

Evidence Brief

Six Promising Practices in Providing Online Counselling to Youth

How Did We Compile This Evidence?

We searched YouthREX's Library for Youth Work and other online databases using the following key terms: "youth," "adolescents," "online counselling," and "best practices."

Key Messages

a) Young people are online.

Ninety-nine percent of Canadian students surveyed access the Internet outside of school (Steeves, 2014). Portable devices are used more than desktop computers to access the Internet; 24% of students in Grade 4, 52% of students in Grade 7, and 85% of students in Grade 11 have their own mobile phone (Steeves, 2014). YouTube, Facebook, Google, and Twitter appear in the top 10 lists of the most popular websites for both boys and girls across all grades (Steeves, 2014). Practitioners who work with youth can "increase their influence by attempting to connect with youths and their friends online and/or promoting their services online or making them accessible via the Internet" (Chan et al., 2017, 'Discussion,' para. 1).

b) Online counselling is a viable option for young people.

Online mental health supports can "significantly increase mental health literacy, help-seeking, and mental wellbeing ... [and] are useful for reducing symptoms in youth at risk for depression and anxiety disorders" (Centre for Youth & Society, n.d., p. 1).

The evidence highlights a range of benefits to online counselling, specifically for youth. Treatments are **accessible** and **convenient** (Shiller, 2009; Ontario HIV Treatment Network, 2018), "overcoming constraints based on geography, timing, and cost" (Centre for Youth & Society, n.d., p. 2), and can be especially ideal for rural and remote populations, as "geographic distance continues to be a challenge for the delivery of conventional mental health services in Canada" (Mental Health Commission of Canada, 2014, p. 18), resulting in greater health disparities (Ontario HIV Treatment Network, 2018). Online counselling also enables **privacy**, and even possibly anonymity, for youth who may feel "too nervous or uncomfortable" (Simon & Mak, 2014, p. 39) to reach out to someone for support, or who may be unaware of services in their communities (Simon & Mak, 2014).

c) Young people accessing online mental health supports are highly distressed.

A study of youth seeking online mental health care in Australia (Rickwood et al., 2016) revealed that

young people who use online counselling are “highly distressed, more so than when they present to in-person counseling services, but that they are also earlier in the development of a mental health problem, being *at an earlier stage of illness* and *less likely to have previously accessed mental health care*” (‘Discussion,’ para. 7, emphasis added).

d) Most young people accessing online mental health supports identify as female.

Studies of young people accessing online mental health care indicate that a higher proportion of clients are female (Rickwood et al., 2016; Dowling, 2015). This finding may indicate the need to develop targeted outreach strategies and supports for different youth populations.

Summary of Evidence: Six Promising Practices

There is a lack of research promoting universal best practices for online counselling, especially for youth, but there are promising practices that can be derived from the evidence reviewed.

1. Promote and protect client privacy.

Stigma and embarrassment or shame have been identified as barriers to help-seeking behaviour for youth, making privacy among the most attractive features of online counselling (Centre for Youth & Society, n.d.). Being able to access mental health care services online can reduce or eliminate the stigma of seeking this type of support, and make it “easier for patients to disclose information about themselves ... since certain social markers such as age, gender, and ethnicity are removed” (Shiller, 2009, p. 8). The privacy inherent to online counselling increases opportunities for honesty, candour, and the disclosure of behaviours and/or thoughts that young people may experience as embarrassing (Shiller, 2009), especially in face-to-face interactions (Fedotoff & Pietilä, 2014).

Practitioners must ensure informed consent and be transparent with young people about any limits to confidentiality (Shiller, 2009). Adhere to the code of ethics guidelines for your profession or organization with respect to confidentiality – for example, by ensuring that some level of encryption is used to protect online communications (Ontario HIV Treatment Network, 2018).

2. Engage and empower youth.

Practitioners are encouraged to engage young people as collaborators throughout the counselling process (Eva’s Initiatives, n.d.; Ontario HIV Treatment Network, 2018; Burns & Birrell, 2014), which can lead to a sense of agency and empowerment (Timm, 2011; Mental Health Commission of Canada, 2014; Centre for Youth & Society, n.d.). Young people can self-refer to online counselling (Campbell et al., 2017), and exert control of sessions in different ways, specifically in terms of the structural aspects – for example, opening and closing conversations – and the content – for example, through the disclosure of personal information (Gatti et al., 2016). The possibility of enhancing autonomy through online counselling can minimize the power differential between

practitioner and client (Shiller, 2009), and support the young person to develop trust in both the service and the counsellor, resulting in “a self-disclosure that takes place across multiple sessions” (Gatti et al., 2016, p. 34). Perceived threats to a young person’s autonomy can impact the therapeutic relationship, especially if the client is an adolescent (Timm, 2011).

Because young people accessing online mental health supports are highly distressed, they can experience low levels of hope and high expectations for treatment (Dowling, 2015; Dowling & Rickwood, 2016). Practitioners can manage expectations by working with clients to identify therapeutic goals and treatment strategies (Timm, 2011; Dowling, 2015; Dowling & Rickwood, 2016). Counselors can build hope in youth by being transparent about their rationales for treatment, increasing young people’s faith in themselves and their practitioners (Dowling & Rickwood, 2016).

3. Develop a positive therapeutic rapport.

There can be challenges to developing a therapeutic rapport in an online counselling relationship. Practitioners are unable to rely on visual or verbal cues, making it difficult to read and understand subtlety or nuance (Simon & Mak, 2014). However, the use of **emotional bracketing, descriptive immediacy, mirroring, and metaphor, storytelling or emoticons/emjois** (*please see Appendix for definitions and examples*) can compensate for the lack of non-verbal communication (Collie et al., 2000; Shiller, 2009; Timm, 2011; Gatti et al., 2016). It is also critical to check-in regularly with young people throughout sessions to avoid misunderstandings (Shiller, 2009). Avoid jargon or labels and use informal language (Eva’s Initiatives, n.d.; Timm, 2011).

The time delay inherent to text-based communication is often considered a disadvantage to online counselling, but can actually support both the practitioner and client in taking the time and space necessary for reflection and clarification, potentially improving understanding and connection (Fedotoff & Pietilä, 2014; Timm, 2011). Writing can serve, in and of itself, as a therapeutic tool (Shiller, 2009), allowing clients to externalize their feelings and perceived challenges, promoting change (Chardon et al., 2011). This written communication contributes to “a meaningful relationship that provides support and develops problem solving” (Gatti et al., 2016, p. 34). In these ways, an online counselling relationship can foster exploration, creativity, and self-discovery (Khan, 2014).

The establishment of the therapeutic relationship has not been found to be compromised when developed online (Abbott et al., 2008; Khan, 2014), and this type of treatment can be just as helpful as in-person counselling for anxiety and depression (Centre for Youth & Society, n.d.).

4. Prioritize a client-centered approach.

Practitioners must prioritize the individual needs of the client in order to determine treatment strategies that will be appropriate and effective (Mental Health Commission of Canada, 2014). Every young person must be “treated and respected as an individual and the response to his or her question should be personalized” (Fedotoff & Pietilä, 2014, p. 51). In doing so, it is important to consider multiple and intersecting identities and experiences (for example, race, language, gender, age, sexual orientation, socioeconomic status, religion, immigration, and cultural background (Ontario HIV Treatment Network, 2018)). Practitioners, therefore, need to understand their own intersecting identities, experiences, and prejudices, and engage in an ongoing practice of critical self-reflection (Ontario HIV Treatment Network, 2018).

5. Understand the importance of professional boundaries.

The nature of online communication can “encourage familiarity and spontaneity, which can lead to misunderstandings about the nature of the relationship between the counsellor and the client” (Shiller, 2009, p. 14). Establish roles and expectations from the outset, adhering to any code of ethics guidelines for your profession or organization. Be mindful of self-disclosure in your work with young people (Shiller, 2009), and be transparent about why it is unethical, and potentially inappropriate, to reveal certain types of personal information about yourself (Gatti et al., 2016). Maintain a friendly tone but ensure that counselling is professional “with respect to messaging times, language, speed of response, and clients’ privacy on social media” (Ontario HIV Treatment Network, 2018, p. 11).

6. Provide referrals beyond your scope of practice.

Recognize when issues or challenges presented by youth fall outside the scope of your practice as an online counsellor. Whenever possible, connect young people to relevant resources and to formal supports in their communities (Simon & Mak, 2014; Mental Health Commission of Canada, 2014; Chan et al., 2017).

Referrals are especially important if a young person is in crisis or becomes a danger to themselves or others (Ontario HIV Treatment Network, 2018). Collaborate with youth to develop plans that can be used in cases of emergency.

Appendix: Definitions & Examples for Text-Based Counselling

Emotional Bracketing

The practitioner and client place important emotional content in square brackets (particularly emotional information that could not be understood from the text alone). The counsellor and the young person are able to learn more about one another, and the young person is encouraged to be self-aware and externalize their feelings. Example of a message from a client to a counsellor (taken from Collie et al., 2000):

I don't think I'm ever going to have a worthwhile relationship [very, very sad]. Richard called again to say I'm an idiot [angry with myself]. He's so mean [actually I think I'm more angry with him]. But, hmm, now that I think about what you said again, I am actually feeling angry with him [Weird. I feel pretty good just now].

Descriptive Immediacy

This technique is used to enhance the connection between the practitioner and client, particularly to highlight a moment of intense feeling. Example of a message from a counsellor to a client (taken from Collie et al., 2000):

I have just finished reading your last email, Angie, and my smile is a mile wide. As I think about your successes over guilt, I find myself nodding my head and saying the words, "You did it, you did it," smiling all the while. If you were here with me now, you would see me shrugging my shoulders with my hands in the air, as if to say, "Well...looks like guilt's power is all burned out." Congratulations, Angie.

Mirroring

The practitioner can mimic the client's written patterns of conversation, informal language, use of pronouns, metaphors, and/or emoticons/emojis (Gatti et al., 2016; Timm, 2011); see also below.

Metaphor / Storytelling

The use of metaphor, similes, and other storytelling techniques can support the practitioner and client in communicating and understanding difficult thoughts and feelings (Simon & Mak, 2014; Shiller, 2009; Timm, 2011).

Emoticons/Emojis

Emoticons are representations of facial expressions, used to express emotions, and emojis are digital images that can convey feelings. Both can be useful tools in text-based counselling.

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