



Online counselling: With particular focus on young people and support

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Abstract:

The terms 'cyber counselling', 'online counselling', 'web based counselling' and 'online support', are used more frequently than ever before with far less reason for concern. Health support agencies are slowly resigning to the fact that technology is a part of more peoples' lives and that with or without agencies on board, people are turning to technology for many reasons which include: meeting new people, entering into intimate relationships, learning new skills, accessing support, accessing finance and shopping to name only a few uses of the household computer. Support is available in many forms, and the more choice people have, the greater the capacity health professionals have to meet the needs of a community from a population health approach.

Introduction

Online access to services to gain health information, as well synchronous (chat) and asynchronous (email) support of referral and counselling has been available for many years. The reputation of such modalities has been questionable as the western world has at times struggled to find a niche for therapeutic online support. From conception, the online world has lacked regulation and process, highlighting risks to the consumer and causing realistic concerns for researchers and professionals in the field. Government authorities, ethical bodies and key researchers have been leaders in ethical debates because of the lack of structure and governance protecting the consumer from the risks associated with online supports. Those leading the way are the ACA (American Counseling Association), BCA (British Counselling Association) and the NABCC (National Board of Certified Counselors) in the USA (Unites States of America). These bodies have created guidelines for providers of online support and have identified varying state legislations in the USA.

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Literally hundreds of questions have required answering, some of which include: Is the counsellor credentialed to be providing support? How does the service user know if the counsellor is credentialed? What are the training requirements to offer an online support service? Is the information safe from predators? Is the site secure? What quality of service provision can be offered via a keyboard and screen? Who is officially watching the process unfold? How can issues and concerns including ethical concerns be monitored? Although many questions still exist today, they are being addressed or have been addressed effectively. (Barak, 1999; Childress, 1998; Goss, 1999a; S. Hunt, 2002; Kennedy, 2005; N. Pelling, (under review) are a small sample of researchers and writers who have explored in detail the advantages and disadvantages associated with online counselling. One point that I would like to make is that online support is not going to suit everyone. As a counsellor in a government youth service, I noticed an increase in the number of young people as new clients failing to show to appointments. The counsellors were very well experienced and the service a professional and youth friendly government agency highly regarded by young people and the community. This led me to question whether the type of modality was meeting the needs and choices of young people, or could we as a community be delivering services more effectively. Yellowlees, (2000) reported that even psychiatrists agree that patients will determine the future and they will include online therapeutic supports as a part of that future. My current research is a quantitative study exploring whether young people would access an online counselling service if this were readily available to them and at not cost for the young person. The research is exploring values and choices of young people in both metropolitan and country South Australia. The research is currently in the data collection phase with a sample size of five hundred.

Regulation of online counselling

For many professionals and clients, the benefits of online counselling will outweigh the risks. There are definitely risks associated with online counselling that need to be carefully considered by any organisation and individual considering the use of the modality. Such risks have been explored by a number of authors who have advocated for online counselling to be regulated as a profession (Bloom, 1998; Murphy, 1998; N. Pelling, & Renard, D, 2000; Robson, 2000). The establishment of online counselling for me, is about increasing choice and service provision to the greater community to meet the changing needs of that community. I am an advocate for government services to be the leaders in the community, to become the role models for service reform and to establish policy and processes that reduce or eliminate risks associated with the service for the client. An example of risk is the problem of security of information. Secure and encrypted sites can be established to reduce the risk of hackers accessing private and confidential conversations between client and counsellor (Childress, 1998; Kmietowicz, 2001). Robson, (2000) explores the misuse of computer applications as well as the principal of fidelity, where the client trusts the counsellor and the information they have provided. I believe it is a community responsibility to provide educative information in schools and via government health web sites on the risks associated with online supports. Also, to provide sound advice on how to determine whether the counsellor is a part of an ethical body and has acceptable training credentials which meet state standards similar to the guidelines of the NABCC.

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Visual cues or lack of?

Communicating online is clearly not the same as having a verbal conversation and in person. The most obvious disadvantage is the inability to watch and read from body language. Young western people today (reference is made to young western people because research on numbers of household computers and frequency of use has occurred in western countries and homes (DeGuzman, 1999)) learn how to multi-task on the computer. Results from a study by Hunley, (2005), revealed that more young people today find it difficult to remain single-task focused and prefer to multi-task. It is not unusual for a young person to be writing an email while engaging on a chat site and working on their homework simultaneously. How effective they are at maintaining a consistent standard with their homework is questionable and would make an interesting research topic!

Debates related to the loss of visual cues in textual communication have occurred frequently over the last two decades (Barak, 1999; Bloom, 1998; Goss, 1999a, 1999b; Robson, 2000). Without visual cues both client and counsellor need to be proficient in expressing themselves textually as well as utilising colloquial language and descriptive immediacy. Both authors, (Barak, 1999; Weibhaupt, 2004 Oct) revealed that warmth and compassion can be expressed over the internet, and that over time, trust and receptivity can also be developed. Young people use a specific online language which can be accessed from www.netlingo.com. A community of young people decide how much of the language they will use. Generally, new language is introduced as it is needed to form an expression. The 'community' for young people may be a school or a neighbourhood group of friends for example. The KHL (Kids Help Line) in Queensland recently introduced online counselling to the service for young people (<http://www.kidshelp.com.au>). King, (2006), surveyed young people and their experience with email therapy and online counselling. The response from young people also suggested they use a specific language for online communications.

Choice of Modalities: Is there competition?

It is naive to assume that everyone benefits the greatest by speaking in person to person mode or from assuming that everyone is prepared to access person to person supports. It is unlikely there will be competition amongst modalities for clientele because people will be attracted to specific modalities for reasons that go beyond consumer availability and competition. Where consumer choice is limited, i.e. rural and remote locations; the modality is providing an additional option for accessing support. The choice still lies with the client. The client may decide to travel to a city and have a series of person to person sessions in a shorter period of time. The important question is whether or not people are making informed choices. We need to support health services to include information on their government websites, to include the risks associated with internet counselling as well as advocate the benefits of utilising technological supports. People can experience difficulty in determining credible vs questionable information on the internet (DeGuzman, 1999; N. Pelling, 2004). Saliency and credibility of information can be an issue due to the large volume of internet sites (Christensen, 2000). The source of the information is not always provided on the site (Kennedy, 2005), which is another reason

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why I advocate for government regulated sites and ethical bodies to lead the way in Australia to ensure that evidence based practice occurs.

Certainly, a benefit of online counselling using text is the ability for the client to review the session at a later date. This can be extremely empowering (Oravec, 2000). As computer systems and packages become more compatible, there will be the added advantage of speaking using a microphone and both counsellor and client being able to see one another via webcam, giving the client the option to vary the manner in which they use online technology. Such technology may be useful for people with disabilities who lack the dexterity, or for those who reside in a remote location and choose not to use text. The speed of correspondence can be much faster with online counselling (Gaggioli, 2001) and the client may have more flexibility in the planning of their sessions. An example of this is where the client has identified some strategies they want to initiate as a part of their change process. As a part of the client and counsellor plan, the counsellor can invite the client to send an email if they are experiencing a difficulty with the implementation of their strategies. The counsellor could say agree to respond to the client within twenty four or forty eight hours depending upon the counsellors other work commitments. A person to person counselling relationship can also have a place for the use of online technology in between sessions. There could be advantages within mental health organisations where client relapse is extremely high. Online counselling in isolation from other modalities is not recommended for crisis work (C. Hunt, Shochet, I., & King, R., 2005). However, online counselling can be the initial contact between counsellor and client and act as a point of referral.

A short history

Let's begin with Eliza, a household name amongst cyber supporters. Eliza was launched in 1966 and developed by Joseph Weizenbaum to study 'natural language' communication between a computer and a human and was based on Rogerian therapy (<http://en.wikipedia.org/wiki/ELIZA>). Eliza was not developed to be utilised in the role of a counsellor, however she was readily available to anyone who wanted to have dialogue with her. Eliza is concerned with: identifying key words; the discovery of minimal context; the choice of appropriate transformations and the generation of responses in the absence of keywords. The program was designed to time share and could handle a large number of users interacting simultaneously.

Centra is an online learning program, enabling users to access a virtual classroom from a computer. The program is moderated by a facilitator. One use of the Centra program could be to facilitate an online group counselling workshop. The added advantage of having a moderator ensures choice participation and regulates dialogue, allows for corrective behaviour input and group dominance can be regulated (<http://www.saba.com/centra-saba/>).

Health agencies began offering material via the World Wide Web (WWW) and people became more resourceful in the way in which they accessed health information. Young people at school learnt how to search the WWW for health information and the computer gradually became a more common household item. Programs such as 'Mood Gym' have

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become readily available and are recommended to be used in conjunction with a therapist (<http://moodgym.anu.edu.au/>). Mood Gym was developed by The National Australian University in Canberra and provides information, mood exercises and work books as online exercise all free of charge to the client.

Video conferencing is available in major health services in Australia and in the Department of Education and Children's Services in South Australia. Video conferencing can be helpful in maintaining client contact when the client resides in a rural and remote location. Hospitals in Australia generally use an IDSN2 connection and have access to an IDSN6 connection. Transmission speed of an IDSN6 far exceeds that of an IDSN2, and so does the cost. It is anticipated that broadband connection will supersede IDSN6 and is much more cost effective once installed. When trialling the technology for the purpose of this study, I was acutely aware of the distance between myself and the screen at the onset of the session. Eventually I lost the awareness of the technology and sensitivity toward the modality. The sessions became a rich blend of two worlds where the client readily divulged concerns and as the counsellor, I prompted for further exploration.

Where is online counselling in Australia today?

A small number of government agencies in Australia have started to utilise online counselling. Drug and Alcohol counselling online can be obtained via a Victorian based service called 'Turning Point' (<https://www.counsellingonline.org.au>). The service is offered free of charge to the client. The KHL which is based in Queensland offer both synchronous and asynchronous online counselling to young people aged up to eighteen years. One again, the service is free of charge for the young person.

Ethical bodies in USA have addressed ethical issues and developed 'codes of practice' for online practitioners (<http://www.counseling.org/>). In Australia, codes of practice seem to be developed by agencies as the services are developed. We are in the embryonic stages of embracing online counselling with a series of hesitations, however, Australia is slowly progressing. The benefits are obvious for people residing in rural and remote locations. Dr. John Court, the Coordinator of the Doctoral Program in Counselling based at The University of South Australia, has been instrumental in the development of a subject called 'cyber counselling.' The subject content in cyber counselling has been developed to further enhance the understanding of online counselling and technologies used to support such a modality in counsellors.

The potential exists for online support to be readily available to young people in schools across the country. We as a community are constantly looking for ways of improving health services for young people from a 'primary health care' approach and 'population model of health care'. Young people experience shyness and often paranoia at the thought of meeting a stranger in the role of 'therapist' for the first time. They can feel embarrassed and humiliated, as well as having to tackle the logistics of actually attending an appointment. Young people may have to travel to an appointment, negotiate time out from school resulting in the disclosure of their issue to an adult or parent. Their issue becomes more public than they may have wanted hence adding to their feelings of humiliation. I completely understand why young people may skip school to access

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support, especially if this is the only way they can engage and maintain confidentiality from others. If we expand the range of support options that our young population have, then we automatically improve our health system from a population/preventative perspective. The ability to access support prior to issues escalating for a young person, in a convenient manner where person to person contact is not a necessity, could be an attractive alternative for many. My current research in South Australia will hopefully identify the degree that young people between the ages of 16-18, would utilise such a service if it were readily available at no cost to the young person.

Rural and Remote

The issue of support for young people in rural and remote regions is not a new debate. Government agencies are too often required to demonstrate a commitment to country regions without a budget to match population needs. One of the benefits with online counselling is the ability for the modality to reach larger populations while using fewer resources. With the gradual enhancement in technology and compatibility, it will become more realistic for clients to choose whether they want to see the therapist via video conference using webcams and linking in with programs such as Centra. People who do not like to type or find this a distraction from the session, can use a microphone and talk instead.

Online counselling in Singapore

A very successful service in Singapore called 'metoyou' provides online counselling support to young people in schools as a part of Marine Parade Family Services (www.metoyou.org.sg). Metoyou were launched in 2000, and operate by charging the school for membership to the service. The students in the school receive a password and can access the service from 2.30pm-5.30pm Monday to Friday. If a student has a critical issue, they can send an email to the service outside of these times and someone will respond. This may however be in the form of a referral to another service that can support the person immediately if a crisis response is required in a person to person modality. Once a student has 'logged on' to the service site, they enter their nickname or username and their school password. This gives them entry to the 'waiting room' and here they select the cyber counsellor they wish to speak with. If their chosen counsellor is busy, they can select another counsellor. A 'cyber waiting room' could easily have access to games and health material while the client waits in the queue. Metoyou work with a volunteer model, where the counsellors receive 144 hours of training. An experienced counsellor is always present to oversee the service. The service offers a secure site and has clear record keeping management guidelines to adhere to. The model of service delivery seems to be a success and could be diversified for young people in Australia in a range of settings.

Conclusion

Research has been implemented in response to community concerns relating to online counselling expanding over two decades. Evidence from such research, suggests there is a niche for online counselling in our community. Emphasis needs to be placed on the regulation of online counselling with the introduction of clear policy and process as well as the introduction of state standards similar to the guidelines of the NABCC.

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Government agencies and ethical bodies in Australia have the opportunity to become the leaders in the development of this modality. Agencies as Turning Point in Victoria and KHL in Queensland have already incorporated online supports in to their services. Added benefits for young people include greater choice, increased anonymity and therefore the possibility of less shame and easier access. For young people residing in the country, their only other option may be phone counselling, or the need to travel great distances to see a service provider which may not be a possibility for them.

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References:

- American Counselling Association, <http://www.counseling.org/>. (2006) Feb20.
- Barak, A. (1999). Psychological applications on the internet: A discipline on threshold of a new millennium. *Applied and Preventative Psychology*, 8, 231-246.
- Bloom, J. W. (1998). The ethical practice of webcounseling. *British Journal of Guidance & Counselling*, 26(1), 53-59.
- Centra live, <http://www.saba.com/centra-saba/>. (2006) Feb 20.
- Childress, C. (1998). Potential risks and benefits of online psychotherapeutic interventions. *International Society for Mental Health Online*, 2005(15/04).
- Christensen, H., & Griffiths, K. (2000). The internet and mental health literacy. *Australian and New Zealand Journal of Psychiatry*, 2000(34), 975-979.
- DeGuzman, M., & Ross, M. (1999). Assessing the application of HIV AIDS related education and counselling on the internet. *Patient Education and Counseling*, 36(3), 209-228.
- Gaggioli, A., & Riva, G. (2001). *Cyberpsychology meets clinical psychology: The emergence of e-therapy in mental health care* (Vol. 18). Amsterdam: IOS Press.
- Goss, S., Robson, D., Pelling, N., & Renard, D. (1999a). The challenge of the internet. *Journal of the British Association for Counselling*, 10(1), 37-43.
- Goss, S., Robson, D., Pelling, N., & Renard, D. (1999b). The challenge of the internet. *Counselling*, 39-43.
- Hunley, S., Evans, J., Delgado-Hachey, M., Krise, J., Rich, T., & Schell, C. (2005). Adolescent computer use and academic achievement. *Adolescence*, 40(158), 307-319.
- Hunt, C., Shochet, I., & King, R. (2005). The Use of E-mail in the Therapy Process. *ANZJFT*, 26(1), 10-20.
- Hunt, S. (2002). In favour of online counselling? *Australian Social Work*, 55(4), 260-267.
- Kennedy, A. (2005). An uneasy alliance: Two counselors discuss technology's evolving impact on the mental health profession. *Counseling Today*, 1, 14, 16.

- Moulding N. (2007) Online counselling: With particular focus on young people and support, *Counselling, Psychotherapy, and Health*, 3(1), 25-32, May 2007.
- King, R. (2006). Kids Help phone counselling vs online counselling. *Counselling and Psychotherapy Research*, under review.
- Kmietowicz, K. (2001). Beware online therapy, counselling association warns. *British Medical Journal*, 322(7301).
- Marine Family Parade. <http://www.metoyou.org.sg/index.html> (2006) Feb15.
- Murphy, L., & Mitchell, D. (1998). When writing helps to heal: E-mail as therapy. *British Journal of Guidance & Counselling*, 26(1), 21-33.
- Oravec, J. A. (2000). Online counselling and the Internet: Perspective for mental health care supervision and education. *Journal of Mental Health*, 9(2), 121-136.
- Pelling, N. (2004). Children and adolescents: The impact of the internet. *Australian Journal of Guidance and Counselling*, 14(2), 176-186.
- Pelling, N. (under review). The use of e-mail and the internet in counselling and psychological service: What practitioners need to know.
- Pelling, N., & Renard, D. (2000). Counseling via the internet: Can it be done well? *The psychotherapy Review*, 2(2), 68-72.
- Robson, D., & Robson, M. (2000). Ethical issues in internet counselling. *Counselling Psychology Quarterly*, 13(3), 249-258.
- The Australian National University, <http://moodgym.anu.edu.au/>, (2006) Feb 24.
- Turning Point Counselling Online Service <https://www.counsellingonline.org.au/swcp-ci/> (2006) Feb 20.
- Weibhaupt, U. (2004 Oct). Virtual counselling: Online help for adolescents. *Praxis der Kinderpsychologische und Kinderpsychiatrie*, 53(8), 537-586.
- Wikipedia, the free encyclopedia. <http://en.wikipedia.org/wiki/ELIZA>. ELIZA, (2006) Feb 15.
- Yellowlees, P. (2000). The future of Australasian Psychiatrists: online or out of touch. *Australian and New Zealand Journal of Psychiatry*, 34, 553-559.