The Use of Technology when Counselling Young People

Technology has become an everyday part of contemporary life. While technology does present challenges for the adolescent (as we outlined in Chapter 5), there is also the potential for technology to make a positive impact. In this chapter we will explore a number of ways that technology can be applied when counselling young people. In particular, we will summarize how the telephone, video conferencing, the Internet, tablets, smart phones and computer games have been used to support the counselling process when working with adolescents. We will then look at some ethical considerations unique to the use of technology in counselling.

Telephone

The telephone has long played a role in counselling. It is commonly used in conjunction with face-to-face support in order to keep in touch between sessions or to follow up with clients once face-to-face sessions have finished. In addition, multiple telephone counselling services are now available, such as, ChildLine in the UK (www.childline.org.uk) and Kids Helpline in Australia (www.kidshelp.com.au). The Helplines Partnership (www.helplines.org.au in the UK and www.helplines.org.au in Australia) lists 120 telephone services which receive over 11 million calls per year from children and adolescents (Christogiorgos et al., 2010). Clearly, adolescents are comfortable accessing support via the telephone. Indeed, in a phase of growing independence, telephone counselling offers privacy (in the form of anonymity, confidentiality and lack of parental involvement) and control (the adolescent decides when to call and when to hang up). Using the telephone to provide counselling is also convenient, easily accessible and widely available, particularly now with mobile phones and 24-hour phone lines on offer (Riemer-Reiss, 2000; Cruz et al., 2001; Tedeschi et al., 2005; Cottrell et al., 2007; Christogiorgos et al., 2010). A number of studies have explored the Kids Help Line service and found evidence for the effectiveness of telephone counselling in decreasing young people’s distress (for example, King et al., 2006).
THE USE OF TECHNOLOGY WHEN COUNSELLING YOUNG PEOPLE

Video conferencing

With the increasing availability of webcams and video-conferencing software (Skype has over 300 million users according to blogs.skype.com), using video conferencing in counselling is an increasingly cost-effective option to supplement face-to-face counselling or to develop a distance counselling relationship. Video conferencing has similar advantages to telephone counselling with the added benefit of visual cues, which can aid the counselling process (Alessi, 2000; Riemer-Reiss, 2000). Video conferencing allows increased access to support in a cost- and time-efficient way. However, challenges may also present, such as technical difficulties (Riemer-Reiss, 2000; Nelson and Bui, 2010). Another implication to consider is the security of video conferencing. Clearly, both counsellors and clients want to avoid unauthorized access to their video call. This concern is, however, lessening with the advent of secure websites developed specifically for counselling via video conferencing, for example, usctelehealth.com (Reamer, 2013). While many studies have reported acceptance and satisfaction with video counselling, there is currently a lack of research regarding outcomes (Alessi, 2000). However, the current evidence is looking positive (Riemer-Reiss, 2000; Nelson and Bui, 2010).

"Telephone and video conferencing can be used to develop a distance counselling relationship"

The Internet

The Internet can be used for information provision or psycho-education, programme delivery, counselling and provision of support groups. Social networking sites can also be used in a variety of ways to support young people within the counselling process. Table 18.1 outlines some of the services available in each of these categories in relation to the type of service delivery, from counsellor-administered to client-administered services, as defined by Carlbring and Andersson (2006). We will explore each of these categories in more detail below before outlining the advantages, disadvantages and research regarding the use of the Internet when supporting young people.

Information provision and psycho-education

There is an overwhelming amount of information available on the Internet. Accessing this wealth of information can be fraught with challenges as there are no limits on who can post information. Therefore, adolescents may access information that is not accurate or helpful in addressing their concerns (Oh et al., 2009). As such, it is important to be aware of websites that do reflect current understandings of the challenges adolescents may face and provide evidence-based suggestions to address these challenges. Some websites are recommended in Table 18.1.
TABLE 18.1 **Counselling support for young people available on the Internet**

<table>
<thead>
<tr>
<th>Psycho-education</th>
<th>Programme delivery</th>
<th>Counselling</th>
<th>Support groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active, but minimal counsellor contact</td>
<td>Cool Teens Program CD ROM-based programme to support anxiety management ‘Project CATCH-IT’ (Competent Adulthood Transition with Cognitive-behavioural, Humanistic and Interpersonal Training) Web-based prevention programme for adolescents at risk of depression</td>
<td></td>
<td>Kooth (<a href="http://www.kooth.com">www.kooth.com</a>) Childline (<a href="http://www.childline.org.uk">www.childline.org.uk</a>) ReachOut (reachout.com.au) Youth Beyond Blue (<a href="http://www.youthbeyondblue.com">www.youthbeyondblue.com</a>)</td>
</tr>
<tr>
<td>Psycho-education</td>
<td>Programme delivery</td>
<td>Counselling</td>
<td>Support groups</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Client-administered</td>
<td>Programmes to support young people with anxiety:</td>
<td>The Brave Program developed by the University of Queensland</td>
<td></td>
</tr>
<tr>
<td>British Association of Counselling and Psychotherapy (BACP)</td>
<td>The Panic Centre</td>
<td>Fear Fighter</td>
<td></td>
</tr>
<tr>
<td>Childline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(<a href="http://www.childline.org.uk">www.childline.org.uk</a>)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kids Help Line</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(<a href="http://www.kidshelp.com.au">www.kidshelp.com.au</a>)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kooth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(<a href="http://www.kooth.com">www.kooth.com</a>)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ReachOut</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(reachout.com.au)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SANE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(itsallright.org)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blue Pages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(bluepages.anu.edu.au)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth Beyond Blue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(<a href="http://www.youthbeyondblue.com">www.youthbeyondblue.com</a>)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online Counselling: Information about drug and alcohol concerns</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(onlinecounselling.org.au)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online Counselling: Information about drug and alcohol concerns</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(onlinecounselling.org.au)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online Counselling: Information about drug and alcohol concerns</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(onlinecounselling.org.au)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online Counselling: Information about drug and alcohol concerns</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(onlinecounselling.org.au)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Programme delivery

A growing number of programmes are becoming available online. Many of these programmes draw on cognitive behavioural therapy (CBT) and range from entirely self-administered interventions to programmes designed to supplement face-to-face counselling (Edwards-Hart and Chester, 2010). Most programmes available for adolescents address anxiety and depression; however, programmes to support young people with drug and alcohol concerns are also available. Table 18.1 provides some examples of programmes currently available online.

Counselling

Most counselling services provided over the Internet are counsellor-administered. However, adolescents do hold more power in online, compared to face-to-face counselling, in light of the increased control they have, for example, over session length and timing (Edwards-Hart and Chester, 2010). As with telephone counselling, young people can also choose to remain anonymous. Hence, adolescents may feel a higher level of privacy, which may support disclosure. Online counselling can be offered in multiple formats, including email (Riemer-Reiss, 2000), video conferencing (as described in the previous section) and real-time chat. Please refer to Table 18.1 for some examples of online counselling services available for young people.

Support groups

Multiple support groups have been set up on the Internet to provide young people with forums on which they can access information, understanding and support for the challenges they are facing (Greidanus and Everall, 2010). While some of these forums are entirely run by participants, there are forums available that are monitored, guided or led by a range of professionals. Table 18.1 provides some examples of forums available for adolescents.

Social networking

Many adolescents use social networking to connect with offline friends or create new relationships online, as highlighted in Chapter 5. Due to the wide use of social networking sites, such as MySpace and Facebook, it is important to explore ways in which such sites can be used to support the counselling process. For example, setting up a profile page on a social networking site is an exercise in identity exploration. Therefore, the adolescent can be encouraged to reflect on what their profile says about them or, if willing, to share their profile with the counsellor during a session in order to explore questions of identity (Clemens et al., 2008). The connectivity that social networking sites provide can also be used to support adolescents. For example, there is a function on Facebook that allows users to report suicidal comments. An email is then sent to the individual who posted the suicidal comment encouraging them to access crisis support.
either by telephone or online (Reamer, 2013). To date, there is a lack of evidence for using social networking sites to support adolescents. However, this is an important area for future research in light of the high use of such websites.

The Internet affords many opportunities to support the counselling process

Advantages of using the Internet in counselling

Perhaps the greatest advantage of using the Internet is the amazing access it affords, reaching, for example, into remote areas or into the homes of those unable to leave them (Hoffmann, 2006; Australian Psychological Society, 2011). The Internet also provides a sense of security and privacy due to increased anonymity, thereby encouraging disclosure. Adolescents may also find the sense of control and balance of power in the client–counsellor relationship an advantage. Provision of support over the Internet is time- and cost-efficient, convenient and flexible. In addition, the Internet is a familiar, and therefore safe, setting for young people (Chester and Glass, 2006; Bambling et al., 2008; Glasheen and Campbell, 2009; Oh et al., 2009; Williams et al., 2009; Edwards-Hart and Chester, 2010).

Disadvantages of using the Internet in counselling

With respect to text-based online counselling, one of the major concerns is whether a sufficient client–counsellor relationship can be developed without verbal and visual cues. Misunderstandings, particularly in identifying emotion, can also be more common without these verbal and visual cues. Exchange of information is slower using text-based communication; therefore, time constraints may limit effective counselling processes (King et al., 2006; Bambling et al., 2008; Fukink and Hermanns, 2009; Glasheen and Campbell, 2009; Williams et al., 2009). Another disadvantage inherent with technology is technical problems: sometimes technology fails (Hanley, 2012). It is also important to keep in mind that online support is not appropriate for some clients, for example, clients who are suicidal or experiencing psychosis (Chester and Glass, 2006). Text-based interventions may be better suited to those with higher levels of computer literacy and written expression skills. Unique security issues may also present with respect to unauthorized access to client information being transmitted over or stored on the Internet (Edwards-Hart and Chester, 2010).

The evidence base for using the Internet in counselling

While in its early stages, there is a growing body of evidence for support provided over the Internet. This research has mainly focused on the provision of online counselling. However, there is also some research into self-help programmes provided on the Internet (Australian Psychological Society, 2011). Two reviews concluded that there is
promising evidence for the efficacy of online counselling and programme delivery, although more studies are needed (Rochlen et al., 2004). There are also indications in the current research that exposure to accurate mental health information, such as provided by Beyond Blue, may support increased awareness of mental health (Oh et al., 2009). The research evidence for the effectiveness of online support groups is mixed: some find a positive impact, others no impact at all (Barak and Dolev-Cohen, 2006).

**Tablets and smart phones**

Making use of the functionality of tablets and smart phones in counselling is beginning to emerge. Indeed, there has been significant growth in the number of Apps claiming to support individuals with a number of challenges, including mental health. Unfortunately, there is currently no quality control to ensure the Apps that are available are appropriate or effective in supporting young people (Epstein and Bequette, 2013). Additionally, there is little research evidence for the use of tablets and mobile phones in counselling. There are, however, a number of reviews becoming available that are designed to support counsellors and other professionals in choosing appropriate Apps to use in counselling and to recommend to clients. For example, the IMS Institute for Healthcare Informatics (IMS Health, 2013) conducted an evaluation of health care Apps currently available, including Apps to support mental health. In addition, ReachOut provides App suggestions relevant to young people (reachout.com.au).

Some Apps are designed to address specific concerns, such as Recovery Record for individuals with eating disorders (recoveryrecord.com; Epstein and Bequette, 2013). Other Apps have more general applications, for example, there are a number of mood tracking Apps, which is a common component of many counselling approaches. Other Apps can be adapted to the counselling domain. For example, there are a number of mind mapping Apps that can be used to support clients to map their behaviour, thoughts and feelings about a challenging event they are facing (Warren, 2012).

Apart from Apps, there are also other ways that tablets and smart phones can be used to support the counselling process. Text messages, for example, can be used to send adolescents information between sessions to support the counselling process (Sude, 2013) or as an intervention in its own right (Epstein and Bequette, 2013). In addition, reminder messages have been found to increase attendance (Sude, 2013). Tablets or smart phones can also be used to photograph or record (either audio or video) information during a session or between-session homework (Epstein and Bequette, 2013).

**Advantages of using tablets and smart phones in counselling**

The ability to record information on tablets and smart phones means better quality information can be recorded and shared more easily between client and counsellor.
Access to information and activities that support the counselling process is more convenient and adolescents may be more motivated to engage in phone-based activities compared to their paper counterparts. In addition, using tablets and smart phones is an acceptable social activity, and therefore won’t draw attention to young people using their devices to engage in therapeutic activities (Matthews et al., 2008; Epstein and Bequette, 2013; Sude, 2013).

**Disadvantages of using tablets and smart phones in counselling**

One concern regarding use of tablets and smart phones within the counselling process is that of confidentiality (Epstein and Bequette, 2013). Information about the client can be accessed by unauthorized users if, for example, the device is lost or stolen. Unencrypted information kept on devices connected to the Internet can also be easily accessed without the client’s consent. Therefore, it is important to encourage security measures, such as password protection and data encryption (Epstein and Bequette, 2013). Another disadvantage is the possibility of technology failure, for example, messages not being sent or received without the knowledge of the sender (Sude, 2013).

There are a number of Apps designed for counsellors to use in session and that can be recommended to clients

**Computer games**

Computer games are enjoyable and motivating for many adolescents, and therefore have the potential to be an effective means of supporting young people (Knox et al., 2011). There are two categories of computer games that can be used when counselling young people: games specifically designed to be used within the counselling process and commercially available games that can be adapted to support young people. Here we provide some examples from both of these categories.

**Computer games designed for counselling**

A number of role-playing games have been developed for the specific purpose of supporting young people. For example, Zora is a virtual reality game that allows users to develop their own avatar to inhabit a virtual world of their own creation. In addition to the physical characteristics, users can also assign moral values to their creations. This makes Zora unique among virtual reality games and lends it to supporting young people. Zora is particularly well suited to exploring identity (www.ase.tufts.edu/DevTech/projects/zora.asp; Bers, 2006).
Computer games have also been developed in order to support the introduction and learning of relaxation techniques, such as deep breathing and visualization, through biofeedback. This approach has been found to support the reduction of anxiety and somatic symptoms. The Journey to Wild Divine is one such example (www.wilddivine.com; Knox et al., 2011).

Another approach is adventure computer games with a focus on making decisions and solving puzzles. One such game is Personal Investigator, placing the adolescent within a detective academy as they uncover solution-focused therapy principles to address a personal challenge. Players make a note of their discoveries in a virtual notebook that they print out to keep once completing the game (www.aplayspace.com/projects/personalinvestigator.html; Reamer, 2013).

**Commercially available computer games**

There are a number of virtual reality games that can be used to support the counselling process. Second Life, for example, has been used as a platform for online counselling within a virtual therapy room attended by avatars (Reamer, 2013). Virtual reality games also naturally lend themselves to the exploration of identity as they allow adolescents to develop their own avatar, and therefore experiment with their self-image (Villani et al., 2012).

**Potential ethical implications**

Professional bodies in both the UK and Australia have developed guidelines specifically addressing ethical issues arising from the use of technology in counselling. Here we will highlight some of these ethical implications as identified in the guidelines produced by the Australian Psychological Society (APS, 2011) and the British Association of Counselling and Psychotherapy (BACP) (Anthony and Goss, 2009). Where relevant, we will also refer to the British Psychological Society (BPS, 2013) guidelines for research conducted over the Internet. For those readers interested in including technology in their work with young people, we would encourage you to access these guidelines in full in addition to reviewing other sources of information specific to your practice. Sude (2013), for example, provides guidelines specific to the use of text messaging. Similarly, overviews of the ethical implications in relation to using email in practice are presented by Mehta and Chalhoub (2006) and Bradley et al. (2011). More general e-therapy guidelines are outlined by Prabhakar (2013). There is also a growing number of organizations that have been founded to support counsellors and other practitioners using technology. The International Society for Mental Health Online (ISMHO), for example, provides resources and information for a range of professionals who use technology to support mental health, including standards for online practice (ismho.org). Readers
may also like to explore the Association for Counselling and Therapy Online (www.acto-uk.org) or the Online Therapy Institute (onlinetherapyinstitute.com).

"Technology presents a number of unique ethical considerations"

**Counsellor expertise**

Both the APS and BACP acknowledge the specialty skills and knowledge needed to successfully incorporate technology into the counselling process. As such, counsellors are encouraged to increase their understanding and skills related to providing services with the aid of technology. As part of this up-skilling, counsellors also need to consider the current research evidence and any relevant legal and registration requirements, particularly when providing services outside their registration area. The BACP encourages counsellors to seek supervision specific to their work with technology to further support their skill development.

**Informed consent**

When conducting research over the Internet, the BPS stresses the importance of including comprehensive information about the use of technology so that individuals can make an informed decision. This is, of course, equally important when using technology to support the counselling process, as highlighted by the APS and BACP. It is recommended that the information provided to clients includes the advantages and disadvantages of technology use along with evidence for its effectiveness and any potential risks. When conducting distance counselling, it is advised to take steps to establish the identity of the client to ensure, for example, the offered service is appropriate for the client’s age and situation, and, in particular, that parental consent is not required. Not knowing the client’s identity also limits the responsive action counsellors can take in crisis situations. To address this ethical dilemma, Manhal-Baugus (2001) suggests gathering contact details (a physical address and phone number) in addition to local emergency numbers before offering distance counselling. Holding an initial face-to-face or video conferencing session can confirm a young person’s identity before making use of code words in distance counselling sessions to protect against imposters.

**Confidentiality**

The APS, BACP and BPS all highlight the importance of confidentiality when using technology for either research or counselling support. In particular, counsellors are encouraged to outline specific limits to confidentiality inherent in technology use and the means put in place to protect clients’ privacy. Safeguards to consider include secure
storage and back up of electronic information and the use of passwords and encryption. Counsellors are also encouraged to discuss with clients the steps they can take to ensure their information is protected, for example, not forwarding personalized information on to others and using password-protected devices.

**Boundaries**

Maintaining professional boundaries is another important aspect highlighted by the APS and BACP. This is a particularly important consideration in light of the potential for technologies such as mobile phones and email to be seen as personal rather than professional. To help maintain professional boundaries, the APS and BACP recommend outlining expectations with respect to technology use with all clients. This may include expectations around time frames with respect to responding to electronic communications, the number of text messages or emails clients can expect between sessions and when the counsellor will check their phone messages and email accounts. It is also important to maintain the use of professional language when using technology such as text messages or email.

**In summary**

While research evidence is lacking regarding technology and counselling, this is starting to change and promising evidence is beginning to emerge. Therefore, in light of the large role that technology plays in many adolescents’ lives, it is important to consider the ways in which technology may be used to engage and motivate young people within the counselling process. Technologies that may be used to support adolescents include the telephone, video conferencing, the Internet, tablets, smart phones and computer games.

**KEY POINTS**

- the telephone, video conferencing, the Internet, tablets, smart phones and computer games can all be used to supplement the counselling process. Some technologies (telephone, video conferencing, Internet) are also being applied to develop distance counselling relationships with young people.
- the research base for technology use in counselling is beginning to emerge and, at this stage, is looking positive.
- there are a number of unique ethical considerations when using technology to support the counselling process. Guidelines produced by the APS, BPS and BACP encourage counsellors to consider implications with respect to counsellor expertise, informed consent, confidentiality and professional boundaries.
CASE STUDY

Below are described some clients who have presented to your private practice. You offer both distance and face-to-face counselling. To which clients would you offer distance counselling? What form of distance counselling would you suggest? Which clients would you encourage to engage in face-to-face counselling? Is there any technology that you would consider to supplement face-to-face sessions? What factors influenced your decision-making process?

1. Sarah (13 years old) has been referred by her mother who is concerned about an increase in family conflict. Sarah’s parents have recently separated and she has refused to talk with her father since he moved out. She is arguing more frequently with her mother and younger sister (10 years old).
2. Seventeen-year-old Elijah has self-presented. He recently moved to the city from a rural area in order to commence university. In addition to missing home, Elijah has recently broken up with his girlfriend and is failing half of his subjects. He reports feeling ‘down’ most days and has had fleeting thoughts of ‘ending it all’.
3. Saying she needs to talk through some ‘relationship stuff’, Nina (15 years old) has been feeling pressured to sleep with her boyfriend of the same age.
4. For about a year now, 16-year-old Ruby has been self-harming to manage her intense emotions after being sexually abused. Having recently discovered Ruby self-harming, her parents are very concerned and have referred Ruby for counselling support.
5. Riley (14 years old) reports worrying about ‘everything’ all of the time. His worry is keeping him up at night and he is beginning to find it difficult to concentrate at school. His father has noticed Riley’s increasing attentional difficulties and has suggested he talk with someone about it.

FURTHER RESOURCES

The ‘Learning App Guide’ is an online database of reviews completed by a Speech Language Pathologist on a wide variety of Apps. You can get a ‘sneek peek’ of some of the reviews on the ‘Learning App Guide’ website, although you do need to subscribe to access the full guide. There are a number of other free resources available on the website.

- www.learningappguide.com