were linked closely to the words and meanings typed by the young person. However, Braun and Clarke (2006) stressed that a purely inductive approach cannot be followed as researchers are unable to rid themselves of their biases such as their epistemological positions. Furthermore, researchers are guided by their initial research questions. In this research, there is a focus on helpful and unhelpful factors thus assuming that such factors do exist. These are deductive elements which are based on previous work within the field. Thus Joffe (2012) argues that a good quality analysis will

adopt both positions by holding one's preconceptions of the research whilst keeping an open mind to new ideas that might emerge.

This was done by using bracketing skills which are utilised within my role as trainee counselling psychologist. Bracketing refers to an ongoing process by which the researcher identifies and sets aside their own assumptions and continues to revisit the data in a way which develops their own understanding of the data (Fischer, 2009; Tufford & Newman, 2010) As in counselling, it was important to bracket any assumptions that may interfere with the analysis. I also wrote down any assumptions that I had before the analysis which seemed to be a helpful way to shift these out of mind. Additionally, by constantly re-reading the data at different times, this allowed for new material to become evident.

**4.2.2.4 Using thematic analysis.** Braun and Clarke (2006) identified a six-step approach to doing thematic analysis. They noted that the steps did not need to be approached in a linear fashion as the researcher may need to move back and forth between the stages. Braun and Clarke's (2006) steps for thematic analysis are as follows:

1. The researcher familiarises themselves with the data by repeatedly reading the data and gaining a sense of familiarity with the semantic meanings. The researcher can also make notes about general observations that might later foster theme development.
2. Codes are then developed to capture key analytic ideas within the data which may relate to the research question. This should be repeated to ensure key codes are not missed.
3. Themes are generated by grouping codes which relate to a particular concept. The themes identify patterns of meaning across the data.

4. The themes are reviewed in relation to the coded data and the data as whole. A thematic map can be used to structure the analysis and define the relationships between the themes.
5. The themes are defined and named. It is here the researcher constructs an analytic narrative to explain what is happening within the data, how this relates to the research question and why the reader should pay attention to this.
6. The analysis is written up within a report.

### **4.3 Method**

**4.3.1 Design.** Historically, there has been a dominant emphasis on using quantitative measures, focusing on a positivist framework, within psychology research (Dallos & Vetere, 2005). However, there has been a growing interest in qualitative research and its credibility within psychological research (Smith, 2008; Willig & Stainton-Rogers, 2008). A qualitative design was used for the research as it permits researchers to make sense of social phenomena and how individuals give meaning to them (Denzin & Lincoln, 2000a).

The aim of this research was to understand what young people found helpful and unhelpful about online counselling and why they perceived these factors as helpful and/or unhelpful. This is in line with a qualitative design. A quantitative approach could have also been used. This could have been done by gathering the helpful and unhelpful factors of online counselling that have been identified within existing literature and creating a survey which asked young people to select which of the factors were present in their online counselling. This approach would offer a means of collecting data from a large sample of young people and provide quantitative data which would give an overview of what factors were helpful or not. However, this method would have involved imposing pre-existing ideas on the young people which may lead to factors which were not considered being missed. Though a

quantitative piece of research would gather young people's experiences, this would not capture individual experiences. Furthermore, the study is interested in why young people perceived these factors as helpful and/or unhelpful. Again, such individual perspectives cannot be clearly studied within a quantitative paradigm without imposing existing ideas on the young person.

**4.3.2 Participants.** A purposive sample of thirteen participants was recruited. The criteria for participants was that they had to be aged 14-18 and to have received a minimum of four online counselling sessions in the past year.

Several considerations were made when defining the inclusion criteria. These were the age of the participants and the number of participants to be interviewed. The age range for the sample was defined as 14-18 year olds. Gillick competence refers to the capacity of individuals under the age of 16 to consent for treatment (Gillick vs West Norfolk & Wisbech Health Authority, 1986). Setting the minimum age at 14 meant that the Gillick competency could be more likely to be applied to them if they were deemed competent. Not all young people of this age will be automatically assumed to be Gillick competent and therefore each young person would have to be assessed for this. This issue is discussed in further detail later in the ethical considerations section. The decision to set the criteria to 14-18 years old aimed to provide a broad range of age experiences from the younger and older cohort using the service. Though the definition of young people has been used to describe those up to the age of 25, this upper age limit was not chosen as the majority of research into young people comes from this upper age group and little is offered by way of the younger sect of that group.

The sample size was also considered. The suggested sample size for medium sized thematic analysis research projects, including a professional doctorate thesis, is between 6-15

participants (Braun & Clarke, 2013). The National Children's Bureau (2011) published guidelines for carrying out research with children and young people. They state that young people may misinterpret the question in an interview or provide an answer not as the interview question intended. As a result, such issues were considered when determining the sample size for this study. The upper limit of Braun and Clarke's (2013) suggested sample size was used to ensure there was sufficient and rich data to aid the development of the themes.

The final sample resulted in a total of thirteen young people. The study had aimed to interview fifteen but having advertised the study multiple times on the Kooth website, two further suitable participants were not found. Six young people expressed an interest in participating but did not meet the study's inclusion criteria. Consequently, it was decided that recruitment would close to permit sufficient time to analyse and write up the research.

The participants included nine females and four males between the ages of 14 and 18 ( $M=16.3$ ,  $SD=1.4$ ). Nine of the participants identified as White British, two identified as White and Asian and one identified as Any Other Mixed. The total number of online counselling hours ranged from 7.2 to 176.7 hours with 45.7 hours being the average.

**Table 2. Participant Demographics**

Pseudonym	Age	Gender	Ethnicity	Counselling Hours
Ali	17	M	White & Asian	41.9
Bella	16	F	White British	7.2
Celine	18	F	Any other mixed	64.5
Daisy	15	F	White British	19.0
Esha	14	F	White & Asian	19.5
Fay	18	F	White British	42.0
George	16	M	White British	10.1
Heidi	17	F	White British	27.5
Ike	16	M	White British	18.7
Jake	14	M	White British	56.7
Kai	17	F	White British	64.9
Lana	15	F	White British	13.1
Maria	17	F	White British	176.7

**4.3.3 Sampling.** Kooth is a service which delivers online counselling to young people aged 11-25 living in the United Kingdom. The service also offers young people access to discussion forums which centre around specific topics. When a young person wishes to use the service, they are asked to register with a username and provide their gender, ethnicity and year and month of birth. Anonymity is paramount to the running of the service to engage large numbers of young people.

The Kooth service model is built on the organisation's core values around choice, autonomy and ease of access. Kooth practitioners are recruited from a range of different models of therapy and support including humanistic, cognitive, integrative and pluralist models of practice. The Kooth service also uses 'emotional wellbeing practitioners', typically from youth and social work backgrounds, to support different levels of need. All practitioners are trained and supported to develop and hone these skills in an online environment.



The Kooth website was used to recruit participants to take part in the research. An advert (see Appendix A for participant advert) was uploaded to the Kooth website outlining the aims of the project, the participant criteria and a means of contacting the researcher to express interest. Once the young person made contact to express interest, their age and number of sessions was checked to ensure they met the inclusion criteria. An opportunistic sampling strategy was employed whereby those who met the inclusion criteria were interviewed.

**4.3.4 Procedure.** Recruitment was done by uploading an advert for the study onto the Kooth website providing an overview of the aims of the project, the inclusion criteria and a means for contact. The young person was then contacted by the researcher who sent them an information sheet (see Appendix B for participant information sheet) which provided a more comprehensive account of the research. Having read the information sheet, the participants were messaged a statement of consent (see Appendix C for participant consent message). Consent was received from the participants by asking them to type a message confirming they understood the research and give consent to take part. Once consent had been received, an interview time was arranged. The Kooth counselling service closes at 22:00. Interviews were not arranged after 18:00 to ensure if a participant felt they needed support from an online counsellor after the interview, there would be sufficient time for them to access it. The Kooth team were informed of the interview date and time so online counsellors working on that day were mindful a participant may contact them if they felt they needed further support.

When an interview was arranged, the Kooth team were messaged to inform them of the date and time. This would prompt those counsellors working on the interview date to be aware that a young person may contact them after the interview if they feel they need support. Additionally, a list of the on-call managers was made available in case any issues regarding the participant needed to be escalated.

A semi-structured interview was conducted online using the Kooth website (see Appendix D for full interview schedule). Each interview was held for up to one hour. A semi structured interview was chosen as it offered a means to define a set of standard questions which could be used with all of the participants. This would ensure time was managed effectively within the interviews, ensure participants are asked the same questions and that the interview remained in line with the research questions. However, unlike a structured interview, the choice to use a semi-structured one offered flexibility to suit the pace and content of the interview. This was highly desirable, particularly, as the research is interested in individuals' experiences. The semi structured approach would allow the researcher to follow the participant's conversation whilst using the predetermined questions to stay on course.

The decision to deliver the interviews online rather than face to face was to mirror the platform that young people were used to using for their online counselling. The young people were familiar with the site and therefore it seemed a plausible reason to deliver the interviews online. Furthermore, the online counselling is delivered anonymously across the country. Consequently, by offering face to face interviews, young people would be obliged to forfeit their anonymity which could result in large numbers of young people excluding themselves from the study. Furthermore, the anonymity is a paramount element of Kooth and therefore it is important to work alongside their protocols for conducting the research.

At the beginning of the interview, the participant was reminded to maintain anonymity, their right to withdraw and the confidentiality policy (see Appendix E for the introduction message). The participants were also informed that they could access online counselling through Kooth, after the interview, if they felt they needed further support. If a participant requested to access this, the researcher could contact the team to prioritise the young person.

The final part of the interview involved debriefing the participant. A debrief message (see Appendix F for debrief message) was copied into the messaging interface being used to conduct the interview. The participants were asked if they had any questions about the research or any concerns that arose during the interview. If the participant felt they needed support after the interview, they were signposted to the online counselling offered by Kooth.

The online interview transcripts were downloaded and encrypted onto a password protected computer to ensure confidentiality and data protection. The interview transcripts could only be viewed by the senior managers within the Kooth team and no other staff. The transcripts were encrypted within the online infrastructure. Thematic analysis was used to develop themes. Two additional qualitative researchers coded initial transcripts as a means of increasing credibility and to gain alternative perspectives of the data. An example of the initial coding on one of the participant transcripts can be found in Appendix H. This is followed by the initial theme and subtheme development in Appendix I.

**4.3.5 Materials.** A semi-structured interview was based on Elliott, Slatick and Urman's (2001) Change Interview. The main questions which were asked were:

1. Has there been anything that you have found helpful about the online counselling?
2. In what ways did you find that to be helpful for you?
3. Has there been anything about the online counselling which you have found unhelpful or negative?
4. In what ways did you find this to be unhelpful for you?

The Change Interview was adapted to be in line with online counselling and to ensure that young people were able to make sense of the questions. The Change Interview (Elliott et al., 2001) is a semi-structured interview which seeks to explore change in clients and how they believe change has occurred. The interview focuses on identifying helpful factors of therapy

but, importantly, it poses different questions to identify unhelpful factors which may hinder change (Elliott, 2012).

#### **4.4 Ethical Considerations**

The research was approved by the University of Roehampton's ethics committee (see Appendix G for confirmation of university ethical approval). There were several ethical considerations made during the research process particularly as the research involved working with young people.

**4.4.1 Consent.** Consent was sought from participants once they had read the information sheet detailing the research. To ensure informed consent, the participants were provided with a comprehensive outline of the research. They were also provided with opportunities to ask questions to ensure they were able to provide informed consent.

**4.4.2 Parental Consent.** Young people have been found to be a group who experience psychological difficulties but remain reluctant to access help (Gulliver, Griffiths & Christensen, 2010). As a result, the Kooth service relies on maintaining anonymity as a means of engaging young people. A substantial amount of the young people accessing counselling through the service have not informed their parents or guardians of their use. Consequently, parental consent was not sought for this research. There were a number of safeguards put into place to support this and ensure duty of care to the young people participating.

Working on the premise of Gillick competency (Gillick vs West Norfolk & Wisbech Health Authority, 1986) a young person under the age of 16 is considered competent to consent to treatment if they demonstrate sufficient maturity and understanding to comprehend what is being proposed. The case argued parents' rights are not absolute and if a child is

considered able to practise their own autonomy this should be respected. These ideas have now been applied to research (Hunter and Pierscioneck, 2007).

There are several aspects that need to be considered when applying ideas of Gillick competency to research. These include the young person's ability to understand the research, their ability to differentiate it from other interventions, understand the risks and benefits of participating and understand their rights as a participant (Hunter & Pierscioneck, 2007; Masson, 2004).

During the research process, there were various stages at which the study aimed to ensure the requirements for Gillick competency were met:

1. The age range for the sample was defined as 14-18 year olds meant that the Gillick competency applied to the sample.
2. The first few sessions of the online counselling involves the online counsellor assessing for consent, capacity, confidentiality, and child safeguarding issues. The aim is to determine the young person's capacity to use the site and identify any child safeguarding issues. When defining the inclusion criteria, it was concluded that participants must have had a minimum of four online counselling sessions to ensure they have been assessed for these aspects of the Gillick competency. The counsellor will determine the best course of action for the young person whether it be to offer one to one regular support or to signpost to external services.
3. Having read the information sheet about the study, participants were provided with an opportunity to ask questions about the research. This provided a means for assessing their capacity to understand the research and their capacity to provide informed consent.

4. At the beginning of the interview, the participants were asked two questions regarding their understanding of the study and what motivated them to take part. This provided an additional way to assess their capacity for consent. This also assessed whether they were able to differentiate the interview process from their usual online counselling.

**4.4.3 Confidentiality and anonymity.** The Data Protection Act 1998 states that data gathered from and about a research participant is confidential unless otherwise agreed. Young people should be granted the same level of protection regarding confidentiality, anonymity and data protection (National Children's Bureau, 2011). However, as part of child protection, there is a duty of care to ensure the safety of a child. This outweighs the duty that researchers have for confidentiality.

A protocol was outlined should there be an instance where confidentiality needed to be breached. If the participant presented with cause for concern, a button could be clicked within the Kooth system to highlight this participant to the safeguarding team who would follow up with the young person. Cause for concern was identified as if the young person expressed a risk to themselves or others or if they stated they were at risk from others. If it was felt that the participant was at imminent risk, the on-call Kooth manager would be informed. During the interview process, none of the participants requested additional support following the interview.

As the research was carried out online other considerations regarding confidentiality needed to be taken into account. The BPS (2013) points out that online researchers cannot guarantee absolute confidentiality due to the nature of computer networks being out of their control. In this study, the interviews were conducted online. Kooth's servers are encrypted and protected to safeguard client information. Additionally, participants were reminded that

they should be somewhere safe and private for the interview to ensure no one views their responses and thus compromises their confidentiality.

**4.4.4 Right to withdraw.** Participants were notified that they could withdraw from the study at any point. Young people may be reluctant to withdraw from studies due to power imbalances between them and the researcher or not fully understanding what it means to withdraw (Alderson & Morrow, 2011). Consequently, it was important to be mindful of this whilst carrying out the research. Rodgers (1999) highlighted that the participant showing signs of disinterest or not attending scheduled interviews may be signs that they wish to withdraw. These cues may be difficult to assess with online research. The BPS (2013) highlighted the difficulties faced by online researchers in assessing the feelings and reactions of participants. As a result, the safeguard measure of reminding participants to access the online counselling through Kooth was a way of offering support if any adverse reactions were missed.

Another issue with online research is that it may be unclear whether the participant has withdrawn or been disconnected due to internet issues. Participants were encouraged, when arranging the interview, to ensure they use a laptop or computer for the interview rather than their mobile phone/ portable devices where they will be relying on data signal for the internet. At the beginning of the interview, participants were informed if the participant had a problem with their internet connection, the researcher would remain online to allow time for the participant to become connected again. The participant was also informed if the researcher becomes disconnected from the interview, the researcher will be in touch via the Kooth messaging service to determine if the interview could be rescheduled or continued at that moment in time.

None of the young people requested support after the interview. However, one young person made contact a week after the interview to request that their interview data was withdrawn from the research. A message was sent back to the young person to acknowledge their request and inform them their interview data would not be used. The young person responded a fortnight later explaining they had changed their mind and would like their data to be used. This situation required a tentative approach as there were clinical issues with this young person and therefore, as a researcher, it was important to follow duty of care towards this young person. Consequently, the message to the young person acknowledging their wish to withdraw was responded to promptly so they would not become anxious about withdrawing and it was written using empathic language, so the young person felt heard and acknowledged. The young person's data was used within the analysis as they messaged again to request this. Following a discussion with the clinical manager at Kooth, it felt appropriate to use the data as if this was not done it could have a negative impact on the young person's mental health. When the young person was contacted to confirm their data would be used, they were reminded that once the analysis had begun their data would not be able to be removed.

Another issue which arose in practice was that many of the young people were keen to ask personal questions at the end of the interview when asked whether they had any further questions about the research. A majority of the questions were regarding their interest in psychology or studying counselling psychology. These questions were dealt with sensitively and required my skills as a trainee counselling psychologist. In order to ensure the young person did not feel dismissed, these questions were answered as they did not seem intrusive or too personal. Additionally, short answers were given so that a further conversation was not prompted. Had there been a question which seemed too personal to answer, this would be explained to the young person in a tentative and empathic way.



## Chapter 5: Results

The purpose of this chapter is to describe the themes that were identified as part of the thematic analysis process. There were four main themes which comprised of subthemes characterising helpful and unhelpful factors of synchronous online counselling, as summarised in Table 3. The aim of the study was to understand what specifically about online counselling young people found helpful and unhelpful and how these factors were helpful and unhelpful for them. In order to illustrate how and why these factors were perceived as helpful or unhelpful, figure 2 was created. This has also been qualitatively discussed in further detail within the body of the results section.

There were four main themes identified which were 1. anonymity, 2. access and availability, 3. communication and 4. control. The perceived helpfulness and unhelpfulness, as described by the young people, was discussed for each. Extracts from the interviews with the young people have been included as they were written by the young people. As a result, there may be grammatical errors within the extracts which have been left to represent the young person's own narrative. Additionally, under each subtheme, the process by which the young people experienced each factor as helpful and/or unhelpful has been discussed.

As part of the interview schedule, the young people were asked to think about how the helpful and unhelpful factors they identified affected any changes they had noticed about themselves since starting online counselling. The young people identified the impact of the specific helpful and unhelpful factors but also spoke about the impact of online counselling more generally. As this latter part did not yield data specifically relating to helpful and unhelpful factors, a brief summary of findings in this area has been included in Appendix J.

**Table 3***Summary of Themes and Subthemes*

<b>Main Theme</b>	<b>Helpful Factor Subtheme</b>	<b>Unhelpful Factor Subtheme</b>
Anonymity	Increased disinhibition effect	
Access and Availability	Flexibility of access to platform Availability of counselling Ability to utilise additional resources	Technological Issues
Communication	Typing allows time for reflection and freer expression	Text only communication is time consuming  Nuances of face to face communication lost  Reliance on typing to communicate
Control	Control of session content Reduction in concerns surrounding confidentiality	

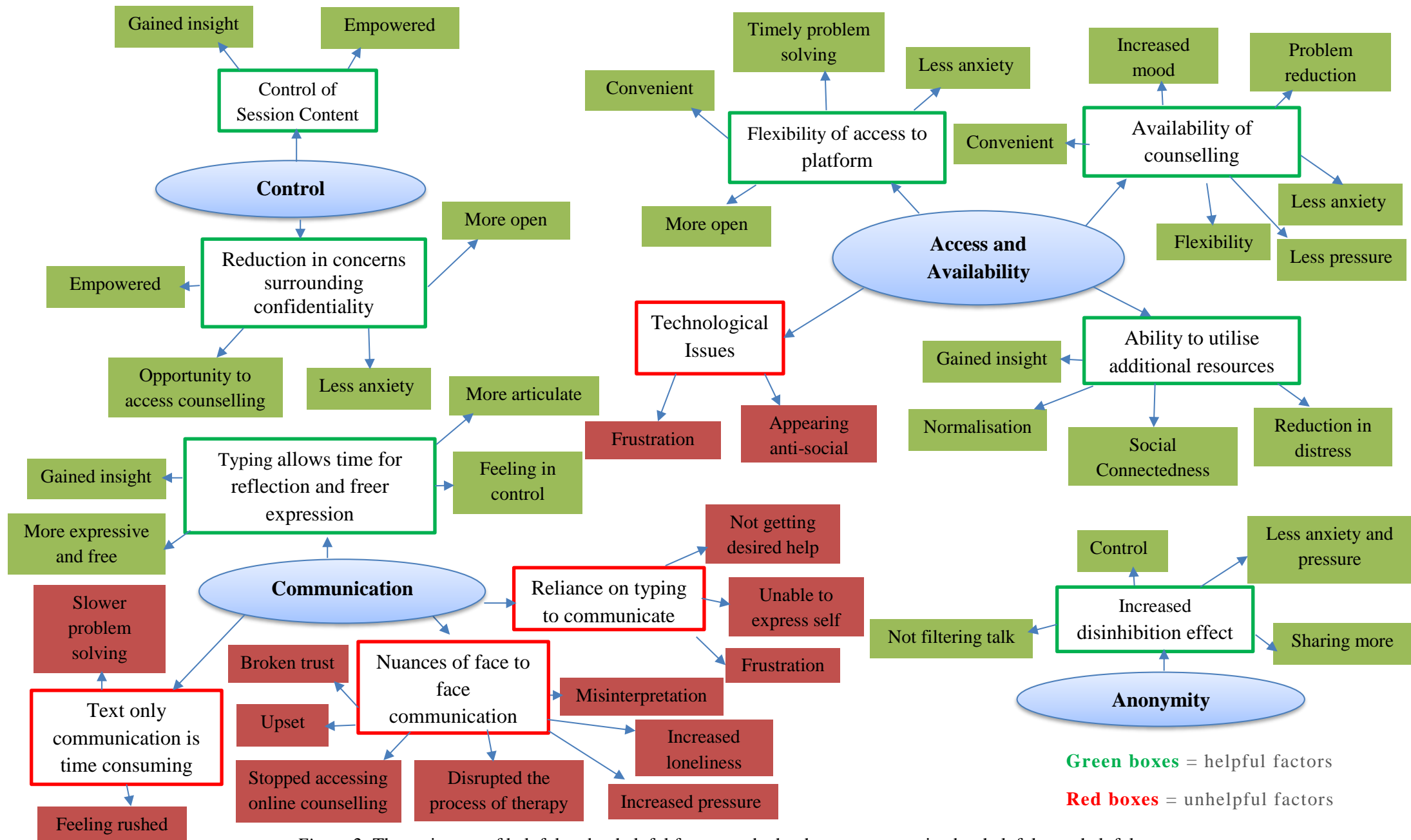


Figure 2: Thematic map of helpful and unhelpful factors and why these were perceived as helpful or unhelpful

## **5.1 Anonymity**

All of the young people spoke about anonymity being a helpful factor in online counselling. The focus of this theme was to discuss how anonymity was perceived as helpful for the young people. The focal point of this theme is centred on the helpfulness of a disinhibition effect which anonymity permitted. The disinhibition effect reflected the young people's sense of being able to express themselves more openly due to being anonymous.

There were three factors which contributed towards this disinhibition effect. Firstly, some of the young people explicitly attributed a lack of physical presence of the online counsellor as influencing disinhibition. Secondly, young people spoke about how the ability to conceal their own emotional and physical states enhanced the disinhibition effect as they were likely to share more. Thirdly, some young people felt that the disinhibition effect was enhanced due to a more abstract phenomenon of disconnection from the counsellor.

The young people made general comments about anonymity such as, "I think its easier than face to face counselling because you know your anonymous so u feel more comfortable" (Ike, line 24), "as much as I would like face to face contact, I feel it is nice to be anonymous" (Heidi, line 79) and "the fact I can get help anonymously and they don't judge me for it" (Daisy, line 38).

### **5.1.1 Helpful factors of anonymity.**

**5.1.1.1 Increased disinhibition effect.** The overall experience of the disinhibition effect was captured by this extract, "people are a lot more brave online. My generation are a bit like sea lions. Clumsy on land but when they get into the water, they thrive. Their water is the internet and they feel safer there" (Ali, line 331). The general consensus was that the young people felt more comfortable to communicate online due to the anonymity.

One reason for an increase in disinhibition online was due to the lack of a physical presence between the young person and online counsellor. This was found to be helpful for the young people and focused on the idea of not being “judged” (Katy, line 210) by the counsellor. This was discussed by Fay:

“I just think its alot easier to express myself more online, as you know you arent ever going to meet these people, whereas face to face they are physically sat with you which makes it alot more intimidating and a bit pressured.” (Fay, line 31)

This was further stated by Celine:

“Well the fact that it wasn't face to face gave me more confidence to share difficult things. There wasn't a face that I could see. If there was a face oposite me, I wouldn't be saying that I have. There are some things that I feel would sound dumb saying to someone in front of me but because I don't have someone's reaction, I can say things.” (line 52)

These extracts emphasised that disinhibition was increased due to the lack of physical presence. The young people described how the lack of physical presence resulted in them feeling less judged by the counsellor which resulted in them being able to express themselves more. The impact of this meant they were *not filtering talk* and therefore were more open to discuss issues they otherwise would not. Ike stressed this point:

“i think it makes me be more honest, as because its not face to face you cant see ones reaction n you feel like your not being silently judged. if that makes sense. your not holding back and your letting everything out as you cant be seen.” (Ike, line 29)

The young people also spoke about the ability to conceal their emotional and physical state from the online counsellor and the impact this had on disinhibition. Participants felt there was value in being able to hide heightened emotions such as anxiety as well as physical behaviours such as crying. Showing these experiences to the online counsellor resulted in a fear of embarrassment, being judged and increased anxiety. As a result, being anonymous *alleviated anxiety and pressure* felt by the young person. Maria shared her experience of this, “this is embarrassing, but sometimes I cry and I wouldn’t want anyone to see me and sometimes I get scared to imagine the look on my counsellors face when I takes about some stuff. Talk\*not takes... sorry typo!” (Maria, line 50). Here, there is an emphasis of fearing judgment from the counsellor when crying and this causing embarrassment to the young person.

As well as concealing crying, the young people spoke about being able to conceal their emotional state which is often conveyed through body language. Fay shared:

“i know counsellors arent able to and dont judge people and things, but when im face to face they have how im behaving for example if im extremely anxious they can tell that by my actions and then they can start to build an image on me based on my actions and when a counsellor told me she does read body language alot it make me panic more because i was aware that she looked at that and i tried to stop it, whereas here that cant happen and its alot more calming.” (line 66)

The impact of this meant that there was decreased anxiety which resulted in the young person feeling more able to *share more*. It also appeared important for the young person to be able to *control* how the counsellor perceived them. Thus, by concealing their emotional and physical states they were able to portray themselves in a way in which they wanted to be seen which encouraged them to continue to communicate.

For others, they described a sense of disconnection that anonymity gave them. Ali explained:

“It is a lot less worrying because you can detach yourself from it more easily... Well as there isn’t someone in front of me, it feels more detached and so it can be easier to talk about more difficult things.” (line 39)

Here, there was a sense that being anonymous created a space between the counsellor and young person which kept the young person emotionally detached. This detachment helped the young person to feel able to open up more. This was echoed by Bella who described the appreciation of the online counsellor only knowing the username of the young person, “I wont talk to someone about how im feeling and I find face to face talking hard so having that one person who knows that username and that person has them worries is useful” (Bella, line 44). The emphasis of the online counsellor only knowing the username highlights the distance that the young people found to be helpful in online counselling. However, the extract also highlights a need for some level of connection as there is value in having the same counsellor who can recognise the worries the young person has. This ambivalence in connecting with the counsellor, caused by anonymity, is further stressed by Celine:

“It’s also been helpful to have someone that I know I can speak to every week without getting too personally known to them... I've been able talk about personal things and things I could never tell someone who knew me, and if I more personally knew my counsellor like I'm face to face I don't think I would have talked about a lot of thing.” (Line 106)

The impact of this distance resulted in the young people feeling able to be more open about difficulties and *share more* as there were *reduced anxieties* about “feeling judged or that there will be some awkwardness” (Celine, line 134). This openness meant that the young people were able to make the most of the counselling experience, “I am able to use counselling properly and to it’s full potential. This also means I can benefit from it fully” (Esha, line 228).

## **5.2 Access and Availability**

All but two of the young people spoke about helpful and unhelpful factors relating to access and availability. This theme captured how readily accessible online counselling was and the availability of it to suit individuals’ needs. This theme also highlighted issues with the online nature which specifically affect access and availability.

### **5.2.1 Helpful factors of access and availability.**

**5.2.1.1 Flexibility of access to platform.** Half of the young people identified the access to online counselling as a helpful factor. They found it helpful that they were able to access it on any chosen device such as a laptop or mobile phone. This was helpful as there was an element of privacy which was maintained when using these devices as Celine highlighted, “I can be on my phone or laptop where no one else can see” (Celine, line 28).



Being able to use portable devices was recognised as helpful as they could be used in any location which provided flexibility for the young person. Ali explained, “You can also be more mobile. I’ve seen a few people use their phones so they can do it on their way home from school and it takes up less time” (Ali, line 400).

Another helpful aspect regarding the access to online counselling was that the young person could access counselling from, “the comfort of my own home” (George, Line 79) making it, “readily available” (Heidi, line 245). This was spoken about in the context of, “you don’t have to drive anywhere to get counselling” (Heidi, line 244) which focused on not having to travel. It appeared this was *convenient* for the young person. Not leaving the house was also considered in relation to the physical presence of the young person with a counsellor in face to face sessions. “it’s great to be able to get counselling anywhere (the problem with face to face is that you actually have to be THERE, with online you only need data/internet connection)” (Esha, line 26).

There were many perceived benefits for the flexibility to the platform for the young person. The young people described their home environment as being a safe and familiar place for them compared to receiving counselling in a formal face to face counselling setting.

It was also *convenient* for them to access counselling from home, particularly in relation to booking appointments. They felt that face to face appointments had to be booked a long time in advance to secure an appointment whereas being online and accessing it from home meant this was not the case. This highlighted the increased accessibility that online counselling offered the young people. Heidi explained, “Online can be better when trying to book easily... Face to face, you have to book a long time in advance to get the counsellor you need” (Heidi, line 217). As well as flexibility in making bookings online, there was also a sense that it was easier to change appointments if necessary, “Well u can quickly move

around times easily with online counselling whilst face to face sometimes you have to wait a month” (Heidi, line 250).

The overall impact of this increased flexibility to access appointments meant that it felt more *convenient* for the young person and there was *less anxiety* for them. Being able to book an appointment online without it being a long time in advance was particularly helpful as it meant that the young person’s anxiety about the appointment was not building up. There appeared to be a mental preparation that the young person undertook to brace themselves for a face to face and online counselling session, but this seemed significantly less stressful for the young person when they accessed online counselling. The environment in which they found themselves in seemed to offer them a “safe” (Esha, line 126) place whereby:

“You feel you can prepare, calm yourself down before speaking about your issues and you don't stress yourself out to lead yourself up to a defined booking u did 2 weeks beforehand Things like that really, you don't stress out too much.” (Heidi, line 233)

Additionally, the familiarity of home resulted in *less anxiety* for the young person as, “it feels very reassuring to know I have everything around me that’s normally there.” This made them feel they could be *more open* with the online counsellor. There was a sense that their physical body and psychological wellbeing were calmer at home resulting in them feeling more able to talk:

“Yeah, and also that it just seems more chilled out than sitting in a room, trying to talk about how you feel. If the atmosphere is more relaxed, then it’s easier to talk about how you’re feeling. Do you don’t have to be in a room wher \*where you

could feel trapped, you're in your room, or somewhere you feel calm/safe.” (Esha, line 118)

Finally, the increased accessibility from any location was perceived as helpful when the young person needed immediate support. The young people spoke about how there was an increase in *timely problem solving*. As the young person was able to access the online counselling from anywhere they were able to resolve any issues they had in a more timely and immediate manner. Esha explained, “I think having access to it anywhere is good, especially if you suddenly have a crisis, you can call or message the team, instead of having to deal with it until you next see a counsellor” (Esha, line 41).

**5.2.1.2 Availability of counselling.** Over half of the young people spoke about the availability of online counselling being helpful. Availability, as a subtheme, captured the young people's experience of online counselling being available to suit their needs and encapsulated how they wished to use it. The fact that counselling is online meant that the availability of it was experienced as differing to face to face counselling. The online provision meant that counselling was perceived to be more readily available than face to face counselling.

The availability of online counselling was discussed in relation to being available to meet the individual diaries of the young person. The young people spoke about how they valued online counselling being available to, “suit me” (Jake, line 39) with their busy schedules, particularly around school and college, “yes and I can do it when I want because I can make the appointment... because I can choose a time that's right for me and I'm not busy or at school” (Lana, line 63). The impact of being able to choose their own appointments was *convenient* for the young person as it meant they could use online counselling without it interfering with other aspects of their life.

The drop-in style nature of online counselling was also helpful for the young people. Online counselling was available by young people being able to drop-in when they felt they needed it or arranging a scheduled appointment. Though this may be evident in face to face counselling, the way in which young people spoke about this implied they perceived that a drop-in style counselling was only available online. The drop-in style method to access online counselling appeared to create a sense of freedom in being able to “come n go as I please” (Ike, line 105). Ike explained this further, “Well unless its a booked session I cud just come whenever somethings wrong, join a chat and if i dont wanna chat anymore I cud just leave. it makes it feel less like a interrigation and more casual” (Ike, line 114). The availability of online counselling offering a drop-in format appeared to make the young people feel at ease. This was articulated by Ali, “Well there is a lot less pressure online. You can turn up when you want (sort of) and you don’t feel the same amount of pressure when speaking.” (Ali, line 387) The overall impact of online counselling being available as and when the young person needed it appeared to provide *flexibility* and a sense of *less pressure* they experienced when accessing online counselling.

The young people also spoke about availability in the context of online counselling being available during different times of need. Within all the narratives, there was a sense that online counselling was available to help during acute periods of distress or when a problem-solving approach was needed. There appeared to be a reliance on online counselling as the first port of call for the young people to access help as suggested by Daisy who wrote, “I always come to them for help with anything I’m going through” (Daisy, line 31). An example of a situation in which a young person accessed online counselling for support was given by Fay:

“when a big family issue happened in november, and i came on here, and i was really upset and down and it helped me because the counsellor just let me talk and talk and she listened and let me get everything out and then spoke to me properly after i did.” (line 118)

This sense of online counselling being available during times of need was echoed by Ike who described a situation in which he felt he in desperate need to speak to someone and get advice about a predicament he was in:

“I went on kooth and asked for help and more or less immedatly after i was given advice and calmed down. if this was face to face it may have took a fewdays before anyone could give me advice which cud av been too late.” (Ike, line 62)

The availability of more counsellors online was one possible reason given by a young person for the quicker access to support when needed. Ike explained:

“you get a quicker response than face to face because there multiple staff online everyday and you can also look at the forums and see what other people think aswell. where as face to face you need a appointment which in my experience with CAHMS was weeks of waiting.” (Ike, line 45)

The overall impact of online counselling being available for young people when they needed it meant that the current difficulties were dealt with immediately. Consequently, this resulted in a sense of *problem reduction, reduced anxiety and better mood*. Esha provided a clear example of this:

“I’ve had a few really bad nights where having the option to message the team has been incredibly helpful. It meant that I had options of what I could do at that moment, and places I could go/numbers I could call if I didn’t think I could get through the night... one night I needed reassurance about some things and I was able to get it immediately, and the counsellor I talked to was able to go into depth with me about what I was worried about... This meant I could get the right advice as soon as I needed it, which made me a lot less worried and happier.” (Line 73)

The final aspect of availability of online counselling was discussed in relation to bridging a gap between face to face services (both NHS and private services). Two young people noted that the online counselling service was free to access which meant it was readily available for them to use as Celine said, “I think also it’s very cheap and easy way to do it. NHS have year long waiting lists and private services are very expensive” (Celine, line 103). As Celine described the long waiting lists of face to face services, Lana highlighted that online counselling served as a viable option whilst waiting for face to face counselling, “It’s helped me a lot during really hard times bacuse I have been waiting for one to one counselling so while I’m waiting I got recommended to go on this and it’s been so helpful” (Lana, line 74).

**5.2.1.3 Ability to utilise additional resources.** Almost half of the young people spoke about being able to use various resources alongside the online counselling which they found helpful. This included accessing face to face counselling, using the online forums on the website and using the internet in sessions. Two of the young people spoke about using online counselling alongside face to face counselling and commented, “I like having both” (Heidi, line 261). There was a sense that online counselling supplemented their face to face

counselling, particularly in between their face to face sessions. Esha explained, “I have a mixture of face to face and online counselling, and when I was only getting face to face, I found it harder to cope during the week before my next appointment” (Esha, line 102). Here, the impact of being able to utilise both face to face and online counselling consecutively meant that there was a *reduction in distress* for the young person across the week due to receiving more support.

The young people also found it helpful to be able to use the internet to search for topics being discussed in their online session to further aid their understanding. George shared, “I’m not sure but it did give me the opportunities to look up different things we were talking about at the time, so I think that’s a positive” (George, line 110). Ali further explained, “if I’m not sure of something, can just look it up on the internet” (Ali, line 223). The impact of being able to do this in the session provided the young person with an *increased insight* into their difficulties as they were able to take a proactive role in understanding it. George explained, “we would suggest something I may be experiencing so I would look up what we talked about, kind of like I was researching it” (George, line 122).

Finally, the young people found it helpful that the forum and other aspects of the website were more readily available to use alongside the online counselling. Having these different resources readily available was helpful for the young person as it provided them with opportunities to seek support via a different avenue. The availability of these additional resources provided the young people with peer support and a means to share their experiences with others in similar situations to them. Daisy highlighted this by saying, “Well the 1-2-1 chat and the forums allows me to get help from trained professionals or people who are going through the same situation as me” (Daisy, line 67). There was a sense of valuing both the online counsellors and the peers. Ike gave an example of how using the online counselling

and the forums, where others were also struggling with their exams, helped during the examination period:

“yes i remember comin here once, years ago my first time on here. I had self motovation problems n had help. When it came to my GCSE'S school pressure had to much and i felt like I was bout to fail. I got help but i did really well and got into college with no resits.” (line 144)

The impact of using the forums alongside the online counselling appeared to increase *social connectedness* to others using the website and *normalisation* of their problems as there was a sense of relating to each other due to the shared difficulties.

## **5.2.2 Unhelpful factors of access and availability.**

**5.2.2.1 Technological issues.** A few of the young people identified technological issues as an unhelpful factor. They identified issues with the counselling website whereby the server would crash and issues with their own internet connection. One young person reported that due to multiple bookings that they had made it caused the server to crash which in turn caused problems on their phone. Issues with their own internet connection involved the wi-fi disconnecting or the young person running out of data on their device. These issues affected access to the site which meant that the young person had to wait until these issues were resolved before accessing the counselling site again. The impact of this meant that the young person's access to counselling was disrupted resulting in *frustration* as Jake described, “Well the disconnecting thing is really annoying” (Jake, line 126).

As well as the technological issues, another point which was raised about the use of technology to access counselling was the amount of time spent on an electronic device. The reliance on technology to access online counselling resulted in them *appearing anti-social* to



others. One young person reported to be getting told off by their parents for spending increased time on the phone when using the site.

### **5.3 Communication**

All but two of the young people discussed the subject of communication. The theme communication aimed to reflect the participants' experiences of communicating synchronously in online counselling. Being online, communication relies on typing words and submitting these to the other person. The focus of this theme was to address how young people spoke about the helpfulness and unhelpfulness of relying on typing to communicate. Face to face communication involves expressing one's self through expressing words as well as non-verbal cues. Non-verbal cues include facial expressions, gestures, tone of voice and posture. However, in online counselling, such non-verbal cues cannot be seen by the other person and therefore this theme aims to capture how this was perceived by young people.

#### **5.3.1 Helpful factors of communication.**

**5.3.1.1 Typing allows time for reflection and freer expression.** A few of the young people summarised the value of typing to communicate as, "it gives you time to think" (Ali, line 54). They described how typing permitted them to think about what to say and reflect upon what had already been typed. George said this in relation to communicating in face to face conversations stating, "I think that not being face-to-face with someone really helps as I don't have to speak with immediate responses and it gives me time to think about what I am going to say" (George, line 50).

Having the space to think whilst typing and submitting their response appeared to slow down the process of communication compared to face to face. This slowing down allowed the young person to be able to consider how to express their thoughts and feelings which allowed them to feel that they were able to be *more articulate* to the counsellor:

“I find it helpful because I feel like by responding rapidly it means I can accidentally confuse people by not being as accurate about my feelings and thoughts as I try to be. Through messaging, I can read what I type and think if I am accidentally saying incorrect things.” (George, line 63)

Whilst for some typing appeared to help them *feeling in control* of their responses by thinking about what they wrote, for one young person typing allowed them to be *more expressive and free* with what they said. This allowed them to gain insight into their difficulties. They described it as feeling less judgemental compared to face to face conversations stating, “also, if I’m having a particularly bad day I will probably end up swearing and it’s weird saying that to someone, it’s easier to type. It feels less judgemental” (Esha, line 194). Another explained that the unlimited word length when typing meant they were not restricted with what they could say.

### **5.3.2 Unhelpful factors of communication.**

**5.3.2.1 Text only communication is time consuming.** Whilst typing was recognised to be a helpful factor for some, others identified that it created “a little bit less flow” (Ali, line 53), and was more time consuming than talking which resulted in sessions *feeling rushed*. Daisy reflected upon her previous face to face counselling and contrasted the pace of the conversation with online counselling by saying, “yeah, he was really nice and let me take my time, I guess with online it’s kind of rushed I guess because talking is faster than typing” (Daisy, line 200). Consequently, it felt that more could be said by talking compared to typing. This resulted in a sense that “it might take longer for my problems to get sorted” (Katy, line 147). Here, there was a sense that there was *slower problem solving* online.

**5.3.2.2 Reliance on typing to communicate.** Typing to communicate was also described as unhelpful due to the ability to type then delete the message before sending it to

the counsellor. Celine explained, “I do think that sometimes it can make you hold back. Because you're typing instead of just speaking, it gives you a chance to write it and then take it away” (Celine, line 142). This perhaps reflects the process within face to face counselling whereby clients choose whether to share with the counsellor or not. However, within the online setting this internal process is also captured during the communication via typing whereby the young person can choose to share by typing a message but then decide against it and delete it. Within online counselling the counsellor is reliant on the young person to use text to communicate what their emotional and physical states are. One possible reason for not being able to communicate emotional and physical states was due to a fear of being judged:

“If there's something that's really bothering me but I feel like I might be judged even though there's no one in my face, I can take it away but if I'm saying it, it's already out there and I can get help for it.” (Celine, line 150)

There appeared to be an internal battle at these moments of whether to disclose or not. There was an appreciation that the only way to get support from the counsellor was by saying something but the ability to type then delete the message helped the choice to withhold the information. Consequently, the decision to type then delete the message resulted in *frustration* and a negative impact for the young person, “it's been quite annoying, because I know I should say something but I don't and it's only being bad for me” (Celine, line 167). This resulted in the young people *not getting the desired help*.

Another reason for not being able to communicate emotional or physical states, by typing, was due to finding it difficult to express one's self with words. Ali described this in relation to face to face counselling, “well I could explain things a lot more easily. I didn't just have to use words, I could use gestures and even drawing. It felt more personal and so there

was more trust.” (Ali, line 193). Here, the young person’s only form of expression is through typing how they feel or typing out their difficulties. The young people identified this as unhelpful as they were unable to draw upon other resources to express themselves such as drawing or as Katy (line 126) explained, “well I have to write stuff down whereas if I was to be face to face I would be able to show her things Such as things on my phone.” This lack of flexibility meant there were instances where the young people were *unable to express themselves*.

**5.3.2.3 Nuances of face to face communication lost.** Half of the young people spoke about the nuances of face to face communication that were lost online which pertained to loss of tone of voice and inability to see the counsellor’s facial reactions. The focus of these were in relation misinterpretation. Misinterpretation occurred by the young person and the counsellor, who both misunderstood the other due to the lack of tone and facial expressions. This extract from Heidi highlights the unhelpfulness of not being able to see the counsellor’s face online:

“Because before I had to speak with counsellors face to face, it felt like I could really see their reaction It was difficult because the text only format I had to use... I felt I could see if they were really engaging with me, so I could see their emotion towards me but now I am confident that Kooth counsellors are engaging with me too Just in a different way.” (line 46)

The lack of facial expression and tone of voice made it difficult for the young person to identify how the counsellor was currently feeling towards them which the young person used to assess how engaged the counsellor was. Examples of this were described as, “when you talk to someone through text, you can’t really tell the person’s emotions” (Ali, line 75) and “hmm,

sometimes i feel like its easy to mistake whats being said because we dont hear the tone that its being said in, so i will automatically think something said is a negative thing” (Fay, line 167). There appeared to be a process for the young person of adapting to the lack of facial cues and tone of voice as they used online counselling more which built up a sense of trust with the counsellor. This is echoed by Maria’s experience of having to rely on the text to gauge the counsellor’s emotional state which resulted in her misinterpreting the counsellor:

“Also sometimes I get things wrong like I think she's angry at me n stuff, and not being able to see her can make that worse. But now she tells me to just ask her if I think she's angry or anything and we talk about it and she tells me how she feels. I do have to trust her words though which I Ind hard but I'm learning to trust ppl :) find\* sorry another typo!” (line 148)

The impact of this *misinterpretation* of the counsellor resulted in the young person becoming so *upset* that they *stopped accessing online counselling* for several weeks, “once i misinterpreted what a counsellor said and then just got really upset and didnt come on for like 4 weeks” (Fay, line 172). This decision not to return to online counselling was fuelled by sadness but perhaps also a sense of *broken trust* from the counsellor. The lack of nonverbal cues from the counsellor appeared to be crucial for the young person to determine whether they could trust the counsellor or not. Maria explained:

“Yeh, I quite often think she's hates me or is angry and I get super upset really quickly, but we've talked about it and she said I can always ask her how she feels n stuff, so that's cool of her :) I do still sometimes find it hard without seeing her face

though if she's telling the truth etc..... But I'm learning to trust her :) (I do have a tendency to think ppl hate me not online too, so its not just with her :( ).” (line 165)

The young people also spoke about the counsellor misinterpreting them. Consequently, this misinterpretation resulted in the young people feeling frustrated and annoyed that there was a disconnect from themselves and the counsellor in relation to what they wanted to focus on. Katy (line 157) stated, “It was bit annoying as I had to keep explaining something that was clearly upsetting me.” The impact of being misinterpreted *disrupted the process of therapy* as the young person had to repeatedly clarify what they meant. Additionally, misinterpretation resulting from not being able to convey emotions solely through text led to a misfocus of what the young person actually wanted to concentrate on, “I've remember there was a time I was worried about a few things but the thing I was most worried wasn't touched upon, maybe because the person thought I was more worried about the other thing” (Ali, line 90).

A further consequence to the lack of nonverbal cues was that the counsellor was unaware of any changes of emotional states of the young person throughout the session as they were unable to visibly see these cues. This may result in them not being attuned to the young person struggling with what to say. Subsequently, the focus was on the young person to continue to guide the session despite wanting the counsellor to take on a more active role in this moment appeared to cause a sense of *increased pressure* for the young person. Ali explained:

“It makes it more difficult if you get to a moment where you don't want to talk because they can't say 'why don't we do this', you have to decide to do something else while you wait and if you aren't feeling too good, you might not think about that. If you get into the wrong frame of mind, a face to face counsellor can snap you out of it more easily as they can see you go into and say something to you.” (line 204)

A final impact of the lack of nonverbal cues and physical presence resulted in the young person stating that they felt *increased loneliness*. There was a sense that physical presence of the counsellor appeared to provide the young person with comfort that someone cared for them and was available for them. This was missed in online counselling as Ali shared, “also there is no one in front of you so it can sometimes feel like you are still alone... It also means that I feel like no one cares” (Ali, line 55). Additionally, when a young person is upset and is crying, this comfort offered by the counsellor was missed in online counselling as the following described, “with online counselling, I usually say if I'm going to/am crying, but there's no one else there in the room with me. I can sometimes feel more alone because of this” (Esha, line 296).

#### **5.4 Control**

Half of the young people spoke about a theme of feeling in control and this comprised of two subthemes. The first was in relation to feeling in control of the session content and the direction of the conversation during the counselling session. The second subtheme was focused on controlling confidentiality of the counselling. Confidentiality was in relation to not having to tell others about their access to counselling and confidentiality about the content of the session.

### **5.4.1 Helpful factors of control.**

**5.4.1.1 Control of session content.** For some, being online felt like that they had more control in directing the session and its content. This was controlled by being able to determine what to share or not. Esha expressed this by saying, “I can do things my way, and I don’t necessarily have to do/ say anything I don’t want” (Esha, line 31). The distance between the counsellor and the young person meant that the young person felt more in control. There appeared to be an active choice to assess what they wanted to share. As well as controlling the content of the session, being able to control the depth of the session was seen as helpful. Fay illustrated this:

“Whereas online I feel like you pretty much guide your own sessions so I can come on and mention a few things but don’t feel like I have to speak about them all in depth on here, whereas face to face I do...for example if something happened one week but i didnt want to go into great detail at that current moment, im able to just mention it and then its done or i can tell my counsellor what i want to specifically focus on out of a bunch of things ” (Line 36)

The impact of being able to guide the session appeared to create a sense of *empowerment* within the young people and provided them with a voice to direct their own journey. Being able to choose what to focus on in sessions also helped them *gain insight* and understanding of their difficulties as Fay explained:



“i just feel like its helped me become more aware of myself more because its me who has to decide what is important to speak about... tbh i feel like the online counselling has just really helped me understand what affects me daily and makes me feel more low or anxious than other days as we can talk about so many different things rather than just one subject like i found with face to face.” (Line 138)

**5.4.1.2 Reduction in concerns surrounding confidentiality.** The young people spoke about the perceived control they had in determining who knew they were accessing online counselling. It appeared helpful for the young people to be able to access the counselling without telling others in their home life as described by Daisy, “it’s been really good just to have someone there who supports you, without having to tell my friends and parents” (Daisy, line 25). The young people expressed feeling as if they had more autonomy online regarding access and who knew about this compared to face to face counselling.

When young people spoke about the control they had to not tell others about the counselling, it appeared they were taking an active role in that decision compared to face to face counselling, “like, because I’m under 16, my parents had to know I get counselling (face to face), but with online it’s my choice whether I tell them or now \*or not” (Esha, line 173). Having perceived control, particularly under the age of 16, appeared to be important as there was a sense this was not the case in face to face counselling.

For two young people the confidentiality to access the service, without parents knowing, meant, “its’ been really helpful, and I know it’s the only way I could have ever gotten help” (Celine, line 14). There was a sense that the confidentiality paved way to an *opportunity to access counselling* which would have otherwise been inaccessible for the young person as described by Lana, “no one knows about anything this is the only thing I go on to talk” (Lana, line 139).

The young people also spoke about how they valued the perceived confidentiality of the sessions compared to face to face counselling. There was a sense that the young people's perceptions of online counselling were that it was a more confidential and secure space compared to face to face counselling as summarised by, "Kooth can keep more things secret compared to face to face" (Daisy, line 150). This was echoed by a sense there was a difference between online and face to face protocols for self-harming, "I prefer it online to face to face, as online you don't have any obligation to tell your parents you're getting counselling. Also the counsellor (online) doesn't have to tell your parents/family if you're harming for example" (Esha, line 259). Though there was a clear confidentiality policy online which stated that confidentiality would be broken if there were concerns for the young person's safety, as in face to face counselling, the young people online appeared to perceive this as different. The young people felt they were able to be *more open* about certain issues as they were confident in the confidentiality policy online which highlighted the importance of confidentiality in being able to express oneself openly.

The impact of perceived confidentiality for the young people resulted in them sharing more online which had a wider impact on general emotional wellbeing, as described by Celine, "I've seen my confidence grow, and I've been able to control my emotions better" (Celine, line 19). Additionally, there was a sense there was *less anxiety* about burdening others that they care about but also *less anxiety* of having to talk about their problems aloud. Lana explained:

"It helps because I don't do well with talking to people so it would probably make it worse for me if people knew... I feel like people would be worried and I'd just stress people out and make things worse." (Line 144)

Daisy further explained, “Well I get scared a lot when talking about my issues so not having to tell them I use it helps, so that I don’t have to explain anything to them” (Daisy, line 101).

It was also recognised that the feeling of control led to feeling *empowered* to make decisions about one’s own care and made accessing help more appealing. Esha highlighted this point:

“Another thing is, (again because I’m under 16), if I mention anything about self harm, thoughts of self harming, feeling suicidal/suicidal thoughts, basically anything that can put me in danger, my parents have to know. The only reason that online counsellors would need to intervene is if I was in serious danger. It feels like I’ve worked up all this courage to get help, and it’s meant to be what I want it to be (because it’s me getting the help!) and now I can’t even choose what I can and cannot do. It sucks because I feel like I have to filter a lot of what I say” (line 181).

## **5.5 Conclusion**

The findings discussed in this chapter highlight the helpful and unhelpful factors of online counselling identified by young people. For each of the factors, the process of why they were deemed as helpful or unhelpful was explained. The results suggest that young people view online counselling as a helpful and valuable source for therapy. In particular, they valued the anonymity this platform offers compared to face to face counselling. However, alongside this there were several unhelpful aspects of online counselling which the young people identified. Many of these unhelpful factors were linked to the type of communication i.e. typing that occurs within online counselling and how this had a negative impact upon them.

## **Chapter 6: Discussion**

The purpose of this chapter is to draw conclusions based on the findings and to reflect upon the study as a whole. There shall be a focus on contextualising the findings within the existing research literature as well as a critical evaluation of the research as a whole. Personal reflections of conducting this research shall also be discussed and how this research can inform counselling practice.

The aim of the study was to understand what specific factors about online counselling young people found helpful and/or unhelpful. Furthermore, the study aimed to identify why these specific factors were perceived to be helpful and/or unhelpful for the young people. The study used thematic analysis to generate themes of the identified helpful and unhelpful factors.

### **6.1 Findings in Relation to the Literature**

The study aimed to answer the following research questions:

- What distinctive features of online counselling are seen as helpful by young people, and why are they helpful?
- What distinctive features of online counselling are seen as unhelpful by young people, and why are they unhelpful?

Four main themes were identified from the thematic analysis. These were 1. anonymity, 2. access and availability, 3. communication and 4. control. The themes of access and availability and communication had subthemes of both helpful and unhelpful factors. The two themes of anonymity and control only had helpful subtheme factors.

The findings from this study are discussed in more detail below.

**6.1.1 Anonymity.** There is a vast amount of literature which emphasises the value of anonymity in online counselling for clients (e.g. Bambling et al., 2008; Dowling & Rickwood, 2014; Frith, 2017a; Hanley, 2008, 2009; King et al., 2006b; Leach et al., 2007; Suzuki & Calzo, 2004). The disinhibition effect (Suler, 2004) is a common phenomenon within the online counselling literature and describes the process of being more open and expressive online. This is often expressed in studies of online counselling for young people. In Frith's (2017a) report, the most popular reasons as to why young people accessed online counselling pertained to anonymity. The importance of anonymity was also shown by Hanley (2008, 2009) who found that young people valued the anonymity of online counselling as they were able to talk about topics they would not usually talk about in face to face conversations. This facilitated the therapeutic relationship, in some instances, as the conversation between counsellor and the young person covered a range of topics.

Suler (2004) theorised that anonymity can permit more expression online as it makes individuals feel less vulnerable. Additionally, the absence of physical cues can reduce the sense of authority that the other has which makes it easier to share. These hypotheses were demonstrated in a number of studies with young people. King et al.'s (2006b) study stressed the value of anonymity for young people. The young people within the study suggested that the lack of physical contact within online counselling creates a less intimidating environment. The importance of this was also demonstrated by the young people in Frith's (2017a) report who stated they valued online counselling as they did not need to talk to someone in person. Counsellors' experiences of delivering online counselling to young people also viewed the lack of physical presence providing a safe environment for young people (Bambling et al., 2008).

All of the young people within this study spoke about anonymity being a helpful aspect of online counselling and therefore this complements findings from previous literature. Many of the young people spoke about the helpfulness of anonymity in that the counsellor was not physically present. Individuals are less likely to express themselves when they notice physical reactions from the counsellor such as head shaking, signs of boredom or sighing (Rickwood, Telford, Parker, Tanti & McGorry, 2014; Suler, 2004). This meant they were able to express themselves freely as they felt they were not being judged. The sense of not being judged is an important aspect of counselling for young people (Rickwood et al., 2014). This also meant they did not filter the content of their speech and as a result disclosed more personal issues. These findings support Suler's (2004) theories about anonymity in online counselling. This was an example of what Suler (2004) termed benign disinhibition whereby an individual feels free to express personal aspects of themselves. The invisibility from the counsellor permits clients to discuss topics they would have otherwise avoided (Suler, 2004).

The findings extended past research regarding anonymity by providing personal experiences as to why young people felt it was helpful. Authors have suggested why anonymity may be perceived as helpful (e.g. King et al., 2006b; Lange, 1994, Suler, 2004) to individuals online but this study has reported young people's actual experiences of this. Young people identified that anonymity alleviated the anxiety and pressure experienced to share which resulted in them sharing more. They described not needing to filter their talk which also contributed to them sharing more with the online counsellor.

Another aspect of anonymity which has been discussed within existing literature relates to the way in which individuals can portray themselves in a way they wish to be portrayed. Callahan and Inckle (2012) described how counsellors reported that young people could present themselves how they wished online. This invisibility, as described by Suler (2004), impacts the disclosure as individuals are not concerned with how they are perceived by the

other. Within this study, these findings also emerged in that the young people valued anonymity for these reasons. The young people described their ability to hide their body language from the online counsellor which could offer the counsellor insight into their mental state. The young people appreciated being in control of how they came across to the online counsellor.

**6.1.2 Access and Availability.** This theme captured young peoples' experiences of accessing online counselling and the availability of it. This theme has emerged in previous literature where young people have reported to value online counselling due to the ease of access (Frith, 2017a; Sobowale et al., 2016). However, this study extended previous findings by explaining why young people thought this was the case. There was a sense that online counselling was available to suit their needs. This included being available to suit their diaries, being available during acute periods of distress or being available in a drop-in style format to allow them to use it when they wanted to. When young people identified their intentions to seek support from a range of counselling provisions, they stressed the importance of flexibility and accessibility to services (Gibson et al., 2016). This quicker availability meant that problems were dealt with more immediately which resulted in a reduction of symptoms including reduced anxiety and increased mood. The flexible nature of online counselling being available as and when needed meant the young people felt less pressurised to use such services.

King et al.'s (2006b), Hanley's (2008) and Bambling et al.'s (2008) findings suggest that online counselling offers a safe environment for young people, particularly being able to access it from home. The findings extend this by demonstrating how this is the case. The flexibility of access permitted young people to use counselling in what they considered a safe and familiar environment i.e. their home. This ability to access counselling from home resulted in the young people feeling less anxious which paved way to them being more open with the online counsellor as they were not preoccupied with this anxiety. The ability to open up more due to the safety they felt is discussed in some research. The physical environment is thought

to play an important part of counselling for young people and without feeling safe within the environment, young people find it difficult to form trust with the therapist (Luxmoore, 2000; Westergaard, 2012). This can be applied to the findings as young people reported that their home environment was a safe space and therefore this reduced anxiety which could help facilitate a trusting relationship with the online counsellor to be able to share more openly. Such a finding also highlights to face to face counsellors the importance of providing a safe and comforting environment for young people.

The immediacy and ease of access is also valued by young people (Hanley, 2008; Frith, 2017a; King et al., 2006a) The findings from this study echoed this by suggested that the ability to access the online counselling from any location, on any device, meant that the young person felt they could seek more immediate support when needed. This research extended this finding by highlighting that this immediacy was helpful as it resulted in problems being dealt with in timely manner which prevented problems from escalating.

Online availability has also been reported to have helped to bridge the gap whilst waiting for face to face counselling or in between face to face counselling sessions (Hanley, 2008). Frith (2017a) found that nearly one quarter of their respondents valued accessing both face to face and online counselling support compared to nearly 15% who solely preferred online access. Some young people also accessed online counselling as they were unaware where else to seek help (Frith, 2017a). This was also demonstrated in Hanley's (2008) work which highlighted that some young people reported to use online counselling as they felt that there was a lack of face to face services. Findings looking at online counselling being used in addition to face to face counselling has shown promising results (Maheu, 2003; Yager, 2003). As a result, online counselling offers a means to meet the needs of individuals who's needs are not being met due to gaps in face to face provisions (Weisz, McCarty & Valeri, 2006). This current study also found that the online counselling offers a means of support whilst individuals



wait for face to face provisions or can be used alongside face to face counselling. The findings highlighted that this was helpful for young people as it meant they were better able to manage their difficulties and prevented a deterioration of symptoms.

The final helpful aspect within this theme was the availability of other resources that were obtainable through online counselling. This reflected the research carried out by Grohol (2000) and Rochlen et al. (2004) who suggested that clients can access resources online during online counselling. The results from this study reported that young people described being able to search the internet during online counselling sessions to further explore what was being discussed. Additionally, they had increased access to forums where they could contact other young people and speak about their experiences. Research suggests that young people use the internet to access mental health information and use it to connect with others (Burns, Davenport, Durkin, Luscombe & Hickie, 2010). This research demonstrates this notion of how young people use the internet within the context of online counselling. The access to additional resources offered young people a means of increasing their social connectedness with others and normalise their own experiences. The ability to research discussed topics allowed young people to take an active role in their therapy and gain further insight into their difficulties. There are many barriers which prevent young people accessing professional psychological support including young people's reliance on themselves to solve difficulties (Rickwood et al., 2005; Rickwood et al., 2007). Consequently, the young people may have found it useful to search the internet during online counselling sessions or have increased access to forums as it allowed them to rely on their own abilities to learn more about their difficulties and connect with others.

There was one unhelpful factor identified within this theme which related to technological issues impacting access and availability. This is a common theme has been cited within the existing literature. Disconnection, which arises from technological faults, can have

a negative impact on the client, particularly the therapeutic relationship or increasing anxiety in individuals (Collie, Eubraniae, & Long, 2002; Hanley, 2008; Rochlen et al., 2004). Though this appeared to be a sparse finding within this research, some young people reported frustration from the server crashing, issues with their internet connection or running out of data on their device so internet was unavailable. As such issues remain a constant possibility within the online world, it is advised that this is discussed with clients beforehand and to devise a plan should the session become disconnected (Chester & Glass, 2006).

**6.1.3 Communication.** The literature regarding communication online focuses on the nature of typing to communicate. The helpful aspect of this theme relating to typing allowing time to think has been cited in previous research from counsellors working with young people (Bambling et al., 2008; Dowling & Rickwood, 2014) as well as studies reporting young people's experiences (Frith, 2017a; King et al., 2006b). Suler (2002) referred to this time to think as the *zone of reflection*. The time in which an individual can think before writing a reply offers a safe space where they are able to dictate the pace and tone of their own disclosure (Suler, 2000). This study found similar findings based on the experiences of young people. Some young people found typing to communicate helpful as it offered them time to think before they sent the message. The young people spoke about this being helpful as it allowed them to spend some time to consider their thoughts and feelings before expressing these. This is supported in the literature by Wright (2010) who suggested that writing offers individuals a mean to gain insight into themselves and develop a sense of autonomy.

The findings expanded upon previous literature of online counselling with young people as it reported young people's experiences of why typing was helpful to them. The young people spoke about how the time to think allowed them to reflect upon their feelings and, consequently, allowed the young person to articulate themselves clearly to the counsellor. They also described how typing felt less judgmental compared to talking face to face which allowed

them to express themselves more freely. They felt being able to express themselves clearer helped them gain insight into their difficulties.

Typing to communicate can also be problematic for individuals. This is a commonly cited unhelpful factor of online counselling (Bambling et al., 2008; Frith, 2017a; Hanley, 2008; Hanley, 2009; King et al., 2006b). A commonly referenced issue with typing within online counselling is how time-consuming typing can be and the impact upon the flow of the session (Day & Schneider, 2002; Mallen & Vogel, 2002; Mallen, Jenkins, Vogel & Day, 2011). This was shown in King et al.'s (2006a) study whereby the in-session processes and impact of online counselling was compared to telephone counselling. They concluded that there were fewer exchanges between the counsellor and client in online counselling due to the time it takes to type and submit a message. Counsellors have also reported to experience there being less time to work with an individual's problems online due to the time constraints posed by this type of communication. The findings from this study reiterated these existing findings by highlighting how young people felt that sessions could feel rushed. However, it also provided results which echo the counsellors' experience of online counselling about there being less time to work on problems. The young people felt that problems took longer to resolve or could be left unresolved.

Another issue which arises in relating to typing to communicate is the ability to type a message and delete it without sending it. The young people described this as problematic as it meant they did not receive the desired help they wanted. They spoke about being aware that by not expressing their difficulties they were unable to get support with it. This finding appears to contradict the helpfulness of having control in online counselling as it hindered the process of therapy, which the young person recognised. Interestingly, this finding also contradicts previous research which suggests that the ability to type and delete a message was considered

a helpful factor (King et al., 2006b) as it allowed the young person to feel in control and comfortable during the online counselling session.

Finally, typing was also seen as problematic for some due to the inability to find the words to express one's self. Young people have reported to want a flexible approach which draws upon creative ways of working with them (Geldard & Geldard, 2009; Westergaard, 2012). However, the findings suggested that this was not possible online. Some young people spoke about how they preferred to express themselves in face to face conversations as it was difficult to express themselves via text online. They discussed how there were alternative means of communication in face to face counselling i.e. drawing but this was not an option online. This resulted in the young person feeling frustrated with not being able to express themselves fully. This idea that face to face can offer alternative means of expression appeared to extend findings of young people's research which highlight that typing can be problematic.

Alongside issues with typing, a number of the young people spoke about the nuances that were lost from face to face counselling such as tone of voice and visual cues. This unhelpful factor focused on misinterpretation which can occur due to the loss of these nonverbal cues. Previous research highlights the absence of non-verbal cues as an unhelpful factor (Bambling et al., 2008; Hanley, 2008; Hanley, 2009; King et al., 2006b). Some research has suggested that online counselling is more susceptible to such incidences of misinterpretation compared to face to face counselling (Gerrits, van der Zanden, Visseher, & Conijn, 2007; Steenhuis, Serra, Minderaa & Hartman, 2009). However, the young people in Hanley's (2009) study reported that they did not feel this misinterpretation was more prominent in online relationships.

The results from this study also found that misinterpretation, often occurred by both the young person and the counsellor. This research demonstrated the impact that such misinterpretation can have on the young person which does not appear to be prominent aspect

in other research. The impact of misinterpretation resulted in the young person not using the online counselling for a several weeks due to feeling upset and feeling that the trust between them and the counsellor had broken. This highlighted the significance of nonverbal cues in communication for some young people. Nonverbal cues have been thought to facilitate trust between the therapist and the client (Callahan & Inckle, 2012) and that misinterpretation in online counselling can have a negative impact on the therapeutic relationship (Bambling et al., 2008; King et al., 2006b). These findings, therefore, support the notion that such cues can be important in developing the therapeutic relationship.

There were also experiences whereby the young person felt that the counsellor misinterpreted them due to the nature of communication in online counselling. This was unhelpful for the young person as they had to continuously repeat and clarify what they had said in the hope that the counsellor would understand. This caused frustration for the young people and disrupted the flow as there was a misfocus from what the young wanted to concentrate on. The final aspect of not having access to nonverbal cues in online counselling related to when the young person is distressed. For some, it was helpful when the therapist could not see when they cried or became distressed. However, for others they felt that it was unhelpful as the therapist was unable to offer them comfort as they were unaware of the distress. This in turn made the young person feel alone. Young people also found this unhelpful as it meant they still had to take a proactive role in guiding their therapy as the online therapist was unaware of the distress. This added pressure on them.

**6.1.4 Control.** The theme of control is a widely mentioned theme within online counselling literature for young people (Callahan & Inckle, 2012; Dowling & Rickwood, 2014; Hanley, 2008; 2009, Frith, 2017a). There are many aspects of online counselling which individuals value control over. Some of these include control over when to end or leave a session (King et al., 2006b; Fletcher-Tomenius & Vossler, 2009) and what to express in the

session or not (Frith, 2017b; Hanley, 2008, 2009). Online counselling provides a space where young people have more power in that they make the active choice to access counselling and there becomes a more equal status between them and the online counsellor due to the distance. (Hanley, 2008; Jackson, 2013). The concept of control is also considered to be valued by young people as it allows them to determine whether they trust their counsellor (Hanley, 2008, 2009). Young people reported to be able to control the content of a therapy session and what they convey to the online counsellor more readily than face to face counselling (Hanley, 2008). The importance of control for young people is also highlighted by Plaistow et al.'s (2014) systematic literature review which pinpoints the desires of young people accessing face to face counselling provisions. There was an underlying theme of wanting to be in control of their care but their experiences of this in practice were not that. Plaistow et al.'s (2014) work is helpful and can be used when considering what young people want from online psychological services.

Again, this research extends previous findings by emphasising why this control was perceived as helpful. This included highlighting the sense of empowerment and gained insight that young people felt, the reduction of anxiety they experienced and the sense that control gave them the opportunity to access counselling.

Young people reported to have found online counselling helpful as they felt they had more control in directing the session and its content as well as the depth of the session. This echoes previous findings (e.g. Callahan & Inckle, 2012; Frith, 2017a, Hanley, 2008, 2009). The process in which this was done was by controlling what they chose to share or not. This was mediated by the distance of the counsellor online. This research extended these findings by highlighting how young people felt that feeling in control of the session was helpful as they felt a sense of empowerment to make such choices and felt they played an active role in their therapy. This active role in their therapy helped increase insight into their difficulties.

The theme of control also covered confidentiality and the perception that young felt more in control of who knew they were accessing counselling. This was an important distinction from face to face counselling where it was implied that this ability to control who knew about access to counselling was impossible. For some, this feature of not having to share with parents that they were accessing online counselling was incredibly important as it was the only way in which to get help. This issue has been discussed in relation to cultural differences in perceptions of mental health and the familial set ups in households. Young people felt that confidentiality of non face to face services was important, particularly in cultures where young people lacked independence at home or where there would be wider cultural implications if the family found out (Hallett, Murray & Punch, 2000).

## **6.2 Critical Analysis of the Research**

The research had intended to recruit 15 participants to interview but the final number totalled 13 participants. The final two participants could not be recruited as no further young people expressed interest to participate despite the study advert being re-advertised on the Kooth website. Recruitment was left open whilst the initial coding began taking place on the interview transcripts. Two decisions played a role in closing recruitment before the intended 15 participants were reached. Firstly, after the initial coding was done it was suggested that no new themes were being identified and thus it was felt that data saturation had been met. Saturation refers to the point at which new themes no longer emerge from the data (Marshall, 1996). Secondly, in order to complete the research within a designated timeframe, recruitment was ceased after no further eligible participants put themselves forward.

The study used thematic analysis to generate themes of helpful and unhelpful factors of online counselling. During the analysis, it became evident that there was a way in which the way in which the young people spoke about online counselling. There appeared to be

certain narratives underlying the data which related to societal norms of counselling and awareness of political systems which linked to their access of online counselling. For example, there was an implicit idea of what counselling should be like in both online and face to face settings. Additionally, there were underlying discourses regarding policies within face to face counselling relating to safeguarding and confidentiality issues as well as an implied awareness of the demands for face to face services causing waiting lists. Consequently, a more discursive thematic analysis (Potter & Wetherell, 1987) was considered as a means of analysing the data. Here, the exploration of language and discourse represents meanings, and acknowledges that these meanings derive from societal practices (Braun, Gavey & McPhillips, 2003; Farvid & Braun, 2006). However, the research followed a critical realist position aiming to understand what factors were perceived as helpful and/ or unhelpful and how these factors impacted the young person. As a result, it was felt that using such an analysis would step away from the initial research aims and questions and therefore was not used. This strengthened the decision that thematic analysis was the most suitable choice for this research.

A potential limitation of the study was that it used only one online counselling service to recruit participants and this same service has been used for a number of previous research too. Kooth have established a sound online counselling service for young people and therefore was able to offer young people who were able to reflect upon their experience of synchronous online counselling which was a necessity for this research. However, much of the work in the UK into online counselling for young people has used Kooth as the service to recruit participants (e.g. Hanley, 2006; Hanley, 2009; Hanley, 2012) and therefore findings may not be transferable to other contexts as the data has been collected from only one online counselling service.



Another limitation of the study was related to the gender ratio of females to males that were interviewed. The study recruited nine females and four males. As a result, the data may not be representative of young people's experiences across genders. However, it could be argued this mirrors research which suggests that online counselling is predominantly accessed by females (Callahan & Inckle, 2012; Frith, 2017a; Fukkink & Hermanns, 2009) and therefore females were more likely to put themselves forward to participate in the study.

A final limitation of the study was that it used the online platform to deliver the research interview. This seemed intuitive as it mirrored the style of communication that the young people were familiar with in online counselling. However, the young people identified that this type of communication was sometimes unhelpful as it could result in them being misunderstood or struggling to find the words to voice how they felt. This finding may have also been present during the research interviewing. The researcher may have misinterpreted the young person or vice versa or the young person may have struggled to articulate how they experienced their online counselling.

### **6.3 Recommendations and Implications for Counselling Psychology**

The BPS (2005) outlined that counselling psychologists should aim to understand the phenomenological experiences of their clients and have a duty to understand how the context may impact upon their therapeutic journey. This study aimed to add to that knowledge by understanding the subjective experiences of young people using a synchronous online medium to receive counselling. There is also an interest in therapeutic work with young people which adds to the argument for conducting this study (BPS, 2016). The findings of the study can inform the field of counselling psychology in several ways.

The study aimed to add to the literature of online counselling for young people as much of the previous research was completed over a decade ago. The findings are consistent

with past research (e.g. Hanley, 2008. 2009; King et al., 2006b) which have identified helpful and unhelpful factors. This suggests that the nature of online counselling has remained constant across the years despite there being huge technological advancements and changes to youth mental health provisions within the UK. The essence of online counselling involves a specific way of communicating compared to face to face interactions. This particular way of communicating i.e. typing has remained unchanged across years and may account for the consistency across the years. Alternatively, the consistency amongst findings across the decade may reflect the lack of technological developments in improving or enhancing functions on the counselling websites.

The study focused on counselling delivered synchronously online and therefore can prompt discussions amongst counselling psychologists about working in such a way. Despite the presence of online counselling, there appears to be a lack of literature relating to this topic within the field of counselling psychology and instead is discussed within the general field of counselling. Hanley and Reynolds (2009) reflected upon the hesitations of therapists to engage with this platform due to concerns of the therapeutic relationship. Given the growth of online counselling, future research could investigate counselling psychologists' attitudes towards online counselling. Such research would contribute towards a debate as to whether counselling psychologists can let go of traditional paradigms of therapy and adapt to a new way of working and being with clients in the online world. With the distinct philosophy of counselling psychology prizing the individual's experience and stressing the importance of a relational stance, it would be interesting to determine whether online counselling has a future within this division. This study aims to prompt such discussions by highlighting to practitioners the perceptions of clients using such services which can then inform their decisions to take part in this form of counselling.

The studies of synchronous online counselling for young people, as discussed in the literature review, highlights that studies are approximately a decade old and recent studies have small sample sizes. The political climate of mental health has changed dramatically across the years. Recent government initiatives have attempted to focus on mental health for young people by announcing policies that aim to offer better collaboration between services and offer new funding to mental health provisions (Parkin, Long & Bate, 2017). Furthermore, technological advances within society has meant more young people are using technology, particularly social media with statistics suggesting 97% use it regularly (Woods & Scott, 2016). The financial pressures on services have meant that services need to find alternative methods for delivering therapy which in turn may impact upon counselling psychologists job roles (Jones Nielsen & Nicholas, 2016). This research has identified what young people find helpful and unhelpful about online counselling and the how these factors were helpful or unhelpful for them. The findings have echoed older findings suggesting that the online counselling remains a stable construct for young people, but the growth of online counselling services reflects the political changes within mental health.

With the popularity of social media, many young people form and maintain relationships online. Counselling psychology places great importance on the relational dynamics between individuals therefore making this an interesting area to explore further. Much of the online counselling research highlights the value of online counselling for young people. However, does online counselling mirror and perpetuate the way in which young people appear to use online mediums to relate to others? Further research could aim to evaluate the effects of online counselling in face to face relationships and whether online counselling perpetuates clients' difficulties such as avoidance. Furthermore, this can lead to research which explores the situations in which online counselling can be more or less helpful than face to face counselling.

One further area which could be developed by counselling psychologists became evident from the gender differences of participants. Nine participants were females and four were males. This may reflect the cultural understanding that males are less likely to come forward to mental health services. It has been a commonly cited occurrence that young males are reluctant to seek help from mental health services (Clement, Schauman, Graham & Maggioni, 2014; Rickwood, Deane & Wilson, 2007). Possible reasons for this include shame and embarrassment due to the stigma related to mental health problems and gender stereotypes i.e. that males should be strong (Clement et al., 2014; Judd, Komiti & Jackson, 2008). This is true within online counselling too. Almost 75-80% of young people who access online counselling are females (Callahan & Inckle, 2012; Frith, 2017a; Fukkink & Hermanns, 2009). This brings into question whether online counselling does offer access to hard to reach groups. This highlights the potential for counselling psychologists engaging in research and practice to explore this further. Within practice, counselling psychologists can draw upon their relational position and beliefs around harvesting societal change by exploring with young males, in a variety of settings i.e. in schools, across online platforms and other face to face services what they feel contributes to their lack of engagement and would improve access. Such discussions would aim to break stigma and challenge certain attitudes within this group. Research could also target males to specifically understand their experiences of accessing such services.

As well as developing research, the results from this study can be used to guide practice for therapists delivering synchronous online counselling to young people and those therapists offering face to face counselling for young people. The findings from the study highlight the different aspects that are offered by online counselling which are less apparent or non-existent in face to face counselling. Areas such as perceived control, greater access, and availability to online counselling and the flexibility of this medium are lessons which can

be applied to face to face services. Such findings can be used by counselling psychologists and other practitioners to improve face to face services. This includes offering appointments outside of school hours, in a variety of locations to improve access and fostering conversations with young people at the beginning of any referral pathway and throughout treatment to harness that sense of control they wish to have over their therapeutic journey. This would echo previous research which has highlighted what young people would like from mental health services (Gibson et al., 2016; Plaistow et al., 2014).

Further findings can also be used to inform practitioners delivering face to face therapy services for young people. The findings highlighted that some young people feared shame or embarrassment when expressing issues face to face, so the anonymity of online counselling protected them against this. This is consistent with previous research which highlights that counsellor body language is important to facilitate trust within adolescents (Kirkbride, 2017) and that adolescents are more susceptible than adults to misread body language due to their developmental capacity to read such situations (Lines, 2011). As a result, face to face practitioners could develop training to enhance skills of working with this cohort as well as being mindful in sessions how body language and tone of voice is coming across to the young person.

Another aspect of the findings which were important for the young people in online counselling was the fact that online counselling was perceived to offer a safe environment. This is in relation to accessing counselling from the home environment which was considered a safe and comfortable environment. Face to face counsellors can use this to finding to ensure the environment in which counselling is delivered creates a warm and safe space for young people to engage. This may include ensuring the waiting room is inviting and helps make the young person to feel comfortable. Additionally, the consulting rooms should facilitate the feeling that this is a safe space to share. Potential ideas to foster this may include having

artwork on the walls, having comfortable informal style seating and having materials that young people can use or read whilst waiting for appointments in the waiting room, so their anxiety does not build up.

The findings can also inform practice for practitioners delivering synchronous online counselling to young people. The results found that the nuances of face to face communication were missed by some young people. Consequently, online counselling could be developed in a way to account for this. This may be offering video calls though this then needs to be researched thoroughly as it would mean the young person is no longer anonymous and could pave way to potential ethical and legal issues. Alternatively, enhancing features of online counselling such as the emoticons used to help convey emotion and tone of voice may be helpful.

The lack of nonverbal communication within the online setting also paved way to misinterpretation which impacted negatively upon the young person. Online counsellors must be mindful of this when communicating with young people online. Strategies to guard against possible misinterpretation may be to use clear and simple language so that the risk of a young person misinterpreting what is being said is reduced. Additionally, as part of the contracting at the beginning of the session, young people could be made aware that sometimes typing can result in unintentional miscommunication and therefore to devise a plan with the young person of how to deal with this. It is important for young people to have a realistic view of the therapeutic encounter may entail to foster realistic expectations of therapy (Watsford & Rickwood, 2015). For example, the online counsellor may point out they may ask a young person to clarify what they mean to avoid being misinterpreted. An online counsellor may help the young person to develop a strategy to voice when they feel that the counsellor is misinterpreting them.

Another aspect of the findings which could be useful for online therapists pertains to the idea that young people felt that if they were unable to express themselves through text there were no other options to facilitate this communication. Online services could use this finding to develop websites to have features such as being able to draw or colour within the online platform and this can be sent to the counsellor. Alternatively, there could be an option for such websites to have an upload function whereby young people can upload images or audio which may help them communicate when stuck. If such technological advances are not possible, online counsellors could facilitate a different type of conversation to foster expression in the young person. For example, an online counsellor could ask the young person to describe how they might draw how they felt or to explain a situation. They could also suggest that the young person use an emoji on the website which best describes how they feel.

A final finding which may be relevant to online therapists relate to the technological issues that the young people described which can affect their sessions. Online psychological service providers should ensure that there are measures in place if any technological issues arise. As such issues can be unpredictable, online therapists should devise a plan with a young person at the start of the counselling session in the event of being disconnected unexpectedly.

#### **6.4 Researcher Reflections**

This section is written in the first person as it reflects upon my personal experience of this research. Before commencing this research, I came across online counselling and was unaware of its availability across the UK, particularly with young people. At this point I had recently started on a counselling psychology doctorate so was curious how we, as psychologists, could engage with this way of working. Being aware that

the world is driven by technology, I assumed that therapy was somewhat protected by this and always relied on face to face interaction. However, in researching the world of online counselling it became apparent that there were different formats of this and it was being accessed by many individuals. Initially, I was reluctant to accept that counselling could be delivered online as I imagined that the therapeutic relationship would be hindered. Given that counselling psychology prizes the therapeutic relationship I was concerned about how this manifested online.

Throughout the research I was aware of my initial biases. When I began interviewing the participants, I could sense that my initial hesitations started to shift, and I was exposed to a new way of thinking about online counselling. The young people shared their experiences of online counselling and though they discussed many unhelpful factors, they highlighted several helpful factors which I had not considered. When conducting the analysis, I began to reflect upon my initial quandary of how online counselling can be used within the context of counselling psychology. It has left me acknowledging that online counselling appears to be valued by young people. As a therapist, I firmly believe that individuals are the best narrators of their life and therefore can voice what they feel would be beneficial for them in relation to their therapeutic journey. Consequently, the research has left me with a feeling that if overall young people find it a helpful and viable option to access counselling, who am I to argue otherwise? For them, in their adolescent world, online counselling may be helpful for them in this moment in time. Overall, this research has broadened my understanding of what counselling can be, particularly for young people, and challenged initial biases I had that therapy must be face to face.

My final reflection emerged during the interviewing phase of the research. This piece of work was the first qualitative research I had carried out and therefore interviewing the participants was a new experience for me. For me, this stage brought together my role as a



researcher and a therapist. In counselling psychology this is referred to as the scientist-practitioner. When interviewing the participants, I had not fully registered that I would be exposed to their experiences of counselling which could involve reflecting on their personal difficulties. When this first occurred, I was taken aback and was aware that it felt instinctive to expand on these points such as in therapy. However, I was reminded that this was research and therefore found it helpful to have my research aims and questions close by to remind me of this and remain focused. That said, I wanted to convey to the young people that I had heard what they were saying and give them the opportunity to clarify if I had misunderstood. As a result, I used my basic counselling skills of reflection and summarising to do this. For me, it was important to do this as I appreciated that the young people were sharing intimate experiences with me, a stranger, and therefore I wanted to convey to them understanding, validation and empathy.

Overall, I have learnt so much from this research both on an academic level and a personal level. Writing the literature review was challenging and gave me an opportunity to learn how to gather the literature and summarise it in a succinct manner, whilst importantly, linking it back to the research aims and questions. Having never conducted qualitative research before, I learnt how to immerse myself into the data and explore it in a different way to quantitative research. Using thematic analysis was a new skill in examining the data by staying close to the participants' experience before adding my own researcher lens to the data. On a personal note, the research has allowed me to question some of my own biases towards the research topic and allowed me to conclude a more balanced position in this.

## **6.5 Conclusion**

To conclude, this research aims to contribute towards the field of counselling psychology as well as the broader counselling and psychotherapy field. With the growing

presence of technology in all areas of life, therapy is also being reached by this. Jones Nielsen & Nicholas (2016) highlighted the challenges that counselling psychologists face within the UK regarding employment. They commented upon the political context in which counselling services are being pressured to find “cheaper” (Jones Nielsen & Nicholas, p.7) options for delivering therapy including online counselling and self-help. Such instances stress the importance of practitioners to question and assess the ways in which therapy can be delivered in order to make informed decisions regarding personal practice and be aware of these may impede on one’s work.

**Appendix A**  
**Participant Advert**

Understanding what was helpful and/or unhelpful about online counselling

Hi,

I am a Counselling Psychologist doctorate student at the University of Roehampton, carrying out research into what young people found helpful and/ or unhelpful about their online counselling on Kooth.

Did you find your online counselling experience to be helpful? Or perhaps there were parts you found unhelpful? Either way, it would be great to hear from you if you are interested to share your experiences.

I am looking for 15 young people who I can interview online for up to an hour. If you are aged between 14-18, have had at least 4 sessions of online counselling on Kooth and would be willing to share your experiences of this then please send a message using the researcher's details below to let them know you are interested.

Thank you very much.

Meera Dhesi

Researcher

[Researcher's Kooth contact details to be placed here]

## Appendix B

### Participant Information Sheet



### Information Sheet

Thanks for reading this information sheet about our study.

#### ***Why are we doing this research?***

The aim of this project is to explore the experiences of young people receiving online counselling. Thousands of young people visit a counsellor each year and use online counselling.

As you are a young person using online counselling I am interested to understand what you found helpful and/or unhelpful about it. I am looking for 15 young people to interview online for up to an hour.

Before you decide whether you want to take part it is important that you understand why we are doing this research and how we would like to do it. This will help you decide if you wish to take part.

By sharing your experience of online counselling, we would hope that it will help us improve online counselling for yourself and others. We would like to understand:

1. *What was helpful about online counselling? Why did you find those things helpful?*
2. *What was unhelpful about online counselling? Why did you find those things unhelpful?*

#### ***Who can take part?***

We are looking to interview young people who:

- Are aged 14- 18
- Have had at least 4 online counselling sessions with Kooth

#### ***Do I have to take part?***

No, it's completely up to you. You can volunteer to take part which means it is totally up to you if wish to do the research. If you agree now, you can change your mind later. If you do change your mind at any point you can simply message the researcher via the Kooth messaging system or you can contact those listed at the bottom of this sheet. You will not

have to explain why you no longer wish to take part. Taking part or not taking part will not affect the service you receive through Kooth.

***What would I have to do?***

The researcher will contact you on the Kooth messaging system and ask you to read a short message which asks you whether you have any questions about the research and agree to take part. The researcher will then ask you when you will be free to do the online interview.

The online interview will take place through the Kooth website. The researcher will type questions about your counselling and you can reply sharing your experiences. At the end of the interview you will be asked if you have questions.

After the interview, the researcher will look at all of the young peoples' interviews who have taken part and use this information to write a report about what young people found helpful and unhelpful about online counselling.

***Where will this take place?***

The interviews will take place on the Kooth website. It will be like the area where you have had your online counselling. The interview will take one hour and can be arranged for a time that suits you.

***Consent***

Giving consent means you fully understand what the study is about, and what taking part involves for you. If you are going to take part a message will be sent to you asking you to type that you understand what the study involves and that you agree to take part.

***What are the possible disadvantages/ risks of taking part?***

The interview will take up to one hour and you will be in contact with the researcher beforehand to arrange the interview. This will mean that you will have to give up some of your spare time to take part. The interview will ask about your experience of your counselling. If you do feel uncomfortable you do not need to answer that question or you can choose to stop the interview. If you wish to stop the interview you do not need to give a reason why you wish to leave. It is important that you understand that if you do choose to leave the interview that it will not affect any support that you get from Kooth.

***What are the possible benefits of taking part?***

Some people find it helpful to think about what their counselling has been like and to share that with someone else. By taking part in this study, you will help to improve online counselling for other young people in the future.

***Will anyone else know what I say?***

What you tell us is confidential, which means that it will not be passed onto anyone else. However, if you tell us that you or someone else might be at risk of getting hurt, we will have to pass your details on so that we can get help and make sure you are safe.

***Will people know it is me?***

Like with your counselling at Kooth, we ask that you do not share your name or information that might identify you. We will use your Kooth username when contacting you. When we write up the report of our findings we will remove any information that might let others know

it was you. For example, if in the interview, you mentioned the name of your brother, we would remove that name so no one could know it was you.

***What if there is a problem or something goes wrong?***

If you feel something is wrong, please talk to us about it as soon as possible. This can be before, during, or after the interview. You can also contact the people whose details are at the end of this sheet if you need to. You can also use the 'drop in counselling' on the Kooth website to speak to a counsellor.

***What will happen to the results of the research study?***

The results will be written up in a report and might be published for others to read. The interview data will be destroyed after 10 years. During this time, the interview may be used for other research projects if the researcher gives permission for this.

***Who is organising the research?***

This research is being organised by the Department of Psychology at the University of Roehampton.

***Who has reviewed the research?***

For research to go ahead it needs to get permission from an Ethics Committee, who are there to make sure the study is safe. This project has been approved under the procedures of the University of Roehampton's Ethics Committee, which means it is safe and has a very low risk of causing harm.

***Would you like to take part?***

If you are interested in taking part, please read the 'Consent' message which the researcher sent you on Kooth and reply as instructed in the message. The researcher will then message you to arrange a time for the interview.

.....  
***If you have any further questions, please contact Meera Dhesi (primary investigator) for more details:***

Department of Psychology  
Whitelands College  
Holybourne Avenue  
London, SW15 4JD

Email: [dhesim@roehampton.ac.uk](mailto:dhesim@roehampton.ac.uk) Tel: 0203 290 4320

**Please note:** If you are worried about any aspect of this study, or have any other questions please ask Meera Dhesi (or the Director of Studies). However, if you would rather talk to someone at the university who isn't directly involved in the research, you can contact the Head of Department:

**Director of Studies Contact Details: Head of Department Contact Details:**

Professor Mick Cooper  
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## Appendix C

### Participant Consent Message

#### CONSENT FORM

Young peoples' experiences of helpful and unhelpful factors of online counselling

Please read the following statements

1. I have read and understood the Information Sheet about the study
2. I confirm that I am aged between 14-18 and have had at least 4 sessions of online counselling with Kooth within the past year
3. I have been given the chance to ask questions about the study and understand what I need to do. I know who I can contact about the study if needed
4. I understand that I am volunteering to take part in the study
5. I understand I can leave the study at any time without giving a reason as to why I want to leave. I can also withdraw my data after the online interview has been completed. I understand this will not affect the support I get from Kooth
6. I understand that if I withdraw my data from the study, it is possible that the data may already have been processed and presented with other collected data
7. I understand that I can access support from Kooth after the research interview if I feel I need support
8. I understand that what I say is confidential unless I share that I or someone else is at risk of harm. If that is the case I understand confidentiality might be broken
9. I agree that the interview data can be used in research, presentations, publications.
10. I understand that my identity will be kept anonymous when writing up the study.
11. Data will be collected and processed in accordance with the Data Protection Act 1998 and with the University's Data Protection Policy
12. I understand that the interview data will be kept for 10 years. In this time, the data may be used by other researchers if the researcher gives permission for this and the other researchers treat the data confidentially
13. I agree to participate in the study

If you agree to take part in the study please type the following statement in a message:

Consent: I, (insert your Kooth username here), understand the study and consent to participating in the research.

Date:



Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator (or if the researcher is a student you can also contact the Director of Studies.) However, if you would like to contact an independent party please contact the Head of Department

Meera Dhesi (primary investigator):

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## Appendix D

### Full Interview Schedule

#### Assessing Capacity for Consent Questions:

1. What do you understand about this study?
2. What made you want to take part?

#### General Questions

1. What's it been like for you to have online counselling?
2. Are you still speaking to a counsellor online or have the sessions ended?
3. Have you ever had any other forms of counselling such as face to face or telephone? If so, what was that like for you?

#### Helpful Factors

1. Has there been anything that you have found helpful about the online counselling?
2. In what ways did you find that to be helpful for you?
3. Can you give me an example of a time in the counselling which you found helpful?
4. How do you feel these things have affected any changes that you have noticed about yourself since starting online counselling?
5. (If relevant)- You said earlier that you have had telephone/ face to face counselling before. I was wondering what the online counselling was like compared to that?
6. Were there any things that were helpful about the online counselling which you did not get from the telephone/face to face counselling?
7. In what way was that helpful for you?

#### Unhelpful Factors

1. Has there been anything about the online counselling which you have found unhelpful or negative?
2. In what ways did you find this to be unhelpful for you?
3. Can you give me an example of a time in the online counselling which you found unhelpful?
4. Has anything got worse for you since starting the online counselling?
5. Why do you think it has got worse for you?
6. (If relevant)- You said earlier that you have had telephone/ face to face counselling before. Were there any things that you found to be helpful about these but did not get from the online counselling?
7. Were there parts of the online counselling which you found uncomfortable but helpful? What were they?
8. Was there anything that you feel could have made your online counselling more helpful for you?

## Conclusions

1. What has been like for you to take part in this research?
2. Have there been any parts of it you found helpful or particularly liked?
3. Were there any parts which you found unhelpful or negative?
4. Do you have any suggestions for us about the research or anything else you would like to share with me?

## **Appendix E**

### **Introduction Message**

Hi (insert Kooth username),

Thank you for agreeing to take part in this study. My name is Meera and I am researcher who will be interviewing you to try and understand your experience of online counselling.

There are just a few things I would like to remind you. Firstly, it is important that you do not tell me your name or any other information that might let me know who you are. Secondly, if you do not wish to take part in the research anymore you do not need to give a reason why you wish to leave. Finally, what we talk about will be confidential but if you were to tell me that you or someone else might be at risk of harm then I would have to let a member of the Kooth team know.

## **Appendix F**

### **Debrief Message**

Thank you for taking part today.

#### ***The purpose of this research***

The purpose of speaking to you today was to try and understand your experiences of online counselling and what you found helpful and unhelpful about this and specifically how these things were helpful and unhelpful for you.

By doing this interview today we hope that our research can help us understand what young people find helpful and unhelpful about online counselling so that we can improve services that offer online counselling. By understanding how those things were helpful and unhelpful we can think about how counsellors can best support young people.

#### ***Post-interview Debrief***

I appreciate the time you have taken to take part in this study. Thank you for getting involved.

If you think of any questions you would like to ask about this interview you can contact me on the Kooth messaging system, or if you need further support, then you can speak to the Kooth counsellors.

## **Appendix G**

### **Confirmation of University Ethical Approval**

The research for this project was submitted for ethics consideration under the reference PSYC 17/ 270 in the Department of Psychology and was approved under the procedures of the University of Roehampton's Ethics Committee on 02.08.17.

## Appendix H

### Example of Initial Coding on Participant Transcript

Person	Transcript	Initial Coding
Me1	Heyy. Thank you for being here!	
Participant2	<b>Hi Meera! How are you?</b>	<b>Greeting</b>
Me3	I am fine thanks. Hope you are ok too (on this cold evening)	
Participant4	<b>Yeah, I'm ok</b>	<b>Response to greeting</b>
Me5	Just to give you an idea of today... i'm going to ask you questions about your experience of online counselling. IF you don't feel comfortable answering certain questions please let me know and we will move on.	
Participant6	<b>Ok!</b>	<b>Agreement</b>
Me7	If we disconnect for whatever reason then i will message you and see if we need to rearrange can i just confirm how old you are before we start?	
Participant8	<b>Yeah, that might happen as my WiFi is quite bad, so I'll message you if it does! I'm X years old (it might show up as X on KOOTH?)</b>	<b>Plan if gets disconnected</b>  <b>(Age marked with an X to maintain confidentiality)</b>
Me9	ok cool. Thanks for giving me the heads up. yeh it does. that's why i was double checking. :) So what's it been like for you to have online counselling?	
Participant10	<b>Hm... I love it! It's great to be able to get counselling anywhere (the problem with face to face is that you actually have to be THERE, with online you only need data/internet connection). I can do things my way, and I don't necessarily have to do/day anything I don't want to</b>	<b>Access from anywhere</b>  <b>F2F have to be physically there</b>  <b>Control of what to do and say</b>
Me11	so having access to the online counselling from anywhere is really helpful for you. how is it helpful for you to have access to it?	

	*access to it anywhere	
Participant12	<b>Yeah. Another thing about some websites (including this one) is that you can keep a diary of how you feel, which can show you how you've progressed overtime. I think having access to it anywhere is good, especially if you suddenly have a crisis, you can call or message the team, instead of having to deal with it until you next see a counsellor</b>	<b>Other resources online</b> <b>Immediate support in crisis</b> <b>Not waiting until next visit to F2F counsellor</b>
Me13	ok. So there's a lot of things you have found helpful about online counselling. Just to go into a bit more detail about what you've just said... so having the online counselling accessible anytime means that you can access immediately when you are in need of support whereas face to face you have to wait for your next appointment in what way has it been useful for you specifically to get that immediate support?	
Participant14	<b>Yeah, like I suppose you could email a face to face counsellor but it isn't the same thing</b>	<b>Difference between contact during crisis</b>
Me15	what makes it different do you feel?	
Participant16	<b>You can email a face to face counsellor but they can't really do anything in depth until you next see them. With online counselling, you can message whenever you want (with some services you are guaranteed a response almost immediately) *really do anything</b>	<b>Emails not in depth with F2F</b> <b>Wait for next F2F appointment to go in depth</b>
Me17	so the online counselling is able to help you more in depth... what's that like to receive that support at that moment in time?	
Participant18	<b>Useful for me... I've had a few really bad nights where having the option to message the team has been incredibly helpful. It meant that I had options of what I could do at that moment, and places I could</b>	<b>Helpful at night</b> <b>Getting support to get through difficult time</b> <b>Alternative sources of support offered</b>



	<b>go/numbers I could call if I didn't think I could get through the night</b>	
Me19	that's really good to hear that you were able to get the support you needed particularly at night when it is difficult to get help	
Participant20	<b>Well, it depends on what you need support for! For example, one night I needed reassurance about some things and I was able to get it immediately, and the counsellor I talked to was able to go into depth with me about what I was worried about (hope that makes sense!)</b>	<b>Support is situation dependant</b>  <b>Got support immediately</b>  <b>Counsellor went into depth about anxiety</b>
Me21	you mentioned earlier that online counselling allows you to do things your way and allows you to say or not say things you dont want to. How do you feel online counselling allows you to do things your own way?	
Participant22	<b>This meant I could get the right advice as soon as I needed it, which made me a lot less worried and happier</b>	<b>Access as soon as needed it</b>  <b>Less worried</b>  <b>Happier</b>
Me23	ok. so being able to get that immediate support reduced the anxiety and made you feel better.	
Participant24	<b>Yeah, I find if I have to dwell on things it only gets worse. I have a mixture of face to face and online counselling, and when I was only getting face to face, I found it harder to cope during the week before my next appointment</b>	<b>Uses both forms of counselling</b>  <b>Harder to cope between appointments with just F2F</b>
Me25	how specifically did online counselling help you in that week gap between your face to face?	
Participant26	<b>With online counselling, you can drop in whenever you want, so you don't have to be tied down to a certain time. This means you can get help/support whenever you need it, and you don't have to wait until you next see someone</b>	<b>Drop in when you want</b>  <b>Flexibility with online access</b>  <b>Don't have to wait until you see someone</b>

Me27	is that how it helps you do it your way? i.e. by having the choice of when appointments are	
Participant28	<b>Yeah, and also that it just seems more chilled out than sitting in a room, trying to talk about how you feel. If the atmosphere is more relaxed, then it's easier to talk about how you're feeling. Do you don't have to be in a room where *where you could feel trapped, you're in your room, or somewhere you feel calm/safe</b>	<p>More chilled out than F2F due to environment</p> <p>Environment influences sharing</p> <p>Space where you feel calm</p> <p>Anxiety in F2F environment vs relaxed environment of online</p>
Me29	that's such an interesting point you make there. so being in an environment which you feel more relaxed in makes the counselling experience and being able to share easier. just going back to what you were saying just before that. Why do you feel it is important for you to do it (the counselling) your way?	
Participant30	<b>If you aren't doing things your way, then you aren't as likely to want help. Like, if you try face to face counselling, yes, it's good to see someone's face and have an actual person sitting there listening. But the problem with that is that sometimes you don't want to talk about things to someone. It's easier to talk to someone behind a screen. If you have this choice, it can make the experience a lot easier. Also, if you don't want to tell your parents you're having counselling you don't have to. In England, if you're under 16 your parents have to know you're having counselling (unless them knowing could put you in danger). This is another choice you can make. The idea that you can choose where you have counselling can be appealing as well. You don't have to go anywhere special, you can just sit in your room, which can be more relaxing It's harder to accept help if you don't get to choose how you have that help</b>	<p>Feeling in control important to get help</p> <p>Conflict between physical presence of counsellor and not</p> <p>Easier to talk behind a screen</p> <p>Choice to tell parents or not</p> <p>Choice of where to access</p> <p>More relaxing in your room than formal environment</p> <p>Choice affects acceptance of help</p>

Me31	That is such an insightful experience you share. As there's a lot in what you have just said I'm just gona ask you a few further questions about that so for you having a choice is a massive step in getting help. What is about that choice which makes it easier for you to seek help?	
Participant32	<b>With face to face counselling, you can sometimes feel like you're tied down to a set of rules. I get this sometimes, and it's harder to open up if you have rules in place.</b>	Tied down by rules in F2F  Difficult to open up when sense of rules  Freedom online, less constraints
Me33	so it can be quite restricting having those rules. can you give me an example of some of those rules which are present in face to face but not online?	
Participant34	<b>Like, because I'm under 16, my parents had to know I get counselling (face to face), but with online it's my choice whether I tell them or not *or not</b>	Parents have to know in F2F  Choice online to tell them or not
Me35	what was it like for you having that choice taken away from you in that face to face experience?	
Participant36	<b>Another thing is, (again because I'm under 16), if I mention anything about self harm, thoughts of self harming, feeling suicidal/suicidal thoughts, basically anything that can put me in danger, my parents have to know. The only reason that online counsellors would need to intervene is if I was in serious danger It feels like I've worked up all this courage to get help, and it's meant to be what I want it to be (because it's me getting the help!) and now I can't even choose what I can and cannot do. It sucks because I feel like I have to filter a lot of what I say. Also, if I'm having a</b>	Level of disclosure is different online vs F2F  Sense of autonomy is removed when there is no choice  Powerlessness of no choice  Filter what is being said  Swearing when angry- can type that not say it  Difference between what words can be expressed online vs F2F  Less judgmental to type

	<b>particularly bad day I will probably end up swearing and it's weird saying that to someone, it's easier to type. It feels less judgemental</b>	
Me37	I can really sense that having a say in your counselling is really important particularly because it's you having to share such personal and vulnerable things. you just mentioned about it feeling less judgmental and earlier said that it was easier to talk to someone behind a screen... how do you feel that this makes it easier to open up?	
Participant38	<b>We're brought up to follow society's image of perfection - we have to look a certain way, act a certain way, feel a certain way, like/not like certain things to fit in. This means we create an automatic filter that we use around people. It's easier to stop using said filter when you're typing, because</b>  <b>*because you aren't actually saying anything</b>	<b>Pressures of society affect what can be said</b>  <b>Stop use of filter when typing</b>
Me39	so typing it rather than speaking it helps you say what you actually want to say.  how do you feel these things (the choice you have online, being able to type what you want to say rather than filtering it, not being restricted by rules as in face to face) have affected any changes that you have noticed about yourself since starting online counselling?	
Participant40	<b>Yeah! Because I feel able to talk about the full extent of my problems, whenever I want, wherever I want, I am able to use counselling properly and to it's full potential. This also means I can benefit from it fully</b>	<b>Able to talk fully about problems online</b>  <b>Able to use counselling properly</b>
Me41	what sort of changes have you noticed in yourself, if any?	

Participant42	<p><b>I feel like the ‘confidentiality’ thing can be increased here, as most of the time the counsellors don’t have a complete address/phone numbers, so they only have to contact you when there is no other option</b></p> <p><b>*option</b></p> <p><b>I’m a lot happier. I also feel lighter. Before I started getting counselling, I felt like I had a huge weight on my shoulders, but I couldn’t put it down because that would mean I was giving up (all my efforts to keep going would be wasted). Now I’ve learnt how to minimise the weight to something manageable.</b></p> <p><b>*giving up</b></p>	<p><b>Happier</b></p> <p><b>Lighter</b></p> <p><b>Less weight on shoulders</b></p> <p><b>Minimise weight to something manageable</b></p>
Me43	So it really has been a positive experience for you.	
Participant44	<b>Also, a lot of the anger I felt is either dispelled, or I’ve learnt how to deal with it</b>	<p><b>Dispelled anger</b></p> <p><b>Learning to manage anger</b></p>
Me45	<p>when you mentioned about the confidentiality just now... did you mean that you think it could be improved online or that you like it as it is?</p> <p>so online counselling has really helped you manage some of those difficult emotions.</p>	
Participant46	<b>I prefer it online to face to face, as online you don’t have any obligation to tell your parents you’re getting counselling. Also the counsellor (online) doesn’t have to tell your parents/family if you’re harming for example.</b>	<p><b>Likes online confidentiality policy</b></p> <p><b>Control over disclosure</b></p>
Me47	<p>ok i understand</p> <p>Has there been anything about the online counselling which you have found unhelpful or negative?</p>	
Participant48	<b>If I’ve run out of data or the WiFi crashes (which it sometimes does where I am!) you can’t use the site, you have to wait until you get back online. This isn’t much</b>	<b>Technology issues can prevent access</b>

	<b>of a problem though, an in today's world there's WiFi or an internet connection almost everywhere</b>	
Me49	so the fact you have to rely on wifi or data to use it can be a bit problematic	
Participant50	<b>Yeah, it can be annoying but it's not a huge problem</b>	<b>Small problem</b>
Me51	has there been anything that you got from face to face which you found helpful but did not get from online?	
Participant52	<b>Um... the support you get if you cry. With an actual person, you have someone there, but with online you're on your own. Well, you can say if you're crying but it's not the same as having an actual person there</b>	<b>Physical presence of F2F vs isolation online</b> <b>Having to voice behaviours rather than visibly see</b>
Me53	what's it like when you cry online?	
Participant54	<b>I mean, I'm not a person who likes to strongly emote in front of other people, so if I cry in the middle of a face to face appointment then I get annoyed that I couldn't keep it together. But I have someone there to just exist and silently sympathise. With online counselling, I usually say if I'm going to/am crying, but there's no one else there in the room with me. I can sometimes feel more alone because of this</b>	<b>Exist and silently sympathise</b> <b>Reliance of having to inform o/c counsellor of crying</b> <b>Feel more alone due to physical distance</b>
Me55	so it can be difficult at times using the online when you feel particularly upset. when you are left feeling more alone at these times how might this affect you?	
Participant56	<b>It really depends on the day I'm having. Sometimes it won't really make any difference, sometimes I'll get even more sad/angry because there's no one there to comfort me, on one occasion I got very close to (but didn't actually) self harm. That's only happens once, and I was already feeling alone, so it exacerbated it</b>	<b>Impact is day dependent</b> <b>Sometimes no difference</b> <b>Sad/ anger due to no comfort</b> <b>Came close to self-harm</b> <b>Exacerbated loneliness</b>
Me57	so the impact of it can really depend on how you feel already.	

	<p>Just one more question before we come towards the end you mentioned earlier noticing lots of changes you have seen in yourself, have you noticed anything getting worse since starting online counselling?</p>	
Participant58	<p><b>The only thing that could be getting worse is the amount of time I spend on my phone, be it for listening to music, or for counselling, or for live forums that KOOTH do (I think some other websites might do discussions as well). I can look a bit anti-social but it's just finding a balance</b></p>	<p>Spending more time on phone  Looks anti-social</p>
Me59	<p>do you feel that this has had a knock on effect on other aspects of your life?</p>	
Participant60	<p><b>I mean I get told the odd time to spend less time on my phone, but that was more in the beginning when I first found online counselling</b></p>	<p>Told by others to spend less time on phone  Others unaware of why on phone</p>
Me61	<p>oh ok. well we have now come to the end of our interview. it has been such an insightful and helpful experience for me to hear your experience today what was it like for you to take part in this research?</p>	
Participant62	<p><b>Can you send me the research article when you've been finished it? I really enjoyed it! If it's going to help improve online counselling then that will be even better</b></p>	<p>Request for findings  Positive experience of interview</p>
Me63	<p>the conclusions will either be posted on kooth or we will contact you personally with the conclusions. The purpose of speaking to you today was to try and understand your experiences of online counselling and what you found helpful and unhelpful about this and specifically how these things were helpful and unhelpful for you. By doing this</p>	

	<p>interview today we hope that our research can help us understand what young people find helpful and unhelpful about online counselling so that we can improve services that offer online counselling. By understanding how those things were helpful and unhelpful we can think about how counsellors can best support young people. I appreciate the time you have taken to take part in this study. Thank you for getting involved. If you think of any questions you would like to ask about this interview you can contact me on the Kooth messaging system, or if you need further support, then you can speak to the Kooth counsellors. does that feel ok?</p>	
Participant64	<b>Yep! Thanks for interviewing me, it was very interesting :grinning:</b>	<b>Experience of taking part in interview</b>
Me65	Brilliant! apologies we have gone over :/ Look after yourself and thank you once again for spending this time with me!	
Participant66	<b>It's fine, I wasn't doing anything this evening anyway Thanks again! Make sure you look after yourself too</b>	<b>Ending the interview</b>
Me67	Take care. Byeeee.	
Participant68	<b>Bye!</b>	<b>Goodbye</b>



## Appendix I

### Initial Development of Themes and Subthemes

<b>Helpful and Unhelpful Factors</b>	
<b>Main Themes</b>	<b>Sub-themes</b>
Feeling in Control	<p>Helpful Factor Sub-themes: Control over Access Control of Session Content Control over Disclosure</p> <p>Unhelpful Factor Sub-themes: Inability to make decisions</p>
Nature of Access	<p>Helpful Factor Sub-themes: Flexibility Reasons for Access</p> <p>Unhelpful Factor Sub-themes: Visible but not accessible</p>
Alternative Mediums	<p>Helpful Factor Sub-themes: Use alongside other sources of support</p> <p>Unhelpful Factor Sub-themes: Absence of physical resources</p>
Relationship and Role of the Counsellor	<p>Helpful Factor Sub-themes: Counsellor Behaviours Therapeutic Relationship</p> <p>Unhelpful Factor Sub-themes: Difficulty finding the 'right' counsellor</p>
Reliance on Technology	<p>Helpful Factor Sub-themes: Remote use of Online Counselling Typing to communicate</p> <p>Unhelpful Factor Sub-themes: Typing to communicate Technological Issues</p>
Anonymity and Lack of Physical Presence	<p>Helpful Factor Sub-themes: Inability to see the counsellor Concealing self Embodiment of counsellor</p> <p>Unhelpful Factor Sub-themes: Lack of comfort when distressed Inability to see the counsellor</p>

## Appendix J

### Overall Impact of Online Counselling

Area of Impact	Impact
Personal	Happier
	Lighter
	Less worried
	Managing anger
	Increase in confidence
	Gained insight
	Managing difficulties
Interpersonal	Making friends
	Fixing current relationships
	Sharing more with others
Physical	Improved eating
	Improved sleep
External	Positive impact at school/ college
	Gained employment

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