THERAPEUTIC GOALS IN
ONLINE YOUTH THERAPY:
WHAT GOALS DO YOUNG PEOPLE IDENTIFY AND
HOW DO COUNSELLORS WORK WITH THEM?

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LIST OF CONTENTS

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LIST OF FIGURES

LIST OF TABLES

LIST OF ABBREVIATIONS

ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
BACP	British Association for Counselling and Psychotherapy
BIT-T	Bern Inventory of Treatment Goals
BPS	British Psychological Society
CAMHs	Child and Adolescent Mental Health services
CoGS	Counselling Goals System
DNA	(Did Not Attend)
EBTs	Evidence Based Therapies
GB	Great Britain
GHQ	General Health Questionnaire
GBO	Goal Based Outcome
GBOMs	Goal Based Outcome Measures
GTM	Grounded Theory Methodology
HMG	Her Majesty's Government
IMR	Internet Mediated Research
MHF	Mental Health Foundation
MU(s)	Meaning Units
ONS	(The) Office for National Statistics
RCT(s)	Randomised Control Trials
UK	United Kingdom
YP	Young Person
YP-Core	(The) Young Person's CORE Outcome Measure
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHO	World Health Organisation

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Therapeutic Goals in Online Youth Therapy:
What Goals Do Young People Identify and How Do Counsellors Work with Them?

ABSTRACT

AIM: Despite the growing trend in offering online therapy to young people this area has received little attention to date. This project therefore aims to systematically explore work in this territory by investigating the types of goals that young people approach online services with, and the challenges and opportunities that online counsellors have experienced when working with them.

METHODS: Initially 1,137 client articulated goals which were collated by an online youth counselling service in England between December 2013 and July 2014. Secondly, semi-structured interviews were conducted with six online counsellors who have utilised a goal-based approach to therapy with young people. Both data strands were examined by utilising the Grounded Theory Methodology.

RESULTS: The goals young people brought into therapy were conceptualized under three core categories: (1) 'Intra-personal goals', (2) 'Inter-personal goals' and (3) 'Goals on *Self* relating to others'. Findings from the experience of online practitioners have provided four further core-categories: (1) 'The impact of goals as an ingredient of the online therapy', (2) 'The effect of virtual environment working towards goals', (3) 'Key themes around youth goals', and (4) 'The evolution of a practitioner's therapeutic identity'.

DISCUSSION: The codified types of goals proved similar to the taxonomy of goals articulated within the Berne Inventory of Therapeutic Goals. Nuances related to the online environment and age group of the clients appeared to be present and are considered. In particular, the concept of goals on '*Self* relating to others' provided some interesting discussion points on the nature of services provided in both online and face-to-face youth services. The practitioner views echoed the published literature reflecting on the broader experiences of working with therapeutic goals. However the lack of research into the experiences of counsellors working with therapy goals is noted. Further reflection on the findings suggested a four stage working model for goal oriented online therapy. Reflections upon the limitations of the work, implications for therapists, researchers and service providers interested in online therapeutic work are outlined.

KEY WORDS: Online counselling; Youth counselling; Goal oriented therapy; Practice-based evidence; Adolescents; Computer; Qualitative methods

DECLARATION

No portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.

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Dedicated to my parents...

CHAPTER 1. INTRODUCTION

1.1.   Background to the Project

Context

Without the collaboration of the partner service, it would not have been possible to undertake this piece of research. This section therefore introduces the reader with the host service, Kooth (Kooth.com - Xenzone Alliance), with key data on how the service operates, the types of support they offer, their usage statistics, and their policies with regards to child protection. The information reflects the service in the time the research took place, in the year of 2014. Prior to this, I reflect on my personal involvement within the service as a practitioner and researcher, and my motivations in undertaking the current project.

1.1.1. Personal Involvement

Here I would like to take this opportunity to outline my intentions and motivations in undertaking this project. At the outset of this work, my interest in the development of youth services across Europe was considerable. I had several years of involvement with youth society in Turkey, both at school and in community services. My experience working as a counselling psychologist working with young people and families under the government-funded model act has been the primary force of current interest. The stigma around mental health issues, low accessibility rates and the lack of ethical commitment amongst service providers often left me frustrated, only to wake up to another day of 'the same old story'. My research then began, seeking the solution in providing further training to parents, school principals and teachers. However, that search for rational solutions did not take me much further, given the existent parameters of the mental health services in general. Then it occurred to me one day that fighting against a stigma in a collective society was almost the same as playing the role of Don Quixote in real life. There and then I decided to reach out young people directly, especially to those who would not ordinarily be able to seek help (a discussion around the reasons for this is considered in great depth in the Literature Review of the next chapter). I started reading the

relevant literature and came across the concept of online counselling in one of the leading articles dealing with therapeutic alliance in online youth counselling (i.e. Hanley, 2009). At first it irked me; I was rather displeased with young people's 'virtual technology' ordered lives already. Despite being initially sceptical about such work, I kept reading, which made me realise the possibility that online media could be the best means address the needs of youth seeking, or needing help. Yet I needed knowledge, insight, and first-hand experience to reach my goal of setting up an online youth counselling service. Upon taking up a university teaching post, I was awarded a scholarship for further studies overseas. Getting into a doctoral program with an aim to develop my professional and research skills, I started counselling at Kooth, under the supervision of the researcher, Dr Hanley, who introduced me to the world of online therapy. At Kooth, part of my role was to develop a training program on working with goals for service development and evaluating goal based outcome data. After months of reading, training, technological wrangling and data collection, the end product was Counselling Goals System (CoGS, Sefi, in press), a goal outcome measure that was launched on a working paradigm alongside the Pluralistic approach to counselling (Cooper & McLeod, 2011).

Overall, my experience in the service led me to focus upon these experiences within my doctoral research, including the current thesis. This led to various conference presentations, book chapter contributions and a published article in peer reviewed journals.

In providing an overview of my earlier journey into the field, I would like to think that I have committed substantial effort into developing my therapeutic and academic skills of online youth counselling. Even though Derrig-Palumbo and Zeine (2005) argue online therapy to have been practised since the earliest days of the public internet- even earlier if you consider the experimental uses (one of the first demonstrations of the Internet at U.C. Berkley was a simulated chat therapy session, as cited in Derrig-Palumbo & Zeine, 2005), relevant research has only started accumulating since the 1990s: thus there is much to learn and to research. Bearing in mind the sensitivity of the young people's data collected in the project and the ethical obligations this imposes on the researcher (West, 1997), I have taken extra measures to keep the work safe-guarded (see section 3.5.1 and 3.6 for more details).

1.1.2. The host organisation: Kooth

Kooth is a confidential online counselling service for young people aged 11 to 25. In 2004, it was launched in the Stockport area of Greater Manchester in the United Kingdom. With a successful provision of service improvement, it began branching into other regions. Today, Kooth is available to over half a million young people in England and Wales, covering Cornwall, East Cheshire, Nottingham City, Knowsley, Powys, Wirral, Isles of Scilly, Lincolnshire, Cumbria, Walsall, Blackburn, and Manchester.

The service is offered free at the point of delivery to the young people, yet commissioned by the local authorities that are keen on providing accessible mental health support with shorter waiting times and DNA (did not attend) rates. At first sight, Kooth seems to attract young people with its policies around confidentiality, collecting only basic information for the exchange of the full range of services on offer. This information includes a username chosen by the young person, the year of birth, gender, the ethnic background, the locality of access, and where they heard about the service. Further information is required only if the young person is at risk of harm.

The service is available 24 hours a day, and the type of support differs from traditional face-to-face mental health services, including synchronous and asynchronous means of chat (every day until 10pm), a magazine for young people where stories are published, a moderated forum space where young people discuss their views and issues, and a personal online journal where they record their daily mood. The team behind these services is made up of a combination of professionals, including mental health therapists, counsellors, drug and alcohol workers, sexual health and violence workers, support workers, and IT specialists. All these services are accessible to view on www.kooth.com. Below, Figure 1 depicts a snapshot of Kooth user-face.

Figure 1 A screenshot of Kooth.com homepage

The researcher's current focus of interest has been on the support that is provided on synchronous and asynchronous means of chat - in which synchronous chat is commonly associated with chat rooms, and asynchronous chat often takes place through e-mails. It should be noted here that these communication are conducted remotely, using a decoded internal messaging system where young people can only have access to the professionals by utilising specific strategies. Registered user details (including user profiles and case notes) are not open to other clients, or to any public agency. The aim is to sustain a high profile security system compared to other means of chat services (i.e. MSN, Skype, Outlook) which are more vulnerable to invasion. This has the advantage that the service has proved to be attracting more and more young people, with increasing access rates. The last annual report of the service reports that over eight thousand online counselling sessions took place between March 2013-2014, and over 2,200 young people utilised the internal email support (asynchronous chat) system (Kooth.com, 2014).

Even though these general statistics give us an idea of the traffic that takes place on Kooth, regional statistics may prove a more detailed account to the reader. For instance, the 2014 cases giving an origin in Cheshire East gives insight into the user statistics of the region, with over 1,750 young people accessing Kooth within the year ending January 2014. For all of the youth contacting Kooth, the report for 2014 indicates that 54% of the service users' outcome measures showed significant

improvements on psychological distress levels (The Young Person's CORE Outcome Measure, YP-Core, Cooper, 2009). As is common in the counselling world, females (81%) utilised the service more than males did, while 13% of those were from Black and Ethnic Minority (BME) backgrounds.

1.1.3. Glossary of Terms

The variables involved in any systematic study must be defined with the aim of giving a clearer picture to the reader of the language (and the value assumptions) of the researcher (Cooper, 2010). With that in mind, this section defines the four key concepts that are at the heart of this thesis, providing a conceptual and operational reference to each.

Psychological Therapies

The term 'psychological therapies' is often used as an umbrella concept for different types of therapies, including behavioural therapies, psychoanalytical and psychodynamic therapies, humanistic therapies, art therapies and counselling. Nowadays, some psychotherapists and counsellors practice a form of an integrative approach to therapy (in which they draw on and blend different techniques) which might have an impact on the use of terminology around these concepts. Even though each of these types has a distinct theoretical background and a relatively unique working style, most of them are used in a multitude of ways in practice. Within this applied field, the nature of the phenomena of interest aligns more with the concept of *counselling*, which is defined by the British Association for Counselling and Therapy (BACP) as follows;

> *"People become engaged in counselling when a person, occupying regularly or temporarily the role of counsellor, offers and agrees explicitly to give time, attention and respect to another person, or persons, who will be temporarily in the role of the client"* (BACP, 2002a, p. 3).

The attentive and boundaried nature of *counselling* transcends any theoretical model of counselling: its concept can be utilised as a substitute for other generic terms such as psychotherapy, or therapy, without reducing the meanings of

the latter. In the present study it should be noted that the terms *counselling, therapy, and psychotherapy* have been used interchangeably.

Online Counselling

Within the literature, various terms are used for online counselling: *" ... including e-therapy (Manhal-Baugus, 2001), cybertherapy (Suler, 2000), online or internet therapy (Rochlen, Zack, & Speyer, 2004), e-mail therapy (Shapiro & Schulman, 1996), e-counselling (Tate, Jackvony & Wing, 2003), internet counselling (Pollock, 2006), web counselling (Urbis Keys Young, 2002), cybercounselling (Maples and Han, 2008), and therapy-e-mail (Murphy & Mitchell, 1998)"* (Shiller, 2009, p. 2).

As the literature suggests, online counselling can take many forms, and so can its definition. A recent definition by Richard and Viganò (2013) suggests;

"Online counseling is the delivery of therapeutic interventions in cyberspace where the communication between a trained professional counselor and client(s) is facilitated using computer-mediated communication (CMC) technologies (p. 698).

As the therapeutic practice on Kooth was conducted on synchronous chat modes, the term within this work relates to this way of working. Other terms such as 'online therapy', 'virtual therapy/counselling', 'e-therapy', and 'internet therapy' are also utilised with the same conceptual reference.

Young People

Youth could be best understood as a fluid category, rather than a fixed age group (UNESCO, 2015). The terms 'youth', 'adolescents', and 'young people' are all used interchangeably to describe people in the stage of life that marks the transition from childhood to adulthood. For statistical consistency, The World Health Organization (WHO, 1989) defines 'adolescents' as people age 10-19; 'youth' as those age 15-24; and 'young people' as those age 10-24. Even though defining this stage by age may have some advantages (i.e. for cultural comparisons), it is clear that for some the transition of 'youth' can continue past age 24 (Furstenburg et al., 2002; as cited in Khan & Mishra, 2008). Throughout this work, the term therefore

has been used comprehensively, to refer to respondents age 11-25, in line with the sample age range collated by Kooth. Throughout the text, other terms such as 'young users', 'service users', and 'adolescents' are also used interchangeably with the same understanding.

Therapy Goals

Even though the term 'goals' has a common usage in the everyday life of human beings, the term here takes a specific meaning within the counselling research literature. Therapeutic goals are conceptualized as the outcomes individuals hope to achieve by means of psychotherapy (Bordin, 1979; Chan et al., 1997). Goals constitute one of the three major elements in Bordin's (1979) concept of working alliance alongside *tasks* and *bond*, which often assumed to be the backbone of any effective therapeutic work (Asay & Lambert, 2000; Gelso & Hayes, 1998; Hanley, 2009). Within this text, the terms 'therapeutic goals', 'therapy goals' and 'goals' are used interchangeably, with the same conceptual understanding.

Before I start, it is important to note the nature of language that recruited counsellors (for the purpose of interviews) used. Practitioners were found to use the terms of "goals", "goals tool", and "CoGS tool" interchangeably, presumably due to the fact that the goals scheme (GOALS wheel) was integrated into the online platform part of synchronous chat. Here, I use two of these terms, the "goals" and the "goals tool", as well as "CoGs". Another word the reader may come across within the practitioner quotes is 'YP', which was used as an abbreviation for 'young person/young people'.

1.2. Chapter Review

The current project will focus on *goals in online therapy*, with the aim of responding to the shifting sands of counselling provision in the UK. The study will examine the goals that young people articulate in online therapy and the practice of goals in offering online youth counselling. Having outlined the context of the host service and my personal drive for undertaking this piece of work, the next section aims to contextualise the study with the conceptual background of the phenomena of the research study.

CHAPTER 2. LITERATURE REVIEW

2.1. Introduction

"The growth of the Internet will slow drastically, as the flaw in 'Metcalfe's law'–which states that the number of potential connections in a network is proportional to the square of the number of participants–becomes apparent: most people have nothing to say to each other! By 2005 or so, it will become clear that the Internet's impact on the economy has been no greater than the fax machine's."

(Krugman, 1998)

It is the 12th of March, 2015 today: World Wide Web keeps growing, and even after a decade Krugman's forecast of technological stagnation has yet to be fulfilled. Still, Krugman had a point; most of us did not expect such a rapid growth in short time. I can recall a memory from my childhood where all my family were sitting in the living room with pure excitement for the first ever experience of watching a black box called television. It still makes me smile re-calling grandpa approaching slowly to his swinging chair, fully dressed, asking me if *Zeki Muren*, one of the legends of Turkish music, will also see us through the black box. Years passed since then, and have kept bombarding grandpa with new technology. He now finds it amusing when I wave to him on Skype, half joking, half serious; "You should mark my word when I predicted this very day coming, the screen reciprocates for God's sake (!)". Guess, grandpa was wise enough not to make technological forecasts. He just appreciated whatever has advanced the quality of his life: and so, apparently, do today's generation. The current piece of work indeed, is an attempt to honour his everlasting faith in me that we could contribute to understanding and elaborating this growth in some way.

In keeping with the parallel advances in the counselling and therapy world, the primary interest of the current research is the literature that gives us insight into the expanding fields that the profession has been claiming as legitimate areas of professional practice within the last two decades. The following review thus focuses on the contemporary literature that helps us make sense of the use of various

interventions, and the parameters of such work. Given the cumulative nature of science, trustworthy and relevant accounts of early research are essential for any academic work to evolve (Hart, 1998). In an attempt to establish a solid basis for the work undertaken, the context of the present research topic has been narrowed down to four major domains: (1) Online therapy, (2) Youth therapy, (3) Therapy goals, and (4) Online youth therapy.

This chapter provides a critical summary of the existing literature that was available on subject related databases (i.e. PsychINFO, EBSCO, PubMed and Google Scholar). Here I acknowledge the on-going expansion of these databases: Ware and Mabe (2012) estimated about 1.8 million scholarly articles are published each year, in about 28,000 journals. Thus any review of 'existing' literature will be 'out-of-date' by the time that it is completed. That notwithstanding, the current review attempted to bring the most recent and critical sources together that appeared to be necessary to construct a sound foundation that evolved during my involvement within the field of online therapy as a researcher and practitioner. As Hart (1998) argues, the quality of a research report goes beyond a thinly disguised, annotated bibliography. To him, "… *quality means appropriate breadth, rigour and consistency, clarity and brevity, and effective analysis and synthesis; in other words, the use if the ideas in the literature to justify the particular approach to the topic, the selection of the methods, and demonstration that this research contributes something new*" (Hart, 1998, p. 2). It is hoped that each of the four subject areas that are at the heart of this thesis contextualises a substantial amount of literature to warrant the specific focus of interest.

The four overarching sections here summarise both quantitative and qualitative work that has been conducted and which is relevant to the current research. The first section provides an analytical review of the relevant literature on 'therapy goals', which proves to be the overarching theme of the work. Even though the notion of a goal(s) is often not articulated in the research that has been published in the field of Counselling and Psychotherapy, goals are present in every type of therapeutic approach regardless of its explicit articulation. Individuals do come to therapy with an aim, and the goals and content of a specific course of therapy revolve around resolution of the client's presenting issues. Therefore, although the other three areas cover more ground with a more substantial background, the current

focus as well as the concept of the 'therapy goals' are at least implicitly, overarching. Figure 2 attempts to illustrate how the four sections are viewed to interact with each other for the purpose of the current research.
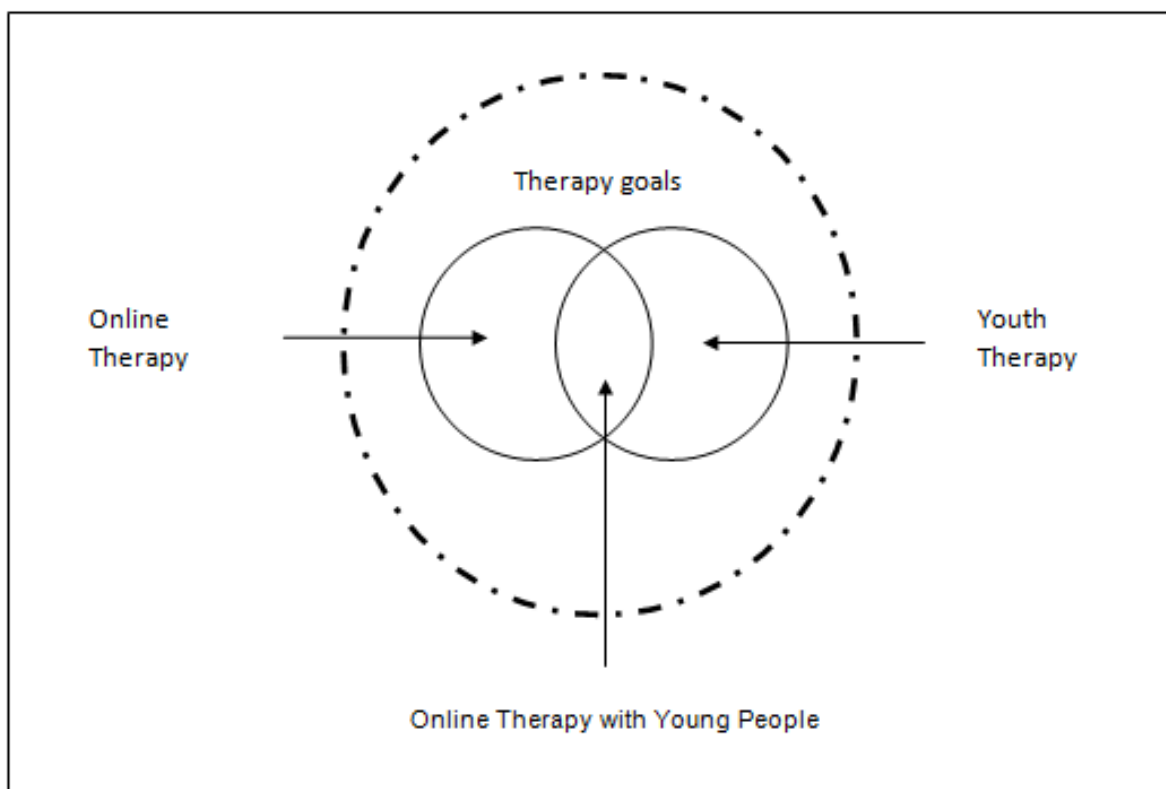
Figure 2   A diagram outlining the interaction between the major areas covered within the Literature Review

Following the discussion of examining the various ways goals are utilised in the therapeutic world, the three subsections draw on a similar structure bringing together qualitative and quantitative studies where a broad overview and current interest (specific to the research questions) are bridged. On this expense, the sub sections return to consider the goals in therapy, and the place of this thesis in that context is discussed accordingly. It is important to note here that research into therapy can be reviewed within different structures, bringing the focus onto input, process or outcome variables (Cooper, 2009). The current focus is upon on the former variables, rather than the outcome (except the use of goals as an outcome measure), therefore the major focus is devoted to the literature which reflects upon the goals as an ingredient of therapy.

Before moving into deeper accounts, it is worth clarifying some of the points with regards to the parameters of the work. The current study took place within the United Kingdom (UK), and was conducted within the framework of UK's professional and legal regulations. Thus, even though the review brings some of the international body of literature into discussions, the central focus is kept within the UK literature. Finally, as reflected on earlier, it should be noted that technology, and therefore online work, is liable to quick changes. With this in mind, the current review should be taken as a snapshot of the present time, without offering comprehensive references, findings or predictions for future developments.

2.2. Therapy Goals

The concept of *therapy goals* is not a well-researched territory within the world of counselling and psychotherapy research, despite the fact that it is prominent, implicitly or explicitly, in any type of therapeutic work in offer. With this in mind, I start with how therapy goals emerge as a feature of significance in therapeutic work, and move on to explain how the concept of goals fits with the counselling and psychotherapy world in understanding the therapeutic relationship in therapy. Finally, I present the key research findings around goal-oriented approaches, before giving an overview of the emerging field of goal based outcome measures (GBOMs). A relatively general overview to the key concepts is presented below, leaving the online and youth components of the work to the following sections.

2.2.1. The concept and context of goals in therapy

Therapeutic goals are conceptualized as the outcomes individuals hope to achieve by means of psychotherapy (Chan et al., 1997). In common language, a goal is often understood as a '*purpose of an action*', conceptualised with ambition, intention and objective (Thesaurus, n.d.). In the therapy world, goals are viewed as an important component of any therapeutic work, in the way it informs the course of therapy. One useful definition is that they are "*internal representations of desired states*" (Austin & Vancouver, 1996, p. 338). Cooper (2012) operationalises the concept of goals further by noting the "*agentic, purpose-oriented nature of human beings*" (p. 6) in constructing their world, and how therefore "*goals do not require a*

purpose clause, they simply exist, in and of themselves" (p. 6), in contrast to *needs* of individuals.

Notably, goals can be viewed as different to *needs* and *wants*. Historically, the motivation that drives individuals to aspire, achieve, and change are suggested to originate from an internal deficiency or a need (Pardee, 1990). For instance, at the bottom-line of the Maslow's hierarchy of needs, basic needs start with food, sleep, and warmth; while higher order needs for safety, sociality, and esteem arise due to deprivation. On the other hand, wants are formed more on a cognitive level, around those things individuals *would like to* acquire (i.e. a round-the-world-cruise), rather than *should* have in order to survive (i.e. earning food). One useful definition Cooper (2012) suggests is that *wants* should be considered synonymous with *desires,* defined as *"desires for some state of affairs"* (p. 7). Even though the term has not been used greatly within the psychology world, from short term cravings (i.e. I would like some hot chocolate) to long term dreams (I would like to buy a beach house eventually), unconscious desires (i.e. I want/need to please others to be loved) to most planned projects (I want to go for a long holiday after completing my PhD), *wants* are thought to embrace a full range of dynamic constructs.

However the distinction becomes blurry when we reduce these concepts to an individual level and individual choice. In today's frantic world, for anyone struggling to chart a path to fulfil their needs and desires, the concept of *goals* enters into the equation. Goals estimate where possible options fall on the spectrum and what could/should be prioritised within the dimensions we see to be most important, and make a move forwards. In the current context, a *goal* therefore is thought to add equilibrium to *needs* and *wants*, a cost and benefit analysis to our choices, and a pathway to chart our priorities.

Alongside, the philosophical underpinnings to goal articulation in therapy suggest goals to be viewed as an explicit reflection of its ethically minded positioning, as outlined within the pluralistic framework for counselling and psychotherapy. By adopting such a stance (see section 3.2 for more details), the framework centres the client as the main focus of the therapeutic work (Cooper & McLeod, 2011b), in which the individual is viewed as an active agent in the process alongside the therapist in deciding the direction of the work (Bohart, 2001).

Arguably, such a viewpoint surmises an ethical stance, in providing a more informed consent for clients entering into therapy. I also suggest elsewhere that it also contrasts with those therapeutic approaches that are primarily directed by theories of psychopathology, therapeutic manuals, and commonly act without an in-depth consultation with the individuals (Hanley, Sefi, & Ersahin, 2016).

2.2.2. Psychotherapeutic theories and goals

"The client's theory of change is not an anatomical structure in the client's head to be discovered by your expert questioning. Rather, it is a plan that co-evolves via the conversational unfolding of the client's experience, fuelled by your caring curiosity" (Duncan & Sparks, 2004, p. 31).

Discussions around the importance of goals in therapy have pervaded numerous therapeutic approaches. They have been present within the humanistic/existential view of therapy (i.e. Schneider & Krug, 2010; Wampold, 2001), within the cognitive and behaviourist approach (i.e. Clark & Beck, 1999; Greenberger & Padesky, 1995), in the integrative approach (i.e. Miller, Duncan, & Hubble, 2005; Schneider, 2008), and within the pluralistic approach (i.e. Cooper & McLeod, 2011) to therapy. From each of these perspectives, goals are viewed as an important part of the therapeutic course, if not at the heart of the therapy. The concept of goals in this thesis is mostly informed by the Pluralistic approach to therapy (Cooper & McLeod, 2011), alongside its philosophy that values *hearing the otherness of the other* (Heidegger, 1996). A detailed rationale behind this is presented under a more relevant section in the next chapters (see Section 3.2.).

Briefly, Pluralism is "*not just an epistemological position, but an ethical and political commitment to respecting, valuing and being inclusive towards Otherness: other worldviews, other counsellors and psychotherapists and . . . respectful to our clients*" (Cooper & McLeod, 2011, p. 136). The Pluralist stance to goals here therefore benefits from its advocators' operational conceptualisation;

"Given the ethical commitment of the pluralistic framework to valuing Otherness, its starting point is that clients are active, meaning-oriented beings with a right to self- determination. Hence, the focus of the framework is not 'What do clients need?' but 'What do clients want?'" (p. 137).

Nevertheless, regardless of the differences on their theoretical underpinnings, all aforementioned therapeutic approaches mostly agree on the collaborative nature of goals work. Indeed, goals constitute one of the three major elements of Bordin's (1979) pan-theoretical concept of working alliance alongside *tasks* and *bond*. He identifies these concepts as;

1. the agreement between the client and therapist about the goals of the therapeutic course

2. the agreement about the tasks of the therapeutic course will address the issues the client brings to therapy and target the set goals

3. the quality of the interpersonal bond between the client and therapist

As in Bordin's (1979) conceptualisation, goal setting as well as the shared commitment to these goals could be seen one of the essential means through which client change occurs. Studies based on his conceptualisation suggest the significance of goal consensus and collaboration for better outcomes (Asay & Lambert, 2000; Gelso & Hayes, 1998; Hanley, 2009; Kowalik et al., 1997; Mackrill, 2010). A problem with this approach however is, a causal relationship cannot be drawn based on the implicit evidence at hand (see Horvath, 2005, for a detailed discussion on the recent findings on therapeutic alliance). The rationale behind such an attempt could be twofold. First, heightened attention to goal consensus on collaborative terms would eventually lead to a more efficient use of resources. Mackrill (2010) explains the effect with an existential rationale, given that the client is confronted with a range of existential issues. He argues that when therapists bring client's focus on a goal(s) offering collaboration; "*they implicitly draw attention to the clients' directedness towards the future, sense of self-worth, isolation, relatedness and freedom, agency, and the changing nature of the client and the world*" (p. 104). Indeed, individuals often come to therapy without a clear aim or a goal, at times with unattainable or unrealistic expectations.

Therapist factors (i.e. personality, openness to feedback, professional experiences - 15%,), the therapeutic relationship in itself (30%), and the client hope and expectancy (15%) were found to determine the outcome of therapy with a 60% variance in total in a series of evaluative studies (Asay & Lambert, 1999, 2000;

Miller et al., 2008). Nevertheless, these studies estimate that the extra-therapeutic factors to account for as much as 40 percent of the remaining variance in outcomes (Hubble, Duncan, & Miller, 2000; Lambert & Barley, 2002). Since decades of research support Lambert's arguments, Mackrill's (2010) proposition for an existential rationale earns some credit in my understanding. As Schön (1983) argues, collaborating on a goal might not be best understood in technical terms anyway, as the therapists themselves are not mere technicians that could fix clients where the goals are clearly set in advance.

Thus for the pluralist (in this case – any) therapist, engaging with goals in a collaborative manner could help clients in a number of ways, including;

1. Providing a direction related to the therapeutic work/client's future life (i.e. Cooper & McLeod, 2007, 2011). Negotiation of goals on a regular manner has been seen as crucial to the process, before the client loses their hopes when they stumble over a barrier or a fall (i.e. Tryon & Winograd, 2011).

2. Helping to develop a hopeful attitude towards therapy/client's future life with a sensitive attitude, in the knowledge of clients' vulnerabilities and already self-defeating concepts (i.e. Higginson & Mansell, 2008; Mackrill, 2010).

3. Helping to develop a collaborative working relationship between the therapist and client (i.e. Tryon & Winagrad, 2011), where clients' personal goals do match with the therapists' preconceived goals set for the client (Mackrill, 2010).

Notably, even though such sentiments do overlap with those articulated in other therapeutic approaches to therapy, the promises of such a foundation aligns with the current work at hand alongside with the Pluralistic approach, situated upon a mindset that is based on an ethical position that prioritises the active involvement of the client supporting the direction of the therapy. Bordin (1979) himself postulated the general concepts in his model to be trans-theoretical, encompassing all approaches to therapy (See Bordin, 1994, for more details). With these in mind,

Tryon and Winograd's (2001) definition of *goal consensus* does justice to the current use of goals, as follows:

"(a) patient-therapist agreement on goals; (b) the extent to which a therapist explains the nature and expectations of therapy, and the patient's understanding of this information; (c) the extent to which goals are discussed, and the patient's belief that goals are clearly specified; (d) patient commitment to goals; and (e) patient-therapist congruence on the origin of the patient's problem, and congruence on who or what is responsible for problem solution" (p. 385-386).

2.2.3. Key research findings on goal-oriented approaches

For the reasons discussed above, the importance of goal consensus in a collaborative relationship has received much attention recently. In parallel with the explicit recognition of goal articulation in relatively new therapeutic approaches (i.e. Pluralistic Approach and common factors approaches to therapy), a growing body of research supports goal-oriented work in practice. One of the most significant meta-analyses in this area comes from the American Psychological Association's Division 29 Task Force (Tryon & Winograd, 2011). The extensive research on 15 studies (published in between 2000 and 2009) with a total sample size of 1,302 yielded a significant effect size of .34, suggesting better outcomes upon goal consensus and goal-oriented work. A consecutive analysis on 19 studies with a total sample of 2260 yielded an effect size of .33, again suggesting positive outcomes for active collaborative work towards achieving client goals, despite the fact that these outcome figures leave around 40% of the outcome variance unexplained. The group concluded that goal consensus and collaboration were one of the areas that are ultimately viewed as demonstrably effective alongside the other aforementioned common factors that the literature points to across various therapies (i.e. therapeutic alliance, empathy, repairing alliance ruptures). The evidence thus, is in support of relatively successful enhanced outcomes providing that an agreement on goals and collaborative involvement (the degree of patient cooperation and affiliative behaviour, active involvement, and homework compliance), are present in the therapeutic process where a shared decision making process takes place upon goal agreement.

Research on goal content in therapy is another area that has attracted interest in the literature. Several authors have examined the themes of treatment goals up to date (i.e. Berking et al., 2001, 2005; Dimsdale et al., 1979; Frey & Raming, 1979; Grosse-Holtforth, 2001; Grosse-Holtforth & Grawe, 2002; Grosse-Holtforth et al., 2004; Maher & Barbrack, 1984; Rupani et al., 2014). The goal themes classified in these studies vary to a great extent, based upon: the use of terminology (i.e. psycho-neurotic versus somatic, Berking et al., 2005); who articulated the goals (client versus therapist, Dimsdale et al., 1979); the methodology applied in the process of goal articulation/retrieval (i.e. goal checklist versus free formulation, Riehl-Emde & Vogler, 1990, as cited in Grosse-Holtforth et al., 2002); and the reference sources (limited versus well-constructed and elaborated taxonomies, Berking et al., 2001). Findings of these studies therefore pose limitations, and should be taken cautiously when applied within different settings.

One of the most comprehensive taxonomies of treatment goal themes is the Bern Inventory of Therapeutic Goals (BIT-T), devised by Grosse-Holtforth and Grawe in 2002 (see Figure 3). The taxonomy was initially developed after analysing 1,031 treatment goals of 298 psychotherapy outpatients at a university clinic, and has been updated since with various applications in clinical practice. The five major goal categories of BIT-T are; (1) coping with specific symptoms and problems, (2) inter-personal goals, (3) well-being and functioning, (4) existential issues, and (5) personal growth goals. Figure 4, adapted from the original work, gives illustrative examples for each of these categories.

BOX 8.7

The Taxonomy of Treatment Goal Themes of the Bern Inventory of Treatment Goals

Coping with specific problems and symptoms (P)
- Depressive symptoms
- Suicidality and self-injury
- Fears or anxiety
- Obsessive thoughts and compulsive behaviors
- Coping with trauma
- Substance use and addiction
- Eating behaviors

- Sexuality
- Coping with somatic problems
- Difficulties in specific life domains/stress
- Medication

Interpersonal goals (I)

- Current relationship
- Current family
- Other specific relationships
- Loneliness and grief
- Assertiveness and boundary issues
- Connectedness and intimacy

Well-being and functioning (W)

- Exercise and activity
- Relaxation and composure
- Well-being

Existential issues (O)

- Past, present, and future
- Meaning of life

Personal growth (G)

- Attitude toward self
- Desires and wishes
- Responsibility and self-control
- Emotion regulation

Only the first two levels of abstraction are shown (goal type and goal category).
The complete Bern Inventory of Treatment Goals checklist is available in English at http://www.psychologie.uzh.ch/fachrichtungen/kliptaf/forschung/downloads/BIT_CP_US.pdf

Figure 3 The Taxonomy of Treatment Goal Themes of the BIT-T (Grosse-Holtforth & Grawe, 2002, p. 85-86)

Table 1: Examples of Client Goals

Goal Type	Examples
Coping with specific problems and symptoms	*I want to feel less depressed/anxious*
Interpersonal goals	*I want my relationship with my partner to be better.*
Well-being and functioning	*I want to feel more comfortable with my body*
Existential issues	*I want to explore why I don't believe in God*
Personal growth	*I want to improve my self confidence*

Figure 4 Examples of goals derived from BIT-T (adapted from Grosse-Holtforth & Grawe, 2002)

BIT-T proves useful in identifying client uniqueness in therapy, since it goes beyond symptom relief to other areas of life improvement as outlined above. For instance, when Holtforth et al.'s (2004, as cited in Prout & Wadkins, 2014) analysed treatment goals of inpatient clients using the BIT-T, even though 77% client goals were symptom related, there was also overlap with interpersonal goals (36%), personal goals (26%), well-being goals (18%), and existential goals (6%). In another study, treatment goals of a sample of outpatient clients with non-comorbid anxiety were compared to those in clients with depression (Grosse-Holtforth et al., 2009). While the anxious clients were found prone to identify symptom-relief goals, the depressed clients articulated more inter-personal goals. Again, these nuances call for practitioners to hear client articulated goals first, rather than to set the goals in accordance with their own thinking.

Even though taxonomies could prove useful in clinical practice, for different reasons, mass application of the tool can be misleading. To start with, the content of goals is sometimes dependent on therapist's therapeutic model of practice and how *goals* fall into the theory-practice dyad. It is quite conventional to expect Emotional Freedom Techniques (EFT, under the energy psychology umbrella, Craig, 1997) therapy goals to differ from those most traditional cognitive and behavioural therapies (Butler et al., 2006). Secondly, the social and cultural norms of the overarching society can mediate the content of goals (Oyserman & Fryberg, 2006). Thirdly, demographic factors come into the equation, influencing the normative

goals in taxonomy, such as gender, age, education level, economic status, institutional relationship, marital status, occupation (Du Bois-Reymond et al., 1994; Massey, Gebhardt, & Garnefski, 2008). Fourth, as Grosse-Holforth et al. (2004, 2009) studies argue, the psychological presentation of the client itself is a major mediator in goal articulation. Each individual's goals are therefore personal and unique (Carver & Scheier, 1990; Cooper & McLeod, 2011), and should be discussed, elaborated and consented to accounting for all these factors presented.

Nevertheless, providing that sensitive, population-related taxonomies are developed, treatment goal themes could serve to potentiate clinical, training, research and funding purposes. Clinically, the information can be used for treatment planning and outcome evaluation, as well as for client motivation (Driessen et al., 2001; Tryon & Winograd, 2001, as cited in Holtforth et al., 2004). Research wise, the information could potentially serve as (a) a reference point for an individual's outcome assessment, (b) content for devising training programs, and (c) feedback for service development and quality assurance (Orlinski, Ronnestad, & Willutzki, 2004).

2.2.4. Research on youth goals in therapy

There is a growing literature on young people's goals in face-to-face therapy (i.e. Cooper, 2013; Lanz, Rosnati, Marta, & Scabini, 2001; Massey, Gebhardt, & Garnefski, 2008; Nurmi, 1991, 1992; Oyserman, Bybee, & Terry, 2006; Oyserman & Fryberg, 2006; Oyserman & Markus, 1990; Rupani et al., 2014; Salmela-Aro, Aunola, & Nurmi, 2007). Many research findings reveal goals pertinent to 'improving self-esteem and confidence' to be most prevalent amongst young people, followed by goals relating to 'anger and anxiety management/reduction', 'improving relationships', 'study skills' and 'work/future occupation goals' (Lanz, Rosnati, Marta, & Scabini, 2001; Maher & Barbrack, 1984; Massey, Gebhardt, & Garnefski, 2008; Nurmi, 1991). While a review by Massey et al. (2008) on the past 16 years of research (94 studies), revealed 'self-esteem' and 'confidence' goals to be most prevalent amongst young people's general life goals, Lanz and Rosnati (2002) suggested 'work role goals' to be most articulated in their review (Lanz et al., 2001; Nurmi, 1991). Again there could be various explanations to the difference here, considering all the mediating factors on goal content.

Most relevant for this study are the recent findings by Rupani et al. (2014), which used the Goal Based Outcome (GBO, Law, 2006) tool, to categorise the goals of 73 young people in school-based counselling. The most frequent type of goals young people identified with were 'increasing self-confidence and self-acceptance', 'anger management', 'improving relationships with family', and 'increasing feelings of happiness'. Additionally, there were no significant relationship between the type of goal and to what extent they were attained. Interestingly, these findings showed difference from what emerged from counsellors' perspectives on the presenting issues in earlier studies (Cooper, 2009, 2013; Hill et al., 2011). Notably, while counsellors identified 'issues with self-confidence and self-worth' to be less prevalent (10%) amongst their young clients in earlier studies (Cooper, 2009), young people in Rupani et al.'s study reported over 40% of the goals to be relevant to 'self-worth and confidence'. In addition, an earlier study at Child and Adolescent Mental Health Services (CAMHS) on the young people's goals, collated by using a goal-based outcome measure (GBO, Duncan, 2006), yielded parallel goal concepts with the latter, such as 'manage mood and negative thoughts, and feelings or patterns', 'feel more confident or better within self', 'I would like to... (in relation to personal interests)', 'to be more responsible for myself', and 'controlling and managing my anger' (Bradley et al., 2013).

With all these aspects of goal setting and articulation in mind, the initial intention in this work was to develop a taxonomy of client articulated treatment goals for a particular audience - young people who access online counselling. Even though BIT-T has been widely utilized, proving a helpful mean for examining the content of goals individuals present within therapy, it does not give us sufficient and most relevant information when working with: (a) young populations, (b) online clientele, and (c) online pursuit of goals. Indeed, preliminary research reveals differences on presenting issues young people articulate depending on whether they access online versus traditional face-to-face services (Sefi & Hanley, 2012, as discussed in [Section 2.5](#).). There is need for assessing those treatment goals young people identify working within online therapy and how therapists work with them. Regardless of whether current findings would prove different goal themes than those existent ones (i.e. Rupani et al., 2014), I anticipated that it was worthwhile to treat

the sample as unique, alongside my commitment to the pluralistic roots of the current work.

Furthermore, even though a lot has been written on how to work with goals in therapy, there is no empirical evidence to my knowledge on the experience of goals, within online work. The available literature does not tell us the experience of practitioners working with these properties. Questions therefore remain with regard to: (a) What would define a relevant or 'right versus wrong' goal, or a 'simple versus complex' goal, depending on a certain developmental stage or socio-demographic in the YP, (b) Whose responsibility is it to set SMART (Specific, Measurable, Assignable, Realistic, Time-bound) goals (Doran, 1981), (c) How do practitioners work with different target groups? Even though a relatively recent study suggests socio-demographic variables play a significant role in goal articulation and the follow-up goal endorsement and pursuit, behaviour change and subjective wellbeing (Massey, Gebhardt, & Garnefski, 2008), more insight into different variables is needed. What is known based on the accumulating literature is however, that young people aspire to the type of goals that channel their needs at that moment of time (Nurmi, 2001).

2.2.5. A quick overview of the Goal Based Outcome Measures (GBOMs)

Even though the focus of the current study was on the goal themes young people articulate online, rather than on how the service is utilised - as an outcome measure, practitioner interviews gave much information on their use of goals as part of the assessment. This section therefore gives a basic introduction to GBOMs in general.

With the acknowledgement of a rising need for youth friendly services, there has been a growing prevalence of school-based counselling services in the UK, calling for more comprehensive routine outcome measures that can be used in order to evaluate the support offered (Timimi, 2015; Twigg et al, 2009). In response to this need, GBOMs initially emerged from the use of BIT-T (Grosse-Holtforth & Grawe, 2002) in adult therapy. Since then, this particular taxonomy has laid the foundation for much of the research into goal based therapy (Rupani et al., 2014). Founded on

BIT-T, a GBO measure was developed for use in CAMHs to track the 'distance-travelled' towards achieving a therapeutic goal during the course of an intervention (Law, 2011). The use of a GBO measure was also included in the Randomised Control Trials (RCTs) conducted at school-based counselling services (McArthur et al., 2012).

However, the use of outcome measures online has received little attention to date. An attempt by Sefi and Hanley (2012) emphasized the need for an online GBOM to be devised, laying the complexities of utilising present GBOMs in online youth therapy. With the ongoing reality is of increasing access to online services nationwide, and cuts in face-to-face service provision, there is a growing need for providers to develop a nationally-adopted online outcome measure for young audiences (Twigg et al, 2009). This call was echoed in the review of outcome measures conducted by Wolpert et al. (2008), who recommended development of a new measure to provide continuous evaluation and to be readily accessible (i.e. free of copyright) for service providers. However, there are still many unanswered questions in the literature in relation to: (1) What are the outcome measures which are actually recorded (Hanley, Sefi, & Lennie, 2011), (2) Whether these measures are practical and replicable in different settings, (3) Are there flaws inherent in research feeding into the rush to determine whether EBTs (Evidence Based Therapies) are superior, (4) Whether these measures are cross-culturally/ethnically relevant for certain groups.

It is therefore crucial to explore what types of goals young people articulate online first, even before answering any of the questions above. Then it would be possible to investigate and assess the use of a GBOM to record progress and outcomes in online therapy. This could eventually help us to correlate the taxonomy of goals in this medium alongside those developed in traditional services, such as school-based counselling (Rupani et al., 2014) and CAMHS (Bradley et al., 2013).

With that in mind, the host organisation developed the Counselling Goals System (CoGS, see Sefi & Hanley, 2012, for preliminary work) for online and face-to-face use with an aim of meeting the need for monitoring the distance travelled in online therapy. Prior to this, an outcome measure devised for young people - The Young Person's CORE Outcome Measure, (YP-Core, Cooper, 2009) was in use.

CoGS was designed with a hope of gaining more insight into idiographic outcomes. Even though there is no room to elaborate on this particular tool here, it has to be noted that CoGS has been piloted prior to the current work (See Appendix F). The aim here was to launch a research-informed working scheme, so that the service could provide relevant and appropriate services. Indeed, the service providers made use of the findings on the first batch of the data collated (Hanley, Ersahin, & Sefi, in preparation) in shaping their on-going training programs for the counsellors on-board.

The following sections aim to outline the other three dimensions of this work, the next being the contemporary online counselling literature.

2.3. Online Therapy

This section aims to outline some of the key concepts that revolve around working therapeutically online. Starting with a brief overview of the philosophical concerns with non-traditional therapeutic services, I move on to more practical grounds, introducing the reader to the characteristics of the work, the benefits and challenges manifest in practice, and how therapists are trained or advised to work with/towards goals.

Currently, there is no unified terminology to describe various psychological services provided online (Barak, Klein, & Proudfoot, 2009). The term 'online counselling' has been used interchangeably with internet counselling, e-therapy/counselling, cyber-therapy, computer aided therapy, and chat support. Barak et al.'s (2009) taxonomy provides a comprehensive understanding of the available online interventions in offer. The definition below aligns with my own views on what web interventions mean:

> "*A primarily self-guided intervention program that is executed by means of a prescriptive online program operated through a website and used by consumers seeking health- and mental-health related assistance. The intervention program itself attempts to create positive change and or improve/enhance knowledge, awareness, and understanding via the provision of sound health-related material and use of interactive web-based components.*" (Barak et al., 2009, p. 5).

Online media has become a promising medium in meeting the growing demand for mental health services. Across the world, various types of support have been on offer to those individuals who present with psycho-social, health, and mental health issues (i.e. Marks, Cavanagh, & Gega, 2007). The number of online services has not only increased but is also starting to branch out through specialising in different means of communication, creating an 'e-spectrum of interventions' (Rickwood, 2012). These include instant messaging, texting, videogames, smart phone applications and Skype meetings on both individual and group levels (Barak & Grohol, 2011). Figure 5 gives a summary of the types of psychological services provided online, following the review by Dowling and Rickwood (2013). The work examined in this research falls under the 'individual synchronous communication' category, supported with asynchronous communication. However the host service features other adjunct tools, as outlined in Section 1.1. Kooth has accommodated the significant changes observed in adolescent web interactions, moving from email and chat-forums to instant (synchronous) messaging (Boneva et al., 2006).

TABLE 1 Types of Psychological Services Provided Online

Psychological service provided online	Subtypes	Examples
Online Counseling: The provision of psychological interventions delivered over the Internet, either synchronously or asynchronously, and in either an individual or group setting.	Synchronous communication: Communications are relayed between a therapist and client in real time (e.g., chat, audio, and webcam). Asynchronous communication: There is a time lag between communications relayed between a therapist and client (e.g., e-mail, forum, and SMS).	Kids Helpline: http://www.kidshelp.com.au/teens/get-help/web-counseling/ eheadspace: https://www.eheadspace.org.au/ Living Well: https://livingwell.org.au/Counselingandsupport/ LivingWellservicesonline/Onlinecounseling/Emailcounseling.aspx
Web-based interventions: An online intervention program to create positive change and/or improve/enhance knowledge, awareness, and understanding for specific disorders.	Web-based education interventions: Programs providing information regarding the associated features of a mental disorder. Web-based self-help therapeutic interventions: Self-guided online programs to treat or prevent mental disorders. Human-supported web-based therapeutic interventions: An online program with the additions of a mental health professional to provide support, guidance, and feedback.	Better Health Channel: http://www.better-health.vic.gov.au/ National Institute of Mental Health: http://www.nimh.nih.gov/index.shtml MoodGYM: http://moodgym.anu.edu.au/moodgym Cool Teens: http://accessmq.com.au/node/136
Internet operated therapeutic software: Uses advanced computer programming to create positive change and/or improve/enhance knowledge, awareness, and understanding of mental health problems.	Robotic simulation: Computer simulations of therapeutic conversations. Rule-based expert systems: Systems for assessment, treatment selection, and progress monitoring. Virtual environments: Games and virtual worlds to treat or prevent mental disorders.	ELIZA: http://www.cyberpsych.org/eliza MYLO: http://manageyourlifeonline.org Drinker's Check-up: http://www.drinkers-checkup.com/ Reach Out Central: http://roc.reachout.com.au/ SPARX: http://sparx.org.nz/
Other online activities: Services used together with interventions by a professional. Generally, they are not stand alone services.	Online support groups: To bring people with mental health issues together to offer relief, empathy, and emotional support. Online mental health assessment allows people to fill in questionnaires in order to obtain an indication of their physical or mental health status. Smart phone applications can be used to gather information (e.g., negative and irrational thoughts) and communicate with therapists.	Daily Strength: http://www.dailystrength.org/support-groups Blue Board: http://blueboard.anu.edu.au/index.php Screening for Mental Health: http://www.mentalhealthscreening.org/ CBTReferee: http://www.cbtreferee.com CBT Applications: http://www.cbtapps.com

Note. CBT = Cognitive Behavioral Therapy. Summary from Barak, Klein, and Proudfoot, 2009.

Figure 5 A summary of the types of psychological services provided online (Dowling & Rickwood, 2013, p. 4-5)

Nevertheless, therapy delivered by this medium has been the subject of much debate - for instance, the scepticism over whether meaningful therapeutic relationships can possibly form on/via electronic devices has a certain logic. Nevertheless, online therapy does not conflict with the fundamental principles of the alliance concept, given the anonymity, physical and emotional distance between the parties involved in the online therapeutic process. Lago's (1996) view does justice to the paradox as follows;

> "*I have connected deeply with you psychologically and emotionally on my computer, yet still remain isolated from you in every physical sense (no vision, no sound, no touch). It is very personal and not personal at all.*" (p. 288).

Such views base their arguments on the insufficient levels of intimacy that can be achieved online, which "*runs the risk that the 'space between the two parties'*

becomes filled with hardware" (Robson & Robson, 1998, p. 40). The risk of losing the intimacy in the relationship between the client and therapist, is sometimes seen as an ethical concern in offering such practice. Given the half a century of research findings showing the therapeutic relationship to be an essential ingredient of the therapeutic process and of good outcomes (Norcross, 2002b), these concerns have brought ethical dilemmas to the issue. Indeed, therapies that are stripped from the face-to-face therapeutic relationship have been argued to be seriously incomplete and ontologically unethical in relation to client needs when applied in an online setting (Norcross, 2002a, 2002b; Lambert & Ogles, 2004). These concerns have found voice within the guidelines of the regulatory organisations, such as BACP's first edition of the Guidelines for Online Counselling and Psychotherapy (Goss et al., 2001) as follows;

> *"At present, it is not possible to assert that written communication over the internet should, or should not, be considered as an adequate replacement for, or equivalent to, face-to-face provision"* (p. 2).

Despite these concerns, the dramatic increase in usage statistics of computer and internet technology in recent years has attracted professionals of all sorts to utilise the medium for various therapeutic purposes. The Office for National Statistics (2015) report 38 million adults (76%) in Great Britain (GB) accessed the internet every day in 2014, almost tripling the 2006 numbers with a 21 million increase. Now almost every household in GB has internet access (84%) while the numbers were 'only' 57% in 2006 (Statistical Bulletin: Internet Access, ONS, 2015). Inevitably, a parallel growth has been observed in available online mental health services that surely has some advantages (i.e. flexible time slots, easy access) (Barak, 1999; Finn & Banach, 2002). However this growth should in my opinion, not be treated as a threat to traditional services. Research shows online services to be comparable in many ways (but certainly not in all) to human-to-human interaction (Busseri & Tyler, 2003).

In response to these concerns and critics, research now reveals that meaningful relationships can also be formed through computer mediated interactions (Bargh & McKenna, 2004; Cook & Doyle, 2002; Hanley, 2009; Parks & Roberts, 1998). Conducted on extensive populations, studies conclude that real time-text

based virtual worlds allow and promote the formation of on-going personal relationships at friendship, buddy-like and romantic levels. More interestingly, results reveal approximate similarities with off-line relationships in depth, interdependence, breadth, and commitment variables (Parks & Roberts, 1998). The accumulating evidence and societal inclination towards online media also led BACP authorities to modify their attitude towards such work, and observe in latter editions, as follows;

> *"Anecdotal and empirical evidence suggests that it is not only possible to create deep, emotional relationships online but that, while not replicating them, these can closely resemble relationships formed in face-to-face therapy"* (Anthony & Jamieson, 2005, p. 2).

Increasingly, contemporary literature records good evidence on online practices suggesting that outcomes may be similar to their face-to-face equivalents (Barak et al., 2008; Dowling & Rickwood, 2013; Hanley & Reynolds, 2009). As in the therapeutic alliance, the effectiveness of such interventions are found to be strong enough with a medium effect size (0.53) in a review of 92 studies (client n=9,764), mostly with regard to the treatment of anxiety and post-traumatic stress disorders (Barak et al., 2008). At first glance, some of the benefits are:

- The anonymity eases people in talking about embarrassing or stigmatizing problems, and difficult issues in general (ISMHO, 2000; Suler, 2004).

- Internet access facilitates easy access to those who experience difficulties (due to financial, social, bodily, or location problems) in accessing therapeutic services (Sussman, 2004).

- Online services ease the pressure on the waiting lists of NHS services with cost-effective outcomes (Hanley, 2006; Suler, 2004; Young, 2005).

Notwithstanding these advantages, challenges related to online practice with youthful clients are also present within the literature. For instance, ethical and practical concerns are noted around the infrastructure needed for such practice (Anthony & Jamieson, 2005; Callahan & Inckle, 2012; Goss & Anthony, 2004;

Hanley, 2006; Robson & Robson, 2000; Vandenbos & Williams, 2000) and the delivery of effective therapeutic interventions has also been raised (i.e. loss of immediacy, limited exchange time, physical distance). Thus, although online counselling for individuals is still an emerging field, it is an arena that is growing at pace and in need of further considerations, description, development, and evaluation.

At this juncture, it is crucial therefore to consider how these services are provided. Indeed, the latest edition of the BACP Guidelines (Anthony & Goss, BACP, 2009) call great attention to issues like privacy and confidentiality, professional liability and getting consent, and professional competency based on the accumulating research and theoretical base (Suler, 2004; Khelifa, 2007). In applying therapeutic skills online, a great deal of practitioner work books have been published on paper and online (i.e. Anthony & Goss, 2003; Grohol, 2000; Kraus, Striker, & Zack, 2010; Marks, Cavanagh, & Gega, 2007; Rochlen, Zack, & Speyer 2004; Suler, 1997, 1998, 1999, 2000, 2001, 2003, 2004, 2007).

However, the available training programs often do not meet the need professionals are asking for. A recent systematic review reports lack of in-depth e-counselling training across 123 studies (Richards & Vigano, 2012): this training can however be complemented by personal reading on the subject matter, consultation with colleagues, pursuing online workshops or opting into e-counselling training programs (Finn & Barak, 2010). Due to the wide-ranging nature of the subject matter it is not possible to cover the extensive literature in depth here. However, relevant areas that emerged in current findings are elaborated later, within the Discussion chapter.

2.4. Therapy for Young People

This section moves away from discussing *therapy goals* and *online counselling* in general, to setting the context with a focus on adolescent mental health care. First I briefly discuss recent developments in adolescent mental health care, the current context, and some of the hot topics that revolve around the demand and available services in response. Then I move onto the empirical evidence on the effectiveness of such service delivery. Finally, I focus on the 'therapeutic goal' work with this client group.

2.4.1. The Nature of Adolescence

Understanding the needs young people present online was at the heart of this work. Therefore, it would only make sense if I outline some of the perspectives on the nature of adolescence and the developmental processes they are involved in, as a starting point. Under the [Glossary of Terms](#) section, the concept of what is meant with 'young people' is already defined briefly. Once we understand the needs young people present with, we can also make sense of the findings in meeting the demand with appropriate, relevant, and youth friendly services. This is hoped to: (a) create a synchrony between the therapeutic process and the young person's own experiences, (b) facilitate the working alliance the therapist and the client creates together, and (c) to promote effective outcomes with regards to achieving goals.

The definition of adolescence varies from culture to culture. Geldard and Geldard's (2002, 2010) conceptual framework proves useful looking into adolescence as a developmental stage in an individual's life between childhood and adulthood, where the "*young person must move from dependency to independence, autonomy and maturity... from being part of a family group to being part of a peer group and to standing alone as an adult*" (2002, p. 2). In that, the client base current thesis built upon mostly falls under the Western/British culture. Arguably, young people in Western societies do not move onto adulthood on a linear progression chart. The process is multidimensional, "*involving a gradual transformation or metamorphosis of the person as a child into a new person as an adult*" (Geldard & Geldard, 2002, p. 3). Even though I personally do not agree with the idea of becoming a new entity (I have faith in the progressive capacity of human beings that builds upon past experiences), this concept gives us a fair idea of how adolescence is understood within a society.

Adolescence brings its own developmental tasks and milestones, in which young people are constantly challenged demand to confront, adapt, and succeed (Arnett, 2007). These tasks involve biological, social, cognitive, psychological and physiological, and spiritual challenges. If the young person fails or gets massively challenged through this phase, it is predicted that they face emotional, social, psychological, and behavioural consequences (Geldard & Geldard, 2012; Simmons

& Blyth, 1987; see Lerner & Steinberg, 2004, for further discussions). Hanley et al. (2013) summarise some of these challenges below;

> *"The ambivalence towards authority figures, increased need for independence but alongside it the need for social acceptance, paired with a desire for exploration and experience make adolescents vulnerable to risky behaviours and unhelpful peer relationships. However, positive communication and interaction with the young person setting boundaries and imposing consistently firm discipline are both helpful in young people bonding with group members, whilst having the psychological maturity to be able to resist maladaptive group behaviours"* (p. 88).

In finding ways to proceed through these difficulties that young people find themselves in, current work aims to bring insight into the goals they strive for, so we can start developing the type of services that meet adolescents at eye level.

2.4.2. Youth mental health in the UK

Most recent statistics reveal almost half of the UK's young population to report feeling depressed at some stage (Coleman & Brooks, 2009), and every one out of ten children between the ages of 5 to 16 in a point prevalence study presented with a diagnosable mental health problem (Green et al., 2005; BMA, 2003). From the 1980s to 2000s, the number of young people aged 15 to 16 with depression doubled according to Nuffield Foundation (Harkness & Skipp, 2013). Notably, studies on adults suggest adult disorders to be extensions of juvenile disorders. For instance, Kim-Cohen et al.'s (2003) longitudinal study on a 1,037 adult sample with mental health problems suggested that over half of the individuals could have been diagnosed in childhood or adolescence (<18). Adjunct to these mental health problems, Her Majesty's Government (HMG) highlights the common misuse of drug and alcohol, and self-harm behaviour, as well as life-threatening suicidal behaviour (MHF, 2007a). By 2020, Young Minds (2011) predicts 100,000 children and young people will need to be hospitalised due to self-harm, based on the statistics that point to a 68% increase of self harm in the last 10 years.

With limited services available in the UK (Department of Health, 2015), policy makers are concerned to meet this growing need for services, with the obvious goal that 'prevention is better than cure'. Young people are often reluctant to access traditional help (Binder, Holgersen, & Nielsen, 2008), finding the services not youth-friendly enough (Hanley, 2006; MHF, 2007b; Young Minds, 2005a). A recent governmental call for new initiatives however has been made, in recognition of the fact that the existing system is too fractured, too complex, and too under-resourced. Simon Stevens, the head of National Health Services (NHS) of England, made a statement to the press that *"There is now a welcome national recognition of the need to make dramatic improvements in mental health services. Nowhere is that more necessary than in support for children, young people and their families. Need is rising and investment and services haven't kept up."* (Department of Health, 2015).

The recent work of the Children and Young People's Mental Health Taskforce (Department of Health, 2015) underline the need for a mindset change. Some of the proposed changes by 2020 are;

- *"tackling stigma and improving attitudes to mental illness by launching a hard hitting campaign,*

- *introducing more access and reducing waiting time standards for services,*

- *establishing 'one stop shop' support services in the community,*

- *greater use of online tools and apps to encourage self-help,*

- *improving access for children and young people who are particularly vulnerable"* (p. 16-17, see the report for fuller details).

There is only so much room for political debates in this thesis; nevertheless the challenges remain in the current climate which takes us to the next section to review the effectives of the services in question.

2.4.3. The effectiveness of youth therapy in the UK

For decades research literature treated adolescents as 'mini-adults, despite the calls for a more age-responsive approach (Claringbull, 2011; Kazdin & Weisz, 2003; Reid & Westergaad, 2011). Studies suggest that young people have different issues and perspectives on life issues compared to adults; with complex, risk-prone, and challenging presentations (Geldard & Geldard, 2004).

One popular integrative model of working with this age group is developed by Geldard and Geldard (2010) - called the *proactive approach*. The model was based on four premises in accordance with the literature emphasising the need for a developmental approach to young people (YP), which are;

- an existential approach for YP to make sense of life,

- constructivist thinking that is adaptable to the changes YP go through,

- Rogerian qualities and therapist skills,

- Particular focus in developing strong alliance, which has been proved to be the most important predictor of positive outcomes in work with this age group.

Such a stance therefore may utilise more than a couple of approaches, say psychodynamic or cognitive behavioural, within the course of therapy, with the ultimate aim to support the young person throughout this transition. Indeed, Kazdin (2000) reported on more than 1,500 clinical trials examining the effects of major technical therapies with young people, in which 75% pointed to a generally positive effect for therapy, regardless of the specific model (see Weisz et al., 2005, for a summary of the associated meta analyses).

One of the major reviews on whether counselling and psychotherapy proves to be effective with children and young people has been conducted by the BACP, on 114 studies (years 2003-2011) (McLaughlin et al., 2013; see Harris & Pattison, 2004, 2006 for earlier reviews). The work aimed to identify: (a) those therapeutic interventions that work (CBT, Psycho-dynamic, Play, and Humanistic and Interpersonal therapies), (b) which presenting problems were most difficult to treat

(in relation to a broad range of issues), and (c) for whom therapies were most effective.

According to Weisz et al.'s (2005) findings, all the therapeutic approaches of interest are found to be effective for various presentations. The positive therapist behaviours and practices that are associated with effective outcomes were: (a) the early therapist behaviours to determine young person's subsequent engagement with therapy, (b) paying attention to the young person's level of motivation and experience, (c) utilising the time spent in therapy more flexibly, (d) offering a choice to clients, and (e) being sensitive to gender and cultural issues. Yet, they also noted the evidence suggests that some young people are not helped by current modes of counselling, and that future research needs more of a rigorous and transparent approach (including utilising a variety of research methodologies and case studies), in capturing the complexity of routine practices with this client group.

However, more research is in order for us to bridge the theory-practice-research gap, with a focus on youth responsive elements within long lasting therapeutic approaches. Overall, the research suggests that the factors common to the different therapeutic approaches are seen to be more potent than the specific techniques that each model has (Luborsky, Singer, & Luborsky, 1975; Norcross, 2002). Even though therapeutic alliance proves to be one of the reliable components of effective youth therapies, a Dodo-bird interpretation (Rosenzweig, 1936) of the results ("*all have won and all must have prizes*", Carroll, Alice in Wonderland, 1985) is plausible, in which the existing research is simply not sophisticated enough to answer questions related to the more exact impact of client and clinician characteristics, relationship factors, and the other ingredients of the therapeutic processes that are common to psychotherapy, regardless of treatment modality or model. These factors, as well as the characteristics of the intervention and the service setting, should inform future research on EBTs (Kelley et al., 2010).

These research findings therefore brought researchers' attention to the specific ingredients of effective therapy for particular needs, rather than which approach works best with young people (Hanley et al., 2013). Again, even though there has been extensive research on empirically supported therapies, identifying treatments for various clinical problems (see Weisz & Kazdin, 2010; see

www.effectivechildtherapy.com for an extensive handbook), limitations in study designs mean no definitive conclusions can be drawn for many treatments, highlighting the need for more practice-based research that is rigorous and transparent (Kazdin, 2008; McLaughlin et al., 2013; Spielmans et al., 2010). Midgley and Kennedy (2011) argue the need for future research to move beyond questioning efficacy to "*exploring what makes therapy optimally effective and how research can be translated into the real world of clinical practice*" (as cited in McLaughlin et al., 2013, p. 73).

In line with the summarised work across clinical and community settings, research into school-based counselling/therapy services also sheds light on the debates around effective treatments for young people (Adamson et al., 2006; Fox & Butler, 2007, 2009; McKenzie et al., 2011). Within the UK, Cooper (2009) reviewed 30 evaluation studies in youth provision, concluding counselling in this area to be associated with large positive effect sizes (m=0.81, p. 037) in mental health and wellbeing amongst school children and young people. His earlier research (2006) on nine studies offers similar findings, with a pre-post effect size of (m=0.8). These earlier works included those services that identified the nature of their work 'mostly relational' (other than more technical approaches) and pose major limitations (i.e. lack of control groups, non-clinical client base, lack of follow-ups) to arrive at definitive conclusions. Indeed, his later work in 2010 reports on work undertaken in more controlled settings, and work undertaken within naturalistic settings (Hanley et al., 2011) which offered mixed results (no difference between the waiting list versus humanistic counselling condition), highlighting the complicated nature of examining the effectiveness of youth counselling services once again.

More recently, with a slight variation in its methodology, an RCT study found that young people who were allocated to therapy versus control group (waiting list) showed significant improvements in wellbeing measures (follow-up scores), and an indirect benefit was observed in students' positive engagement with their studies (McArthur et al., 2011). Alongside the recommendations of NICE guidelines (2005), emerging evidence suggests that school-based humanistic counselling can be effective at reducing psychological distress at abnormal/borderline levels, and supports students in achieving their goals (Cooper, 2003). The review covers data from across UK, and reveals that approximately 70-90,000 young people receive

psychological support each year. However, the review also points out some areas that are in need of improvement such as offering diverse/multicultural counselling, greater use of outcome measures, evidence-informed practice for counsellors, forming MDTs within schools, and commissioner support for more involvement (Cooper, 2013).

At this point, even though no clear conclusions can be drawn, youth therapy within community and school settings shows promising outcomes, and such work has the potential to contribute to a comprehensive and youth-friendly system in the UK's mental healthcare system. This brings us to another medium young people started engaging increasingly - that is, online therapy.

2.5. Online Youth Therapy

This section examines the contemporary research in the field of online youth counselling, with a particular interest in individual psychological support delivered via synchronous chat channels. After giving a picture of the current demands on the medium, the concurrent section provides a systematic review of the contemporary evidence on the available psychological support that are provided by online youth mental health services.

Young people show particular interest in the available online support services in the context of their multifaceted 'hybrid' lives. Research reveals young people to be the happiest when they are online (YouthNet, 2013). In such a context, there has been a substantial move from traditional face-to-face counselling services to online media in the last decade, leading service providers to seek out opportunities associated (i.e. BMA, 2003). Not so long ago, Livingstone and Bober (2005) argued young people not to use the medium too often; however the demand is increasing rapidly, with thousands of young people now accessing such services. The UK's Childline Online Counselling Services 2012/13 report declares an increase in children and young people accessing their service for support on high risk issues. During the last year, the service provided 270,000 counselling sessions following over 2.4 million initial visits to the site - with a 28% increase since last year (Childline, 2014). Kooth, the host online counselling service now operate in 19

localities across the UK (Xenzone, 2013). Similar trends also exist internationally (i.e. Kids HelpLine; BoysTown, 2012).

So what brings youth to online therapy? Service reports reveal young people accessing online services present with many different issues, compared to face-to-face equivalents. In general, young people who access online counselling services are found to report higher rates of depression; have wide ranging mental health issues; present often with suicidal thoughts and self-harm; present with eating problems; discuss abuse and violence; and report having behavioural management problems (ChildLine, 2012; Kids HelpLine, 2007; Kids Help Phone, 2005). These figures are in line with the research findings, suggesting a more complex presentation online (Hanley, 2011; King et al., 2006; Sefi & Hanley, 2012). In that, Reid and Westergaad's (2011) emphasis on not to take adolescents as 'mini adults' (p. vi) finds voice in one of the posts on Kooth magazine, as follows:

"You get sad if you don't have one, you rely on that sharp piece of metal to give you comfort throughout everything that's going on. That isn't the way things should be, we're only young. Our generation are the most depressed generation to be known and half of it remains undiscovered until it pushes someone to do something because nobody was there for them…" (YP, age 15, Kooth Magazine, 15/03/2013)

These concerns attracted substantial focus on the 'inner-workings' of online counselling (McLeod, 2010) highlighting the comfort and control this age group experiences online (i.e. Beattie et al., 2009, Evans, 2009; Hanley, 2006); the 'zone for reflection' and 'disinhibition effect' experienced with dissociative anonymity (Suler, 2004); issues around developing trust (Fletcher-Tomenius & Vossler, 2009); and the online therapeutic alliance (Hanley, 2009a, 2009b, 2011). Understanding the ways in which today's adolescents communicate and seek online help therefore calls for insight in order to provide appropriate support that they can relate to (Hanley, 2004).

Bearing in mind the type of help offered on Kooth, amongst all other types of web-interventions outlined in Section 2.3, studies that were of interest to this review fall into the category of 'individual synchronous communication' that occurs in

between client and therapist in real time. Although accumulating research has been published on other means of online psychological help with potential benefits and barriers (Gellatly et al., 2007; So et al., 2013), it was important to bring the power of human interaction into current review. Indeed, research reports a significant change in young people's web interactions, moving from email and chat-forums to instant (synchronous) messaging (Boneva et al., 2006).

The review here was conducted into all identified peer-reviewed empirical references published in between 2000 and 2014, on various databases in relation to the current interest. After assessing the papers according to relevant exclusion and inclusion criteria, the search yielded twelve studies for the purpose of the current review. More information on the methodology can be found elsewhere (Ersahin & Hanley, in preparation). The findings of the review will be summarised below under relevant headings.

2.5.1. Developing safe and youth-friendly online services

Research on online youth therapy services that prioritise client needs reveals the therapist training on various dimensions as pivotal. Figure 6 illustrates the properties of an exemplary safe and youth friendly online service.

Figure 6 Suggested elements of an exemplary safe and youth friendly online service

In the UK, Hanley's (2006) interviews with online counsellors brought attention to the must-have practitioner qualities of counsellors working online with young people. These were; (a) an appropriate level of training (minimum of a Diploma in Counselling), (b) particular experience in working with young people and developing an online therapeutic alliance, (c) membership of a professional

body, and (d) regular Criminal Bureau Checks. In addition to these requirements, counsellors and the service regulators are expected to take responsibility for relevant child and data protection issues, ensuring that the work is carried out within a relevant set of ethical guidelines. In addition, the nature of the online environment requires counsellors to be competent in technology, communicating via text, and timing (i.e. Hanley, 2011; King et al., 2006b).

On an international level, attempts have been made with different resources targeting various client groups. Fukkink's (2011) study in The Netherlands suggested trained young peer counsellors delivered satisfying levels of 'social support' and 'conversational skills' to their peers online; and Wentz, Nyden, and Krever's (2012) study in Sweden reported on a successful Autism Spectrum Disorder (ASD) and/or Attention Deficit Hyperactivity Disorder (ADHD) friendly e-support model.

2.5.2. Client Characteristics

The contemporary research on sample characteristics reveals that girls access online youth services more than boys (Callahan & Inckle, 2012). Age however is still not a predictive factor in determining access preferences to online versus text/phone counselling.

Another area research has shown interest in are the presenting issues young people bring online (Callahan & Inkle, 2012; King et al, 2006; Sefi & Hanley, 2012). These were identified as: abuse/violence, family/peer relationships, self-harm, depression, sexual abuse/rape, anxiety/stress, alcohol/drug misuse, anger, self-esteem, sex/sexuality issues, and eating disorders. These studies suggest that their online samples present higher levels of distress and focus on more mental health issues and family relationships, in comparison to phone-line clients who reported lower levels of distress, presenting with everyday life issues (Callahan & Inckle, 2012; King et al., 2006). Sefi and Hanley's (2012) findings are in line with the higher levels of distress and complex needs that young people present online. When they compared their online sample with equivalent face-to-face samples from Twigg et al.'s (2009) study (n=235, YP-Core M= 16.5) and Cooper's (2009) school sample, they found higher levels of disclosure of sexual abuse and self-harm online

compared to face-to-face client samples, in which young people mostly presented with more general family issues. Figure 7 attempts to summarise the contemporary interest in the client characteristics of young population (as presented) - under two sub categories of *commonly presenting issues* and *demographics* of the access groups.
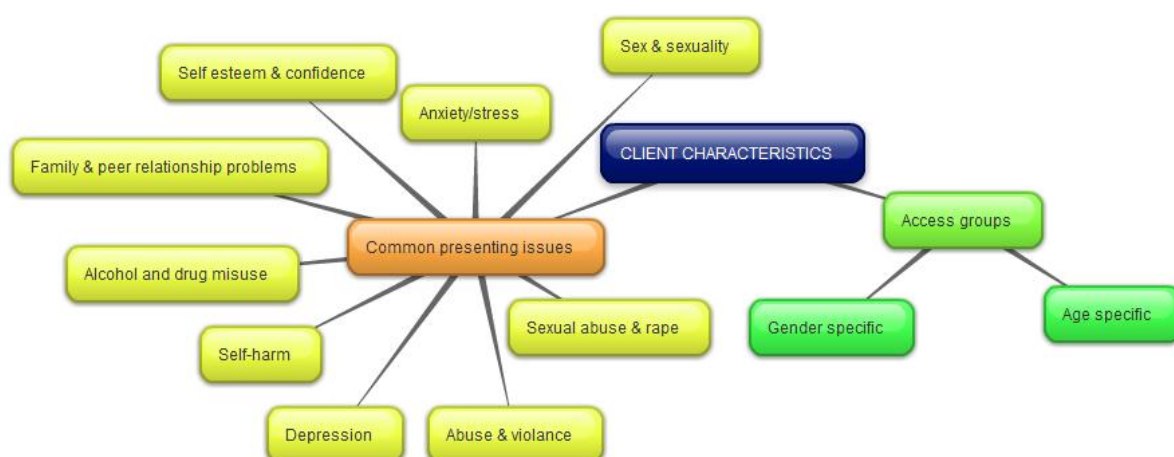
Figure 7 Properties of 'online client characteristics' derived from the contemporary literature

2.5.3. In-session Processes in Online Synchronous Support

This section reviews the contemporary research on the inner workings of online youth counselling, encapsulating the motivations and constraints young people experience online, the compensatory techniques both young people and counsellors use, and the type of interventions counsellors utilise online.

Young people's motivations behind seeking out this medium have been a well-researched area in relevant literature. Young people seem to find the lack of physical proximity in texting helpful, so they emotionally shield themselves too (King et al., 2006a). Apparently, the 'environmental proximity' allows them to take the control they mostly experience challenges to, within the face-to-face world (Geldard & Geldard, 2002). They feel safer, less exposed and confronted, and this then allows them to open up a lot quicker (see disinbition effect, Suler, 2002).

Another distinct feature that seems to bring young people online is the fact that chat balances the power imbalance they encounter in daily life and/or at traditional counselling settings (Bambling et al., 2008; Sefi & Hanley, 2012). Studies

reveal that many face-to-face settings do not to leave room for young people, when they are accompanied by a parent or friend who is in charge of explaining their issues (Callahan & Inckle, 2012). On the contrary, online chat is reported to ease their way in getting professional help, assigning them control over accessing help whenever they need someone to talk to (Sefi & Hanley, 2012).

Nevertheless, online counselling does not go without challenges. Some young users report concerns over their counsellors' ability to grasp their feelings or messages online, and vice versa (King et al., 2006b). Given the fact that they cannot receive verbal or bodily input, the medium seem to cause loss of immediacy, and limits the exchanged amount of text that is possible within time constraints (King et al., 2006a, 2006b). Blended with fear of stigma, parental control over the position of computers in communal areas is reported to be another barrier in accessing the services in privacy (Callahan & Inckle, 2012; Hanley, 2009). On the other side of the screen, counsellors can find the environment anxiety provoking when dealing with risk and child protection issues (Hanley, 2012).

So how do online therapists and young clients deal with the shortcomings of online communication? Research reveals various compensatory techniques and netiquette (etiquette whilst using the internet) that both young people and counsellors use, to compensate for lost communication, techniques which can aid bonding, and reduce misunderstandings. These compensatory techniques include: utilising emoticons (i.e. ☺), acronyms (i.e. LOL - laugh out loud), abbreviations (i.e. 'u'- you), text based conventions (i.e. luv ya), scales to convey the intensity of the feelings, and internal messaging systems (e-mail) (Bambling et al., 2008; Hanley, 2012). In addition, counsellors report that they often address any miscommunication immediately afterwards (i.e. by apologising, seeking clarification, or offering explanation), asking only one question at a time, and utilising a timer to monitor the session's progress (Sefi & Hanley, 2012).

"What does online counselling offer?" has been another area of concern (i.e. Robson & Robson, 1998). The types of interventions that are available online vary greatly. While some of the long-standing services, such as Kids HelpLine, have their own working models, others are still developing their working models with an aim to cater for specific client needs (i.e. for ASD and ADHD, Wentz, Nyden, & Krevers,

2012). Looked at in more detail, one research on Kids Help Line identified nine key in-session behaviours under two main themes of 'rapport building' and 'task accomplishment' (see William et al., 2009, for details). The typical behaviours were reported to be 'using confronting language, paraphrasing, discussion of solution, empathy, encouragement, information-seeking, and questioning'. A more recent study by Chardon, Bagraith, and King (2011) gave more insight into the type of work that has been regulated and offered by the service. The model was identified as a non-directive, problem-oriented approach that is broadly consistent with Egan's Skilled Helper approach (Egan, 2002), which consists of the following five stages with their steps in brackets: (1) Orientation (orientation), (2) Problem clarification (storytelling, challenging, leverage), (3) Goal Exploration (possibilities, crafting goals, commitment), (4) Action Planning (strategies, best fit, plan), and (5) Termination (ending the session) (p. 586).

Even though research on this matter is at an early stage of development, there is substantial evidence on therapeutic alliances to reach sufficient levels with young people over the internet. As emphasized earlier, the literature on youth therapy suggests 'therapeutic alliance (with a therapist who is friendly, warm, and respectful)' to be a major component of therapy with young people regardless of the type of therapeutic approach they receive (Hanley et al., 2013; Kelley et al., 2010; Spielmans et al., 2010; Wampold et al., 2010). Research reveals promising results on the quality of alliance that can be achieved in online youth therapy (Hanley, 2009, 2012; Williams et al., 2009). For instance, young people in Hanley's (2009) study scored the online working alliance to be of good quality, with over half of them scoring the quality medium (58.7%) or high (17.4%). Overall, the online alliance formation process seems to be positively associated with therapist's use of empathy, paraphrasing, encouragement, compensatory techniques, and awareness of the netiquette (Williams et al., 2009). According to Hanley (2009), the anonymous nature of online synchronous chat, facilitates the relationship by enabling clients to bring issues they would not ordinarily discuss face-to-face, giving them control over the relationship. The overall quality of alliance was found to be related to the initial positive experience clients have in gaining access to the service, the e-communication skills that are utilised effectively, and the consensus client and counsellor reach on controlling the nature of the interactions. Hanley's (2012)

matchmaking process model for online alliance formation is outlined in the Discussion section of this thesis.

Within these studies the potential ruptures to creating positive relationships were identified as follows: the time and environmental constraints that were inherent online, technological glitches that interrupted the sessions, power clashes over who controls the sessions, misunderstandings that were not addressed, and sporadic access to support (Bambling et al, 2008; Hanley, 2009, Sefi & Hanley, 2012; Williams et al., 2009).

2.5.4. Session Outcome & Impact

The effectiveness of online youth counselling (synchronous based) has also received some attention in the last 15 years, which has led researchers to assess the quality of session outcomes, and the in-session behaviours reviewed earlier (i.e. therapeutic alliance). Figure 8 attempts to depict the interest in the area.

Figure 8 mapping diagram of the contemporary research on the efficacy of online youth counselling

In general, studies report promising figures on the efficacy of online in session behaviours. For instance, Williams et al. (2009) report the rapport building and task accomplishment behaviours to have moderately strong effects on young people's responses to online therapy. Notably, amongst the rapport building behaviours, the use of paraphrasing appeared to have stronger immediate effects than using emphatic or encouraging language. However, nearly all of the cases that were reported involved some form of rapport building (96.47%), supporting earlier online alliance outcomes. An earlier study by King et al. (2006b) reports similar effect sizes on session impact (Sample N=86, M=56.4) and therapeutic alliance (M=74.0).

Notably, the in-session behaviours of peer counsellors in Fukkink's (2011) study were reported to have positive strong effects on young people (Sample N=78, M= 7.1 on a scale of 1 to 9). The quality of 'offering support' and 'taking the young person seriously' were found to have stronger effects than 'offering solution' and 'encouraging the other person to think along'. Moreover, although the length of the conversations led to greater quality (r=0.48), offering the social support on a range of topics was reported to be a stronger predictor of high quality ratings. Chardon, Bagraith, and King's (2011) results on in-session progress scores were supportive of this finding, revealing significant correlations with the duration of counselling sessions (r=.51) and the number of lines of text exchanged in sessions (r=.47). However, only half of the sessions were reported to satisfy the criteria for adherence to progress through each stage of the counselling model under investigation, yielding average progress and depth scores.

Overall, no conclusions can be drawn on whether online counselling can offer replaceable services for young people in the way equivalent face-to-face traditional services would offer. Findings on effectiveness figures for online counselling sessions do not change the picture much. For instance, King et al.'s (2006b) analysis on pre-post General Health Questionnaire (GHQ) scores revealed significant reduction in both online and telephone counselling clients' distress levels (eta squared = .503, p<0.01). Nevertheless, the change was greater for phone-line users (Sample N=92, M=11.3) than it was for the online users (Sample N=86, M=4.6). This was also true for the effect of session impact on outcome scores (eta squared = .158, p<0.01). On the contrary, although alliance scores were not found to predict post GHQ scores in the telephone condition, both resistance and collaboration subscales of the alliance measure were found to be moderately predictive of greater outcome scores.

However there is a high possibility that when the help is modified to the specific needs of a target group, the results could prove better. Indeed, the particular intervention that was utilised in Wentz, Nyden and Krevers's (2012) study was found to yield a significant increase in young users' self-esteem (p=0.021), sense of coherence (p=0.041) and quality of life (p=0.030) 6 months after the sessions. However, no significant improvements on individuals' depressive symptoms were

recorded. Yet, the majority of the young users rated the process to be of high importance in fulfilling their needs.

On a final note, even though there are some preliminary findings on the matter, substantial evidence and commentary in the field is scarce. One explanation to this is the reality of the field being relatively new to the counselling and psychotherapy research world. Another explanation could be the lack of research tools that could be applied in examining online phenomena (Hanley, 2009; Sefi & Hanley, 2012). Therefore, no conclusions can be drawn yet, since the research on the efficacy of online youth counselling is still in its infancy, but with some promising results.

2.6. The Current Rationale

The four subsections of Chapter 2 of have outlined the contemporary key literature on the subject matter and introduce the reader to some of the debates in relation to this. In doing so, with the increase of the available online services, a substantial body of research exploring the topics in question are outlined. As it is evident in the presented systematic review on the specific subject matter of online youth counselling, the questions discussed earlier remain, and need further insight. For instance, therapeutic goals in online therapy have not received any interest yet, not with adult populations, nor with young people or children. Moreover, even though there is substantial literature in theory on 'how to work with goals in therapy', there is no empirical evidence to support these theories.

With these issues in mind, I reflect on the necessity of examining what type of goals young people bring online, and how therapists work with them on individual synchronous chat channels. By doing so, the current work hopes to contribute to the growing literature of online youth counselling. In reflecting upon these gaps within the literature, three research questions are posed. This section considers each of these questions, with regards to the key areas of inquiry, and the rationale for choosing them. On a final note, a detailed procedure of how each question was answered is addressed in the Methodology chapter.

2.6.1. Key Research Questions

The concept of therapy goals is deeply entrenched within the counselling and psychotherapy literature. Accumulating evidence shows the importance of working with/towards goals in therapy for successful outcomes. It is promising that there is increasing interest in the literature upon the goals young people bring to face-to-face traditional therapy. To date, even though only a handful of studies investigated the issues young people present with, on the whole, the goals young people bring online have been a neglected area of research. When transplanting therapeutic services to the internet, concerns about the impact of the technological environment on the working components of therapy are raised. In accounting for Bordin's (1979) concept of working alliance (goals, tasks, and bond), as the major drive of the collaborative work that effects beneficial change in clients, the type of therapeutic goals young people identify and articulate online (regardless of their presenting issues) needs further investigation.

It is therefore crucial to explore the types of goals young people articulate online first, before relevant GBO measures can be devised - to record 'travelled distance' and ultimately the effectiveness of online therapeutic support in achieving the goals young people set for themselves. Only then, would it be possible to correlate the taxonomy of goals in this medium alongside those developed in traditional services, such as school-based counselling (Rupani et al., 2014) and in CAMHs (Bradley et al., 2013).

With this aim in mind, the first research question is posed as follows:

1. What type of goals do young people identify working towards in online therapy?

In doing so, in a technologically driven world where online counselling services are emerging rapidly, this work intended to examine how transferable the work of Rupani et al. (2014) and Grosse-Holtforth and Grawe (BIT-T, 2002) might prove to be.

The second and third questions hoped to expand upon Bordin's (1979) concept of working alliance that identifies goals as one of the three major components of working alliance. As with online therapeutic alliance,

accumulating evidence that suggests relationships of an equivalent quality to those developed face-to-face can be achieved. However, there is no work to date investigating how online practitioners engage with the online goals in working with young people. Notably, even though there is substantial literature in theory on 'how to work with goals in face-to-face therapy', there is no empirical evidence to support the theory. With the hope of gaining insight into the experiences as such, the second and third questions are posed as follows:

2. How do counsellors experience getting young people to articulate their goals in online therapy?

3. How do counsellors experience supporting young people in working towards their therapeutic goals?

CHAPTER 3. METHODOLOGY

"Research has been called good business, a necessity, a gamble, a game. It is none of these - it's a state of mind." Martin H. Fischer (1944)

3.1. Introduction

In conducting any type of research, choice of methodology proves vital, with an aim to bridge the theory with the available data under exploration. The questions that are posed in previous section therefore need to be addressed within a particular framework throughout the whole research process. The previous chapters, the *Introduction* and *Literature Review* gave insight into the driving forces behind the current interest, outlining the contemporary literature on the subject matter informed by my personal interests.

Starting here, this section outlines how the current study was conducted. It does so by informing the reader of the philosophical and epistemological foundations of the work, data collection process, the specific research methodology that was adopted, procedures and the reasoning behind the actions taken, and finishes with some ethical considerations. Figure 9 illustrates this structure in a pyramid diagram.
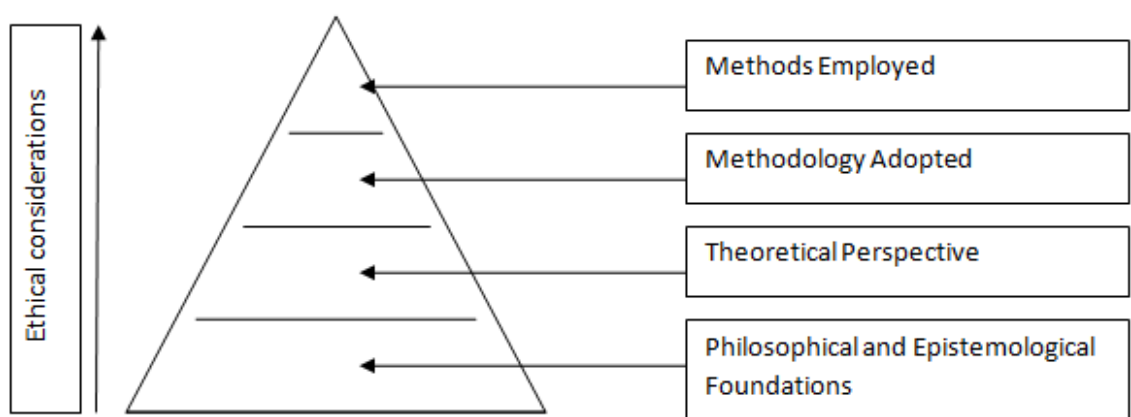
Figure 9 A diagram outlining the methodological structure of the current work

Providing such a structure in this section mainly aims to give a clear idea around the reasons why and for what purpose certain methodologies were adopted within this study. Therefore, it is useful to introduce some of the terms such as *experiential phenomenology*, *methodological hermeneutics*, *social constructionism,* and *pragmatism* to give insight into the implications of my stance upon the work at hand.

3.2. Philosophical Grounds

3.2.1. Experiential phenomenology-embodied felt sense in the creation and adjudication of meaning

The experiential phenomenological stance emphasizes the role of body and feelings in cognition (Gendlin, 1991; Rennie & Fergus, 2006). The perspective takes human experience malleable/flexible, defined with "*distinctions, forms, rules, social patterns, concepts, categories, kinds*" (Gendlin, 1991, p. 125). This malleability gives room to the individuals to move on the basis of their experiences, which entail therapeutic change in the course of therapy (Gendlin, 1962, 1995, 1997a). According to Gendlin (1991), when attention is directed to a problematic situation, the individual encounters a responsive order, which is mostly referred as a '(....)' in the sense of a *slot* (Gendlin, 1962). The situation here is suggested to be experienced with an embodied (felt) sense (Gendlin, 1979), "*entailing an 'implicit intricacy', which is vague yet precise in what it demands*" (Rennie & Fergus, 2006, p. 487). In other words, when an individual encounters a situation (problematic or not), he will first feel and embody a sense of a '(....)', and then look for the vocabulary that matches the implicit intricacy. Whatever symbol the individual comes up with, the '(....)' stays the same, until a fit is found for the embodied (felt) sense. In other words, Gendlin (1991) exemplifies this process with the poet's creation of a poem in how many '*(....)'s* create a full poem by initiating the following line's creation after each completed line. In the case of therapeutic course, this understanding suggests that clients had better focus on their embodied sense of experiences to see what comes up, to bridge the cognitive element with the embodied experience, and move on from there (Gendlin, 1996b). This philosophical stance forms one of the legs of the epistemological grounding (in the form of methodological hermeneutics) for the current study entails to.

3.2.2. Philosophical Hermeneutics: as an interpretive methodology for textual understanding

Philosophical hermeneutics refer to the 'theory of knowledge', where *experience* forms the basis of meaning. To Heidegger (as cited in Gelven, 1989) *experience* is described as 'a way of being' more than a 'way of knowing', where a felt sense grasps the meaning of the unknown thought (Dilthey, 1996). The *being* in Heidegger's thesis does not consist of self or merely others. *Being worldish*, the human is at the basis of forming the world in relation to the *whole* where he or she can meet other beings, and *be by their beings* in a form of existential understanding. This stance therefore suggests that texts, and their producers, should be studied within the social context in which they were formed, with an aim to understand the experience accordingly. This of course, contrasts the use of scientific methodology in textual understanding, where a common sense can be applied to the meaning moving beyond the author's own interpretation of their experience. So according to Heidegger (1927/1962) there is a hermeneutic circle in between the text and context where meaning is created on the basis of '*being*' and '*relating*'.

3.2.3. The Hermeneutic and Experiential Phenomenological thoughts in this study

Since the purpose of this study is to produce an empirical piece of research that may prove useful in capturing the underpinnings of the research under study, Gendlin's (1962) experiential phenomenological stance and Heidegger's (1927/1962) hermeneutic approach formulate the basis of current methodology. Even though this stance poses a subjective viewpoint on creating and interpreting the meaning, the conventional methodological attitude in social science allows exploratory activities. With an aim to minimise the subjectivity bias and error, this stance led me in taking extra activities and procedures during the data collection and analysis stages (i.e. validity and credibility checks), which will be further explicated within the following section.

This meant adopting a hermeneutic approach, which would accommodate both realism and relativism in the context of applications of Grounded Theory Methodology (GTM, Dilthey, 2002a, 2002b, 2002c; Rennie, 1998a, 1999, 2000;

Rennie & Fergus, 2006). Without much debate here, the concept of realism inclines more to Putnam's (1977, 1981, 1990) definition of the phenomena, which characterizes an *internal realism*: in other words a *pragmatic realism* that is internal to the conceptual meaning systems of human beings, opposing metaphysical realism in which there is a single-objective way of describing how the world is. As Putnam (1977) observes:

> "*Kant's image was of knowledge as a "representation" - a kind of play. The author is me. But the author also appears as a character in the play (like a Pirandello play). The author in the play is not the "real" author -- it is the "empirical me". The "real" author is the "transcendental me".*" (p. 496).

I see my role in this research as highly interactive with my professional stance of being an online practitioner, and viewing the world from a socially constructed frame of reference. This direction, therefore strongly impacted the choice of validity checks, again undertaken with academics and practitioners who have working experience in an online world. The emphasis upon utility provided a clear link between the philosophical and epistemological influences on the work with constructionist thinking and theoretical Pragmatism as originally described by the twentieth century Americans Charles Pierce, John Dewey and William James (Hastings, 2002). The ways in which these links influenced the direction of this study are further explicated within the following section.

3.3. Epistemological Grounds: Social Constructivist Views Leading into a Theoretical Stance on Pragmatism

Following the line of the philosophical underpinnings of the work, there is need for me to outline how I view knowledge and the acquisition of it, so the work at hand can be justified. The impact of the social constructionist stance on this work may prove difficult for the reader, due to the lack of clarity around what the term means to different audiences (Stam, 2001). Therefore, for the purpose of the study at hand, after giving a brief overview of the position, I will clarify in what context the term has been coined by the researcher, and has informed the current research design.

3.3.1. Social Constructionist Views

Social constructionism views knowledge as by-product of human choice, that individuals and groups participate in when constructing their perceived social reality, rather than given by nature or external laws (Burr, 1995). The knowledge therefore is not developed separately from the individuals, but human beings rationalize their experiences by constructing a shared reality within their social systems (Leeds-Hurwitz, 2009). The view not only refers to the knowledge of worldly items but also the beliefs about them (Hacking, 1999). Building upon this basic understanding, social construction(ism) has been used in different concepts by different audiences starting from late 80s (Elder-Vass, 2012). A useful taxonomy of the related concepts can be found in '*The Social Construction of What?*' by Hacking (1999). '*The Reality of Social Construction*' by Elder-Vass (2012) also provides insight into the trajectory of the development of social constructionism for those readers who are interested in reading more.

3.3.2. Social Constructionist thoughts within current work and the link to Theoretical Pragmatism

Based on the above, it could be surmised that the social constructionism lays out the epistemological foundations of the current work. Blumer (1969) indeed argues that the intellectual foundations of the approach grew out of the philosophy of Dilthey's study of hermeneutics (Eichelberger, 1989; Mertens, 2005). Constructivist approaches to research therefore have the intention of understanding "*the world of human experience*" (Cohen & Manion, 1994, p. 36) by relying upon the views of the participants on the phenomena under interest, while at the same time recognising their own stance and the impact of it. Therefore, rather than starting with a theory of the paradigm, I started with questions that stem from personal interest, and construct the theory inductively from the meanings that emerged throughout the research process. In line with this, the choice of qualitative research methodology (Grounded Theory, as will be discussed in detail further on) facilitated this process.

The aim here therefore was not to produce facts or definitive accounts of the phenomena, but to construct a synthesis of the data that would prove useful to: (a) online psychotherapy and counselling world, (b) practitioners who are interested in

work with online media, (c) youth practitioners, and (d) other audiences that might linger some interest in the topic. As Kierkegaard (as cited in Hong & Hong, 1999) suggests;

> *"What I really need is to get clear about what I must do, not what I must know, except insofar as knowledge must precede every act. . . . [T]he crucial thing is to find a truth which is truth for me, and to find the idea for which I am willing to live and die. Of what use would it be to me to discover a so-called objective truth, to work through the philosophical systems so that I could, if asked, make critical judgments about them, could point out the fallacies in each system; of what use would it be to me to be able to develop a theory of the state, . . . and constructing a world I did not live in but merely held up for others to see; of what use would it be to me to be able to formulate the meaning of Christianity . . . if it had no deeper meaning for me and for my life?"* (p. 34).

Reflecting on my experience of practising and researching in the online media, I believe that I have insight into the inner workings of the medium, that enriched the construction of this work, so not only others but also I can relate myself in the constructed meanings of the phenomena under interest. This is not to produce a convenient subjectivity or internal truth that supports my theories or fantasies, so others would follow up. The rationale here is to commit to my passion of working with young people online, re-orientate myself accordingly within a world other relational beings work in, based on the collated data from various sources. As Gergen (1985) puts the matter:

> *"The success of theoretical accounts depends primarily on the analyst's capacity to invite, compel, stimulate, or delight the audience, and not on criteria of veracity"* (p. 272).

This emphasis may sound contradictory to the reader, pragmatist even, on where I meet the middle ground between pragmatism and rigorous research paradigms. As James (1909/1978) argues, a pure pragmatist would suggest, *"What works is true and represents reality, for the individual for whom it works"* (p. 298). This view however does not entirely contribute to the current aims of the research,

which goes beyond personal goals to social goals. In that sense, Morgan's (2007) stance on the paradigm provides a more practical understanding of the pragmatist paradigm where *"the approach would treat issues related to research itself as the principle 'line of action' that methodologists should study, with equal attention to both the epistemological and technical 'warrants' that influence how we conduct our research"* (p. 68). The structure of the thesis therefore takes on more of a compromising direction, where social constructionist, pragmatist and hermeneutic views of social science research can be applied rigorously but also practically. Building upon the discussions here, within the next section, the adopted methodology will be outlined more in detail and the rationale behind this choice will be discussed.

3.4. Methodology Adopted: A Qualitative Approach to Research

In adopting this stance, it should be noted that a hierarchical structure was followed, emphasizing that the priority of the research has been given to the functional aspects of the methodology adopted, and the other elements of the research design were structured accordingly.   Figure 10 attempts to visually display this process.
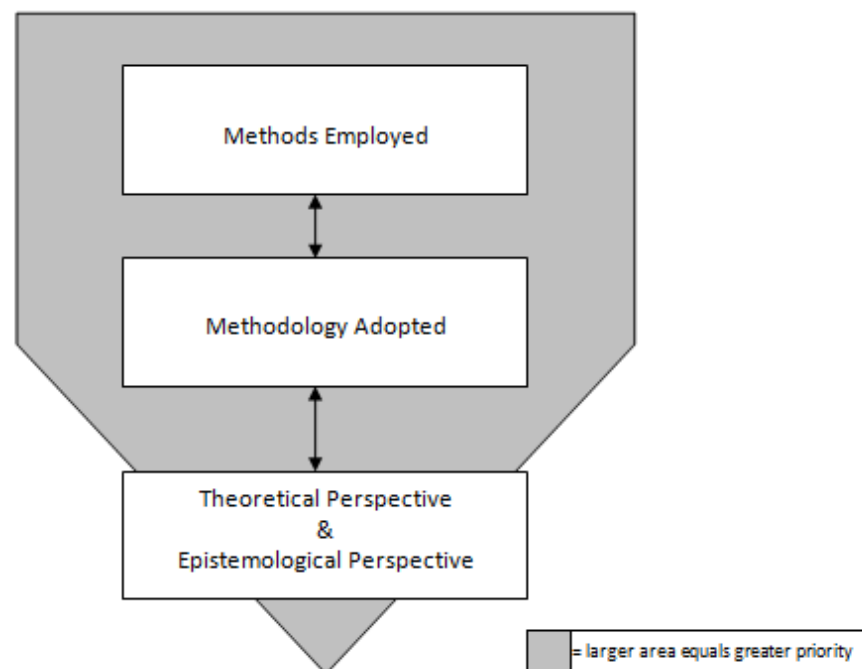
Figure 10 Research design (Adapted from Hanley, unpublished thesis, 2008)

At this juncture, it is important for the researcher to consider, how to best respond to the research questions posed by the data at hand. By prioritising the methodological concerns, it is aimed here not to be lost in philosophical debates, but to function pragmatically (West, 2007). Therefore the general principle adopted here was to adopt a methodology that would answer the questions appropriately (Maxwell, 1996). As Maxwell (1996) metaphorically argues;

"A useful high-level theory gives you a framework for making sense of what you see. Particular pieces of data that otherwise might seem unconnected or irrelevant to one another or to your research questions can be related by fitting them into the theory. The concepts of the existing theory are the "coat hooks" in the closet; they provide places to "hang" data, showing their relationship to other data. However, no theory will accommodate all data equally well; a theory that neatly organizes some data dishevelled and lying of the floor, with no place to hang them." (p. 33).

In line with this train of thought, a qualitative research methodology was adopted considering: (a) the research questions were interested in the experiences of counsellors getting young people to articulate their goals and supporting them alongside in online therapy, (b) the nature of the online environment posed need for in-depth analysis to capture the underlying the processes that go hindsight, (c) the need for a bridge in between the researcher's theoretical and philosophical stance and professional stance as an online practitioner coming from the same culture those research questions address. Therefore, the aim here was not to *"produce count of things"* (p. 78), but to *"fracture the data* and *rearrange"* (p. 79) it into categories that would facilitate the development of a theoretical concept" (Maxwell, 1996).

Qualitative research is a method of inquiry that has been employed by a variety of disciplines, and therefore is defined in relation to the contexts it has been utilised (Denzin & Lincoln, 2005). In general, the methodology is more interested in *why*s and *how*s, rather than (or not just) *what*s, or *where*s. In this respect, qualitative inquiry possesses a power in capturing in-depth meanings and experiences of life. As McLeod (2001) argues, today's culture is very much engaged with superficial and thin descriptions of experience, where knowledge is easily and widely accessible by means of innumerable websites, television channels, newspapers, e-spectrum of

magazines, and e-forums. By contrast, *"good qualitative research requires an immersion in some aspect of social life, in an attempt to capture the wholeness of that experience, followed by an attempt to convey this understanding to others"* (McLeod, 2001, p. viii). Indeed, well executed qualitative research has much to offer to the counselling and psychotherapy world with regards to generating understanding of the medium we are all part of it.

However, again there lies a paradox within this inquisitive approach to research, where subjectivity can be misinterpreted if not treated carefully. In almost every type of experience, moment of life, every individual may have his or her own interpretation/grasp of that moment, which could be claimed as real from a subjective point of view. Does this leave any reason for us to utilise a methodology to human experience, collect data, and spend days and months to create another layer of that already interpreted meaning? McLeod (2001) proposes two reasons why it can be worthwhile to utilise a qualitative inquiry to the already exhausted every day data, which he calls *knowing* and *becoming a knower*. The goal of the first and therefore second (ultimately) reason, is to create a coherent and consistent understanding of the hectic common-sense knowledge in the modern world, where several contrasting images of phenomena/knowledge/theory exist, and in constant change. Concerning this chaos, qualitative inquiry can prove a rigorous approach into the aspects of social world, by generating conceptual frameworks that provide new understandings to interested audiences of those communities (McLeod, 2001). He then proposes three forms of new knowledge that could be targeted with qualitative inquiry; *knowledge of the other*, *knowledge of the phenomena*, and *reflexive knowing*. Reflecting on the research questions at hand (Q1 and Q2), adopting a qualitative methodology fits with the researcher's aim of *generating knowledge of the other* (experiences of counsellors) and *generating knowledge of the phenomenon* (online goals).

This is not to claim, of course, that knowledge a qualitative research constructs can achieve a complete, ultimate answer or explanation to the constantly changing human world. My attempt could be framed as 'temporary cleaning' (McLeod, 2001, p. 4) where I could only hope for achieving an understanding of a particular time, a snapshot of internal/pragmatic reality, prompting new possibilities

and understandings (Denzin & Lincoln, 2005). In answer to the validity concerns, Berger's (1972) metaphor of *research-as-art* conceptualises how qualitative research could be interpreted as ways of seeing, given that it assures a form of convergent validity, which goes beyond mere interpretation. In relation to the concerns around maintaining the qualitative inquiry scientific as such, the following section will give insight to the specific method that has been chosen. However before proceeding, the challenges and counterpoints of adopting a qualitative methodology approach is presented below.

3.4.1. Critical issues of adopting a qualitative methodology approach

Carrying out such an inquisitive and subjective method of inquiry poses key dilemmas, of course, concerning the issues around scientific quality and validity. These challenges present themselves as inherent within the qualitative research tradition: Smith (1983) argues them to be characteristically incompatible with the basic philosophical assumptions of this type of enquiry. The dilemmas and challenges inherent in this type of researching therefore often keeps the researchers engaged with constant reflexive, self-tormenting questions, which present in the form of a search for validity and truth, and critical reflexivity (McLeod, 2001).

The first of the critics is that much qualitative research has been of poor standard, often with an unclear set of quality criteria for judging it (Hammersley, 2007). In quantitative sciences, the terms such as validity, reliability, and sampling power would be accepted part of the set quality criteria, concerning external consensus on a range of quality control issues applied to the acquisition and interpretation of the data. The quantitative researchers therefore would see this very specific definition of validity as measurable to the eye (Hammersley, 2007; McLeod, 2001). In the case of qualitative inquiry, this situation poses difficulties, in the ways how qualitative inquiries reflect a subjective understanding of the phenomena under study, that which is produced inevitably involves the researcher's subjective approach to a greater or lesser degree. Even the kinds of data which might emerge from the various data collection procedures would be conducted and filtered within the capacity of that researcher's skills. The question of reliability in qualitative

research, with a reference to its application in the present research, therefore needs to be addressed here.

First, there is existential conflict on what validity means in between the qualitative and quantitative research paradigms. While the concept of validity in the quantitative world is measurable and reflect a sense of objective reality; those researchers who come from hermeneutic and social constructivist roots, like myself, would argue that there is no fixed external reality, that knowledge is constructed within groups (and larger groups such as 'society') and cannot be independent of people's understanding of that group, since consciousness itself is embedded at the group level. Indeed, the current goal in this research was to produce knowledge, from a world that the researcher comes from (online psychotherapy), rather than judging the knowledge within the framework of a cause and effect paradigms. Here, my attempt to maintain a level of validity (i.e. giving a 'true' account of the phenomenon) was to ensure that I was involved in the online world at both research and practice levels.

Secondly, McLeod (2001) argues that words do not represent the truth in the way numbers can, given that words are slippery in the narrative context they are structured, most of the time ambiguously. As Bochner, Ellis, and Tillman-Healy (1998) put it:

> *"Of course there are always colleagues who ask, 'Why can't you just be normal social scientists?' To this, we reply, 'Better to admit what all of us really know: we're just mucking about looking for truth.'"* (p. 59).

Nevertheless, the issue of validity and credibility remains: "Is this piece of research any good?", "Could these results be reliable or replicable?". In accordance with McLeod's suggestions to researchers who are interested in qualitative research, the first step to assure 'a level of quality' in this piece of research is to '*employ epistemological principles*', by ensuring predictive accuracy, internal coherence (the theory should make sense, and its parts should 'hang together'), external consistency (with the literature), unifying power (that would bring together hitherto unconnected areas), fertility (with imaginative resources), and simplicity (Howard, 1985). Still, one could argue that the procedures to ensure these criteria are vague, and highly

dependent on abstract principles. This would bring us back to the philosophical underpinnings of the work; that one cannot argue for a unified external truth, but instead set distinctive sets of criteria that can be applied to the qualitative research at hand.

The second step therefore was to follow a quality control manual (Stiles, 1993) guidelines; by giving a clear picture of the methods applied, presenting sufficient evidence based on sufficient amounts of data, establishing credibility checks (for details see Bloor, 1997), and triangulation. That is, the methodology chapter follows a clear step forward in presenting the methodology applied in the current study. Current findings of the research have been derived from an extensive analysis of 1,137 goals and six semi structured interviews (duration of 2 hours) with the practitioners who are involved in the goal formation process. Corresponding findings have been discussed elsewhere (Hanley, Ersahin, & Sefi, in preparation). Credibility checks were executed with an external and an internal member of the research team, and with the informants (practitioners) on whether they are in agreement with the research findings. Finally, the goals data was compared and enriched with the data derived from the practitioner interviews on how to work with goals. I hope therefore, that the final product offers practical utility (Stiles, 1997) to a variety of interested audience that come from all walks of life.

The final applied 'validity' criteria was to resonate with the readers (Stiles, 1997), with an aim to empower the informants but also myself coming from an open, grounded and congruent stance. In other words, my own experience working with goals in online media with young people, shed light into the inner mechanisms of the work , *"acting as a catalyst and learning experience for both the informants and the researcher(s)"* (McLeod, 2001, p. 189). Indeed, even though working in a research team had both challenges and benefits throughout the research process (Reason, 1994a); in order to promote the aforementioned qualities it was essential for the sake of the direction of the work to communicate with all of the relevant stakeholders.

In conclusion, however, as there is no single wellspring of quality criteria from which to draw for setting ground rules in qualitative research, I recognise that I was and still *"mucking about looking for truth"* (Bochner, Ellis, & Tillman-Healy,

1998, p. 59). Therefore, I leave room to others' perceptions and reinterpretations of the findings.

3.4.2. The rationale behind utilising various data resources within the application of qualitative approach to research

Transplanting this work into the online media and applying it to practice in different settings is not straight forward, and one should be careful about making rigid assumptions on the findings derived from any resources that might be utilised. In my understanding, a rich picture of the phenomena could only be created by applying the right methodology on different resources, even though the approach will be kept qualitative. The rationale behind this decision was not to complicate things, but to reach to the goals of the study.

As mentioned earlier briefly, in conducting this research, I am keen to contribute to a number of areas, on which I am hoping to have an impact. On a local level, I hope the findings will prove to the supporting organisation (Kooth) primarily, and for other online counselling services useful information regarding the utilisation of goals in therapy with young people. That is, the findings of the study could help counsellors to have an insight on the goal types young people bring into therapy, and how their colleagues work with them. This should in turn improve the quality of the service(s) for those young people accessing the service(s), by increasing access to psychological therapies to those underprivileged young audiences. It could also be of help to those who commission the online services, concerning the collecting of outcome data (via the goal based outcome measures) in order to explore effectiveness. On a broader level, I hope that the current findings can inform others working in similar environments throughout the world. Indeed, the goals and issues young people bring into online therapy vary greatly from its face-to-face equivalents. Findings therefore could also inform those practitioners who work with young people on what might be relevant for those young people surrounding the issues they bring to e-counselling.

In attempting to provide insight for all these audiences, I have chosen to be part of the service and data generation with the idea of producing the most valid picture possible in a qualitative research design. These precautionary thoughts led

me to navigate my data collection process around the aims of the study. Therefore it was decided that utilising different sets of data (resources) would inform the phenomena under study from different angles, and therefore might satisfy the needs of target audiences. Besides utilising the collated goals data on the service (secondary data), I have conducted semi-structured interviews with counsellors to get insight into the goal formation process from another angle. These steps are explained in detail throughout next section.

3.5. Methodology 2: Overview of the Research Design

In this section, I outline the research design concerning the different data strands that were utilised to generate the relevant concepts with the questions posed within this study. Alongside this, the qualitative components of the research are described and discussed before moving on to the specific method that was utilised in arriving at the conclusions. With an aim to clarify how each component is applied within the study, a timeline of the project's data collection period is presented next. Finally, attention is given to the ethical guidelines adherent to online research, and how these affected the data collection process.

3.5.1. Online Component

As noted earlier, this research has been conducted in partnership with an online UK youth counselling service called Kooth.com. The partnership was initiated for a couple of reasons. First, within the last 10 years, the service established a satisfactory service scheme on developing itself in response to the needs of the users, not only via research but also by spreading out in various localities across UK. Secondly, increasing numbers of young people were found to approach the service in question, which assured that rich data could be accessed. Thirdly, the service in question provides face-to-face services where corresponding references could be made if needed. Fourthly, the service provides a secure and confidential platform for the users and counsellors, which would facilitate the data retrieval process on a practical and ethical level. Describing these factors, I outline the theoretical and ethical implications of conducting the work online, with a specific reference to the ethical guidelines for conducting online research.

3.5.1.1. Theoretical implications of conducting online research

Conducting research online has both difficulties and benefits. New media requires researchers to be appropriately cautious when designing research dependent upon technology (Kraut et al., 2003, 2004; West & Hanley, 2006). Even though online media offers opportunities (which are discussed throughout this section), it also entails risks with regards to research quality and harming the participants unintentionally. Therefore, the rapidly evolving nature of the media challenges the researchers to appropriately organise themselves, develop skills and appropriate awareness that would safeguard the quality of the research.

On one hand the internet offers many opportunities to researchers, especially to those who are interested in online phenomena itself, something which we cannot disregard as "trivial or stuff that doesn't work yet" anymore (Adams, 1999). It proves cost effective in data collection, increases experimental participation (Nosek, Banaji, & Greenwald, 2002a), and provides a rich sample of human behaviour to various disciplines (i.e. communications, organisational behaviour, and implicit attitudes) including new social phenomena (Storck & Sproull, 1995) such as identity switching (Turkle, 1997). Therefore, internet research has the potential to challenge traditional theories of human behaviour in our rapidly changing society. For instance, studies reveal online environment to encourage honest participation (online disinhibition effect), especially for those individuals who access online counselling (for more information on the causal links of the phenomena see Hine, 2005; Sefi & Hanley, 2012; Suler, 2004). Suler (2003, 2004) suggest these effects to be caused by a variety of factors such as dissociative anonymity, emotional distance, invisibility, and minimization of authority.

On the other hand on contrast to the benefits that are posed, the very same environment can hinder the quality of the research in general if not attended to adequately. For instance, ensuring informed consent, conducting effective and reliable data collection procedures without invading into participant privacy, debriefing subject participants and assessing risk factors may offer prove difficulties when compared to its face-to-face equivalents (Kraut, 2003).

Current study therefore had to consider the suitability of conducting the data collection online and whether there were more appropriate ways of retrieving the data. An alternative research design would have proven possible - to have face-to-face interviews with the counsellors, instead of conducting online (Skype) interviews, since as the researcher involved within the project I am familiar with the organization and the practitioners who work there. However such face-to-face interactions would prove near impossible because of the physical difficulties of recruiting practitioners who do not live in the Manchester area. As the medium of the service is online, service counsellors access the service on their personal computers, mostly from home. Within that capacity, team meetings are often held on Skype, including the supervisory ones, which has been agreed to be cost and time effective. As the nature of the goals work rely on synchronous chat, and so the in-team consultations, it was important for me to fit into the existing culture of the website so the practitioners would feel at ease. In this way the interviews would also likely have more reliability in remaining congruent with the nature of the online work in itself, considering its challenges and benefits.

Previous research literature also acts as a useful reminder on conducting online research (Bambling, King, Reid, & Wegner, 2008; Callahan & Inckle, 2012; Hanley, 2006). For instance, with an aim to explore the online therapeutic alliance, Hanley (2006) utilised a website to host focused group interviews on an online discussion forum with online practitioners. Again, with an interest in in-session processes in online mental health support and how providers might best prepare to offer these services, Callahan and Inckle (2012) interviewed some of their online practitioner participants online, as a response to counsellors' preference. Both studies proved that it is possible to generate good quality data in this environment. The secondary data that was collated on the Kooth website also provided data that was less prone to mistakes, and reflected the characteristics of the goals from the discourse that were written down. Therefore, to be able to capture the nature of the goals, it was important for me to collate the data within an extended period of time (7 months) with the contribution of all the service counsellors on board. This process safeguarded the goals data collection period away from my interference, providing me large amount of goals that I would not able to gather on my own.

3.5.1.2. Practical implications of conducting online research

In deciding to host the research online, I was aware that I had to familiarise myself with the online literacy, dynamics of the online therapeutic work and the policies of the organisation. First, coming from a social constructivist point of view, to be able to understand the nature of the work, it was essential for me to be part of the work in itself, so I could have insight into the dynamics of the work in-person. Therefore some of the goals in the data set belong to my own clients. Even if this was the case it did not violate the validity concerns, as the data collated on both levels were anonymised and reflected other practitioners' views without distinguishing any individual's interactions. At this stage, neither the number of practitioners on the service nor information on their identity was our concern. It was simply relevant that all the practitioners who work with the young people on therapeutic levels were multiple-trained, and gone through similar trainings to myself. Before conducting this project, I attended several mandatory training courses within the service to develop my skills working online. All these experiences enabled me to familiarise myself with the nature of the work and develop an understanding of how the questions I pose fit into the work already being offered by Kooth. Throughout my involvement within the service I have completed several pieces of work using online scripts and similar technologies. More than anything, collaborating with the research team of the organisation (Xenzone LTD) kept the work in loop. The individual in collaboration (Aaron, Kooth line manager) facilitated the research to take place and contributed his views on the emerging categories of the data analysis for the purpose of investigator triangulation. Therefore, I was confident in conducting the online interviews via Skype, having used it for the last two years for consultation purposes with the other counsellors online.

In addition to familiarising myself, agreeing on the premises of the work with the service developers proved to have benefits, which enabled me to pilot the methodology on face-to-face collated goals data (See Appendix F). The outcomes of the pilot project gave me insights into the phenomena I was interested in and whether the specific method I have chosen would create rich outcomes. Therefore, both the piloting project and the current research were conducted in coordination and collaboration with the staff working on the website. This hopefully safeguarded the project from some of the challenges researchers may encounter mentioned above.

Nevertheless, the methods utilised here may come across as unfamiliar when compared to the *familiar methods that echo face-to-face approaches*" (Hanley, 2006, p. 217). The flexibility of the technology comes with its own challenges, particularly when understanding how to use technology in data analysis of the information collated online. Online environment offers the opportunity to easily reach a large number of participants; via social networks (i.e. LinkedIn, Facebook, Twitter), online conference tools (i.e. Skype, Webex) or email addresses of the individuals and contacting them directly. However, this means traditional means of analysing qualitative data ('hands on paper') and poses limitations in handling all the data. With that in mind, I used *NVivo* (Richards, QSR International, 2010, there are several other programs like *ATLAS.ti* and *Nudist* that could also be used for similar purposes) to make sense of the two data sets I collated, with over thousands of goals and Skype interviews. Even though I have not utilised the software for the whole analysis (due to the particular method utilised), the tool allowed me to neatly organise the information while going through the categorization process. Notably, it is a great tool for researchers examining online phenomena, but it is not for everyone.

Moreover, the same flexibility has allowed me to utilise web-tools more efficiently and practically in presenting and disseminating my work in recent years. Time management skills are essential for every researcher (O'Leary, 2004). I have become a competent user of Prezi for training purposes, and making use of the online data banks for accessing journals and books. On that note, the medium offers a more user-friendly approach to navigate, discuss and promote the work (Hanley, 2006).

A potential challenge to the project however was the issue of security of data transfer. Online research is prone to potential violations, concerning client confidentiality and data protection (Hine, 2005). As the project was held on Kooth website, which has gone through years of security updates, through the data collection process, goals were recorded safely on the system, all encrypted. Accordingly, the interview data was also encrypted after the identifiable material was stripped off the transcripts.

With all this in mind, it was hoped that the computer mediated data collection process utilised here would pose an example to different audiences (researchers, online practitioners and service providers) on the relatively new territory of reporting service usage data amongst UK counselling services.

3.5.2. Qualitative Data

This section provides an overview of the different types of qualitative data that has been collated, in two phases. I start with outlining the characteristic of the goals data collection process, which could also be referred as secondary data. I then move onto the semi structured interviews that were conducted. This section then ends with the strategy data has been utilised for analysing the collated data.

3.5.2.1. First Phase: Self-report Goals as a Secondary Data Source

The goals component of the qualitative data set formed the primary focus of the research. Goals of the young users were collated by the supporting organisation in a routine fashion, in between January and July 2014, and were provided to the proposer. The service implemented the Counselling Goals System (CoGS) scheme into the online board in January, where (trained) counsellors started recording the goals of those young people they work with. A screenshot of the CoGS in action is demonstrated in Figure 11.

Figure 11 A screenshot of CoGs in action

The trainings were conducted in three weekend sessions, covering both how to use the new service, and theoretical and practical input on how to work with goals. The goals data consisted of those goals young people reported at the onset of the therapy, and those goals that might have been amended or slightly changed during the course of the therapy. Being the researcher independent from this data collection process, with anonymised contribution of the therapeutic goals I set with my clientele, the goals data therefore was treated as a secondary data source. In total 1,137 goals were collated, articulated by 505 young people, until a saturation point was reached (Guest, Bunce, & Johnson, 2006). With that, the data set was considered to be rich enough to make sense of the phenomenon of interest.

3.5.2.2. Second Phase: Semi-Structured Interviews

In the second phase of the research, July to August 2014, six semi-structured interviews were held with the counsellors of the Kooth team, who have been working with goals since the new goals system was launched within the service. As a result of various factors that can determine sample sizes in qualitative studies, researchers often shy away from suggesting a number for a sufficient sample size (Mason, 2010). Indeed, Thomson (2011) argues that "*the point of theoretical saturation can be affected by the scope of the research question, the sensitivity of the phenomena, and the ability of the researcher*" (p. 45). With this in mind, even though an average sample size of 20-30 interviews are recommended by some sources (i.e. Creswell, 1998), I initially aimed for 8 to 10 participants to interview. The rationale behind this decision was twofold. First the host organisation had only 19 counsellors running online. Since not all of them made the transition of using CoGs as their routine practice, it would be realistic to aim for half of the employees. Secondly, I had another set of data at the heart of this project, with over a thousand goals. Within the limits of a doctoral thesis, it would not be viable to hold another data set with large numbers - the interviews were supplementary to the project, with an aim to gain some insight into the goal formation process behind those goals collated online. Six counsellors approached the researcher within the time frame allocated for calling participants (3 months). Most of the participants were females (n=5). The age range varied in between 20 to 60. Three individuals were in their 50-60s, one of them in their 40-50s, one of them in their 30-40s, and the last one in their 20-30s. Five of these individuals were White British, and one of them had European

background. The years of experience working as a counsellor greatly varied, ranging from 1 to 15 years (M= 5.16 years). The mean value of their online experience was 3.20 years. Most of the individuals were found to utilise goals in their practice, even before the service incorporated the new goals scheme into the system. Even though it has been 7 months since goals scheme was integrated into the system, the mean value of their working experience with goals was 3 years. Participants also varied in their therapeutic model of practice, one having a pure Person-Centred orientation, three of them working interactively, and two of them adopting Pluralistic stance. Figure 12 summarizes these demographical values below.

Gender	5 Females 1 Male
Age range	20-30: 1 individual 30-40: 1 individual 40-50: 1 individual 50-60: 3 individuals
Nationality	5 White-British 1 White-European
Years of therapeutic experience*	M = 5.16 years
Years of therapeutic experience working online*	M = 3.20 years
Years of therapeutic experience working with goals*	M = 3 years
Model of practice	Person-Centred Approach: 1 individual Integrative Approach: 3 individuals Pluralistic Approach: 2 individuals

Figure 12 Sample demographics

The purpose of conducting interviews with the service counsellors was to gather a detailed picture of how practitioners experienced working with goals online, with a reference to its challenges and benefits. This source of data was also hoped to give insight into the ways that counsellors respond to young peoples' needs and expectations from therapy. The rationale for adopting semi-structured interviews was to remain flexible and open to the information the interviewees might provide, while at the same time gathering specific information and insight of the phenomena under

interest (Gilham, 2000). This also meant choosing the medium as the venue of the interviews, recognising the potential significance of the context.

As discussed above, in line with the theoretical philosophical drives of the work, online individual synchronous chat interviews on Skype was preferred over face-to-face interviews or video conferencing. As the research intends to construct a representation of the phenomena of interest, remaining consistent with how the counsellors work on the system (on asynchronous chat means i.e. counselling sessions, and constant Skype team consultations during the shift every counsellor takes over) was essential to keep the narrative safe-guarded. The interviews therefore were structured within the same Skype format that participants utilise in their daily work life, and provided flexibility to the informants in the ways they prefer to communicate with. I agree therefore, with Wolcott (1992) on how research could be seen as an act of posturing in the qualitative research world.

The concept of various interview structures could be viewed as a continuum (Newton, 2010), that any interview can be placed somewhere on the line between structured (set questions) and unstructured (observational) ends. The type of interview that was adopted in current research could be described along the continuum as 'semi-structured', as the questions prepared beforehand only navigated the interview process rather than outlining the structure of it. Indeed, Robson (2002) defines this position as having *"predetermined questions, but the order can be modified based upon the interviewer's perception of what seems most appropriate. Question wording can be changed and explanations given; particular questions which seem inappropriate with a particular interviewee can be omitted, or additional ones added"* (p. 270).

To date, there has been fair amount of interest in online interviewing (Bampton & Cowton, 2002; Callahan & Inckle, 2012; Hanley, 2006, 2012; West & Hanley, 2006). Even though Couper (2001) suggests a direct link between improvements in data collection methods and technological advances, cautions have been raised too. Due to the nature of the medium, researchers attempting online interviewing are advised to take into account the different power dynamics that emerge online (between the researcher and the participants, Robinson, 2001), the lack of visual and vocal cues available in its face-to-face equivalents (Hanley, 2006,

2012), and the possible incompatibility of face-to-face questionnaire structures with e-mail surveying. These dynamics have been taken into account in this study by:

1. Utilising a semi-structured interview protocol, that left room for flexibility on informants' participation to the data (see Appendix A).

2. Conducting the interviews on a Skype chat screen, within the same environment in which counsellors communicate/consult with each other during their Kooth shifts online. Figure 13 illustrates a screenshot of the Skype screen that was utilised.

3. To collaborate with the service manager on assessing the suitability of our target audience through recruitment.

4. Attending face to meetings with the team from the onset of my working experience at the service, and publicising my presence and purpose on assessing routinely collected data, improving service quality, and disseminating service outcomes.

5. Offering compensation to the participants for their time.
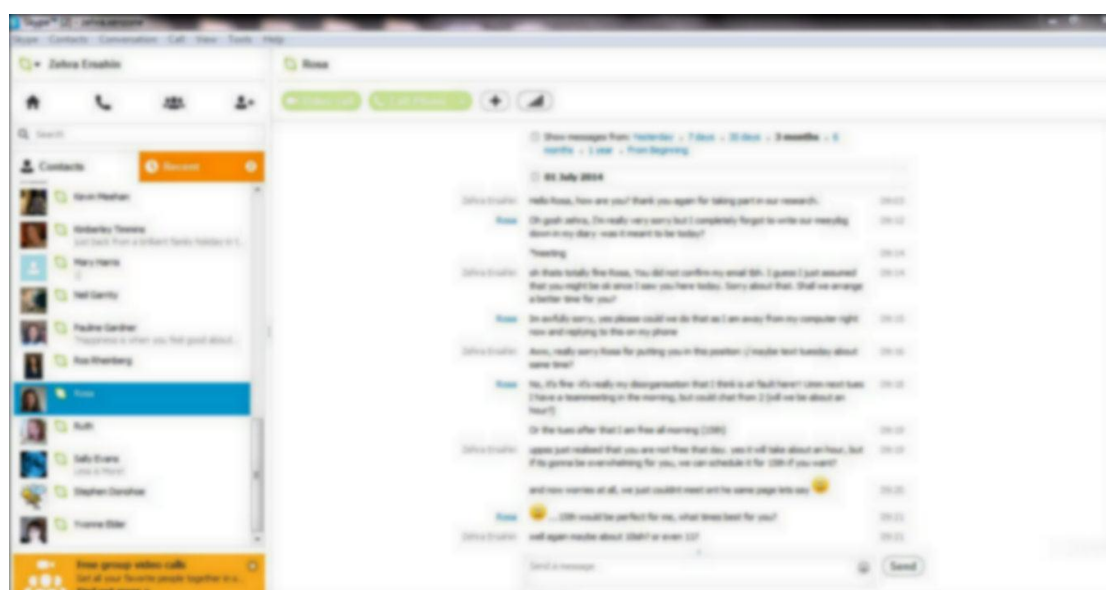
Figure 13 Screenshot of the Skype interface used to conduct the interviews

A group e-mail was sent to the target audience via the internal e-mailing system, with study information sheet and consent form (See Appendix B and C, respectively). Upon receiving six positive responses, with relevant consent forms, further arrangements were made depending on the attendees' availabilities since it was summer time. An interview protocol was prepared and the team member from the service has been consulted on the design (See Appendix A). Synchronous interviews took between 1.5 to 2 hours. Each individual received the transcript of their interview via email for confirmation, with an aim to obtain further consent to proceed with the data. In using the synchronous environment, counsellors were able to utilise their skills in technology, demonstrated by the emoticons, abbreviations, and the speed of typing. During the interviews, both parties were able to clarify the points that were not clear to themselves, and communication easily flowed, apart from one occasion where the researcher's computer froze for a while. In this case, the corresponding participant was familiar with the possible technological glitches one can go through; therefore, we were able to continue from where we left. Here I note that the skills at computer-mediated communication proved useful, fostering the working relationship I had with the interviewees (Hanley, 2012; Marks, Cavanagh, & Gega, 2007). Indeed, the structure of the interviews was commented as flexible, time and cost effective by the participants, and they were happy for me to precede with the interview data.

3.5.3. Qualitative Data Analysis

With the aim of addressing the questions in a complementary model, both sources of data have been analysed utilising the Grounded Theory Methodology (GTM, Glaser & Strauss, 1967). The method and the specific technique that was utilised are introduced next, and the rationale(s) behind adopting the approach is presented before moving onto a step-by-step overview of the data analysis.

3.5.3.1. Grounded Theory Methodology

As noted earlier, both strands of the data were analysed with Grounded Theory Methodology (GTM). The purist stance of GTM was first introduced by Glaser and Strauss (1967), and has since been developed and employed by various researchers including the originators themselves (Glaser, 1978; Rennie, 1994a;

Rennie, Phillips, & Quartaro, 1988; Strauss & Corbin, 1998; see Rennie, 1998a for the use of Grounded Theory in the field of Counselling and Psychotherapy). Even though the model has been interpreted in various ways, the general aim of the GTM remained committed to its origins - simply put to *"build rather than test theory"* (Strauss & Corbin, 1998, p. 13). The intention here is to adopt an inductive approach (bottom-up) to the data, where researcher builds his own model of the phenomena rather than testing out his hypothesis and theories. Therefore, the results of the use of GTM are probability statements on the emerged categories rather than statistically significant probabilities (Glaser, 1998). To safe guard this discovery process, Glaser (1978) suggests that researchers refrain from conducting pre-research literature reviews, taping interviews, or communicating their research ideas to others. Surely, this renders the possibility of an "all is data" rule, where anything during the data collection process becomes *data*; such as seminars, group meetings, conversations with friends, or television shows (Ralph, Birks, & Chapman, 2014). Therefore, researchers who are interested in accurate descriptions are advised to utilise other type of method since GTM's theories often illustrate concepts of a theoretical model. Validity of the results is interpreted outside of traditional scientific terms (see discussions above) by fit, relevance, modifiability, and workability (Glaser, 1978, 1998).

As noted above, since the early 1960s researchers have been attempting to reground the GTM and its applications (Byrant, 2002; Charmaz, 2000, 2006, 2008, Rennie, 2000). David Rennie's use of the theory has led me to choose a particular methodology for the current research project, where I believe a rigorous but also creative engagement with the data could be sustained. More specifically, Rennie's phenomenological conceptualisation of the GTM proposes engagement with methodological hermeneutics, in which the researcher's subjective experiences are acknowledged, rather than claiming that a researcher should alienate himself or herself to the subject matter prior to data retrieval and analysis (Rennie, 2000; Rennie & Fergus, 2006).

Nevertheless, the GTM has also received numerous criticisms. Apart from the discussions around the (im)possibility of adopting a purely empiricist (objective) standpoint, Silverman (2001) argues that the method could be used to legitimize

badly conducted research, claiming objective rigour. Again, thinking about the purpose of qualitative methodologies in both systematic and creative terms (West, 2007), reducing the research material solely to texts might lead to missing the concept of the phenomena of interest (Strauss & Corbin, 1998).

Since current research was influenced by social constructionist and hermeneutic roots, Rennie and Fergus's (2001, 2006) analytical application of the theory, Embodied Grounded Theory (Rennie, 2000), proved a perfect fit as an analysis tool. That is, the 'embodied categorization' procedure (Rennie & Fergus, 2006) to the data requires the researcher to engage with the meanings emphatically, grounded in his/her own body by feeling, visualising or memorizing (Fergus et al., 2011). In this way, according to Rennie and Fergus (2006) *"the articulation is monitored in terms of the felt sense of fit"* (p. 13), where *"subjectivity is drawn on productively"* (p. 22). Moreover, the venue of the research data was posing limitations, of which I had to take account. Text-based online counsellors (as well as the clients) have lack of visual and vocal cues, which, ideally, should be the unspoken parts of the data. Text does not necessarily convey emotions well, which leaves the material open to various interpretations. My concern at this point was adopting the lessons of the research findings pointing out these elements as essential ingredients of establishing a rapport between client and therapist (Ivey & Ivey, 2007; Young, 2005), researcher and the participants (Rennie, 1998a; Watson & Rennie, 1994). Using an embodying approach should allow me to go beyond the text itself and grasp the meanings that are unspoken, considering my involvement with the service and the generated data. The hope here was to identify categories that embrace the meaning of the data that might emerge metaphorically or metonymically, which would give a more in-depth understanding of the phenomena under study. For this reason, the grounded theory proponents have characterized the use of the approach as a position of *methodological hermeneutics* (Rennie, & Fergus, 2006).

However adopting such an approach could also put the current research in danger, since the first strand of the data (self-reported goals of young people) posed secondary data qualities, where the content mostly consisted of sentences independent from each other. Therefore, creating a narrative and a holistic picture of the data could prove challenging. To test this concern, a pilot study was carried out

in collaboration with the partner organisation on a face-to-face goals data set. The goals data were collected at schools and community services during a two months period. To my expectations, the findings around goals were found to be rich enough to complement the current study (Appendix F, see pilot report attached). Even more, the use of the embodied approach proved a better conceptualisation of the data, when compared to the theory that emerged from applying a pure GTM approach (by another member of the team).

3.5.3.2. Application of the Embodied Grounded Theory Approach

At various intervals, both data sets (goals data and the interview transcripts) were analysed by utilising the Embodied GTM technique. Rather than waiting for all data to be collected, the goals data was examined thoroughly until a saturation point was reached (n=1,137), in May and July 2014. The rationale behind this attempt was to get an overview of the goals that would complement the interview data, so that learning from each phase of the research could help the direction of theory development and conceptualization of the data in a coherent manner. As McLeod (2001) argues, then "*...the emerging theoretical framework could be used to sensitise the researcher to the types of issues and areas to be covered in the next interview*" (p. 72) or in this research, the next batch of goals data. Thus, new data that was added to each data set was compared to the existing findings to search for any new categories that might emerge, until all themes seem to have been exhausted from the data.

In order to elucidate a grounded understanding of the data, texts from both strands of data (transcripts and goals data charts) were divided into units of analysis, following Rennie et al.'s (1988) advice, into 'meaning units' (MUs), and were summarized (classified as Codes). All the 'meaning summaries' were then transferred into categories and re-analysed to ensure each category conveyed the essence of the MUs. The creation of categories was facilitated by using the "embodied categorization" procedure mentioned above that captures the unique meaning behind the word itself, and speaks 'aloud' (Rennie & Fergus, 2006). A felt sense of meaning that was present 'in the author's body', searched for meanings, memories, or images with the aim of capturing nuances of the meanings at that

significant moment (Watson & Rennie, 1994) facilitated by my own involvement with the data creation process.

Each code was assigned to as many categories as necessary, until saturation was reached. Commonalities were then interrogated across the categories, creating higher order-categories. This constant comparative process and making use of memos hopefully maintained the theory safe against conceptual drift (Rennie, 2000). Eventually, "two models" were conceptualized - initially separately, giving a hierarchical structure to the properties of the data, and grounded in the lower orders of the conceptualization. At the final stage, attention was placed on whether the central core categories that emerged from two data strands were interacting, and if so, how. In doing so, the subjective nature of this coding process should be noted. As mentioned above, the goal of arriving to an interpretation of the data - a grounded theory of the phenomena of interest reflects a hermeneutic process in this methodology. Strauss and Corbin (1990) point out that a grounded model of a phenomenon could be attributed to three possible category labels:

1. How the researcher sees and interprets things,

2. The theoretical or professional community the researcher belongs to,

3. Everyday language of informants.

They argue that what matters here is to fit together the categories (meaning labels) coherently, congruent with the data. As Glaser (1978) suggests; "*As the analyst gets deep into the data, he discovers that all data can be subsumed as an indicator of some category in the analysis . . . a total saturation occurs: all data fit.*" (p. 56-60). For this reason probably, Denzin and Lincoln (1994b) argue that Grounded theory fits well within a modern social science (systematised and potentially replicable), it is still important for a researcher to reflect on his or her biases and pre-conceptions to maintain sufficient levels of theoretical sensitivity (McLeod, 2001). With an aim of increasing the credibility and validity of the findings, an approach of 'investigator and data triangulation' (Denzin, 1978) was employed throughout the analysis. The method of triangulation employed here adopted Cohen and Manion's (2000) definition of the phenomena: "*an attempt to*

map out, or explain more fully, the richness and complexity of human behaviour by studying it from more than one standpoint" (p. 254).

Thus at the first phase of the data analysis (goals data analysis), the proposer and the collaborator from the service (Aaron) conducted a cross analysis to further classify the emerged concepts and categories around the core model of the goals data. Under the supervision of an independent team member, the categories were discussed until a consensus was reached. During the creation of category labels this process, I believe, safe-guarded the theory by ensuring the involvement of the theoretical or professional community the researcher belongs to, as Strauss and Corbin (1990) emphasise.

Within the second phase of the data analysis (interview data analysis), upon reaching to a grounded model of the data, the participants were emailed on the emerging model, and invited to critique it. The aim here was to ensure the capture a level of consistency that was concordant with the everyday language of the informants - the third point Strauss and Corbin (1990) emphasise for validity checks *"in which respondents are asked to corroborate findings"* (Lincoln & Guba, 1985, p. 313-316). Credibility depends less on sample size compared to the richness of the information gathered, and on the analytical research skills of the researcher (Patton, 1990). Therefore, besides triangulation, another technique for addressing credibility was utilised - in which the segments of the raw data were made available for others to analyse (Lincoln & Guba, 1985).

The final stage of data analysis (utilising different data resources) aimed to enrich the conceptualisation of the phenomena, by directing different lenses. Within this process, emphasis was put on these two different storylines, in search of a coherent and complementary narrative. This meant that concurrent and repetitive analyses were carried out when making sense of the data sets collated. Figure 14 illustrates this process in a diagram.
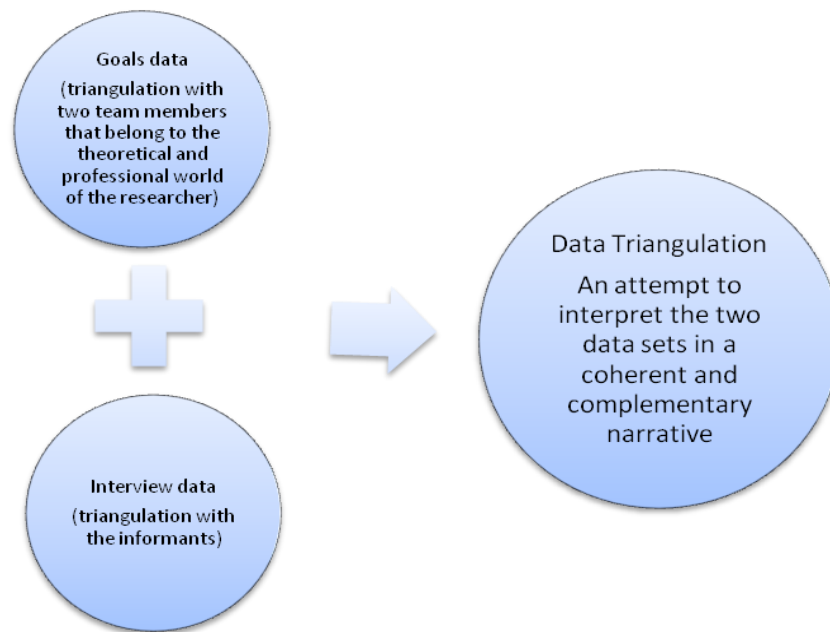
Figure 14 Diagram outlining the triangulation design utilised

3.6. Ethical Considerations

Ethics are defined as being the "*the whole field of moral science*", and ethical behaviour being "*in accordance with the principles of ethics; morally right, honourable, virtuous, and decent*" (The Oxford English Dictionary Online, 2007). Since these are internal to our daily lives, ethical impulses, intuitions and beliefs have been major consideration for science and philosophy for many centuries.

The work undertaken here adheres to the Code of Human Research Ethics developed by British Psychological Society (BPS, 2010) as well as the ethical guidelines of the host organisation (Bond, 2004). In conjunction, these guidelines safeguarded the project in holding a responsible research attitude with regards to acting with the best interest of the informants and avoiding any type of harm (or distress) to them. Although the research questions did not address sensitive information, and partly was sought within secondary data sets, two areas required specific attention:

1. Conducting research on young populations

2. Doing online research

3.6.1. Ethical considerations over conducting research on young populations

There has been an increasing interest in involving young people in research that has been encouraged by the acknowledgement of children's rights (The United Nations Convention on the Rights of the Child, 1989) and these children being active agents in social research rather than being only an object of research projects (Beresford, 1997; Hill, 1997). That is, taking adults' views, acting as proxies for children to learn about their experiences has been acknowledged as inappropriate (Mahon et al., 1996) and this new conceptualisation has led a number of researchers to take this further.

However, researching the experiences of young people raises numerous concerns, mainly around the issues to do with informed consent, power relations, and confidentiality (Kirk, 2007). There is increased awareness that the young people do not have the same power as adults, and that the inequalities exist in everyday life can be easily duplicated in the research process (Harden et al., 2000b). This had led researchers to organize their research processes accordingly with an aim of freeing young people from any constraints or pressure they might feel in being part of the research (Morrow & Richards, 1996). Of course this brings up the issue of taking informed consent from young people, that they understand the aim and the procedures of the study, that they have the capacity to give their consent, and that participation is voluntary with the potential to withdraw at any time they feel uncomfortable (Beresford, 1997). Finally, creating potential risks to the young person through involvement in research has received considerable attention, with cautions placed in research procedures to keep the information confidential and the young person safe (Kirk, 2007).

First, it should be noted that the present research did not have direct access to young people during the data collection period. The goals young people reported were recorded on the system by the counsellors during their interactions, and all the data was made available to me by the support organisation. The data therefore could be treated as secondary data, which was already stripped of any identifiable information such as user names, age or gender. However it was still important to question whether the service contracts with the young users permitted any kind of

making use of the routine evaluation data. The service in question does have a longstanding history on developing their services, through which they have developed their policies. In accordance with policies of the parent organisation, young users were not asked for their consent by the counsellors they were in touch. To avoid any potential risks, even though the names of the young people would be made up, I preferred to strip the data from any identifiable information, to pay our respect to the young people's confidentiality. Thus the study sought permission only from the parental organisation on the use of collated goals data. The related study information sheet as well as the consent form can be found in the Appendix D.

3.6.2. Ethical considerations over conducting research on the internet

As mentioned earlier (see Section 3.5.1), internet mediated research (IMR) comes with ethical issues. BPS ethical guidelines for ethical practice in psychological research online (2007) identify two key dimensions (covering ten areas of ethical consideration) concerning the ethical issues that might rise in IMRs. The first one is the *level of identifiably* which raises cautions around verifying the identity of the participants, obtaining informed consent, how to deal with withdrawal, data protection, and the use of deception/debriefing. Most of these concerns show similarities with the issues that researchers are advised to be mindful of, while researching young samples. The second dimension the guidelines identify is the *level of observation* with regards to the degrees of researcher's control over: the research environment, the consequences (unpleasant emotions) of the study material, safeguarding the anonymity of participants' contribution, the clarity on the distinction between public (website forum) and private spaces (individual's house), and carrying out an adequate debriefing process.

In addition, researchers and practitioners who utilise the online medium are expected to demonstrate relevant technical and practical skills, adhering to the ethical framework for good practice and research guidelines developed by the BACP (Anthony & Goss, 2009; Bond, 2004). Both of these regulatory documents published by BACP and BPS have been useful throughout the construction and data collection of the process, bringing awareness to the potential ethical dilemmas. However, to get more insight into the practical aspects of these resources, those studies that utilised

similar structures for their methodologies, such as Bambling, King, Reid, & Wegner (2008); Hanley (2006, 2009, 2012); Hanley & West (2007); and Nosek, Banaji, & Greenwald (2002) explored. One of the common themes that posed importance in conducting IMRs was to create a safe and workable environment where the participants felt easy with the process. As outlined earlier (see Section 3.5.2.2), the interviewing processes with the counsellors took these points into consideration in the way how they have been arranged (via e-mail as being the main line of their information exchange within the organisation), conducted (via Skype as being the natural part of their conversation with the colleagues), and finalised (debriefing and triangulation design). Moreover, the counsellors were checked on their consents pre and post to interview, and were assured that it was possible to withdraw from the study at any point of time. That I have completed four online projects within the last two years, either with the young people themselves or through my experiences of utilising the medium for therapeutic purpose before, strongly aided this research process, and I felt confident and competent in conducting the research carefully, following all relevant ethical considerations.

Besides all of these ethical potential risks, it was important to note here that conducting an IMR had also proved to have benefits within the process. In my experience, use of the internet aided the recruitment process by providing increased accessibility, offering flexibility around arranging an interview date, data collection, and transcription. For the adult interviewees, they reflected on benefiting from receiving flexible dates for their interviews, the practicality of the interview venue - that they would not need to travel, and the comfort of utilising an every-day use tool (Skype), in which medium they feel at ease.

As a final note, it should be mentioned here that relevant ethical approval was obtained through the University of Manchester Ethical committee prior to the study. Additionally, the ethical approval of the supporting organisation was sought for consent and recommendations on the research process. The relevant forms can be found in Appendix D.

3.7. Chapter Review

This chapter outlines the key elements of the methodology adopted within this work. It begins by outlining the philosophical and epistemological roots of the study. First, experiential phenomenology is introduced to the reader, in which the role of body and feelings in cognition is emphasised (Gendlin, 1991; Rennie & Fergus, 2006). The perspective takes human experience malleable, which informs the hermeneutical mind-set in this study. The philosophical hermeneutics is best understood with 'experience' forming the basis of meaning (Gelven, 1989). Even though this stance poses a subjective viewpoint on creating and interpreting the meaning, the conventional methodological attitude in social sciences allows exploratory activities. With an aim of minimising the subjectivity bias as a source of error, this stance led me to undertake additional activities and procedures during the data collection and analysis stages (i.e. validity and credibility checks), which are further presented later on in the chapter. In providing a focus to this rather flexible view, I have also been guided by the principles of a Social Constructionist mind-set, in which the knowledge is seen as by-product of human choice - that individuals and groups participate in constructing their perceived social reality (Burr, 1995). Thus, from this perspective a study is likely to have an impact upon the society it emerges from.

The pragmatic outlook of the current work contributed to my choice of the research design with an aim to answer the research questions posed in the best way. Along with my theoretical orientation in practising the way that best suits the client, and upon discussions with my supervisor and the host service (considering the audiences for the final product), I have chosen a qualitative approach to conduct the study. After summarising the methods to deal with the critical issues of adopting such an approach, the next half of the chapter overviews the research design in detail.

Although using a combination of data sets created some difficulties in interpreting the findings of any study, the work aimed to treat these two strands as a whole at the end, informing each other. Thus, this section outlines the means of generating and analysing data on online media. Next, the qualitative components (the two strands of the data set) are presented, outlining the process of data collection

before moving onto the particular methodology (Grounded Theory Methodology) utilised in analysing them. Finally, the ethical considerations informing the work are presented, in which a particular attention is given to the issues relating to the participating sample groups.

CHAPTER 4. FINDINGS

4.1. Phase I: Core Categories on the self-articulated youth goals

With the aim of constructing a grounded model of the data, the goals (n=1,137) that young people (n=505) reported were divided into meaning units (MUs), and coded into representative categories. It was essential to categorize each code under a higher category as much as necessary. All the categories were then re-analysed to ensure each category conveyed the essence of each of the MUs (Rennie, 1994a). Following the cross examination, commonalities led to higher order categories, creating an eventual model. This constant comparison across categories potentially safeguarded the analysis as being transparent and grounded. Following the analysis, 83 categories emerged at the bottom of the hierarchy. This process involved analysing 357 MUs, which were referenced 1,254 times during the process of analysis. These categories were than subsumed under 10 higher order categories, and a final model emerged grounded in three overarching core categories that conceptualized these higher order categories. With the aim of providing a brief overview for each core category, the MUs are also summarized in descriptive statistics. Corresponding sections then provide richer analysis of what is meant with these illustrations.

On Meaning and Identity Creation

The goals young people brought into therapy were conceptualized under three overarching core categories- 'intra-personal goals', 'inter-personal goals', and 'goals on *self* relating to (in relation to) others'. In the middle of creating an identity while making sense of their world, young people aimed at working on themselves (intra) as well as on their relationships with significant others (inter). Beside these areas of target however, there were goals young people were interested in that could not be fitted within these categories. This led to the creation of the third category to represent the types of goals in which the clients were interested in working on *Self* in relation to the external world, particularly at issues around significant others. Figure 15 attempts to illustrate these goal categories in action as a mechanism for change in young people's lives.
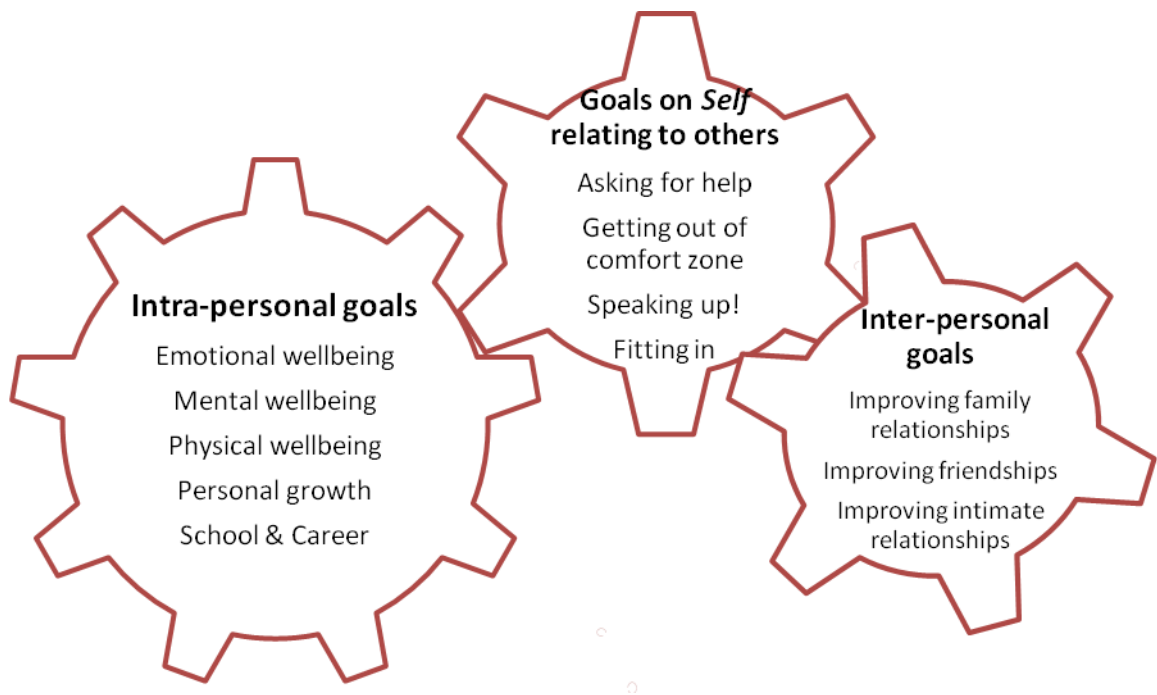
Figure 15 An illustration of the identified overarching goal categories as a mechanism for change in young people's lives

Core categories are discussed below in detail, outlining the higher order categories, and the main properties of each category in a hierarchy. The subheadings also note the number of instances these properties occurred (MUs).

4.1.1. Intra-Personal Goals (760 MUs)

Intra-personal goals refer to the type of goals existing or forming within the individual self or mind, targeting desired within-person consequences in relation to self. Online, young people appeared to form intra-personal goals most frequently, creating the largest core category of the model: 61% of the young clients (n=505) articulated objectives that relate to their internal world, i.e. their emotional and psychological states. This finding aligns with the reasons that bring young people to KOOTH, those who often struggle with face-to-face interactions. The higher order categories of intra-personal goals were identified with goals in relation to 'emotional wellbeing', 'mental wellbeing', 'physical wellbeing', 'personal growth', and 'academia/career'. The constituting properties of each sub-goal can be found in Figure 16.
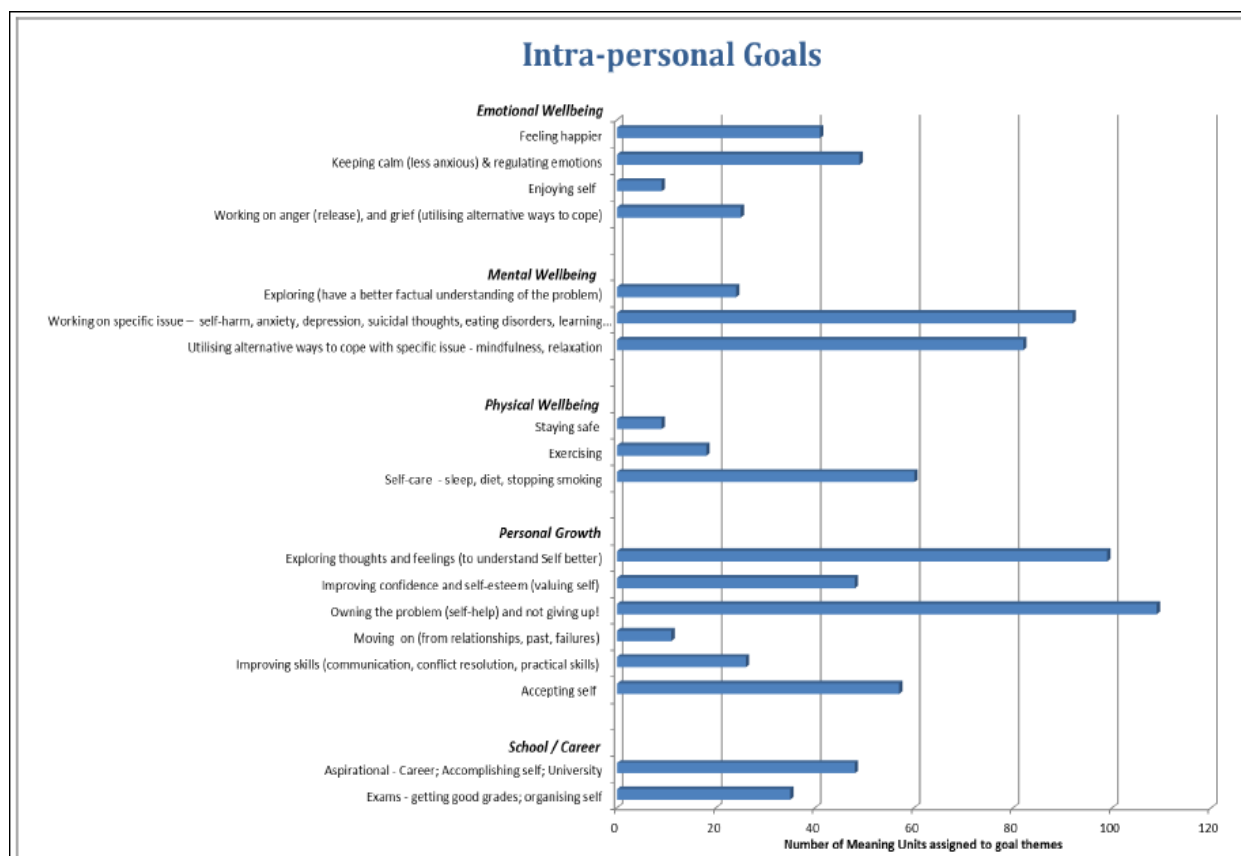
Figure 16 Variance of Intra-personal Goals in proportion

4.1.1.1. Personal Growth (350 MUs)

This category formed the largest higher order category of the intra-personal goals young people reported, with a reference number of 350 (MUs). In particular, the properties of this higher order category identified with *exploring thoughts and feelings* (to understand *self* better - 99 MUs), *owning the problems they have instead of giving up* (taking responsibility over what holds them back from reaching up to their potential - 109 MUs), *improving confidence and self-esteem* (48 MUs), *developing skills* (i.e. communication, conflict resolution, practical - 26 MUs), and *accepting self* (57 MUs).

With regards to accepting self, young people desired to become comfortable being themselves (including sexual identity), be more self-compassionate, more forgiving, and more congruent with themselves. Some of these goals were; "*Wear short sleeves in public*", "*To explore why I feel people don't like me*", "*Process, let*

100

go and move on for a better future", "Identify 5 things that I like about myself",
"Acknowledge that's it's okay to feel sad", and "It's ok to be myself".

4.1.1.2. Emotional Wellbeing (124 MUs)

These goals were about building a positive sense of being where young
people desire to improve the ability to understand and regulate their emotions better,
enjoy life, cope with stress and move forward in positive directions. Specifically, 41
young people reported a desire to feel happier while 49 of them wanted to keep calm
(less anxious) and regulate their emotions. There were 25 references to work on grief
and anger (releasing) with a desire to develop and maintain a sense of *okay*ness.
Examples could be given as follows: "*Control emotions so not crying all the time*",
"*To feel happy and more in control*", "*To manage my moods better*", and "*I wanna
be ok with my mind not let it control me*".

4.1.1.3. Mental Wellbeing (116 MUs)

The goals young people reported in relation to their mental wellbeing formed
the third largest property of intra-personal goals, being referenced 116 times. The
issues young people articulated were *self-harm, anxiety, depression, suicidal
tendency, eating difficulties, obsessive compulsive disorder,* and *learning
disabilities.* Some of these goals were merely associated with exploring the issues
online (self-help websites and documents- 24 MUs) to get a factual understanding of
the problems. Examples could be given as follows: "*Read information on physical
symptoms of anxiety*", and "*To explore why I hurt myself for fun*".

In addition, while some goals targeted an ultimate desire, such as "*stop self-
harming*" (10 MUs), some targeted a more gradual change by utilising alternative
ways to cope with those problems (82 MUs). These ways were identified with
'practising mindfulness and yoga' (14 MUs), 'practising various relaxation
exercises' (38 MUs), and 'utilising narrative work' such as keeping a diary or
writing a letter (30MUs). Examples could be given as follow; "*Write or draw
feelings instead of self-harming*", "*Practise safe place visualisation, and tapping to
control suicidal feelings*", and "*Go for a walk to help lift depression*".

4.1.1.4. Physical Wellbeing (87MUs)

Some of the intra-personal goals were directly related to the issues to do with physical wellbeing. The properties of this higher order category were identified with 'self-care' (looking after themselves - i.e. sleep hygiene, stopping smoking, having a healthy diet, 60MUs), 'keeping safe and sound' (protecting their body and stay alive, 9MUs) and 'exercising to keep fit' (i.e. walking, running, joining gym, 18 MUs). Here it was crucial to assign goals articulated as 'engaging with exercise' to a relevant higher order category, to decide whether 'exercising' here served a task either for physical health, or as a coping strategy. In other situations, it also posed a straightforward target, for reasons not known to the researcher.

4.1.1.5. School and Career (83 MUs)

The last higher order category of the intra-personal goals constituted the type of goals around academia and career. Specifically young people wanted to work either on their 'aspirations' (48 MUs) or 'improve their grades' (35 MUs). With regards to the aspirational goals, they reported putting plans towards a professional career, pursuing an interest at university, and accomplishing themselves to a fame, success or wealth. Concerning exam related goals, they wanted to get good grades and organise their study time to get better outcomes. The following quotes exemplify some of these:

"Practice online resources one hour a day to pass the RAF test", *"To succeed in school and get a job to secure herself"*, *"Become a good writer like John Green"*, *"I want to be in a band and tour the world"*.

4.1.2. Inter-personal Goals (89 MUs)

Inter-personal goals refer to the types of goals associated with relationship processes, partners or correspondences. The focus here is on working with the relationships in itself rather than working on issues around self or others, 'out there' in the world. The goals under this category seem to be less of a focus of young people coming to the host service. More specifically, young people articulated goals around *improving their relationships with family members*, *friends*, and *significant others* (intimate relationships-boyfriend/girlfriend). The constituting properties of this category can be found in Figure 17.

Figure 17 Variance of Inter-personal goals in proportion

4.1.2.1. Improving relationships with family members (19 MUs)

The goals towards improving relationships with family members such as biological/step parents, siblings, and other relatives constituted the largest property of this category with 19 references. Goals in this category were mostly articulated straight forwardly, with a clear aim of enhancing/fixing the relationship itself. Examples can be given as such; "*eat out with family*", "*get closer to brothers*", "*to have a serious chat with mum this week*", "*talk/text to bothers everyday*". Notably, those goals with a clear reference to the young person himself/herself (i.e. *test the waters with elder sister for getting support*) or in relation to other dynamics in his/her life (i.e. *speak to mum and dad about putting fan in bedroom*) are categorized under different categories below. The rationales for doing so are also outlined in relevant sections.

4.1.2.2. Improving relationships with friends (55 MUs)

The categorization of goals around friendships proved more complex compared to the ones in relation to friends or a social circle. While some of the goals directly targeted improving a friendship(s) they already have, others aimed at working through bullying/cyber-bullying to find a comfortable place in their social circle other than shying away. Examples could be given as follows: "*Talk to Harry about their friend Charlotte*", "*Speak with friends about valuing their friendships*",

"Deactivate facebook from a bully", *"React differently to his friends' bullying"*, and *"Get rid of the bullies who take the piss out of me"*.

4.1.2.3. Improving intimate relationships (15 MUs)

Goals in this category proved to be less prevalent than other subcategories, targeting work around intimate relationships with significant others. These goals reflected a desire to somewhat resolve an issue with boyfriend/girlfriend, to improve the relationship. Examples follow: *"To have a better relation with girlfriend"*, *"Text boyfriend when phone is fixed"*, *"Talk to gf regarding his hurt feelings around her comments"*. Again, even though some goals targeted getting in contact with the intimate one, the focus was not in the relationship in itself, as in; *"Spend more time with friends that are good for her"*, *"Chat to gf how he feels, write down first"*, and *"Get boyfriend to massage feet to help relax"*.

4.1.3. Goals on Self relating to Others (357 MUs)

During the analysis, there were those goals that did not fall under both intra-personal and inter-personal goal categories. These goals were focussed upon intra-personal change with specific reference to the external world. This category constituted 29.6% of the goals data. The properties of this category were identified with 'getting help' (it is okay to get help - 155 MUs), 'challenging behaviours' (getting out of comfort zone - 51 MUs), 'communicating *self* better to others' (speaking up - 94 MUs), and 'fitting in' (within the external world - 57 MUs). Notably, the subcategory of 'getting help' accounted for a 44% of the goals in this category (i.e. 'self-help goals', or 'owning the problem'). The constituting properties of each goal type can be found in Figure 18.

Figure 18 Variance of '*Self* relating to Others' Goals in proportion

4.1.3.1. Asking for help (It is okay to get help!) (155 MUs)

Three types of properties constituted this category, one being 'seeking health assessment (from a GP, nurse, or psychiatrist, 48 MUs)', second 'connecting to a support network (of family, friends, teachers, tutors, or pastoral care workers)' on the matters they want help from (97 MUs), and third 'accessing professional help of a therapist' (10 MUs). Following examples illustrate this category: "*To ring Brook for pregnancy test at clinic*", "*Speak to head of year about CAMHS referral again*", "*Ask tutors for more support to improve my grade*".

4.1.3.2. Getting out of comfort zone (Challenging behaviour)(51MUs)

These goals were articulated in relation to challenge a present behaviour associated with others. That is, young people wanted to 'be resilient' (against bullies/negative people - 7 MUs), 'be assertive in their relationships' (say NO appropriately - 6MUs), 'set boundaries' (6 MUs), and 'commit to the sessions' (32 MUs). Following quotes exemplify these properties: "*Come back to chat*", "*Stay off*

facebook for few days until more settled", "*To learn to live with brother's Aspergers*", "*Stop saying sorry, change to respect*".

4.1.3.3. Speak up! (Communicating Self Better)(94 MUs)

Some of the goals young people reported were more about communicating/expressing themselves better rather than opening up to their support network with an aim to get help. The focus here was on 'getting things off their chest', and try to be open about what is bothering them. Some of these goals were; "*Consider what to say to ex boyfriend's accusations*", "*Let someone know who he has strong feelings for*", "*Share with her friend how upset she is*", "*To talk thing through and get them off my chest*".

4.1.3.4. Fitting in (in relation to significant others)

These goals were reported with a significant focus on young peoples' desire to fit in the external world. In particular, young people wanted to 'feel comfortable in relationships' with others surrounding them, to 'accept others' and 'be accepted by others' and 'attend to significant others' needs'. Some of these goals were: "*Look after granma who has early dementia*", "*To be comfortable making and keeping relationships*", "*Succeed and be a good person to keep grandpa proud*".

A consecutive summary of this section can be found in Figure 19, below:

Overarching Category	Sub Categories	Themes	MUs	Illustrative User-generated goals
Intra-personal Goals	Personal Growth	exploring thoughts and feelings	99	*"To explore why I feel people don't like me"*
		owning the problem	109	*"Wear short sleeves in public"*
		improving confidence and self-esteem	48	*"Process, let go and move on for a better future"*
		improving and developing skills for life	26	*"Identify 5 things that I like about myself"*
		accepting self	57	*"Acknowledge that it's okay to feel sad"*
	Emotional Wellbeing	feeling happier	41	*"Control emotions so not crying all the time"*
		keeping calm (less anxious) & regulating emotions	49	*"To feel happy and more in control"* *"To manage my moods better"*
		working on anger, and grief (utilising alternative ways to cope)	25	*"I wanna be ok with my mind not let it control me"* *"Give permission myself for a shopping day with mum"*
		enjoying self	9	
	Mental Wellbeing	exploring (have a better factual understanding of the mental health problem- various)	24	*"Read information on physical symptoms of anxiety"* *"To explore why I hurt myself for fun"* *"Write or draw feelings instead of self-harming"*
		work on self-harm, anxiety, depression, suicidal tendency, eating difficulties, obsessive compulsive disorder, and learning disabilities by utilising a coping strategy (mindfulness & yoga, relaxation exercises, narrative work)	92	*"Practise safe place visualisation, to control suicidal feelings"* *"Go for a walk often to help lift depression".*
	Physical Wellbeing	self-care (i.e. sleep hygiene, stopping smoking, heaving a healthy diet)	60	*"Walk home from school for exercise"* *"Wear longer skirts/ trousers to school"* *"Start jogging at weekends"*
		exercising to keep fit	18	*"Drop a size from 12 to 10 by eating healthy"* *"To shower and dress every day"*
		keeping safe	9	
	School/Career	aspirational (pursuing an interest at university, planning on a professional career, accomplish self to a fame, success, wealth)	48	*"Practice online resources one hour a day to pass the RAF test"* *"To succeed in school and get a job to secure myself"* *"Become a good writer like John Green"* *"I want to be in a band and tour the world".*
		exams (getting organised & getting good grades)	35	
Inter-personal Goals	Improving relationships	improving relationships with family members	19	*"Eat out with family"* *"Improve relationships with family and friends"*
		improving relationships with friends	55	*"To have a better relation with girlfriend"*
		improving relationships with significant others (boyfriend/girlfriend)	15	*"Get closer to brothers"*
Goals on Self relating to Others	Getting help (it is okay to get help)	seeking health assessment (GP, nurse, psychiatrist)	48	*"To ring brook for pregnancy test at clinic"* *"Speak to head of year about Camhs referral again"*
		connecting to support network (family, friends, teachers, tutors, pastoral care)	97	*"Transfer from Kooth to face to face counselling"* *"Ask tutors for more support to improve my grade"*
		accessing f2f counselling services	10	*"Get through difficult day by coming online"*
	Getting out of comfort zone (Challenging behaviours)	being resilient (against bullies/negative people)	7	*"Come back to chat next Monday, 8pm"* *"Stay off Facebook for few days until more settled"*
		being assertive in relationships	6	*"To learn to live with brother's Aspergers"*
		setting boundaries	6	*"Stop saying sorry, change to respect"* *"Practice to bat back insulting remarks"*
		committing to therapy (and thus wellbeing)	32	
	Speaking up (communicating self better to others)	expressing self better and more open to significant others	84	*"To talk to my girlfriend about hurt feelings"* *"Let someone know who I have strong feelings for"*
		get things out of my chest	10	*"To talk things through and get them off my chest"*
	Fitting in (in external world)	feeling comfortable in relationships	23	*"Look after granma who has early dementia"* *"To be comfortable making and keeping relationships"*
		Working on being accepted	27	*"Succeed and be a good person to keep grandpa proud"*
		attending to needs of family members and friends	7	

Figure 19 A consecutive summaries of self-articulated youth goals in online counselling

4.2. Phase II: Core Categories on the experience of working with goals as a core component of online youth therapy

With the aim of constructing a grounded model of the data, the same analytical procedure, which was applied to the goals data, was also followed for the interview data (see Section 4.1.1.). Through the analysis, 40 categories emerged at the bottom of the hierarchy. This process involved analysing 178 MUs, which were referenced 317 times in total during the process of analysis. These categories were than subsumed under 10 higher order categories, and finally a model emerged grounded in four core categories that conceptualized the higher order categories.

In the final round, the analyses led to four core-categories: (1) 'the impact of goals as an ingredient of the online therapeutic work' (145MUs), (2) 'the effect of virtual environment working towards goals' (90 MUs), (3) 'key themes around youth goals' (50 MUs), and (4) 'the evolution of a practitioner's therapeutic identity' (32 MUs). Figure 20 illustrates the model with its core components. Core categories are detailed below, outlining the higher order categories, and the main properties of each category in a hierarchy.
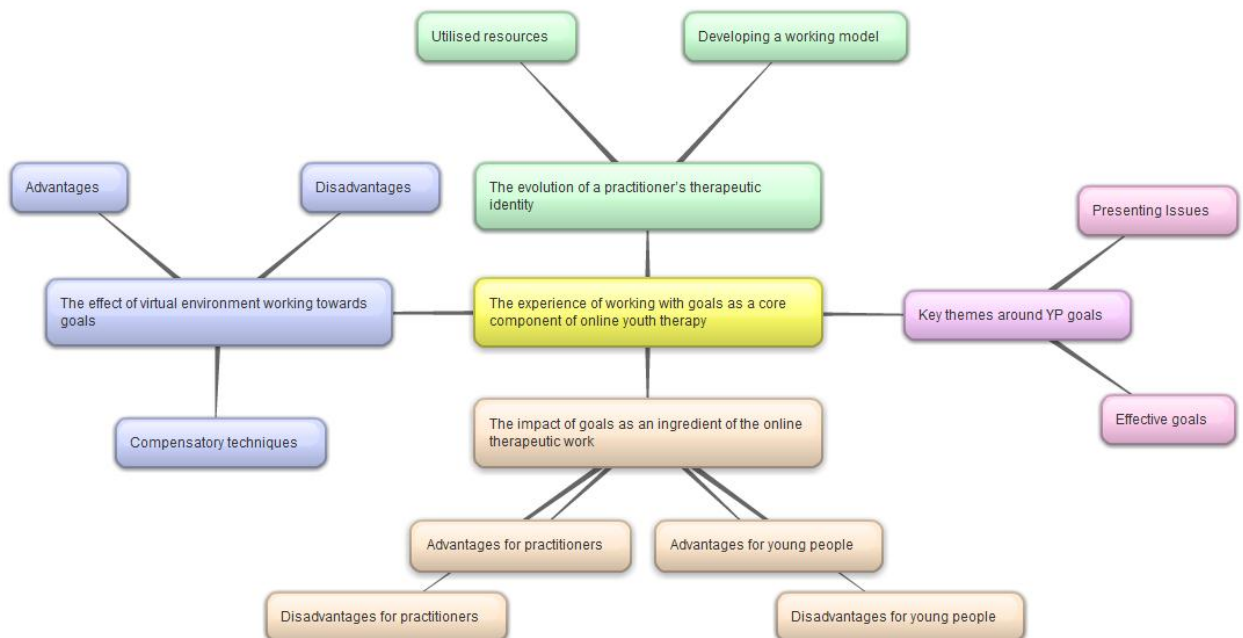
Figure 20 A mind-map of the practitioner experiences model illustrating the four core categories and higher order categories

Before I start, it is important to remind the reader of the language practitioners used - when necessary, refer to .

4.2.1. The impact of goals as an ingredient of the online therapeutic work

The largest core category from the analysis revealed itself as 'the impact of the goals as an ingredient of online therapeutic work' with 145 references. This category conceptualizes the positive and negative experiences of online youth therapists on utilising goals as an integral part of the therapy. Their views on what young users experience within the process are also outlined below, underlying the interacting patterns affecting both parties mutually.

4.2.1.1. Properties of the subcategory: 'Advantages for practitioners'

Practitioners expressed a positive attitude towards CoGs in general. Firstly, CoGs provided a useful assessment tool in reflecting on the progress of young people through the therapeutic course. The benefit here proved itself to be useful when it came to assessing the progress of the young person and reflect on therapist's input. In the process, agreeing on goals was found to bring consistency and structure to the sessions, by facilitating further exploration that eventually brings focus to the specific issues. On another level, goals were found to compensate for some of the disadvantages of the online medium (i.e. conflict of power, online disinhibition, lack of visual, vocal, and verbal cues) by anchoring those young people who came across emotionally distant, ambivalent towards the therapist or the course of therapy (i.e. leaving and entering chat room repeatedly). The following statement gives insight into this property:

> "*I think that for some clients, a goal can be agreed without them needing to see it as being a 'goal' as such (i.e. to speak to mum etc etc). We (as a service) need to have it identified as a goal and that it has been achieved as part of the evidence-based practice ethos*" (N).

Another practitioner (G) emphasized how goals anchored some of her clients who need some healthy boundaries in their lives, which in turn helped her to provide continuous-focused support on a more regular basis. On a more individual level,

some of the therapists mentioned how goals opened their minds beyond classic ways of working from a PC (Person-Centred) model. The use of goals was suggested as a means to balance the power differential between counsellor and client, where counsellors struggle with tuning their tone/ways of texting over the physical distance, being mindful of the need for a sensitive and sensible approach. In this regard, the present goal scheme eased the reservations around being unethical while working online, allowing the practitioner to become more involved and courageous in their initiatives within the sessions. G expressed her experience of evolving to a more sensitive level, stating;

> *"Goals can be very powerful, and still be used sensitively, without reducing down your practice, providing that they are used appropriately".*

Finally, some practitioners reflected on the long-term benefits, at an organisational level, as follows;

> *"As for the organisation, having an 'evidence base' is key to any approach or business and allows ppl to clearly 'see' what works and what doesn't and of course...'why' it works."* (N).

4.2.1.2. Properties of the subcategory: 'Advantages for the young people'

Besides their own positive experiences, practitioners' views on the benefits young people experience from the goals work were largely similar. Regardless of the nuances and individual differences I will outline later on, practitioners suggested goals were to be seen as an integral part of life, particularly during adolescence, not just therapy- that life in itself is about aiming and pursuing goals. On a very basic level, goals were referred to as a means of breaking through the 'emotional clog' young people experience in their daily lives. The term 'clog' here was defined as the feeling of 'not knowing' on what to do with their emotions, and physical and social needs/problems. Goal setting therefore was a starting point in clarifying the actual problem(s) that are perceived to be prioritised. By bringing focus onto the primary needs, goals were thought to *"give an aim to what seem like a large expanse of problems"* (N). The following quote exemplifies this property as follows:

"I think it clarifies for them in a real and tangible way what the actual problems are and how they can work with that. If they are just stuck with this overwhelming emotional experience that they don't know what to do with...and then you can kinda chunk it down with/for them...to break it up into something that they can see and actually do something with." (G).

Next, there came the benefits of 'working with/towards a goal' during the course of therapy. It was suggested that goals were taken as a challenge, striving to test/change something, by those young people who are not taken seriously or who felt unheard in different parts of their lives. Therefore, in the long run, working towards achievable goals was empowering for the young person, and potentially contributed to their identity formation by bringing some structure to their lives. From another perspective, this was also seen to introduce a structure to the course of therapy, especially for those who may not know what to expect from therapy. Given this goal setting, sessions were experienced as evolving around 'a focus' rather than simply just exploration. A practitioner made this point as follows:

"Therapy that is all about exploration (only) can feel 'pointless' to some types of people" (B).

In addition, goals were suggested to support and reinforce change, by simply concretising the outcome of 'feeling better' on the inbuilt progress charts. As an outcome measure, goals gave evidence as to what they achieved, which could be taken away not only as an outcome but also as a skill to be utilised in future when needed. One of the practitioner's experience of using both YP-Core and CoGS simultaneously, was in allying with the latter, given that it meant more to the young person, rather than answering all of the generic questions.

Finally, goals were suggested to counteract some of the hindrances of the online medium by introducing a sense of structure to the floating space (black hole effect), and anchoring/grounding young people in the 'here and now'. From a drop-in perspective, for those young people who are not interested in regular contact, goals were found to facilitate their transition to structured therapy. With the setting of goals, different practitioners were able to take over from where the young person

left their previous chat. The following quote summarizes some of these properties nicely:

"I find goals useful and powerful. Online I have seen big turnarounds in YPs attitudes in a one hour chat. Goals can help to focus, challenge, support, reinforce the therapy/change that is occurring" (B).

In sum, counsellors viewed the advantage of setting goals as follows:

a. anchoring both the practitioner and young person on air by easing the 'black hole' experience;

b. positioning both the young users and counsellors in therapy in a way that feels more tangible and continuous;

c. giving them a means to 'chase each other'.

4.2.1.3. Properties of the subcategory: 'Disadvantages for practitioners'

Goals did not only bring advantages to the course of therapy. Starting with the practitioners' experiences, even though the benefits they have encountered outnumbered the hindrances (37 MUs), there were significant references on how goals were not suitable or sufficient in particular conditions (17 MUs).

Firstly, the analysis revealed practitioners to be challenged with balancing the agenda when there were goals to be reviewed, with the entire agenda a young person brings to a session. In that goals were sometimes experienced as difficult to incorporate, especially when there are other outcome measures to be considered (i.e. YPCore). The following quote from a practitioner gives more insight into this theme:

"… We have set a few goals, but it hasn't worked so well for her... it's felt at times, like it's more for me/for the service than her… like you prob already know, during an hour online there's time for less exchanges back and forth than during f2f, because of the time spent waiting while the other types (slower than talking) - so the time feels a lot more precious and a little bit more pressured sometimes, to cover enough ground - or go as far as the yp would like during the hour… (or as far as i would like, or for me to check

out as much as i would like eg safeguarding, while leaving the balance for the yp to go where they want to too)" (R).

Secondly, there were times practitioners felt restrained as the service implemented the goals as a working model into the system. Therefore, utilising goals as an integral part of therapy was experienced as daunting, formal and inorganic at times, bringing feelings of being forced, put in a box, prescribed, and threatened on their perceived competence.

Lastly, the use of goals challenged the work with those young people who: (a) prefer drop in chats, using the service for occasional offload, (b) come with vague or very general presenting issues, (c) experience difficulties around a loss, bereavement, existential issues, or in crisis. The following statement exemplifies these problems:

> *"... the flipside of this is when they struggle to acknowledge the changes (eg with a couple of yp, the change in them has been really visible to me, and to their teachers sometimes too - but they really find it hard to trust in the change and so are reluctant to move the cog – the goals along. When this happens my ego finds this quite hard to deal with!"* (R).

4.2.1.4. Properties of the subcategory: Disadvantages for young people

In contrast, goals being an 'integral part of therapy' did also bring some apparent disadvantages to the therapeutic work counsellors did with some young people. These mostly aligned with their own experiences of working with those young people who presented very challenging or difficult issues. In general, goals were viewed as becoming 'a barrier' and 'irrelevant' for those young people who:

    a. present bereavement, or existential issues,

    b. just want to get stuff 'off their chest',

    c. are deep thinkers and into exploratory work,

    d. do not trust in change and feel stuck in their circumstances

    e. are not motivated enough to work towards a goal(s),

f. do not see the point in it therefore not willing to cooperate.

The following quotes illustrate these issues:

"You do get YP's that have 'tried' everything... relaxation technique..."I've tried that" ... Exercise..."I've tried that"... you know, the interventions get rejected... they are almost the opposite to 'wanting answers'. They are low, I guess on motivation" (A).

"... but sometimes, the flip side is, that it can feel a little bit like it can get in the way, and break up the flow to check in with goals, especially when it's more something I feel the need to do - to keep the goals going - rather than something the young person is motivated to do (as there are times when a YP loses interest in them once the relationship is established and there's lots they want to talk about!" (R).

From another perspective, goals were viewed as a potential threat to some young clients, which could add another failure to clients' list of pitfalls. Namely, some young people were found to struggle with moving towards a goal, when the circumstances they are in are emotionally disabling. Practitioner B explained his view on this as follows:

"It has to be in relation to the client, for their benefit and with their uninfluenced consent... if not, the client may even 'fail' - I am aware I do not like 'fail' - a client may not achieve the goal more or less on purpose i.e. the issues the client is dealing with may give rise to self fulfilling prophecy".

4.2.2. The effect of virtual environment working towards goals

The analysis revealed the second largest core category to be 'the effect of virtual environment working towards goals', with 90 references. Category conceptualizations included (a) the advantages and (b) the disadvantages online media brings in while practitioners work towards a goal(s) with young clients. The last property of this category included 'compensatory techniques' which practitioners utilized with the aim of manoeuvring the 'disadvantages' of their virtual working environment when working with/towards goals. Their views on the

114

necessary skills a practitioner must/should/could/would has are also outlined below with corresponding quotations from the interviews.

4.2.2.1. The advantages online medium brings into goals work

Surprisingly, practitioners took a relatively long time in answering the question about the expanding or promoting effects of online media on working towards a goal. Most of the comments dwelt on the 'inhibiting' factors or 'the skills to utilise online', but sometimes their experiences of the advantages were quite limited. Even though this category or 'property' received only 5 references, it is important to outline them here.

First and most frequently, practitioners agreed on the fact that the 'advantages of the web' is a developing concept for both young clients and counsellors. Amongst millions of various websites (both damaging and beneficial), young people have, so to speak 'bare feet', and have to learn how to tread their way cautiously in navigating their way through the World Wide Web. In the middle of all of this, the host organisation was viewed as serving as a safe place for those feeling lost, lonely, or invisible. In that sense some young people were perceived to be keen or enthusiastic in working towards a goal where they felt safe, empowered, 'not seen' but still 'heard'. Therefore, some practitioners thought that the 'emotional proximity' enabled many of those young people who experienced difficult emotions (i.e. shame, disgust, hopelessness) to open up to their real issues, thanks to the online disinhibition effect. In turn, this was thought to promote goal setting that held SMART attributes. However they also emphasized that this could not be taken as a general rule of thumb, that every young person is a unique individual. The following quote gives some insight into this concept;

> "Hmm... I'm sitting here comparing it to f2f work. I'm not sure it does either really. It feels like it's about the person and their expectations of therapy. Some of them come to therapy expecting to have some 'tasks' or 'homework' set with their therapist. They almost want you to 'push' them on...and would be disappointed if you didn't. Others simply want 'someone to be there' in their hour of need... have we got some evidence of online environments inhibiting or promoting goals?... I think the online environment can promote

very negative behaviours amongst yp's in general...but I'm not sure about the positive stuff… I guess it does in a way...as we are always banging on about them coming to a 'safe' online environment...and they get that. And they come here to support and encourage each other. So... I guess, we are working towards YP's recognising the places online that are either promoting or inhibiting...and responding accordingly" (G).

On the other hand, N commented on how he found online goals work to be more neat and tidy when he reflected on his experiences working with goals both on face-to-face and online media. His corresponding views are:

"I think that it has been mixed and again, a very individual thing. I think it works better online as its much more tidy and has a lot more clarity to it… online is much better than f2f in my experience. The tool can be seen as being 'like school work' for some yppl and whipping out 'another form' can be daunting for some yppl and there lack of interest can be quite palpable at times. The younger female clients have been more amenable to doing the COGS but whether that is a 'pleasing the therapist' kind of thing or not, I don't know. Also, from a counsellor's point of view, I would like to see the online COGS have a calender attached to it so that the dates of input can be varied (atm if I input data from a session on Monday, it will read as todays date)".

4.2.2.1. The disadvantages online medium brings into goals work

In comparison to the aforementioned advantages, online media was sometimes viewed as inhibiting goals work in general, with 19 references. Almost all of the practitioners viewed online goals work as often 'clunky' and time consuming in comparison to face-to-face work. The perceived reasons for this were outlined above, under the category of 'disadvantages of goals as an ingredient of online work'. The following statement of a practitioner exemplifies this further:

"I think it can make it trickier - can feel quite clunky and take about quite a lot of the chat time offering it as something to do, explaining/answering questions about it, and then checking in with it... it feels a lot more fluid thing to do f2f" (R).

Other counteracting factors were pooled around the physical/emotional proximity online medium naturally allows. That is, practitioners experienced the online proximity empowering young clients to be more relaxed and therefore less focused on their goals, in comparison to their face-to-face equivalents. Even though establishing goals was found to be challenging with some young people, with others it was referred to as an easily focussed on a starting point. This online relationship was also thought to lead to 'less ownership', and 'remoteness' when it came to work towards a goal(s). One practitioner attributed this to the time lag, lack of emotional proximity and intermittent nature of the service contact, which attracts those young people who are reluctant to move towards a structured aim. In that sense, comparable face-to-face goals work was seen as more tangible compared to its online equivalents. The following quote exemplifies this:

"Yes, I'm not sure I have much more to add... I just find it easier f2f, as, not only does it fit into the session more fluidly, but also the yp can mark on the paper themselves, which sometmes feels significant. eg one time, the yp wanted to work from the outside in on the cog, as she felt that symbolised better her journey (in coming closer to herself and becoming more complete and whole inwardly). I think there can be sometime quite poignant sometimes about the yp colouring in the steps themselves, and even naming the goal themselves in their own writing (although sometimes they still want me to write it f2f)" (R).

On the other hand, one practitioner viewed the goals work to be not very much affected by the nature of virtual space. His online work was challenged only on a collaborative level, which he explained further as follows:

"I think that the need and importance of a goal is necessary for all concerned really. I think that online is no different from f2f in that aspect. If the goal of eg. 'to see GP' etc etc is defined, the need for it to occur is as valid online as it is in f2f. It can sometimes be difficult for some goals to be entirely collaborative (esp if the client does not 'see' the value of the goal as a therapist may see it) but again, this can apply to f2f work also" (N).

4.2.2.3. The compensatory techniques utilised in aiding online goals work

This 'property' pooled the skills/strategies practitioners utilised to help with the communication of goals in the online environment with 61 comments included in this property. The analysis revealed that the strategies served two aims: (a) to tackle the inhibiting nature of the virtual environment, and (b) foster advantages in their goal oriented approach to therapy.

Firstly, all practitioners agreed on goals to be utilised as an add-on to online therapy, not a medicine that could be prescribed for everyone. Goals were thought to be best used when they were tailored to the individual needs of the young person, even if that meant, in the end, 'not setting a goal' at the end of it. There was an emphasis on the very reasons young people come online, and practitioners were cautious over violating their rights to 'be' rather than 'do', if that is what they wanted at that point of time. The skills in aligning with this understanding were utilised at different stages of therapy, starting with the introduction of goals, followed by goal setting, goal tracking, and the final evaluation.

At the initial stage, practitioners all agreed that 'goals scheme' should not be introduced early on, until the practitioner gets a glimpse of the needs that the young person is articulating. The skills/strategies practitioners utilised during this stage were;

- Practitioners should let the goal(s) emerge in time with careful, attention-driven exploration;

- Goals must be kept natural in a way that blends into the session which will come across less formally;

- A goal(s) can be proposed when the young person starts circling or comes back to an issue several times;

- When an idea forms in the practitioner's mind over the main issues, the goal(s) can be proposed sensitively, at a time when the young person seems to be articulating the implicit goal;

- Statements such as "*mmm that sounds like a goal we could work towards*", or "*'what is it you would really like from this counselling - shall we set some goals now at the beginning that we can work towards over the course*", or "*shall we make that into a goal*" could be used as a starting point;

- Practitioners should remember and remind young clients that they have a choice in the matter of goals, that it is not a test and they will not be marked;

- Goals are to be set if only they are relevant, realistic, beneficial and clearly consented to.

The following statement exemplifies this theme or 'property':

"... then I feel that I should facilitate that, not kinda force them down a treatment plan that they weren't signing up for. Which I don't to be honest. Again...I trust my own judgement on this...I go with the client. This is very much about getting to know and explore the client's expectations of counselling in the early stages.... people have such differing ideas of what therapy entails." (G).

During the course of therapy;

- Open, gentle, and authentic communication on goals is a must on virtual space, where lack of visual and vocal cues can easily lead to relationship ruptures, and misunderstandings;

- Explicit collaboration on the set goal is essential working towards a goal where the young person feels supported and empowered (rather than lonely, facing a blank screen);

- Goals can be part of the agenda, only after the practitioner hears the young person's own agenda for the session (the host organization created an interface where the goal charts could be opened on the chat screen for the YP to see);

- Setbacks should be allowed during the course of therapy, when the goal seems to shift or young person's priorities/circumstances are changed;

- Emphasis should be kept on what the young person is achieving, even if it is not significant, rather than on failures. That is, practitioners should not expect their client to achieve perfection. Here, the significance of therapeutic alliance was emphasized as the special ingredient of online therapy that hears out the client's needs as well as his or her means to achieve goals, on an empathic and compassionate level;

- Practitioners should be monitoring the process on a regular basis, using the goals to support and develop the process rather than waiting for the young person to fail at the end. This could be achieved starting with breaking down the goals accordingly, when the young person's progress signals caution. The following statement of N gives more insight into this understanding:

"*I think that 'presenting issues' may be more problematic as a barrier to goal-setting. A depressed client can find it difficult to see the value of a goal, which is why the therapist must constantly reflect on what is working and what isn't and so breaking down goals so that a client can 'see' them and see it as being an achievement can be really important in the process of both improving a client's well-being and also, in defining other goals to work on too*".

At the final stage of evaluating/interpreting goal outcomes, practitioners emphasized the importance of:

- Gentle exploration of failure (if that is the case) is essential considering the lack of live cues, which could easily alienate the young person. Here, it was emphasized again that the client is the priority, regardless of the outcomes. Indeed, "*if not handled sensitively, the goals itself may even come across as a barrier to the therapy as the client may feel that the issue is the 'goal' and not the 'individual'*" (G)*;*

- Practitioners should share the responsibility of the goal outcomes, whether it's a success or failure, where the practitioner should already be reflecting on his input and therapeutic skills along the progress. As B suggested; "*Obviously care should be taken in interpreting the goal results. Some big*

goal some small. However, what may be big for one could be small for another. One goal may be a huge benefit for one YP and a little for another. But if things are positive (who says if they are?) then it has to be good".

Finally, it was also suggested (by a practitioner who practices on both face-to-face and online) that the nature of the online environment would/should not matter providing that the practitioner is competent enough, and developed the right skills that are outlined above.

4.2.3. Key themes around online youth goals

The third largest category consisted of: (a) the key themes around the goals young people form in online therapy in relation to the presenting issues they declare; and (b) the properties of effective goals with regards to the type of presenting issue, varying perhaps by age, or gender. These subcategories are further outlined below with corresponding examples.

4.2.3.1. The goals young people articulate in online therapy

The current 'property' gives insight into the practitioner views on the common goal themes, with 30 references. A basic thematic analysis supported earlier findings that are outlined above, pooling under the same three main categories, that are 'intra-personal goals', 'inter-personal goals' and 'goals on *self* relating to others'.

Practitioners in this thematic property viewed the inter-personal goals to be based on 'family issues', 'bullying', and 'dysfunctional relationships with significant others'. The intra-personal goals were reported to form around the work in relation to: 'improving confidence and self-esteem', 'understanding the *self* better', 'work on mental health issues - mostly on depression and anxiety', 'feeling happier', 'feeling less stressed and chilled out', 'work on counteractive/unhelpful coping strategies such as self-harm, drug abuse', 'owning the problem encountered/committing to therapy'. Lastly, the 'goals on *self* relating to others' were suggested to be around 'stepping out of comfort zone', 'reaching out for help' and 'communicating *self* better to others'.

4.2.3.2. Effective goals

This sub-category outlines the practitioner views on the properties of effective goals as an ingredient of the online youth therapy, with 31 references.

Neither age nor gender was found to mediate the outcome of the set goals. All practitioners agreed that 'motivated' and 'dedicated' clients achieved their goals quicker and with fewer struggles regardless of their age or gender. However, it was also identified by respondents that some younger clients did better on succeeding their goals, since their expectations from therapy did match with goal oriented/focused work. In contrast older clients were experienced at bringing more explorative issues that did challenge the structured nature of goals work. R reasoned her views as follows:

> *"Definitely age/presenting issues make a difference. Older clients will often use counselling in a more pure way.. talking, exploring...not necessarily aiming for anything...other than to feel better and understand themselves better. Younger clients like something more directive (expect even?) and will take to the idea of getting 'better' by doing something. And it is easier in general (from a practitioner point of view) to target a YP's behaviour. They can 'change' behaviour easier than changing their thoughts or feelings quite often".*

With this in mind, short-term (therapy) goals were seen to be more effective than both long-term goals (life goals), and immediate goals. In that, the course of therapy did not give much room to the young person to make big moves on long-term goals while also dealing with either immediate or short term goals. On the other hand, even though the immediate goals were achieved fairly quickly, the outcomes were not necessarily persistent or durable. Therefore, goals that require short-term action were viewed as having the potential to bring the optimum outcome.

Another view practitioners all agreed unanimously was the necessity and importance of conveying the core conditions (i.e. unconditional positive regard, warmth, creating a safe environment) and the trusting therapeutic relationship a practitioner needed to establish. This view was voiced by N and A as follows:

"The communication process and a client feeling welcomed, warmth and safe when in chat are all key aspects is encouraging and defining goal-setting in my view" (N).

"On how this relates to training, is that I have at times felt the core conditions of person centred counselling are utilised more... but again, it can depend on the complexity or even speed of the YP's dialogue" (A).

To summarise, there was an agreement on the idea that the 'doing' type of personalities, who were more action oriented, motivated and prioritizing change, were more amenable to work on goals and potentially succeeded in providing what they felt was a sensitive, safe and non-judgemental approach.

4.2.4. The evolution of a practitioner's therapeutic identity

The last category from the analysis revealed itself within the concept of 'the evolution of a practitioner's therapeutic identity', in which he or she moves beyond core training, creating his or her own therapeutic model. The properties of this category were pooled around two subcategories: (a) developing a working model and (b) utilised resources. These subcategories with their properties are outlined next.

4.2.4.1. Developing a working model/moving beyond core training

With 14 references, this subcategory reflected the self-development practitioners have gone through with the implementation of the CoGS into the working model of the host service. There were mixed views on whether the experience was a positive or negative one. However most agreed that their skills have been emerging/developing the more they spend time on site. To some, goals work was already a part of their face-to-face practice. Utilising this approach as an ingredient of the online work did not challenge them to the extent that it did others, who did not have the goal-oriented approach to therapy. They welcomed the new goals framework, viewing it as a tool that kept their work focused, neat and outcome oriented. This was regarded as developing their skills in utilising goals, since they were testing their default skills in a completely different environment. Practitioner G and N explained their experiences as follow;

"As I say, goals are synonymous with therapy and are an ever-present aspect of the work. Again, prior to counselling, the nursing world exits and works due to the need of relevant and appropriate goal-setting and so awareness and knowledge of outcomes and measures etc are things I find quite interesting" (N).

"My initial training was Person-Centred so this is a shift to practice really from early training, but as I said... my core model has shifted naturally over time and become more "me" as my confidence as a practitioner has grown" (G).

Facing technological challenges online, those practitioners who did not use goals as part of their common practice found CoGS work challenging. It was apparent that the additional goals work sometimes clashed with their core model of training, where they had to find a middle ground in leaving their 'comfort zone'. In that middle ground, the terminology did not matter to them, or how others adapted their approaches to the new framework. It only mattered where it concerned their self-development as a practitioner. Eventually, some viewed goals as being only relevant for research purposes, while others adapted it into their working styles, calling it 'something else' on the same continuum with their model of practice. Practitioner B's statement gives some insight into the concept outlined here:

*"**B:** Why cant aims be on the person centred continuum?*

Interviewer: *how do u mean?*

B: *CBT - homework. PCA - client led. Never the twain shall meet. Let all the nations and tribes within nations work together. Despite NICE one size does not fit all. I have no problem as a PCA worker applying different parts of other approaches into my practice or in signposting to other modalities if they have been shown to be more appropriate. Its good but it's another way to call it".*

4.2.4.2. Utilised resources

With 18 references, the second subcategory was more about the resources practitioners utilised to aid their practice, once they started to work with the CoGS.

The helpful resources pooled around: (a) the experiential group training they received prior to the transition period; (b) further reading they did on goals; and (c) the on-going training whenever the need arose. Concerning the group training, it was thought that some chat practice on various case scenarios with other practitioners on the training site would prove helpful. However, they all agreed on the need for personal reading and timely practice. Practitioners did further reading on their own, and came back to the trainers with questions on the matters they found confusing or misleading. Extra training sessions, both face-to-face and on the on-site messaging board, were viewed helpful and essential to the process. The following statement of the practitioner C sheds light into this property accordingly:

> *"My core model of training was integrative which fits very much with working with goals... I think the initial training was enough to start with, however as with every type of training, you need more reading if you want to integrate into your practice... prior to the transition, I used to read about goals in Cooper's book anyways. However with the group training, it led me read more and I still take a look when I struggle... its endless I guess and I like it that way, so my practice evolves".*

Besides contemplating on what worked well, practitioners also made some suggestions on 'what could/can work well'. These were:

- *"A discussion and tip-sharing time with others, around what was found helpful facilitating an easy use of the cogs, and what has hindered in each other's' experience"* (R).

- *"To have some examples in there from the out. On the site for people to see...or copy! To give them some ideas"* (G).
- *"Showing multiple case studies and exploring how the process works from assessment to goal setting - to achieving the goal is important in developing ppl's awareness and understanding of anything (esp when it seems new etc)"* (N).

4.3. Perspectives of the Young People on Board

Assuming it would be useful to bring young people's voice into our conceptualisation, I will also give room to what young people thought about CoGS in place. The views below were derived from a drop in session hosted on a live web forum. Examples follow, in which young users mostly emphasise the importance of taking ownership of a goal(s):

"The counsellors always support you when you try to get there, you get this really good feeling when you achieve them."

"The counsellors give you some ideas of the goals you could work on, and when you have a giant problem and turn it into little ones and work on them one by one the big problem doesn't seem so bad."

"Setting goals for myself means I can help myself and not rely on anyone else! I think it really good so everyone can help other people and they can set their own goals!"

"It's something to work towards, to feel like you have achieved something."

"If you dont do it in time, the counsellors make you feel better about it. They just set it again with another deadline or they alter it a bit so it's easier to do. They always make sure you dont feel bad. They tell you it's alright!"

"I think it's a good way of managing things – breaking things down into bitesize chunks."

4.4. Chapter Review

The present chapter outlines a synthesis of the data sets gathered during this research project. Both of the data sets proved rich enough to draw meaningful conclusions, for the phenomena under review. In addition, the qualitative methodology adopted in analysing the data proved useful in extracting a grounded model of the work. While Section 4.1 gave a systematic insight into the types of therapy goals young people articulated in online therapy (in answering Research

Question 1); Section 4.2 successfully answered the Research Questions 2 and 3, by providing rich feedback on the practice of goals in online youth therapy. Finally, for the purpose of complementing the data presented, user voices echoing the findings (particularly from the interview data) are briefly presented in Section 4.3. In the following section, I move on to discuss these findings in greater depth.

CHAPTER 5. DISCUSSION

Introduction

"'Would you tell me, please, which way I ought to go from here?'

'That depends a good deal on where you want to get to' said the Cat.

`I don't much care where--' said Alice.

`Then it doesn't matter which way you go,' said the Cat.

`--so long as I get somewhere,' Alice added as an explanation.

`Oh, you're sure to do that,' said the Cat, `if you only walk long enough.'"

Lewis Carroll, Alice in Wonderland, 1865, 1872

This chapter aims to review the findings of the current work with regards to the aforementioned contemporary literature. In doing so, in an area of regular technical and procedural updating and advancement, it aims to follow a train of thought to discuss some major points of the work at hand. Although others may identify alternative areas of significance, this approach aims to keep the narrative coherent and constructivist in much the same way that Lewis Carroll points out, above. I acknowledge the limits to this section: thus, regarding the area under interest that has been developing slowly but steadily. This chapter is divided into sections: (1) Therapeutic goals in online youth therapy, (2) Practice of goals on synchronous means of therapy, (3) Methodological discussion, (4) Limitations and future directions for research, (5) Implications and recommendations for practitioners and service providers (6) Personal reflection, (7) Conclusion.

With regards to the research questions at hand, the first two sections start with examining the therapy goals young people bring online, and reflects upon the nature of these goals within the bigger picture of adolescence and the internet. Further comparisons are made in relation to the taxonomy of goals developed in traditional services. In doing so, it aims to reflect upon question one:

1.   What type of goals do young people identify working towards in online therapy?

This phase is also viewed as a major factor in how the course of online youth therapy develops, with young people's drives and goals/aims for using the service having an impact on the relational endeavour that develops with the practitioner. Within the third section, the ways online counsellors engage with therapeutic goals online is specifically addressed, and a working model is advanced. Such discussion therefore relates to the second and third research questions identified:

2.   How do counsellors experience getting young people to articulate their goals in online therapy?

3.   How do counsellors' experience supporting young people in working towards their therapeutic goals?

The issues to do with the online goals system (CoGS) that young people and practitioners have with the Kooth service are therefore reviewed in these sections. Upon these contemplations on the subject matter, the fourth section focuses on the major methodological issues during conducting the project with regards to the Embodied Grounded Theory approach of the study, and conducting online research. The strengths and weaknesses of the research, with potential future directions are outlined in section five. The next section then contemplates the implications these findings may have for the online youth practitioners and makes recommendations to the service in question, and service providers in general. Then room is given to my personal reflections on the research.

5.1. Therapeutic goals in online youth therapy

This section reflects upon the findings related to the goals young people bring online. The discussion points revolve around following questions; "What type of goals do young people identify in working towards in online therapy?"; "Is there any difference between online and face-to-face articulated goals (that are prevalent in existing literature)?"; "Are those goal taxonomies that are already in use within traditional services applicable for young clientele online?".

5.1.1. Discussion Point I- Online versus Face-to-face Therapy Goals

The current research aimed to identify what type of goals young people articulated when accessing online therapy. It is evident from the findings of the

work, which the breadth of the goals articulated is wide ranging. These goals were identified as a key way of addressing the areas upon inter-personal change, intra-personal change and goals on *self* relating to others. At first glance, these findings resonate with therapeutic goal taxonomies that are prevalent in the literature on working with young people, particularly with regards to the content and frequency of the key themes (Bradley et al., 2013; Rupani et al., 2014). Where this differed is in the current additional category identified, 'goals on *self* relating to others'. Here, by means of utilizing an embodied grounded methodology analysis to the data, some of the goals stand out from both intra-personal and inter-personal goals. For instance, Bradley et al.'s (2013) 'inter-personal goals' with regards to *reaching out for help* would be classified under the category of 'goals on *self* relating to others' in my emerging taxonomy. Here, it is argued that the focus is not upon the relationship in itself, but more upon intra-personal change with specific reference to the external world, and significant others. In line with the adopted definition of adolescence in current work (see for a brief overview); adolescence itself is driven by developmental goals, in between childhood and adulthood. The "*young person must move from dependency to independence, autonomy and maturity... from being part of a family group to being part of a peer group and to standing alone as an adult*" (Geldard & Geldard, 2002, p. 2). Thinking that, it is arguable that some of the goals young people bring into therapy are not just about the outer world, or inner world, but are those goals that aim to bridge these two worlds while the young person tries to find his or her own stance within others' world. 'Reaching out for help' for instance, could be interpreted in this light, for a young person to work their inner conflicts to reach out and let the outer world step into their personal space.

In another example, when a young person articulates a therapy goal, such as "*Stay, succeed and be a good person to keep grandpa proud",* I suggest that the motive here is multidimensional. That is, the young person strives to improve or keep his relationship with his grandpa on a satisfactory level, but the way in which the goal is articulated also gives insight into the young person's aim to succeed and improve himself to achieve this ultimate goal. Some of the extracts from the research journal I utilised give credence to the notion of embodied categorising here:

"This does not <u>feel</u> as if it is all about his grandpa here! MU- multiple connotations; as if he is trying to relate to grandpa by achieving a dream; to be/stand by his side- as a <u>proud individual</u>. I feel pride swelling in my chest…".

Some might argue that 'staying and succeeding' or 'being a good person' could also be interpreted as tasks or methods to achieve the outcome of keeping his grandpa proud. Here, this young person's frame of reference does not only rely on what might be his grandpa's expectations of him, but also how the young person interprets it in his internal frame of reference (Reid & Westergaard, 2011). All this is being said, it is not claimed here that the current taxonomy of goals proves superior to any other; however future work may wish to reflect upon the utility of this additional component.

When considering the split between online and face-to-face goals (that are prevalent in the contemporary research literature), it is notable that the goals divide in a similar manner, at first glance, to those identified in the present research. The major difference revolves around the 'goals on *self* relating to others' category once again: thus some 30 percent of the goals were noted in this category, as well as in the online sample (see Table 1 for further details). Beside the earlier interpretations around the adolescence framework, such a difference might also be attributable to the online setting in which young people may utilise the medium as a first point of call for accessing support (i.e. Gray et al., 2005; Marks, Cavanagh, & Gega, 2007). For instance, a large number of these goals were articulated with a reference to accessing support from other available services, like GPs, school nurse, even a parent (i.e. *Speak to head of year about Camhs referral again"*, see Figure 19 for an overview). Given the aforementioned documented advantages of accessing online therapy in the literature (see Section 2.5.), the young users here may be utilising the service as a first contact point, such as this as a means of psychological triage, getting support while gathering information related to further support.

Table 1: Table outlining the percentage split of Meaning Units goals related to the Core Categories

Core Category	% of MUs Online (count)

Intra-personal goals	63% (760)
Goals on Self relating to others	29.6% (357)
Inter-personal goals	7.4% (89)

Even though another batch of goals data was collated from young people accessing face-to-face therapy at Kooth, the current project did not attempt to utilise those findings in this work. Thus, for the purpose of the current work, all discussions could only offer some insights into the differences in the articulated goal concepts in between two mediums, rather than arriving at definite conclusions.

At first glance, the similarity between the general breakdown of the online and face-to-face goals (i.e. Bradley et al, 2013; Rupani et al., 2014) might challenge previous views that online counselling attracts different client groups, with a wide range of levels of distress and - often more complex - needs (i.e. Callahan & Inckle, 2012; Sefi & Hanley, 2012). However in examining lower levels of the abstraction within this study, more nuanced trends did appear to surface (see Table 2, 3, and 4).

Table 2: Table outlining the percentage split of Meaning Units related to the intra-personal goal types

Subcategory	% of MUs Online (count)
Personal growth	46.1% (350)
Emotional wellbeing	16.3% (124)
Mental wellbeing	15.3% (116)
Physical wellbeing	11.4% (87)
School & Career	10.9% (83)

Table 3: Table outlining the percentage split of Meaning Units related to the inter-personal goal types

Subcategory	% of MUs Online (count)

Improving relationships with friends	61.8% (55)
Improving relationships with family	21.3% (19)
Improving intimate relationships	16.9% (15)

Table 4: Table outlining the percentage split of Meaning Units goals related to the goals on *Self* relating to others

Subcategory	% of MUs Online (count)
Asking for help (and getting help)	43.4% (155)
Speaking up (communicate self better)	94% (26.3)
Fitting in (in relation to significant others)	16% (57)
Getting out of comfort zone (challenging behaviour)	14.3% (51)

When considering the breakdown within the subcategories, there are a couple of issues which deserve attention.

Compared to similar studies in face-to-face settings (Bradley et al., 2013; Rupani et al., 2014), the current analysis noted a similar trend, in that the majority of the intra-personal goals were *personal growth* goals (46.1%). What is in contrast is the number of these personal growth goals that account for 'improving self-esteem and confidence (48 MUs)', and 'accepting self (57 MUs)', and the dominance of two other key themes of 'owning the problem (109 MUs)' and 'exploring thoughts and feelings (99 MUs)'. The nature of adolescence might bring some insight into such searches for help and advice. During the developmental stage of adolescence, one of the tasks young people have to achieve is that of gaining independence (Geldard & Geldard, 2002; Hanley et al., 2014). Owning a goal can thus be interpreted as a life goal - in which the young person learns how to take responsibility for decisions and actions in life that will also help achieve those goals set in therapy. In that sense, a

primary step towards becoming less dependent on others (i.e. family, friends) for a young person is to understand himself or herself better (Cooper & McLeod, 2011). To achieve that task (here taken as a *goal*), the current sample seems to utilise the method of exploring thoughts and feelings. Such a task, comparable to taking responsibility in life, would be more of an achievable goal within the course of therapy.

Whereas the face-to-face sample in Rupani et al.'s (2014) study features only 2.51% of the goals to be around 'making sense of personal history' (which was not clearly defined in their research). Again, even though Bradley et al.'s (2013) study gives a more definite explanation concerning the notion by defining one of the major categories as "personal growth and functioning: understanding and improving self" (p. 16), the subcategory of "thinking about me and understanding my past" does not feature as a significant theme clearly enough to make comparisons with current research findings. Here, the common prevalence of these two goal types was corroborated by anecdotal evidence (derived from the interviews with therapists who worked with the same young sample online; see Section 4.2.3.1.), and this ties in with the notion of the online medium allowing greater transparency and exploration. Therapists reflect how some young people, particularly the older users, use the service as a first contact point in which they explore their thoughts, feelings, and issues, as if they are in a reality check. However, more studies held in different online settings, providing different levels of support are needed to corroborate such findings.

Most of the variance however was noted within the interpersonal category. Interestingly, a majority of the issues presented online accounted for *improving relationships with friends* (61.8%), whilst the face-to-face sample accessed by Rupani et al.'s (2014) study brought more family oriented goals (n=19 versus n=12). In the bigger picture, the inter-personal goals in the current study featured the least frequent major category within the whole taxonomy (7.4%), whereas Rupani et al.'s (2014) goal sample featured 15.58% prevalence. Once again, a comparison with Bradley et al.'s (2013) findings proves difficult, without the frequency orders of the major goal categories. At this point, the observed difference warrants further research with comparable variables. On the other hand, it is notable that only few issues relating to intimate relationships were discussed face-to-face in both sample

groups. Such a finding may reflect the safety young people report in being online (King et al., 2006a, 2006b; Hanley, 2009; 2012) - a factor that could be explained by the concept of dissociative anonymity (Suler, 2004). Suler (2004) suggests some individuals self-disclose or act more frequently or intensively online, than they would do in person. He reasons that this effect is associated with six factors that the online environment offers: dissociative anonymity (concealment of identity), asynchronicity (magical suspension of time), solipsistic introjections (perceived introjections or assimilation of the other), dissociative imagination (online persona in a make-believe dimension), minimization of authority (elevated self-power and position), and invisibility (concealment of body language). The current sample might have articulated goals around intimate relationships since they had the opportunity to separate their actions, persona, body image, perceived power, identity, and life-style online (from in-person equivalents), feeling less vulnerable about self-disclosing and acting out.

Notably, the current sample distinctively differed from Maher and Barbrack's (1984) findings on therapy goals of young people in school settings. The most common academic oriented goals (i.e. improving their grades, or study skills) and inter-personal goals (improving relationships with others) in their findings were less prevalent in current findings, particularly when compared to intra-personal goals within the current data. Such a finding is not surprising, given the developmental stage young people are in, and the areas they are expected to attain successfully may not be limited within school or career domains. Beside the factors discussed above, it is also notable here that current sample utilised 505 participants across a broader age range.

Within the current research's major category of 'goals on *self* relating to others', differences were observed. Besides the fact that this major category is not prevalent in the face-to-face samples (i.e. Bradley et al., 2013; Rupani et al., 2014); some of the sub-goals in previous studies are noted under different categories, mostly under a single category of *interpersonal/relationship goal*. One of current sub-goal categories is *fitting in*, in which the young person targets a change in himself in his approach to the external world of others. The difference comes in the way that the goals are articulated, noting the young person's frame of reference in constructing his goal. For instance, the difference is notable in comparing a goal of

135

"to be comfortable making and keeping relationships" and "to improve relationships with family and friends". While the former goal aims to improve confidence in approaching relationships, the latter one's focus is on improving the relationships in itself. The primary difference however within this category is *asking for help* (and getting help, 38.2%), in which young people aim to seek and access help from others, with regards to issues about *self,* such as getting a pregnancy test or transferring into face-to-face therapeutic services. Again, while Bradley et al.'s (2013) sample captures this sub-category under the theme of "relationship/interpersonal goals", there are no relevant codes in Rupani et al.'s (2014) sample. As noted above, such a phenomenon might be related to adolescent's help seeking behaviour patterns (Gray et al., 2005). It also supports the idea that for those individuals the online world can act as a mediator for connecting and accessing, rather than escaping from support (Wolak, Mitchell, & Finkelhor, 2003). It is also notable here that given the pro-active nature of 'use' expressed in these goals, such a process might also echo the findings in literature in which young people experience a shift of power, from counsellor to client (Hanley, 2011; King et al., 2006a, 2006b; Suler, 2002, 2004).

Without drawing any definite conclusions, these points provide numerous areas to complement our understanding of the way that young people use not only online services, but also the unspoken nature of face-to-face communication in traditional counselling services. Furthermore, these might prove helpful to consider further standardisation so that studies can be compared (i.e. in a development of the work of Rupani et al., 2014). A medium & developmental stage specific taxonomy could prove more predictive and accurate results for assessment and establishment of therapeutic purposes in responding to the needs of young people online.

5.1.2. Discussion Point II. Adult versus youth goals

When compared to documented adult goals in therapy (BIT-T, Grosse-Holtford & Grawe, 2002; Duncan, 2006; see also Rupani et al., 2014), again current coding aligns with the BIT-T categories, in *coping with specific problems and symptoms*, *interpersonal goals*, *wellbeing and functioning*, and *personal growth goals*. The difference that the current sample captured online in comparison to face-to-face samples identified further variations. The major difference observed in this

study is the lack of 'existential issues' and 'somatic problems' - that often appear relatively later in life. It would be reasonable to suggest that the need for discussing *existential needs* is replaced here with *exploring self and issues* category. As discussed above, young people seek normality in what they perceive, while constantly dealing with the societal pressure on how to think and function 'normally'. Practitioner views (in this study) echo this, reflecting on how young people strive to feel 'normal' in a more explicit manner online. However, the process of attainment of such goals may take longer online, starting with (1) contacting the online service; (2) articulating what bothers them in a safe, confidential yet (emotionally and physically) distant environment; (3) exploration; (4) juggling different emotions and issues; (5) goal articulation and movement (either online or into face-to-face therapy). Thus, even though this might look similar to this encountered with adult clients, the conflicts in adolescence focus more on issues to do with self-identity (Nurmi, 1993, 2001), rather than existential needs or somatic problems. In line with this, research suggests that young users (Mean age=13.15 years) bring more daily life issues, and prefer phone line over online chat in comparison to older users (Mean age=14.77 years) (Callahan & Inckle, 2012).

5.1.3. Discussion Point III- Goal Consensus: Who defines the goal?

An important area for consideration here is that the practitioner voices in current research corroborated the goal themes young people articulated for themselves. Interviews mostly echoed goals data, emphasising the common prevalence of intra-personal goals, particularly *personal growth* and *emotional wellbeing* goals, among young users coming online. Such a consensus between therapist and clients challenges some of the earlier findings of Cooper (2009, 2013) and Hill et al. (2011), where school counsellors' perspectives on the issues young people present with were found to differ from earlier findings of Duncan (2006) and latter findings of Rupani et al.'s (2014). That is, while counsellors identified 'issues with self-confidence and self-worth' to be less prevalent (10%) amongst their young clients in earlier studies (i.e. Cooper, 2009), young people in Rupani et al.'s study reported over 40% of the goals to be relevant to 'self-worth and confidence'.

Again, such a finding might reflect the safety that young people feel within a more anonymous environment, where they are more status congruent and pro-active

in the relationship - a factor that may be linked to the disinhibition effect in online communication (Suler, 2002, 2004) as discussed above. However, Suler (2004) also reminds that a disinhibited presentation online should not be thought "*as revealing of an underlying true self*", but a "*shift to a constellation within self-structure, involving clusters of affect and cognition that differ from the in-person constellation*" (p. 321). Notably, this factor could be missed easily by the practitioners, if not sought in conversation with the young person on what they wanted to do around the issue they presented with. The young person could see the solution of an issue with a significant other in focusing either on their self-as-a-concept (intra), in a relational dynamic (inter), or self-in-the-other-context (*self* relating to others). This might also explain the reported discrepancies between school counsellors' and students' perception of the presenting problems young people bring into counselling (Cooper, 2009, 2013).

In this, the importance of goal consensus in therapy finds support, suggesting the communication of client goals to be an essential ingredient of therapeutic endeavour (i.e. Shirk & Carver, 2011; Tryon & Winograd, 2002). Therapist voices in this study echo this understanding, where the therapist invites the young person to articulate their goals coming in, and work collaboratively on clarifying, prioritising, and proceeding with these goals. With this in mind, the next section focuses on therapist experiences of working with goals online, from goal introduction to assessment, as a compulsory ingredient of online therapeutic work the host service offered during the data collection process. In this section, the reader can find more insight into the discussion point raised here.

5.2. Working with goals in online youth counselling

5.2.1. Goal Consensus in therapy and the therapist factors

Current findings on therapist dynamics (retrieved from interviews) shed some light into the inner workings of working with/towards goals in online therapeutic encounters. So far, it is well documented that *goal consensus* and *collaboration* are amongst one of the four demonstrably effective general elements of the therapeutic relationships (see APA Division 29 Task Force findings, Norcross & Lambert, 2011) - in which clinicians are suggested and expected to "*begin to*

develop consensus at intake, verbally attend to patient problems, address topics of importance to patients, resonate to patient attributions of blame regarding their problems, and frequently discuss or re-evaluate goals" (p. 1).

However, not only the client dynamics (Hanley, 2004; Markus & Nurius, 1986; Nurmi, 2001; Stein, Roeser & Markus, 1998) but also therapist dynamics interfere with goal setting processes. Therapists are naturally influenced not only by their own theoretical stance but also by societal and professional norms. As discussed in [Section 2.2](#) in detail, therapy in itself is value-laden (Tjeltveit, 1999), in which goals are formulated in a certain society at a certain time. Providing that there is asymmetry in human relations determined by the societal actions that can be chosen, the cultural resources individuals have access to in order to construct a position through which these resources are expressed may differ between the therapist and the client (Harre, 2002, 2012). Eventually this might create tension within the practitioner trying to maintain a position of knowing better (paternalism, see Harre, 2012) or alternatively maintaining client autonomy when identifying and setting goals in therapy (Keenan, 2010). As discussed earlier, providing that a collaborative take on goals is achieved, successful outcomes from therapy can be expected (Norcross, 2011). This means that the client needs a space to exert his agency in the discourse. However, the inevitable paternalism that exists in traditional face-to-face therapy (Harre, 2012) due to the overarching discourse that positions the therapist as an expert, can be problematic (Hanley, 2009). Even if the therapist may not want to impose goals on the client, his position is linked with his storyline of being a therapist (i.e. orientation) and would suggest an extensive set of negotiable goals for the client (Emiliussen & Wagoner, 2013). Indeed, even allowing the client to choose their own goal rests on an ethical framework, a liberal individualism (Tjeltveit, 2006), this might lead expectations to clash.

In order to overcome these difficulties in goal setting, Tjeltveit (1999), and Hawley and Weisz (2003) suggest the therapist should respect client's choice of goals regardless of their clinical judgement on the key presenting issues. From a consumer perspective Hawley and Welsz (2003) argue that therapists are under obligation towards their clients and have an obligation " … *to treat the problems for which clients seeking help and, where therapy participants have differing views, to*

work with them to reach consensus before beginning treatment" (p. 68). However, not all clients necessarily know what they want from therapy or life in general (Cooper & McLeod, 2011; Hanley, Sefi, & Ersahin, 2016). It is questionable therefore whether the only way to set a goal involves a directive, or paternalistic mode or mind-set. Research on goal consensus reveals that intrinsic goals (driven by clients' own intrinsic motivations) lead to more efficient goal-oriented behaviour within therapy and have more favourable therapy outcomes (Locke & Latham, 2002; Michalak, Klappheck, & Kosfelder, 2004).

When we put the online medium into this equation, the issue of authority and power takes a different dimension, when working with goals. The absence of authority cues, invisibility, and dissociative anonymity shift the power dynamics online, reducing the impact in favour of the young users (Hanley, 2012; Suler, 2004). Discussed below are the practitioner experiences that shed some light into the dynamics of such work that offers some similarities and differences when face-to-face and online models are compared.

One of the major concepts which has emerged from the interviews was an emphasis on the necessity of medium-specific therapy transaction. Goals were suggested to build on the online therapy mode, in which the skills can be translated into the practitioner's own working style. This is very much in line with contemporary research findings (Hanley, 2006), and existing practitioner guidelines and online ethical frameworks (Anthony & Jamieson, 2005). It is notable however that there has also been acknowledgment of goals as part of the human experience in a world that actors in the psychotherapy diad experience. This is in support by Emiliussen and Wagoner's (2013) arguments on the interference of therapist worldview in therapy. It could be suggested therefore, that therapist responsiveness starts there, with practising what is preached, which helps attaining the attributes that truly distinguish excellence and mastery in clinical practice (Kottler & Carlson, 2014).

In the big picture, a shared understanding of what the client wants from therapy falls in line with the therapist responsiveness literature on evidence-based therapy relationships (Norcross, 2010, 2014). Indeed, cognitive match on treatment goals may be more predictive of session impact and certain treatment outcomes.

Further, the findings may help explain why clients matched on ethnicity with their therapists tend to stay longer in treatment and do better in psychotherapy (Zane et al., 2005). At a place where both parties bring themselves into the human endeavour that we call psychotherapy, cultivating a powerful relationship that is tailored for each distinctive patient and each unique dyadic relationship, would therefore require the therapist to attend to their client's goals and values before and beyond their own psychological needs, motivations and stance in life (Cooper & McLeod, 2011).

In line with this understanding, there is (or should be) a consensus on goals not to be prescribed like a medicine to masses. Instead, the emphasis has been on tailoring the therapy on an individual basis, prioritising the client's need for accessing and staying with the service. The rationale behind this has been twofold. First, young users often needed 'a safe space' and 'therapist presence' before *thinking* or *discussing what they wanted from therapy*. For some, therapy was all about that. And certainly, online therapy did not necessarily manifest itself in the same way that traditional face-to-face therapy builds. The young clients utilised the service at a crisis point, and offloading or just being with someone was often their only goal at that first time of access. Practitioners were found to respect their client's rights of wanting to 'be' rather than 'do'. Secondly, the empowered client needed more of a gentle approach online than those who would be seen face-to-face. Imposing an idea, even if that was introducing the idea of setting a goal, was experienced as a turn-off by some users. The fact that young users could just drop off the chat screen encouraged therapists to develop skills accordingly. These skills aligning with this understanding proved to be consistent during the whole therapy course, from beginning to the end. Due to the nature of the service, practitioners in the current study reflected on developing their own way of working with goals, albeit within a common theme of 'careful, attention-driven, explorative, natural, blended (into the session), sensitive' approach.

The relevant skills online counsellors developed are already presented in the *Findings Chapter* and are elaborated further in the *Implications section* following this chapter. It is important to note here though that the specific emphasis was on the developmental stage young people were in, and therefore goals themselves were fluid, since therapy with young people at different developmental stages may rapidly

develop new goals. Practitioners wanted their clients to relate to what they were doing with the goals mutually agrees, so that the young person could control how they understood and developed their particular goals. Goal setting and goal pursuit are particularly pertinent at this stage, and crucial when establishing self-identity (Erikson, 1963). Nurmi (1991, 2001) suggests goal pursuit to serve as a 'self-directing and self-defining' process, in which the young person directs their own development in particular directions upon selecting, pursuing and evaluating goals for short term and long term outcomes (Massey et al., 2008). In a similar account, practitioners reflected on the 'emotional clog' young people are sucked into, with the feeling of not knowing what to do with the expectations of others, and the developmental demands of growing up. Therefore, goal setting proves a starting point, bringing focus on the primary needs to what seems like multiple presenting problems. With that in mind, a sensitive approach is sensible in online work, and even in face-to-face therapy, taking young people's perception of adults as authority figures into account (Hanley, 2009; Pattison, Hanley, & Ersahin, 2015).

Even though the current study did not look into goal consensus or collaboration specifically with the current client sample, findings above with an emphasis on working with clients' agenda with sensitivity to developmental issues in adolescence were consonant with the previous literature. A series of meta-analyses on goal consensus and therapy outcomes - based on 15 studies, points great association in between improved agreement on the aims and direction of the therapy and positive outcomes with an overall effect size of .34 (SD=.19). Moreover, the collaboration-outcome meta-analysis that was based on 19 studies, yielded a similar effect size of .33 (SD=.17) (Tryon & Winograd, 2012).

In line with this perspective, current data actually suggests a particular 'story line' with additional scripts. When Terry Hanley was researching online therapeutic alliance from the eyes of adolescents (2012), he developed a model that encapsulated the online matchmaking process (or adaptation/responsiveness/attunement/tailoring/individualizing, see Norcross & Wampold, 2011, for details) based on the data derived from the same service in use (Kooth). Figure 21 illustrates this model in progress, where the match that is fundamental to online alliance is described in two phases.
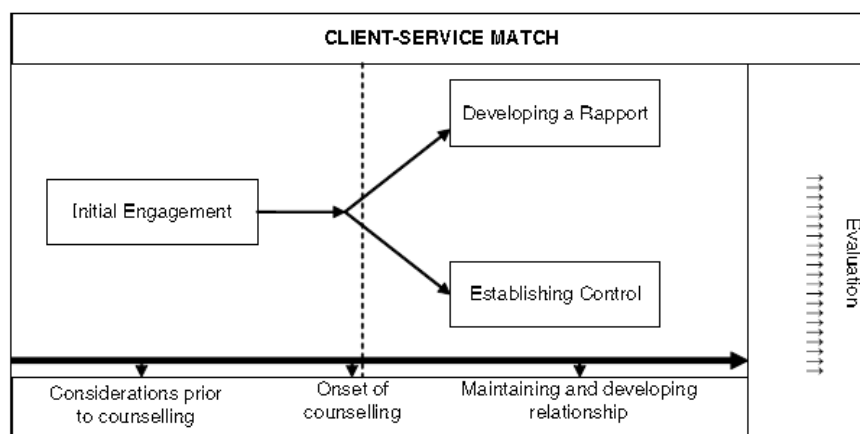
Figure 1. Representation of the client-service matching process in action.

Figure 21 Hanley's (2012) model of online client-service matching process

With the new goals system in place, this process seems to change slightly, with counsellors within the service adapting their working style, and therefore their engagement style with the young users. An illustration of the client-goal oriented work in action can be found in Figure 22. These stages are discussed next in relation to the contemporary research literature around.

5.2.2. The model in Action

A working model for therapeutic goals in online youth therapy

Evaluation

Goal-driven (as an integral part of therapy)

Goal-less (as an add on occasionally)

Goal-free therapy

Developing rapport

Introducing goals

Establishing control

Prioritising client needs

Screening suitability for goal oriented therapeutic work

Conditions of Personality Change

Initial engagement

Impact of online environment

- Sporadic nature
- Power (im)balance
- Synchronous exchange
- Lack of proximity, visual and vocal cues

Client differences

- Presenting issues
- Presence of the young person
- Perception of what therapy entitles to
- Needs of the young person coming on board

Practitioner skills

- Core training (therapeutic model)
- Source of goals training
- The stage of developing a therapeutic identity working towards goals
- Additional training

Figure 22 A working model for therapeutic goals in online youth therapy, derived from the interview data

This stage of the model encapsulates the first contact point for the young people and therapists within the service. This is not very different from Hanley's (2012) conceptualisation of this first phase: first contact actualizes on different convergent processes, one being the impact of online environment, which he named 'environmental issues' (2012, p. 39). When reflecting on the goal oriented work therapists aim to encourage young people to opt into, the impact of the virtual environment proved to be a major theme within the early stages of the work. That is, the sporadic nature of the service, where the young people have informal, random and occasional access whenever they needed it, may attract those young people who are reluctant to engage with a structured aim. In that sense, face-to-face goals work could be experienced as more tangible and in-control compared to its online equivalents.

On the same wavelength Hanley suggests (2012) that the elevated power young people gain online may combine with their prior expectations from the service (user profile). Even though he views presenting issues of the young person to come on board at this stage, the current model suggests that therapist skills relating to 'core conditions' (which have become known as most common three elements of the necessary and sufficient conditions of therapeutic personality change - Rogers, 1957) interact right from the beginning, before the young person decides what and how much he wants to bring into the interaction. All practitioners agreed on the necessity and importance of conveying the core conditions (unconditional positive regard, warmth, creating a safe environment) right from the beginning to the end of the course of therapy, which created the baseline of a trusting relationship. Indeed, before and beyond any knowledge base on how to work with goals, evidence suggests these conditions to be at the heart of the therapeutic alliance (Bordin, 1994; Hanley, 2009; Norcross, 2013).

However, probably similar to its face-to-face equivalents, these three factors do not marry straightforwardly online. The nature of the virtual space easily throws practitioners into 'a black hole experience' (Kraus, Stricker, & Speyer, 2010). The sporadic environment, in which the synchronous exchange is disrupted with the lack

of proximity and visual and verbal cues, does call for training for practitioners willing to work with goals as part of their online practice.

Stage II: Pro-active goals work

In this phase, the practitioners were thinking about goals. Rather than offering or imposing the idea of working towards a goal(s) directly, this phase was used as a screening window, in which the young person is screened for the suitability for a goal oriented approach. Whether the young person will go into a goal-driven, goal-less or goal-free course was explored and clarified at this stage. For screening purposes, the factors therapists looked at were;

- The presenting issues of the young person,
- Presence of the young person,
- Perception of what therapy entitles them to,
- Articulated needs of the young person coming on board.

These factors are already discussed above in Section 4.2. The skills practitioners employed are further outlined under the Implications section below (Section 5.5.). Such an approach overlaps with pluralist way of working with goals (Cooper & McLeod, 2011), in which the goal articulation is viewed as part of developing rapport and relationship, and should not act in direct contradiction to that process.

Many clients come to therapy struggling to articulate the purpose or intent or their reason for doing so. From a pluralistic perspective, it is important to stress that goal articulation is viewed as part of developing rapport and relationship, and should not act in contradiction to that process (Cooper & McLeod, 2011). The experienced pluralistic therapist can help pace the tempo, skilfully supporting the client to discover their internally located goals. Although settings might dictate the duration of therapy, the timescale allocated to such an activity is by no means prescribed. For some individuals this may mean that goals are articulated very easily in a first meeting, whilst others might need many more meetings to identify them.

The second stage leads into the line of work that the third stage encapsulates with regards to goals in online practice. Based on the discussions within the second stage, if the therapist and the young person do agree to set some goals, and work through them as part of their routine meetings, the therapeutic course takes a 'goal-driven' direction. To start with, young people articulate immediate/therapy/life goals, and refine them (to SMART standards, Doran, 1981) with the help of the therapist. The goals become embedded in sessions, as a standard part of the agenda. The therapist helps the young person to rate their progress on a regular base, explore the setbacks and encourage moving forward.

If the young person comes across as ambivalent towards the idea of working with goals as part of the therapy (again explored within the second stage), the sessions take on more of a goal-less direction. Even though the young person might articulate some goals, goals stay at the background, and the therapist may decide to check in with the client on a less regular basis. Here the client takes less of a proactive role in the therapeutic course.

Finally, if the young person comes across as reluctant towards the idea of having goals in place (for several reasons- see section 4.2.1.4.), and prefers to utilise the counselling space on a more 'sporadic' fashion, the therapeutic course takes a goal-free direction. In that case, therapist might set their own goals for the therapy session, but without interfering with the flow of whatever the young person intends to bring into the session.

Regardless of which direction is taken (goal-free, goal-less, goal-driven), it is notable that practitioner skills pertinent to:

- Therapist's core working model,
- The source they are trained for in goals work,
- The stage they are at, in developing a therapeutic identity working towards goals,
- Acquiring additional training on goal oriented practice.

These may interact with the client's pursuit of goal-free or a less goal-directed therapy. A gentle and supportive approach was commonly suggested during this stage, regardless of the direction the young client takes.

Stage IV: Evaluation

In the last phase of the model, therapy outcomes are discussed, focussing on a number of issues including the young person's engagement, efforts and struggles during the course of the therapy. Once again, a gentle approach to the failure and relevant support are encouraged in case the young person cannot succeed in reaching their goals. It is noteworthy to remind the reader here that all the practitioners reflected on the importance of continuous goal evaluation, rather than on leaving it till after the therapy sessions had ended. This is in line with the literature recommending therapists to utilise more intrinsic outcome measures on a regular basis, particularly goal-based outcome measures (Cooper & McLeod, 2007, 2011; Law, 2006).

Final Thoughts

As outlined earlier in the Introduction chapter (Section 2.2.2.), the utility of working with/towards goals in therapy has proved trans-theoretical, pervading numerous therapeutic approaches including existential/humanistic (Bohart, 2001), cognitive (Carver & Scheier, 1990), and integrative therapies (Beitman, Soth, & Bomby, 2005). Notably, even though participants in the current study identified their working model - person centred, CBT, or integrative - their line of work with regards to how they utilise goals in therapy aligns with Pluralist way of working with goals (Cooper & McLeod, 2011), a foundation that is situated upon a mindset that is based upon an ethical position which values the active involvement of the client in supporting the direction of therapy (Hanley, Sefi, & Ersahin, 2016). Cooper and McLeod (2007) operationalise this further by noting that: "*Given the ethical commitment of the pluralistic framework to valuing Otherness, its starting point is that clients are active, meaning-oriented beings with a right to self-determination. Hence, the focus of the framework is not 'What do clients need?' but 'What do clients want?'*" (p. 137).

Thus, for the pluralistic therapist, engaging in conversations about goals can therefore be helpful in a number of ways. These reasons include:

1. Helping to provide direction related to the therapeutic work client's future life (i.e. Cooper & McLeod, 2011).

2. Helping to develop a hopeful attitude towards therapy/client's future life (i.e. Higginson & Mansell, 2008).

3. Helping to develop a collaborative working relationship between the therapist and client (i.e. Tryon & Windograd, 2011).

Such sentiments overlap with those articulated in other theories, as well as counsellor voices in the current data. Cooper and McLeod (2011) suggest the goal oriented approach to therapy surmises an ethically minded position, in which the client is viewed as an active agent in the process, and a partner alongside the therapist in deciding the direction of the therapeutic course (Bohart, 2001). Such a viewpoint helps to support the client in providing a more informed consent to the therapeutic work undertaken (Hanley, Sefi & Ersahin, 2016). Indeed, practitioners here suggested that engaging with goals in a more explicit and systematic manner might counteract some of the disadvantages of the online medium by introducing a sense of structure to the floating space (black hole phenomenon, see Suler, 2004), in anchoring both therapist and the client in the *here and now*. The very same factor seem to ease the communication of what therapy entitles those young people to, when they do not have an idea of what 'therapeutic support' offers.

Even though the challenges and benefits to working with/towards goals have been discussed in a broad way in the review of therapeutic literature (i.e. Cooper & McLeod, 2011; Hanley, Sefi, & Ersahin, 2016; Kuyken et al., 2009; Locke & Latham, 2013), to our knowledge the topic is relatively under researched empirically. In that respect, the current study contributes to the relevant literature with empirical data on practitioner experiences. With different dynamics in place, current findings indicate a similar picture to previous research, but with some nuances regarding online work. The next section outlines some of the methodological considerations to the research design undertaken.

5.3. Methodological Discussion

At this juncture, it is necessary to move away from reflecting upon the field of online youth counselling, and examine some of the methodological considerations that outlined the structure of the whole work. A commentary follows with regards to the naturalistic design adopted within the online medium, the embodied technique utilising a grounded methodology, and the experience of being part of the research by practising at the host service throughout the project. Even though the methodological discussions are structured around the potential for future projects, a final section follows to summarise the areas that are felt to be most in need of further attention.

The naturalistic Design: A Constructionist Approach to Online Research

The naturalistic online design adopted within this work seemed to contribute great richness to the findings. However it also made it challenging to make sense of data sets. Below, I briefly outline the strengths and weaknesses that emerged from adopting such an approach and reflect on the success of the strategy based upon these discussions.

The major strength in working and researching directly with the host service was that work immersed within the virtual world, in a world of technology familiar to the young users. Getting trained and practising within this electronic medium prior to the research enabled me to experience the virtual environment first hand, first as a counsellor and then as a researcher. Having first hand insight into the inner-workings of online therapy enabled me to approach the phenomena from different angles, particularly when holding the online interviews and making sense of the data provided by both young users and therapists. This meant that I was able to enjoy the opportunities such a role provided, but I was also confronted by the challenges to this pioneering mode of counselling.

The parallel process of working with young people (under the goals scheme) and hearing from online therapists on their experiences also proved invaluable in capturing the internal reality of the phenomena (i.e. Berger, 1972; Denzin & Lincoln, 2005). As an outsider - not having the experience of working with young people's goals online (even though I have experience of face-to-face equivalents) could have

limited my understanding of the goals young people articulate and work through, and what my colleagues actually meant when they commented on the challenges and benefits of this mode of counselling. Second, there was a flow of young people accessing the service that provided a good variety of presenting issues, from all walks of life, with varying goals and aims in life, enriching the goals data, and my intuitive understanding of young people's presenting problems, from this 'cultural immersion'. Thus, on reflecting upon whether the research strategy and the techniques employed might prove appropriate for the question under consideration (Robson, 2002); I 'wholeheartedly' felt that the strategy used was adequate and appropriate. This pragmatic but also effortful approach also proved efficient in responding to some of the challenges of the online world; and generated a wealth of data of a sufficient quality to shed light into the research questions at hand (also see).

Hand in hand with the hermeneutic view of the world, the constructionist stance in current work acknowledges the many different truths that could drive from the data, in the way that James (1909/1978) argues: "*What works is true and represents reality, for the individual for whom it works*" (p. 298). However, since current research aimed to prove useful to a wider audience (i.e. the host service, other online services, counselling practitioners, young users) than just myself, I recognise the possible insights that others might offer in interpreting my data - reflecting back on the views of Morgan (2007), in which:

> "*The approach would treat issues related to research itself as the principle 'line of action' that methodologists should study, with equal attention to both the epistemological and technical 'warrants' that influence how we conduct our research*" (p. 68).

Therefore, I can only hope that the work at hand has the potential to have an impact upon the audience I targeted at the early stages of the project. With that hope, I presented some of the preliminary findings to the host service providing relevant training, and received positive feedback at various conferences on both national and international levels, and have published a peer-reviewed article (in press). Such measures aimed to earn some credence for the work, which has been argued to be a key factor in good quality research (Stiles, 1993). Yet, as there is no single

wellspring of quality criteria from which to draw for setting ground rules in qualitative research, I recognise that I was and I am still "*mucking about looking for truth*" (Bochner, Ellis, & Tillman-Healy, 1998, p. 59). Thus, I leave room for others' perceptions and reinterpretations of the findings.

In considering challenges and opportunities I encountered in working in and researching online counselling systems, the positive experiences I had certainly outnumbered the negatives. Earlier research of online evaluation, in partnership with the host service proved helpful at this stage. As Nosek, Banaji, and Greenwald (2002a) suggest, the online design proved cost effective, enabled secondary data collection, and increased experimental participation within both of their samples. Despite the support of the host organisation, difficulties I encountered were clearly familiar in the virtual world (Kraut, 2003), and previous insights from earlier research enabled me to overcome these efficiently. For instance, the first batch of the data set (youth goals) was collated as part of general practice, without putting extra work load or pressure on practitioners. With that in mind, young people who participated in this study were not sought for consent, providing that they agreed to the use of collated outcome data during the sign-up process (see Appendix E). Thus, goals were handed to me, after consent, without any apparent problems. Researchers entering into virtual environments therefore are strongly recommended to seek advice in partnership with technologists and service providers (Coyle et al., 2007).

On the other hand, the complications of conducting naturalistic research in the virtual world required extra measures, particularly within the second phase of data collection - online interviews with counsellors. This was inevitable to avoid the messiness of conducting research in the 'real world' (Robson, 2002), in which flexibility had to be allowed. The interviews for instance took longer than expected, due to the slow-pace of the synchronous exchange, which led me to send additional questions I had in mind via emails. This might have limited possible discussions and insights I could gain from conversing with the responses.

Another problem was that some confounding variables were not controlled for in a naturalistic design such as this, compared with a controlled experimental study (Wampold, 2001). For instance, when practitioners were asked how they would change the goals training program if they were to go back and had the chance,

the comments were more towards the service as a whole, rather than the goals component. Despite attempts to keep the focus on the goals work, it became apparent that some individuals were in need of that space where they could not (or did not want to) distinguish those two from each other. It was understandable however, that the new goals-work scheme was challenging for most of the practitioners, who often had very recently, to change their working style. Even though this could have hindered the quality of the data collected (Kraut, 2003), the interviews did provide, for this researcher, honest and reliable information - comments related to other components of the Kooth service were excluded from the research data analysis but were collated for administrators of the host service, upon agreement with the participants. Yet, I acknowledge that my varying past experience in online therapy, as well as experience of goals in therapy (both face-to-face and online), might have had an impact on the comments collated (Norcross, Beutler, & Levant, 2005). However, a counter argument would suggest that this brings richness to the findings, in responding to wider audiences from different backgrounds.

Another area that could be challenged due to the naturalistic nature of this work could be the limited sample that participated in the interviews. However the collated goals provided sufficient data, even though 'only' six counsellors agreed to take part in the interviews. The participation was voluntary, and the attendees were paid for their time and contribution. Even though there was only one male voice in the data (n=6), it is unlikely that would cause a major problem concerning the phenomena under interest. A final potential challenge to the project was the issue of security of data transfer (Hine, 2005). Besides seeking the permission of the host service providers to use the data, consent was sought from each participant during and after each interview (upon sending the transcripts via personal emails). The assessment of such permissions might therefore become part of the study design, in which the copyright of the research tools might need to be established.

Overall, the naturalistic design proved effective throughout the project, in line with the flexible nature of the online practice (i.e. Hanley, 2011) and online research (i.e. Storck & Sproull, 1995). However the challenges could be tackled in different ways within different settings, in future studies, I believe that the strategy proved successful in gathering the data needed.

The Embodied Approach to Grounded Theory Methodology

Grounded Theory Methodology (GTM), which was originally developed by Glaser and Strauss in the 1950s, has been reinterpreted widely throughout its many applications since then. Being experienced in online work, and the challenges to it (Kraus, Stricker, & Speyer, 2010), meant that I needed to employ a particular technique that would help me to capture the 'online data' in a naturalistic way (i.e. Hanley, 2009; King et al. 2006b). By utilising Rennie and Fergus's (2001, 2006) analytical application of the theory (in accordance with the social constructionist and hermeneutic roots of the work), using the 'embodied categorization' procedure, I aimed to engage with the meanings emphatically, grounded in my own body by feeling, visualising and memorizing (Fergus et al., 2011), beyond the factual text.

In this way, according to Rennie and Fergus (2006) *"the articulation is monitored in terms of the felt sense of fit"* (p. 13), where *"subjectivity is drawn on productively"* (p. 22). However adopting such an approach could also put the current research in danger, since the first strand of the data (self-reported goals of young people) posed secondary data qualities, where the content mostly consisted of sentences independent from each other. Therefore, creating a conceptual narrative of the data could prove challenges. To test these concerns, a pilot study was carried out in collaboration with the partner organisation on face-to-face goals data (see Appendix F). Meeting my expectations, the findings around goals were found to be rich enough to complement the current study. Through discussions with two other assessors in the research team, the use of an embodied approach proved an in-depth understanding of the phenomena under research. It is highly possible that the third major category of youth goals (*self* relating to others) emerged only upon employing the technique, with both face-to-face and online data.

Another possible approach to the current data would be utilising one of the inventories existent in the contemporary literature, such as BIT-T (Grosse-Holtforth & Grawe, 2002) or Rupani et al. (2014) trajectory of goals. Briefly, utilising an existent trajectory would mean employing a deductive/theoretical or *top-down* approach to data (i.e. Boyatzis, 1998; Hayes, 1997). In that, the analysis would be driven by my own theoretical interest in the area, which means I would need to fit the coding to pre-existing coding frames. Even though that could lead me to a

detailed analysis of some aspect of the data, it would overall provide a less rich description of the data (Braun & Clarke, 2006). In line with the philosophical and epistemological roots of the current work, I hope that the identified themes are more linked to the data, rather than driven by my own stance (Patton, 1990). Thus, researchers attempting to utilise GTM versus any other approach to the data are advised to consider the theoretical and/or inductive stance they derive from, and map the process accordingly.

To summarise, the embodied approach to GTM (i.e. Rennie, 2006) proved successful in providing an in-depth conceptual framework for the phenomenon, and could be a substantial starting point from which future studies in this area may develop.

Consulting with Online Practitioners

The data generated throughout this project proved useful in many areas. First, the interviews conducted with the online practitioners provided a detailed understanding of their experience of working with young people's goals in the online medium. They have contributed a great deal of time and insight into the emerging concepts, by not only attending to the interviews but also taking their time to review the end product. This had potential to inform the development of host services, in supporting the staff in their online practice, and utilising the goals as: (a) conceptual framework; (b) outcome measure, or (c) a process tool. Indeed, next step is to develop a training program for the staff, based on the practitioner feedback collated, so a more counsellor-friendly service can be offered. Outside of the task, this also has the potential to inform the development of youth friendly health services on both media (Docherty & Sandelowski, 1999; Hanley, 2006).

Gathering first hand insight into the inner working of youth goals in action, showed that goals could also be viewed as a substantial component of online youth therapy, in the same way that is well evidenced in face-to-face literature (i.e. Cooper, 2013). In particular, the skills online therapists employed or were developing in utilising their computer-mediated communication skills were driven from their own theoretical stance on goals which displayed great effort and competency in engaging with CoGS. The compensatory techniques outlined in the *Implications* section

below, has the potential to inform not only online but also face-to-face therapists in their work with younger clients. Besides providing a potential resource for therapists and service users, it could also aid service providers in keeping their work grounded, relevant, and competent (Hanley, 2006; Pope, 2002).

5.4. Limitations and Future Directions for Research

On completing this study it was evident that a number of the initial questions remained unanswered, or at least could be explored in alternative ways. Within this section I outline what are felt to be the areas of primary concern that are in need of further scrutiny. Each area is highlighted and briefly discussed.

It is important to acknowledge a number of limitations within the design of this study. A major area to consider here would be the complexity around making comparisons between 'online' and 'face' information. The collated goals data is discussed in comparison to face-to-face goals (already available in the literature) that had been derived in both naturalistic and clinical settings, in which different practitioners with different therapeutic approaches would have been involved in the process. Thus, any conclusion with regards to comparing the two data sets should be approached tentatively. Although, I could embed the face-to-face element within the available resources of the host organisation (at schools and community services), and with the same therapists (by ensuring parity), this had the potential to alter the primary aims of the current work. That is, while the former would break the policies of Kooth on confidentiality and security (i.e. young people do not provide identifiable material while registering to the service), the latter could potentially alter the experience of young users coming online, in which any benefits might reflect the 'disinhibition effect' (Suler, 2004). Yet, for future studies, it could also prove an interesting area of research with potential control groups, in more controlled research settings.

Another limitation is that comparisons with face-to-face studies might be difficult for the analytical strategy adopted. As discussed in the previous section, current work was conducted from a *naive* stance, coupled with an inductive (bottom-to-top) approach, while the others utilised different approaches, mostly a deductive/theoretical or *top-down* approach to data (i.e. Rupani et al., 2014). Thus,

links or comparisons between different studies are harder to make. With this in mind, further comparison of the findings with more controlled research designs might be useful in creating a unified taxonomy of goals. It would be helpful to consider how the conceptualisation of therapeutic goals developed here might interplay within existing taxonomies. Taking this further, it would be helpful to consider how goal articulation such as this might link to broader considerations as therapeutic outcomes (Rupani et al., 2014) or goal attainment (McDougall & King, 2007), in ways which have yet to be explored online. While the former idea could provide insight into the inner working of online therapy when goals are an explicit component of the process; the latter could prove useful in exploring whether certain goals could be more positively (and successfully) addressed in certain environments.

Another area of limitation in the current work is the applicability and generalizability of the suggestions made for practising goals online based on the limited therapist sample. Not only the sample size was relatively limited (n=6), but also the feedback might echo nuances only relevant to the host service. Since different online services have different working styles, with different components embedded in the online environments they practice in, the experiences of the current sample might not be directly applicable to other settings. Thus, the current findings can only make tentative suggestions, and like any type of research work, requires practitioners to consider and reflect on the implications individually.

As discussed briefly in a previous section, the above point outlines the scarcity of empirical research in the literature on therapist experiences of working with goals (in both media). Even though there is wealth of theoretical inquiry into the subject area, the current study seems to be the first to explicitly explore the phenomenon of interest. Further work needs to be done to complement the *theoretically improvised guidelines* on working with goals, which could potentially strengthen the theory, and what is realistically applicable in practice. It is also vital to consider what is practically achievable within different settings, particularly within the busy and sporadic working environment of an online counselling service. Even though current findings suggest this to be explored by utilising goals such as a tentative tool in measuring progress and outcomes, taking the young users as active agents in the therapy process, and in life in general (Bohart & Tallman, 1999),

further research is needed to consider whether goals (as both a progress and an outcome measure) would best reflect what an online counselling service might achieve in its interventions (Sefi & Hanley, 2012). The next section outlines some of the implications of the current work, indicating the possible future directions.

5.5. Implications and Recommendations

This section outlines the implications of the work undertaken here, with reference to online therapeutic practices, and face-to-face equivalents potentially, that engage with goals as an explicit ingredient in the course of therapy. It starts by outlining 3 recommendations in particular, with a brief list of others to follow.

One of the major implications of the current work is upon developing training programs for online therapists. Available training programs do not seem to cater to the need and concerns practitioners express within the current literature. The potential use of therapeutic goals in online counselling proves useful for counteracting some of the hindering factors online environment has upon therapeutic practices in this medium. Goals could potentially be utilised to anchor the floating space both counsellors and the clients experience (by encouraging reflective input); bring consistency and structure to the sessions (by facilitating further exploration that eventually brings focus to specific issues); and reduce practitioner anxiety in dealing with risk (by allowing the practitioner to become more involved and encouraged in their initiatives within the sessions). With that, it provides empirical evidence to support the theory of therapeutic goals in online counselling practice.

Secondly, these findings would be of use in assessing fitness to practice in online counselling; where goals are used as a process and/or outcome measure. Current guidelines in online counselling do not protect/define the therapeutic work to the standards face to face equivalents regulate. Therefore, service providers within the medium hold extra responsibility in providing safe, youth-friendly, and competent services. In that respect, goals has the utility of providing feedback on the progress/outcome of clients, charting practitioner competency, and devising/providing relevant training programs in meeting the goals young people most prioritise. In long term, this would provide useful outcome data, which secures the survival of the organisation.

Thirdly, current work proves useful in focusing upon the use of goals in online youth therapy, as part of Bordin's (1979) concept of working alliance alongside *tasks* and *bond*, which often assumed to be the backbone of any effective therapeutic work. The explicit use of goals diverts our attention back to what young people *want* to reach through therapy, not the goals the clinician or practitioner might wish to see them achieve, although there is often a need for some negotiation to reach agreed goals that fit with the service user and what the service is able to offer. With these points in mind, the current findings support the idea that establishing goals in an online medium can be communicated in a specific manner, which elicits desired responses (Lambert, 2013), and in an ethical manner (Cooper & McLeod, 2011). Based on the current findings, modest suggestions follow;

At early stages:

- Practitioners should let the goal(s) emerge in time with careful, attention-driven exploration, with the mind-set of keeping the dialogue natural.

- Goals must be kept natural in a way that blends into the session which will come across as less formal.

- A goal(s) can be proposed when the young person starts circling or comes back to an issue over and over again, or once they 'have the idea'.

- When an idea forms in the practitioner's mind over the main issues, the goal(s) should be proposed sensitively, and in a timely manner, but within the context of the client's frame of reference and communication style.

- Statements such as "*mmm that sounds like a goal we could work towards*" or "*'what is it you would really like from this counselling - shall we set some goals now at the beginning that we can work towards over the course*", or "*shall we make that into a goal*" could be used as a start

- Practitioners should remember and remind young clients that they have a choice, that it is not a test on which they will be marked.

- Goals are to be set only if they are relevant, realistic, beneficial and clearly consented to.

During the course of therapy:

- Open, gentle, and authentic communication on goals is a must on virtual space, where lack of visual and vocal cues can easily lead to relationship ruptures, and misunderstandings.

- Explicit collaboration on the set goal is essential in working towards a goal where the young person feels supported and empowered (rather than lonely, facing a blank screen).

- Therapists shall not push their own agenda. Goals can be part of the agenda, only after the practitioner hears young person's own agenda for the session.

- Setbacks should be allowed during the course of therapy, when the goal seems to shift or young person's priorities/circumstances change.

- Emphasis should be kept on what the young person is achieving, even if it seems to be not significant, rather than on failures.

- Practitioners should be monitoring the process on a regular basis, using the goals to support and develop the process rather than waiting for the young person to fail at the end. This could be achieved by starting with breaking down the goals accordingly, when the young person's progress signals caution.

At the final stage of evaluating/interpreting goal outcomes,

- Gentle exploration of failure (if that is the case) is essential considering the lack of live cues, which could easily alienate the young person otherwise.

- Practitioners should share the responsibility for the goal outcomes, whether it is a success or a failure, and the practitioner should already be reflecting on his or her input and therapeutic skills throughout the progress.

On a broader level,

- Kooth (primarily), and other online counselling services, should develop goals work in use of online youth therapy.

- Developing GBOMs, which fits with increased calls to look for more idiosyncratic ways of measuring outcomes in therapy. GBOMs give a different perspective to clinical outcome measures and can measure different sorts of change that might not always be captured using only behavioural or symptom based outcome measures. Thus, GBOMs are considered to be more child-centred, in capturing a young person's desired lived experience from his or her own perspective. The lived experience of online practitioners should be used in goals work to be used effectively as an outcome measure if appropriate, and in collaboration.

- Practitioners can consider how research can be utilised to inform practice, rather, than directing it.

- Organisations may seek to secure funding from commissioners, collecting outcome data (via the goal based outcome measures) to prove effectiveness, considering the increasing need for services to provide quantitative outcomes to justify sustained funding (Department of Health, 2015).

- To work effectively, goals should be those that the young person (and/or their family carers) themselves want to reach through attending or contacting a particular service, not the goals the clinician or practitioner might wish to see them achieve, although there is often a need for some negotiation to reach agreed goals that fit with the service user and what the service is able to offer.

- Contribute to the research literature in the field of counselling and psychotherapy, by contributing to the developing field of pluralistic therapy based on demonstrably effective common factors. For instance, addressing the questions: what therapeutic goals do young people have when they access online therapy, and how do therapists work towards achieving these goals.

5.6. Personal Reflection

Based upon the findings and discussions above, I believe that the project has been successful in meeting its aims, and provides insight into the online youth goals, and the related work. Reflecting upon the impact that conducting the project has had upon my own counselling practice, work as a researcher and personal life: the last

three years of my life, very embedded with the research undertaken here, took so many different and fruitful directions I had not even dreamed of (for my personal stance within the work see section 1.1.1). Specifically, my online therapeutic practice became much more of a 'mindful' activity, particularly in how research might benefit my work and identity as a counselling psychologist in doctoral training.

The online therapeutic skills I learned have benefited my approach to research, in a reciprocal way. I wholeheartedly believe that the outcomes of the research have much potential for impacting on the populations I reflected on in the previous section of this chapter. In ending the thesis, I joyfully reflect upon my own position as an online practitioner, and as a researcher in my optimism and idealism for the integration of technology within our lives, homes and health care systems.

5.7. Conclusion

The findings of this work provide us a fascinating insight into the way young people utilise an online service, and how their counsellors work with them. Even though there are many overlaps with its face-to-face equivalents, the goals articulated online seem to highlight some distinct nuances. Overall, it is possible to suggest with some confidence that young people appear to utilise online services with different priorities, articulate different therapeutic goals in comparison to face-to-face services. For instance, beside a wide range of issues, significant numbers of young people are found to utilise the service as a first contact point, such as a means of psychological triage, getting support while gathering information related to further support. The perceived safety that the online environment provides can therefore support those individuals in accessing other/additional support services.

In addition, the same perceived safety and the other aspects of the working of online communication seem to enable some young people to talk about sensitive issues, such as intimate relationships, which do not seem to appear in accounts of face-to-face counselling. Thus, current work supports the idea of online counselling having the potential to provide an important support system for issues that might not be addressed. Overall, the goals that young people articulate online bring our attention back to the developmental stages adolescents go through, suggesting here

that young people are interested in working towards not just intrapersonal or interpersonal goals, but also goals on *self* relating to others, primarily focusing upon an intra-personal change.

On the other hand, taking a goal directed therapeutic approach in an online medium proves not to be entirely straightforward, due to certain challenges that the virtual environment poses. Interviews with online therapists from different therapeutic orientations once again suggest a flexible-individual centred approach, aligning with the philosophical stance of pluralism, in which the clients are seen as active agents in therapy, with a right of self-determination. Such an approach therefore, overlaps with pluralist way of working with goals, in which the goal articulation is viewed as part of developing rapport and should start after establishing safe grounds, not acting in direct contradiction to that process. In this respect, while some therapists find online environment to challenge the idea of working with/towards goals, others find goals counteract some of these difficulties: 'grounding the floating space'.

As in all type of therapeutic work, counsellors suggest additional training and personal reading on goals work, in the process of finding their own professional identity. Overall, the views of therapists prove positive in working with explicitly articulated goals online, as a means of providing relevant-effective and youth friendly services.

In accounting for distinctions and counsellor views such as those presented within this paper, those involved in developing/commissioning support systems for young people might wish to weigh up how the value added nature of a mixed media approach (i.e. face-to-face school-based counselling and online counselling) might complement one another and support young people in addressing a wider array of therapy goals. On the same wavelength, both online and face-to-face therapists are invited to reflect on their own practice with regards to client goals, proving to be an essential component of therapeutic alliance and life in general.

5.8. Chapter Review

The current chapter reviews the findings of this work in relation to the contemporary literature in the field of online youth counselling. It starts by reflecting

upon the goals inventory that are devised for a particular target group - online young service users, and discusses the key features that distinguish the current concepts from the present goal inventories devised for young people and adults participating at traditional therapeutic services. In examining the goal concepts young people articulate online, particular attention is given to the developmental stage young people are in (adolescence), the impact of cultural norms, and the nature of online communication upon the goal content. Overall, this part of the discussion revolves around the differences observed in intra-personal and inter-personal goals compared to those articulated in the face-to-face literature. Particular focus is given to the goal category - *self* relating to others, in which young people articulate an aim upon intra-personal change with specific reference to the external world. These points are then supported with practitioner views, in deciding who defines the 'right' type of goal for the young person, and the importance of collaboration pertinent to the goals work online.

Within the second area of focus, the key features of online goals work that impact upon the development of a responsive and youth friendly services are discussed. The findings are reviewed from a pluralistic stance, where goal consensus is examined with regards to an ethical position. Then, a four stage introductory working model is presented as a response to the emphasis given to client uniqueness and particular therapist skills when working with youth goals online. These steps are (1) initial engagement, (2) proactive goals work, (3) initiating the direction of the therapeutic work, and (4) evaluation. Notably, the model suggests a flexible working style, in which both the practitioner and young person are active agents of the work in collaboration. Thus, it suggests not setting explicit goals if only that is agreed upon with the client, based on the needs of the young person at that particular time in his life. With that in mind, the therapeutic course can take three directions: goal-driven, goal-less, and goal-free. Overall, the focus remains on the importance of a supportive and gentle approach, regardless of the direction the young user takes.

The third part of the chapter reflects upon the methodological considerations that informed the structure of the whole work. The naturalistic, online design adopted within this work contributed great richness to the findings. However the pragmatic side to it also made it challenging to make sense of data sets. The major

strength in working and researching directly with the host service was that the worker was immersed within the virtual world on high technology, becoming trained for the target work, with the host service being open-minded about the project. With all these in place, the work hopes to provide insight into the inner working of the online goals work from an internal-reality check point. Second, the access rates of the host service covering 19 localities ensured that there were goals coming from all walks of life based on a good variety of presenting issues, and aims in life, thus enriching the goals data. Notwithstanding this, the hermeneutic and constructionist views in current work acknowledge the many different truths that could derive from the data. Thus, suggestions for future directions related to these discussions follow briefly, emphasizing the need for carefully designed research projects interested in the online media and young audiences.

The next section outlines some of the limitations of the work, including the limited sample size, the singular comparison base, and the limited data base for applicability and generalizability of the suggestions. For instance, the methodological differences observed in the comparison data (face-to-face literature on goals) limits the corresponding discussion points presented in Section 5.1.1. Taking this further, it is suggested that it would be helpful to consider how goal articulation might link to broader considerations around therapeutic outcomes or goal attainment in specific ways yet to be explored online. While the former idea could provide insight into the inner working of online therapy when goals are an explicit component of the process, the latter could prove useful in exploring whether certain goals could be more positively (and successfully) addressed in certain environments. This leads me to summarise the areas that are felt to be most in need for further research, emphasising the need for research. Practical suggestions are made for online practitioners, service providers, and researchers in providing safe, youth friendly, and ethically governed services.

The final sections include my personal reflections on the process and impact of the research findings, concluding with an overview of what the whole project aimed at and reached out to as a final product. Overall, it is thought that the project has been successful in meeting its aims, and provides an in-depth insight into the online youth goals, and the related work. Final reflections concern the impact of

conducting the project upon my own counselling practice, my work as a researcher and upon my personal life. I hope the work can be of benefit to a variety of audiences, and can be disseminated to a world of knowledge we are yet to discover.

REFERENCES

Adams, D. (1999). How to stop worrying and learn to love the internet. *The Sunday Times; 29/8/99*. Retrieved November 18, 2014, from http://www.douglasadams.com/dna/19990901-00-a.html.

Adamson, G., McElearney, A., Bunting, B., Shevlin, M., Tracey, A., & Williams, S. (2006) *Independent schools counselling – does it work?* Belfast: NSPCC and University of Ulster.

Anthony, K., & Goss, S. (2003). Conclusion. In S. Goss & K. Anthony (eds), *Technology in counselling and psychotherapy* (pp. 195-208). London, UK: Palgrave.

Anthony, K., & Goss, S. (2009). *Guidelines for online counselling and psychotherapy 3rd edition, including guidelines for online supervision*. Rugby, UK: BACP Publishing.

Anthony, K., & Jamieson, A. (2005). *Guidelines for online counselling and psychotherapy, 2nd edition, including guidelines for online supervision*. Rugby, UK: BACP Publishing.

Arnett, J. J. (2000). Emerging Adulthood: A theory of development from the late teens through the twenties. *American Psychologist, 55*(5), 469-480.

Asay, T. & Lambert, M. (2000). The empirical case for the common factors in therapy: quantitative findings. In M. Hubble, B. Duncan and S. Miller (eds), *The Heart and Soul of Change: What works in therapy* (pp.33-56). Washington, DC: American Psychological Association.

Austin, J. T., & Vancouver, J. B. (1996). Goal constructs in psychology: Structure, process, and content. *Psychological Bulletin, 120*, 338-375.

BACP. (2002a). *Ethical Framework for Good Practice in Counselling and Psychotherapy*. Rugby: BACP.

BACP. (2002a). *Guidelines for Counselling in Schools*. Rugby: BACP.

BACP. (2002b). *Ethical Framework for Good Practice in Counselling and Psychotherapy*. Rugby: BACP.

Bambling, M., King, R., Reid, W., & Wegner, K. (2008). Online counselling: The experience of counsellors providing synchronous single-session counselling to young people. *Counselling and Psychotherapy Research: Linking research with practice, 8*(2), 110-116.

Bampton, R. & Cowton, J. (2002). The E-Interview. *Forum Qualitative Social Research*, *3*(2). Retrieved November 20, 2014, from: http://www.qualitative-research.net/fqs-texte/2-02/2-02bamptoncowton-e.htm.

Barak, A. (1999). Psychological applications on the Internet: A discipline on the threshold of a new millennium. *Applied & Preventive Psychology, 8*, 231-245.

Barak, A., & Grohol, J. M. (2011). Current and future trends in internet-supported mental health interventions. *Journal of Technology in Human Services, 29*, 155-196.

Barak, A., Hen, L., Boniel-Nissim, M., & Shapira, N. (2008). A comprehensive review and a meta-analysis of the effectiveness of internet-based psychotherapeutic interventions. *Journal of Technology in Human Services, 26,* 109-160.

Barak, A., Klein, B., & Proudfoot, J. (2009). Defining internet-supported therapeutic interventions. *Annals of Behavioral Medicine, 38*, 4-17.

Bargh, J. A., & McKenna, K. Y. A. *(*2004*).* The internet and social life. *Annual Review of Psychology*, *55,* 573-590.

Beattie, A., Shaw, A., Kaur, S., & Kessler, D. (2009). Primary-care patients' expectations and experiences of online cognitive behavioural therapy for depression: A qualitative study. Health Expectations. *An International Journal of Public Participation in Health Care & Health Policy, 12*(1), 45-59.

Beitman, B. D., Soth, A. M., & Bomby, N. A. (2005). The future as an integrating force through the schools of psychotherapy. In J. C. Norcross & M.

R. Goldfried (eds), *Handbook of psychotherapy integration* (pp. 65-83). New York: Oxford University.

Beresford, B. (1997). *Personal Accounts: Involving Disabled Children in Research*. Social Policy Research Unit, New York.

Berger, J. (1972). *Ways of Seeing*. New York: Penguin Books.

Berking, M., Holtforth, M. G., Jacobi, C., & Kröner-Herwig, B. (2005). Empirically based guidelines for goal-finding procedures in psychotherapy: Are some goals easier to attain than others? *Psychotherapy Research, 15*(3), 316-324.

Berking, M., Jacobi, C. & Masuhr, O. (2001). Therapieziele in der psychosomatischen Rehabilitation. Verhaltenstherapie und psychosoziale *Praxis, 33*(2), 259-272.

Binder, P., Holgerse, H., & Nielsen, G. H. (2008). Re-establishing contact: A qualitative exploration of how therapists work with alliance ruptures in adolescent psychotherapy. *Counseling and Psychotherapy Research, 8*(4), 239-245.

Bloom, J. W. (1998). The ethical practice of Web Counseling. *British Journal of Guidance & Counselling, 26*(1), 53-59.

Bloor, M. (1997). Techniques of validation in qualitative research: a critical commentary. In G. Miller and R. Dingwall (eds), *Context and Method in Qualitative Research*. London: Sage.

Blumer, H. (1969). *Symbolic interactionism*. Edgeworth Cliffs, NJ: Prentice Hall.

Bochner, A. P., Ellis, C. & Tillman-Healy, L. (1998). 'Mucking about looking for truth', in B.M. Montgomery and L.A. Baxter (eds), *Dialectical Approaches to Studying Personal Relationships*. Mahwah, NJ: Lawrence Erlbaum.

Bochner, A. P., Ellis, C., & Tillmann-Healy, L. M. (1998). Mucking around looking for truth. In B. Montgomery & L. Baxter (eds), *Dialectical approaches*

to studying personal relationships (pp. 41-62). Mahwah, N. J.: Lawrence Erlbaum Associates.

Bohart, A. C. & Tallman, K. (1999). *How Clients Make Therapy Work: The Process of Active Self-healing*. Washington: American Psychological Association.

Bohart, A. C. (2001). Emphasising the future in empathy responses. In S. Haugh & T. Merry (eds), *Empathy*. Ross-on-Wye: PCCS Books.

Bois-Reymond, M., Guit, H., Peters, E., Ravesloot, J., & Van Rooijen, E. (1994). Life-course transitions and future orientations of Dutch youth. *Young, 2*, 3-20.

Bond, T. (2004). Ethical Guidelines for Researching Counselling and Psychotherapy. *Counselling and Psychotherapy Research*, *4*(2), 10-19.

Boneva, B. S., Quinn, A., Kraut, R. E., Kiesler, S., & Shklovski, I. (2006). Teenage communication in the instant messaging era. In R. Kraut, M. Brynin & S. Kiesler (eds), *Computers, phones, and the Internet: Domesticating information technology* (pp. 201-218). New York: Oxford University Press.

Bordin, E. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice, 16*(3), 252-260.

Bordin, E. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice, 16*, 252-60.

Bordin, E. (1994). Theory and Research on the Therapeutic Working Alliance: New Directions. In A. Horvath & L. Greenberg (eds), *The Working Alliance: Theory, Research, and Practice*. New York: Wiley, 13-37.

Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Thousand Oaks, London, & New Delhi: SAGE Publications.

Bradley, J., Murphy, S., Fugard, A. J. B., Nolas, S. M., & Law, D. (2013). What kind of goals do children and young people set for themselves in therapy?

Developing a goals framework using CORC data. *The Child and Family Clinical Psychology Review, 1*(1), 8-18.

Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101.

British Medical Association. (2003). *Adolescent Health*. London: BMA. Retrieved April 26, 2014, from: http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFAdolescentHealth/$FILE/Adhealth.pdf.

British Psychological Society. (2007). *Guidelines for ethical practice in psychological research online*. Leicester: British Psychological Society.

British Psychological Society. (2010). *Code of human research ethics*. Leicester, UK: BPS Press.

Bryant, A. (2012). Re-grounding Grounded Theory. *The Journal of Information Technology Theory and Application (JITTA), 4*(1), 25-42.

Burr, V. (1995). *An introduction to social constructionism*. London: Routledge.

Business Insider. (2013). *Paul Krugman Responds To All the People Throwing Around His Old Internet Quote*. Retrieved February 5, 2015, from: http://www.businessinsider.com/paul-krugman-responds-to-internet-quote-2013-12?IR=T.

Busseri, M. A., & Tyler, J. D. (2003). Interchangeability of the working alliance inventory and working alliance inventory, short form. *Psychological Assessment, 15*, 193-197.

Butler, A. C., Chapman, J. E., Forman, E. M., & Beck, A. T. (2006). The empirical status of cognitive-behavioral therapy: A review of meta-analyses. *Clinical Psychology Review, 26*(1), 17-31.

Callahan, A & Inckle K (2012) Cybertherapy or Psychobabble? A Mixed Methods Study into Online Emotional Support. *British Journal of Counselling and Psychotherapy, 40*(3), 261-278.

Carroll, L. (1865, 1872). *Alice's Adventures in Wonderland*. London: The Bodley Head.

Carver, C. S., & Scheier, M. F. (1990). Origins and functions of positive and negative affect: A control-process view. *Psychological Review, 97*, 19-35.

Carver, C. S., & Scheier, M. F. (1990). Principles of self regulation: Action and emotion. In E. T. Higgins & R. M. Sorrentino (eds), *Handbook of motivation and cognition: Foundations of social behavior* (Vol. 2, pp. 352). New York & London: The Guilford Press.

Chan, F., Shaw, L., McMahon, B., Koch, L., & Strauser, D. (1997). A model for enhancing rehabilitation counselor-consumer working relationships. *Rehabilitation Counseling Bulletin, 41*, 122-134.

Chardon, L., Bagraith, K., & King, R. (2011). Counseling activity in single-session online counseling with adolescents: An adherence study. *Psychotherapy Research, 21*(5), 583-592.

Charmaz, K. (2000). Grounded theory: Objectivist and constructivist methods. In N.K. Denzin & Y.S. Lincoln (eds), *Handbook of qualitative research* (pp. 509-535). Thousand Oaks, CA: Sage.

Charmaz, K. (2006). *Constructing Grounded Theory*. London: Sage.

Charmaz, K. (2008). Constructionism and the grounded theory method. In J.A. Holstein & J.F. Gubrium (eds), *Handbook of constructionist research* (pp. 397-412). New York: The Guilford Press.

Childline. (2014). *Can I tell you something: What is affecting children in 2013*. London: NSPCC. Retrieved May 1, 2014, from: http://www.nspcc.org.uk/news-and-views/media-centre/press-releases/2014/childline-report/childline-report_can-i-tell-you-something_wdf100354.pdf.

Claringbull, N. (2011). Series, editor's preface. In H.L. Reid & J. Westergaard (eds), *Effective counselling with young people*. Exeter: Learning Matters.

Clark, D. A. & Beck, A. T. (1999). *Scientific Foundations of Cognitive Theory and Therapy of Depression*. New York: John Wiley.

Cohen, L., & Manion, L. (Eds). (1994). *Research methods in education*. London: Routledge.

Cohen, L., & Manion, L. (Eds). (2000). *Research methods in education*. London: Routledge.

Coleman, J. & Brooks, F. (2009). *Key data on adolescence. Young People in Focus*. Brighton.

Coleman, J. (2010). *The nature of adolescence: 4th Edition*. Routledge. London.

Coleman, J., Hendry, L., & Kloep, M. (Eds). (2007). *Adolescence and health*. Wiley Blackwell. Oxford.

Collishaw, S., et al. (2004). Time trends in adolescent mental health. *Journal of Child Psychology and Psychiatry, 45*(8), 1350-1362.

Cook, J. E., & Doyle, C. (2002). Working alliance in online therapy as compared to face-to-face therapy: Preliminary results. *CyberPsychology & Behavior, 5*(2), 95-105.

Cooper, M. & McLeod, J. (2007). A pluralistic framework for counselling and psychotherapy: implications for research. *Counselling and Psychotherapy Research, 7*(3), 135-43.

Cooper, M. & McLeod, J. (2011). *Pluralistic counselling and psychotherapy*. London: Sage.

Cooper, M. & McLeod, J. (2012). From either/or to both/and: Developing a pluralistic approach to counselling and psychotherapy. *European Journal of Psychotherapy and Counselling, 14*(1), 5-18.

Cooper, M. (2003). *Existential therapies*. London: SAGE Publications.

Cooper, M. (2009) Counselling in UK secondary schools: a comprehensive review of audit and evaluation data. *Counselling and Psychotherapy Research, 9*(3), 137-150.

Cooper, M. (2009). The young person's CORE: development of a brief outcome measure for young people. *Counselling and Psychotherapy Research, 9*(3), 160-168.

Cooper, M. (2010a). The challenge of counselling and psychotherapy research. *Counselling and Psychotherapy Research, 10*, 183-91.

Cooper, M. (2012). *A hierarchy of wants: Towards an integrative framework for counselling, psychotherapy and social change.* Unpublished monograph. Retrieved March 8, 2015, from: www.pluralistictherapy.com.

Cooper, M. (2013). *School-based counselling in UK Secondary Schools: A review and critical evaluation.* University of Strathclyde: Glasgow. Retrieved March 15, 2015, from: http://www.bacp.co.uk/schools/implementation.php

Cooper, M., Rowland, N., McArthur, K., Pattison, S., Cromarty, K., & Richards, K. (2010). Randomised controlled trial of school-based humanistic counselling for emotional distress in young people: Feasibility study and preliminary indications of efficacy. *Child and Adolescent Psychiatry and Mental Health*, *4*(12), 1-12.

Couper, M. P. (2001). The Promises and Perils of Web Surveys. In A. Westlake & W. Sykes & T. Manners & M. Rigg. (eds), *The Challenge of the Internet.* (pp. 35-56). London: Association for Survey Computing.

Coyle, D., Doherty, G., Matthews, M. & Sharry, J. (2007). Computers in talk-based mental health interventions. *Interacting with Computers, 19*(4), 545-562.

Craig, G. & Fowlie, A. (1997). *Emotional freedom techniques: The manual.* Novato, CA: Author.

Creswell, J. W., Plano Clark, V. L., Gutmann, M., & Hanson, W. (2003). Advanced mixed methods research designs. In A. Tashakkori & C. Teddlie

(eds), *Handbook of mixed methods in social & behavioral research* (pp. 209-240). Thousand Oaks, CA: Sage.

Denzin, N. K. & Lincoln, Y. S. (2005). Preface. In N. K. Denzin and Y. S. Lincoln (eds), *Handbook of qualitative research* (pp. ix-xix). Thousand Oaks, CA: Sage.

Denzin, N. K. & Lincoln, Y.S. (1994b). Introduction: Entering the field of qualitative research. In N.K. Denzin, & Y.S. Lincoln (eds), *Handbook of Qualitative Research*. Thousand Oaks, CA: Sage.

Denzin, N. K. (1978**).** *The Research Act: A Theoretical Introduction to Sociological Methods***.** New York: McGraw-Hill.

Department of Health. (2015). *Future in mind - promoting, protecting and improving our children and young people's mental health and wellbeing report*. Retrieved June 12, 2015, from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf.

Department of Health. (2015). *Improving mental health services for young people. Report of the work of the Children and Young People's Mental Health Taskforce*. Retrieved June 15, 2015, from: https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people.

Derrig-Palumbo, K., & Zeine, F. (2005). *Online Therapy: A Therapist's Guide to Expanding Your Practice*. New York: WW Norton & Company.

Dilthey, W. (1996). Hermeneutics and its history. In R. A. Makkreel & F. Rodi (eds), *Part 1 of Wilhelm Dilthey: Selected works: Vol. IV. Hermeneutics and the study of history* (pp. 33-258). Princeton, NJ: Princeton University Press.

Dilthey, W. (2002a). Studies toward the foundation of the human sciences. In R. A. Makkreel & F. Rodi (eds), *Part 1 of Wilhelm Dilthey: Selected works: Vol. III: The formation of the historical world in the human sciences* (pp. 23-90). Princeton, NJ: Princeton University Press.

Dilthey, W. (2002b). The formation of the historical world in the human sciences. In R. A. Makkreel & F. Rodi (eds), *Part 2 of Wilhelm Dilthey: Selected works: Vol. III. The formation of the historical world of the human sciences* (pp. 101-174). Princeton, NJ: Princeton University Press.

Dilthey, W. (2002c). Drafts for a critique of historical reason. In R. A. Makkreel & F. Rodi (eds), *Part 3 of Wilhelm Dilthey: Selected works: Vol. III. The formation of the historical world of the human sciences* (pp. 213-270). Princeton, NJ: Princeton University Press.

Dimsdale, J., Klerman, G., & Shershaw, J. C. (1979). Conflict in treatment goals between patients and staff. *Social Psychiatry, 14*, 1-4.

Docherty, S., & Sandelowski, M. (1999). Interviewing children. *Research in Nursing & Health, 22*, 177-185.

Doran, G. T. (1981). There's a S.M.A.R.T. way to write management's goals and objectives. *Management Review, 70*(11), 35-36.

Dowling, M., & Rickwood, D. (2013). Online counselling and therapy for mental health problems: a systematic review of individual synchronous interventions using chat. *Journal of Technology in Human Services. 31*(1), 1-21.

Driessen, M., et al. (2001). Therapeutic goals in psychological medicine-State of research and development of a standardised self-rating instrument. *Psychotherapie Psychosomatik Mmedizinische Psychologie, 51*(6), 239-245.

Du Bois-Reymond, M., et al. (1994). Life course transitions and future orientations of Dutch youth. *Young, 2*(1), 3-20.

Duncan, B. L. & Sparks, J. A. (2004). *Heroic clients, heroic agencies: Partners for change - a manual for client-directed outcome-informed therapy and effective, accountable, and just services*. E-Book: ISTC Press

Duncan, B. L., Miller, S. D., Wampold, B. E., & Hubble, M. A. (Eds). (2010). *The heart and soul of change: Delivering what works in therapy*. Washington, DC: APA.

Egan, G. (Eds) (2002). *The skilled helper: a problem-management and opportunity-development approach to helping*. Pacific Grove, California: Brooks/Cole.

Eichelberger, R. T. (1989). *Disciplined inquiry: Understanding and doing educational research.* New York: Longman.

Elder-Vass, D. (2012). *The Reality of Social Construction*. Cambridge: Cambridge University Press.

Emiliussen, J., & Wagoner, B. (2013). Setting Goals in Psychotherapy: A Phenomenological Study of Conflicts in the Position of the Therapist. *Psychology & Society, 5*(1), 16-36.

Erikson, E. H. (Eds). (1963). *Youth: Change and challenge*. New York: Basic books.

Evans, J. (2009). *Online counselling and guidance skills: A resource for trainees and practitioners*. London: SAGE Publications.

Fergus, K. D., Fitzgerald, B., Granek, L., Clemons, M., Zalany, L., & Eisen, A. (2011). The symptom appraisal of breast cancer in the context of an intimate relationship. *Journal of Health Psychology. 16*, 653-666.

Finn, J., & Banach, M. (2002). Risk management in online human services practice. *Journal of Technology in Human Services, 20*(1/2), 133-154.

Finn, J., & Barak, A. (2010). A descriptive study of e-counsellor attitudes, ethics, and practice. *Counselling and Psychotherapy Research, 10*(4), 268-277.

Fletcher-Tomenius, L., & Vossler, A. (2009). Trust in online therapeutic relationships: The therapist's experience. *Counselling Psychology Review*, *24*, 24-34.

Fox, C. & Butler, I. (2007). ''If you don't want to tell anyone else you can tell her'': Young people's views on school counselling. *British Journal of Guidance & Counselling, 35*, 97-114.

Fox, C. & Butler, I. (2009). Evaluating the effectiveness of a school-based counselling service in the UK. *British Journal of Guidance & Counselling, 37*(2), 95-106.

Frey, D. H., & Raming, H. E. (1979). A taxonomy of counseling goals and methods. *Personnel and Guidance Journal, 57*, 26-33.

Fukkink, R. (2011). Peer counseling in an online chat service: A content analysis of social support. *Cyberpsychology, Behaviour and Social Networking, 14*(4), 247-251.

Fukkink, R., & Hermanns, J. (2009a). Children's experiences with chat support and telephone support. *Journal of Child Psychology & Psychiatry, 50*(6), 759-766.

Fukkink, R., & Hermanns, J. (2009b). Counseling children at a helpline: Chatting or calling? *Journal of Community Psychology, 37*(8), 939-948.

Furstenberg, F. F., Cook, T. D., Sampson, R., & Slap, G. E. (2002). Early adulthood in cross-national perspective: Preface. *Annals of the American Academy of Political and Social Science, 580*(2), 6-15.

Geldard, D., & Geldard, K. (Eds). (2012). *Basic personal counselling: A training manual for counsellors*. Sydney, Australia: Pearson.

Geldard, G. & Geldard, K. (Eds). (2010). *Counselling adolescents: the proactive approach for young people*. London: Sage.

Geldard, K., & Geldard, D. (2004). *Counselling Adolescents: Second Edition*. London: Sage.

Geldard, K., & Geldard, D. (Eds). (2002). *Counselling children: A practical introduction*. London: Sage.

Gellatly, J., Bower, P., Hennessy, S., Richards, D. Gilbody, S., & Lovell, K. (2007). What makes self-help interventions effective in the management of depressive symptoms? Meta-analysis and meta-regression. *Psychological Medicine, 37*, 1217-1228.

Gelso, C. J., & Hayes, J. A. (1998). *The Psychotherapy Relationship: Theory, Research and Practice*. John Wiley & Sons: New York.

Gelven, M. (1989). *A Commentary on Heidegger's Being and Time.* Northern Illinois University Press.

Gendlin, E. T. (1962). *Experiencing and the creation of meaning.* New York: Free Press of Glencoe, Macmillan.

Gendlin, E. T. (1978/1979). Befindlichkeit: Heidegger and the philosophy of psychology. *Review of Existential Psychology and Psychiatry*, *16*, 43-71.

Gendlin, E. T. (1991). Thinking beyond patterns: Body, language, and situations. In B. den Ouden & M. Moen (eds), *The presence of feeling in thought* (pp. 21-151). New York: Peter Lang.

Gendlin, E. T. (1995). Crossing and dipping: Some terms for approaching the interface between natural understanding and logical formation. *Mind and Machines, 5,* 547-560.

Gendlin, E. T. (1996b). *Focusing-oriented psychotherapy: A manual of the experiential method.* New York/London: Guilford.

Gendlin, E. T. (1997a). How philosophy cannot appeal to experience, and how it can. In D. M. Levin (eds), *Language beyond postmodernism: Saying and thinking in Gendlin's philosophy* (pp. 3-41). Evanston, IL: Northwestern University Press.

Gergen, K. (1985). The Social Construction Movement in Modern Psychology. *American Psychologist*, *40*(3), 266-275.

Glaser, B. G. (1998). *Doing Grounded Theory - Issues and Discussions*. Sociology Press.

Glaser, B. J. (1978). *Theoretical Sensitivity: Advances in the Methodology of Grounded Theory.* Mill Valley, CA: Sociology Press.

Glaser, B. J., & Strauss, A. (1967). *The Discovery of Grounded Theory*. Chicago: Aldine.

Glasheen, K. J., & Campbell, M. A. (2012). Online counselling for enhancing relationships. In Costabile, Angela & Spears, Barbara (eds), *The Impact of Technology on Relationships in Educational Settings (*pp. 128-136)*. Routledge (Taylor & Francis Group): New York.

Glasheen, K. J., Campbell, M. A., & Shochet, I. M. (2013). Opportunities and challenges: School guidance counsellors' perceptions of counselling students online. *Australian Journal of Guidance and Counselling*, *23*(1), 1-14.

Goal. (n.d.). Roget's 21st Century Thesaurus, Third Edition. Retrieved March 8, 2015, from: http://www.thesaurus.com/browse/goal.

Goal. (2015). In Thesaurus.com. Retrieved February 18, 2015, from: http://www.thesaurus.com/browse/goal.

Goss, S., & Anthony, K. (Eds). (2003). *Technology in Counselling and Psychotherapy*. London: Palgrave.

Goss, S., Anthony, K., Jamieson, A., & Palmer, S. (2001). *Guidelines for Online Counselling and Psychotherapy*. Rugby: BACP.

Gray, N. J., Klein, J. D., Noyce, P. R., Sesselberh, T. S., & Cantrill, J. A. (2005). Health information-seeking behaviour in adolescence: The place of the Internet. *Social Science & Medicine, 60*(7), 1467-1678.

Green, H., McGinnity, A., Meltzer, H., et al. (2005). *Mental health of children and young people in Great Britain 2004*. London: Palgrave.

Greenberger, D., & Padesky, C. A. (1995). *Mind over mood: Change how you feel by changing the way you think*. New York: Guilford Press.

Griffith University, & BoysTown (2012). *Reconnecting Disaffected Youth through Successful Transition to Work* - Research collaboration between BoysTown and Griffith University funded by the Australian Research Council, August 2012. Retrieved March 5, 2015, from:

http://www.boystown.com.au/downloads/rep/BT-Reconnecting-Disaffected-Youth-Through-Successful-Transition-to-Work-Report.pdf.

Grohol, J. M. (2000).*The insider's guide to mental health resources online*. New York: Guilford Press.

Grosse-Holtforth, M., & Grawe, K. (2002). Bern Inventory of Treatment goals (BIT). Part 1: development and first application of a taxonomy of treatment goal themes (BIT-T). *Psychotherapy Research, 12*(1), 79-99.

Grosse-Holtforth, M. (2001). Was mo¨chten Patienten in ihrer Therapie erreichen? – Die Erfassung von Therapiezielen mit dem Berner Inventar für Therapieziele (BIT) [What do clients wish to achieve during therapy? The assessment of therapeutic goals using the Berner Inventar für Therapieziele (Bernese Inventory for Therapeutic goals) (BIT)]. *Verhaltenstherapie und Psychosoziale Praxis, 33*, 241-258.

Grosse-Holtforth, M., & Grawe, K. (2002). Bern Inventory of Treatment goals (BIT). Part 1: development and first application of a taxonomy of treatment goal themes (BIT-T). *Psychotherapy Research, 12*, 79-99.

Grosse-Holtforth, M., Reubi, I., Ruckstuhl, L., Berking, M., & Grawe, K. (2004). The value of treatment-goal themes for treatment planning and outcome evaluation of psychiatric inpatients. *The International Journal of Social Impact of Decisional Capacity Psychiatry, 50*(1), 80-91.

Grosse-Holtforth, M., Wyss, T., Schulte, D., Trachsel, M., et al. (2009). Some like it specific: the difference between treatment goals of anxious and depressed patients. *Psychology and Psychotherapy: Theory, Research and Practice 82*, 279-290.

Hacking, I. (1999). *The Social Construction of What?* Cambridge (MA): Harvard University Press.

Hammersley, M. (2007). Assessing validity in social research, In P. Alasuutari (eds), *Handbook of Social Research*. London: Sage.

Hanley, T., & Reynolds, D. (2009). Counselling Psychology and the Internet: A review of the quantitative research into online outcomes and alliances within text based therapy. *Counselling Psychology Review 24*(2), 4-13.

Hanley, T. (2004). E-Motion Online. *Counselling and Psychotherapy Journal, 15*(1), 48-49.

Hanley, T. (2006). Developing youth friendly online counselling services in the United Kingdom: A small scale investigation into the views of practitioners. *Counselling and Psychotherapy Research, 6*(3), 182-185.

Hanley, T. (2008). *The Therapeutic Alliance in Online Youth Counselling.* Unpublished PhD thesis. University of Manchester.

Hanley, T. (2009). The working alliance in online therapy with young people: Preliminary findings. *British Journal of Guidance & Counseling, 37*(3), 257-269.

Hanley, T. (2011). Understanding the Online Therapeutic Alliance through the eyes of adolescent service users. *Counselling and Psychotherapy Research, 12*(1), 35-43.

Hanley, T., Ersahin, Z., & Sefi, A. (in preperation). Supporting students using online counselling: what therapeutic goals do young people identify and what are the implications for educational providers? To be submitted to the: *Journal of Psychologists and Counsellors in Schools.*

Hanley, T., Sefi, A. & Ersahin, Z. (2016). From Goals to Tasks and Methods. In M. Cooper & W. Dryden (eds), *Handbook of Pluralistic Counselling and Psychotherapy*. London: Sage.

Hanley, T., Sefi, A., & Lennie, C. (2011). Practice-based evidence in school-based counselling. *Counselling and Psychotherapy Research, 11*(4), 300-309.

Hanley, T., Williams, G., & Sefi, A. (2012). Pluralistic counselling for young people. In T. Hanley, N. Humphrey, & C. Lennie (eds), *Adolescent Counselling Psychology*. London: Routledge.

Harden, A., Brunton, G., Fletcher, A., Oakley, A., Burchett, H., & Backhans M. (2006). *Young people, pregnancy and social exclusion: A systematic synthesis of research evidence to identify effective, appropriate and promising approaches for prevention and support*. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

Harden, J., Scott, S., Backett-Milburn, K., & Jackson, S. (2000b). Can't talk, won't talk: methodological issues in researching children. *Sociological Research Online, 5,* retrieved May 23, 2014, from: http://www.socresonline.org.uk/5/2/harden.html.

Harkness, S., & Skipp, A. (2013). *Lone mothers, work and depression*. Nuffield Foundation.

Harré, R. (2002). Public sources of the personal mind: Social constructionism in context. *Theory & Psychology, 12,* 611-623.

Harré, R. (2012). Positioning theory: Moral dimensions of social-cultural psychology. In J. Valsiner (eds), *Oxford handbook of culture and psychology*. Oxford: Oxford University Press.

Harris, B., & Pattison, S. (2004). *Research on Counselling Children and Young People: A Systematic Scoping Review*. Rugby: BACP.

Harris, B., & Pattison, S. (2006). *Counselling children and young people: a review of the evidence for its effectiveness*. Rugby: BACP.

Hart, C. (1998). *Doing the Literature Review: Releasing the Social Science Research Imagination*. London: Sage.

Hastings, B. (2002). Social Constructionism and the Legacy of James' Pragmatism. *Theory & Psychology*, *12*(5), 714-720.

Hawley, K. M., & Weisz, J. R. (2003). Child, parent, and therapist (dis)agreement on target problems in outpatient therapy: The therapist's dilemma and its implications. *Journal of Consulting and Clinical Psychology, 71*, 62-70.

Hayes, N. (1997). *Doing Qualitative Analysis in Psychology*. Hore, UK: Psychology Press.

Heidegger, M. (1996). *Being and time* (J. Stambaugh, Trans.). Albany: SUNY Press. (Original work published 1927).

Henshilwood, C. S. (2012). The Still Bay and Howiesons Poort: 'Palaeolithic' techno-traditions in southern Africa. *Journal of World Prehistory*, *25*, 205-237.

Higginson, S., & Mansell, W. (2008) What is the Mechanism of Psychological Change? A Qualitative Analysis of Six Individuals who Experienced Personal Change and Recovery Following a Significant Life Difficulty. *Psychology and Psychotherapy: Theory, Research and Practice, 81*, 309-328.

Hill, A., Cooper, M., Pybis, J., Cromarty, K., Pattison, S., Spong, S., Dowd, C., Leahy, C., Couchman, A., Rogers, J., Smith, K., & Maybanks, N. (2011). *Evaluation of the Welsh School-based Counselling Strategy*. Cardiff: Welsh Government Social Research.

Hill, M. (1997). Participatory research with children. *Child & Family Social Work*, *2*, 171-183.

Hine, C. (Eds). (2005). *Virtual Methods: issues in Social Research on the Internet*. Oxford: Berg.

Hong, H. V., & Hong E. H. (Eds). (1999). *Kierkegaard, Søren. Søren Kierkegaard's Journals and Papers*. Bloomington: Indiana University Press.

Horvath, A. O. (2005). The therapeutic relationship: Research and theory. *Psychotherapy Research, 15*(1-2), 3-7.

Horvath, A. O., Del Re, A., Fluckiger, C., & Symonds, D. B. (2011). Alliance in individual psychotherapy, *Psychotherapy, 48*(1), 9-16.

Howard, G. S. (1985). The role of values in the science of psychology. *American Psychologist, 40*, 255-265.

Hubble, B., Duncan, L., & Miller S. D. (2000). *The heart and soul of change: What works in therapy*. Washington, DC: American Psychological Association.

International Society for Mental Health Online (ISMHO). (2000). *Suggested principles for the online provision of mental health services*. Retrieved April 2, 2015, from: https://www.ismho.org/suggestions.asp.

Ivey, A. E., & Ivey, M. B. (Eds) (2007). *Intentional interviewing and counseling: Facilitating client development in a multicultural society*. Pacific Grove, CA: Brooks/Cole.

James, W. (1909/1978). *The Meaning of Truth: A sequel to Pragmatism.* Cambridge, MA: Harvard University Press.

Kazdin, A. E. (2000). *Psychotherapy for Children and Adolescents: Directions for Research and Practice*. New York: Oxford University Press.

Kazdin, A. E. (2008). Evidence-based treatment and practice: New opportunities to bridge clinical research and practice, enhance the knowledge base, and improve patient care. *American Psychologist, 63*, 146-159.

Kazdin, A. E., & Weisz, J. R. (2003). *Evidence-based Psychotherapies for Children and Adolescents*. New York: Guilford Press, 2003.

Kelley, S. D., de Andrade, A. R., Sheffer, E., & Bickman, L. (2010). Exploring the black box: Measuring youth treatment process and progress in usual care. *Administration and Policy in Mental Health and Mental Health Services Research, 37*, 287-300.

Khan, S., & Mishra, V. (2008). *Youth Reproductive and Sexual Health*. DHS Comparative Reports No. 19. Calverton, Maryland, USA: Macro International Inc.

Khelifa, M. (2007). Online counseling: Competing ethically and safely in a global environment. *The Electronic Journal of the American Association of Behavioral and Social Sciences, 10*. Retrieved March 12, 2015, from: http://aabss.org/journal2007/.

Kids Help Line. (2007). *Kids Help Line 2006 overview- Issues concerning children and young people*. Retrieved March 11, 2015, from: http://www.kidshelp.com.au/upload/18423.pdf

Kids Help Phone. (2005). *Kids Help Phone: Helping Canadian kids online*. Retrieved March 11, 2015, from: http://org.jeunessejecoute.ca/media/26276/kidshelpphoneonlinereport2005.pdf.

Kim-Cohen, J., Caspi, A., Moffitt, T. E., Harrington, H., Milne, B.J., & Poulton, R. (2003). Prior juvenile diagnoses in adults with mental disorder: Developmental follow-back of a prospective-longitudinal cohort. *Archives of General Psychiatry, 60*, 709-717.

King, R., Bambling, M., Lloyd, C., Gomurra, R., Smith, S., Reid, W., & Wegner, K. (2006a). Online counselling: the motives and experiences of young people who choose the Internet instead of face-to-face or telephone counselling. *Counselling and Psychotherapy Research, 6*(3), 169-174.

King, R., Bambling, M., Reid, W., & Thomas, I. (2006b). Telephone and online counselling for young people: A naturalistic comparison of session outcome, session impact and therapeutic alliance. *Counselling & Psychotherapy Research, 6,* 175-181.

Kirk, S. (2007). Methodological and ethical issues in conducting qualitative research with children and young people: a literature review. *International Journal of Nursing Studies. 44*(7), 1250-1260.

Kooth.com. (2014). *Award winning online counselling for 11-25 year olds, update, 2014*. Retrieved April 1, 2015, from: http://www.xenzone.com/kooth.html.

Kottler, J. A., & Carlson, J. (2014). *On being a master therapist: Practicing what we preach*. New York, NY: Wiley.

Kowalik, Z. J., Schiepek, G., Kumpf, K., Roberts, L. E., & Elbeert, T. (1997). Psychotherapy as a chaotic process, II: The application of non linear analysis

methods on quasi time-series of the client-therapist interaction: A nonstationary approach. *Psychotherapy Research, 7,* 179-218.

Kraus, R., Striker, G., & Zack, J. S. (2010). *Online counselling: A handbook for mental health professionals*. San Diego, CA: Elsevier.

Kraut, R. E. (2003). Applying social psychological theory to the problems of group work. In J. Carroll (eds), *HCI Models, Theories and Frameworks: Toward A Multidisciplinary Science* (pp. 325-356). New York: Morgan Kaufman.

Kraut, R. E., Olson, J., Manaji, M., Bruckman, A., Cohen, J., & Couper, M. (2003). Psychological research online: Opportunities and challenges. *American Psychologist, 59*(2), 105-117.

Krugman, P. (1998). Why Most Economists' Predictions Are Wrong. *Red Herring, June 1998.*

Lago, C. (1996). Computer therapeutics. *Counselling, 7,* 287-289.

Lambert, M. (2013). The efficacy and effectiveness of psychotherapy. In M.J. Lambert (eds), *Bergin and Garfield's Handbook of Psychotherapy and Behaviour Change* (pp. 169-218). Hoboken, NJ: John Wiley & Sons.

Lambert, M. J., & Barley, D. E. (2002). Research summary on the therapeutic relationship and psychotherapy outcome. In J. C. Norcross (eds), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 17-32). Oxford, England: Oxford University Press.

Lambert, M. J., & Ogles, B. M. (2004). The efficacy and effectiveness of psychotherapy. In M. J. Lambert (eds), *Bergin and Garfield's handbook of psychotherapy and behavior change* (pp. 139-193). New York: Wiley.

Lanz, M., & Rosnati, R. (2002). Adolescents' and young adults' construction of the future: Effects of family relations, self-esteem, and sense of coherence. In J. Trempała & L.E. Malmberg (eds), *Adolescents' future-orientation. Theory and research* (Vol. 691). Frankfurt am Main: Peter Lang.

Lanz, M., Rosnati, R., Marta, E., & Scabini, E. (2001). Adolescents' future: A comparison of young people's and their parents' views. In J. E. Nurmi (eds), *Navigation through adolescence* (pp. 169-197). NY: Routledge Falmer.

Lanz, M., Rosnati, R., Marta, E., & Scabini, E. (2001). Adolescents' future: A comparison of young people's and their parents' views. In J. E. Nurmi (eds), *Navigating through adolescence: European perspectives.* New York & London: Routledge Falmer.

Law, D. (2006). *Child and Adolescent Mental Health Services Outcome Research Consortium, Goal Based Outcome Tool*. Retrieved April 1, 2015, from: http://www.corc.uk.net/resources/measures/practitioner/.

Law, D. (2006). *Goal Based Outcomes (GBOs): Some Useful Information*. Internal CORC publication. Retrieved December 27, 2014, from: www.corc.uk.net.

Law, D. (2011). *Goals and goal based outcomes (GBOs): Some useful information. Version 2.0*. Retrieved January 4, 2015, from: www.corc.uk.net/wp-content/uploads/2012/03/Goals-and-Goal-Based-Outcomes_Sep2011.pdf.

Law, D. (2013). *Goals and Goal-based Outcomes (GBOs) Some Useful Information Version 3.0*. CAMHS Press: London.

Leeds-Hurwitz, W. (2009). Social construction of reality. In S. Littlejohn, & K. Foss (eds), *Encyclopedia of communication theory* (pp. 892-895). Thousand Oaks, CA: SAGE Publications.

Lerner, R. M., & Steinberg, L. (Eds). (2004). *Handbook of adolescent psychology*. Hoboken, NJ: John Wiley & Sons Inc.

Locke, E. A., & Latham, G. P. (2006). New directions in goal-setting theory. *Current Directions in Psychological Science, 15*, 265-268.

Locke, E. A., & Latham, G. P. (Eds). (2013). *New developments in goal setting and task performance*. New York: Routledge.

Locke, E. A., & Latham, G. P. (2002). Building a practically useful theory of goal setting and task motivation: A 35-year odyssey. *American Psychologist, 57*, 705-717.

Luborsky, L., Singer, B., & Luborsky, L. (1975). Comparative studies of psychotherapies. *Archives of General Psychiatry, 32*, 995-1008.

Mackrill, T. (2010). Goal consensus and collaboration in psychotherapy: An existential rationale. *Journal of Humanistic Psychology, 50*(1), 96-107.

Maher, C. A., & Barbrack, C. R. (1984). Evaluating the individual counseling of conduct problem adolescents: the goal attainment scaling method. *Journal of School Psychology, 22*(3), 285-297.

Mahon, A., Glendinning, C., Clarke, K., & Craig, G. (1996). Researching children: methods and ethics. *Children and Society 10*, 145-154.

Manhal-Baugus, M. (2001). E-therapy: Practical, Ethical, and Legal Issues. *CyberPsychology & Behavior, 4*(5), 551-563.

Marks, I. M., Cavanagh, K., & Gega, L. (2007). *Hands-on help: computer-aided psychotherapy*. Hove, East Sussex: Psychology Press.

Massey, E. K., Gebhardt, W. A., & Garnefski, N. (2008). Adolescent goal content and pursuit: A review of the literature from the past 16 years. *Developmental Review, 28*, 421-460.

Maxwell, J. (1996). *Qualitative Research Design: An Interpretive Approach*. Thousand Oaks, CA: Sage.

McArthur, K., Cooper, M., & Berdondini, L. (2012). School-based humanistic counseling for psychological distress in young people: Pilot randomized controlled trial. *Psychotherapy Research, 23*(3), 355-365.

McDougall, J., & King, G. (Eds). (2007). *Goal attainment scaling: Description, utility, and applications in pediatric therapy services*. London, Ontario: Thames Valley Children's Centre. Retrieved June 15, 2015, from: http://www.mc.uky.edu/healthsciences/grants/ptcounts/docs/gasmanual2007.pdf

McKenzie, K., Murray, G., Prior, S., & Stark, L. (2011). An evaluation of a school counselling service with direct links to Child and Adolescent Mental Health (CAMH) services. *British Journal of Guidance & Counselling, 39*(1), 67-82.

McLaughlin, C., Holliday, C., Clarke, B., & Ilie, S. (2013). *Research on Counselling Children and Young People: A systematic Scoping Review of the Evidence for its Effectiveness from 2003-2011.* British Association for Counselling and Psychotherapy.

McLeod, J. (2001). *Qualitative counselling and psychotherapy research.* London: Sage.

Mental Health Foundation. (2007a). *Listen up! Person-centred approaches to help young people experiencing mental health and emotional problems.* London: MHF. Retrieved April 5, 2015, from: www.mentalhealth.org.uk/publications.

Mental Health Foundation. (2007b). *A Two-Way Street: the importance of friendship and social support for people experiencing mental health problems.* London: MHF. Retrieved April 5, 2015, from: www.mentalhealth.org.uk/campaigns.

Mental Health Foundation. (2006). *Truth hurts: report of the National Inquiry into self-harm among young people.* London: Mental Health Foundation.

Mental Health Foundation. (2006a). *Cheers? Understanding the relationship between alcohol and mental health.* London: Mental Health Foundation. Retrieved April 13, 2015, from: www.mentalhealth.org.uk/publications.

Mertens, D. M. (Eds). (2005). *Research methods in education and psychology: Integrating diversity with quantitative and qualitative approaches.* Thousand Oaks: Sage.

Michalak, J., Klappheck, M. A., & Kosfelder, J. (2004). Personal goals of psychotherapy patients: The intensity and the ''why'' of goal-motivated

behavior and their implications for the therapeutic process. *Psychotherapy Research, 14*, 193-209.

Midgley, N., & Kennedy, E. (2011). Psychodynamic psychotherapy for children and adolescents: a critical review of the evidence base. *Journal of Child Psychotherapy 37*(3), 1-29.

Miller, S. D., Duncan, B. L., & Hubble, M. A. (2005). Outcome-informed clinical work. In J. C. Norcross & M. R. Goldfried (eds), *Handbook of psychotherapy integration* (pp. 84-102). New York: Oxford University Press.

Miller, S. D., Wampold, B. E., & Varhely, K. (2008). Direct comparisons of treatment modalities for youth disorders: A meta-analysis. *Psychotherapy Research, 18*, 5-14.

Morgan, D. (2007). Paradigms Lost and Pragmatism Regained: methodological implications of combining qualitative and quantitative methods. *Journal of Mixed Methods Research*, *1*(1), 48-76.

Morrow, V., & Richards, M. (1996). The ethics of social research with children: an overview. *Children and Society, 10*, 90-105.

Murphy, L., Parnass, P., Mitchell, D., Hallett, R., Cayley, P., & Seagram, S. (2009). Client satisfaction and outcome comparisons of online and face-to-face counselling methods. *British Journal of Social Work, 39*(4), 627-640.

National Institute for Health and Clinical Excellence. (2005). *Depression in Children and Young People*. London: NICE.

National Institute for Health and Clinical Excellence. (2009). *The Guidelines Manual*. London: National Institute for Health and Clinical Excellence. Retrieved February 16, 2015, from: http://www.nice.org.uk/aboutnice/howwework/developingniceclinicalguidelines /clinicalguidelinedevelopmentmethods/GuidelinesManual2009.jsp.

Newton, N. (2010). *The use of semi-structured interviews*. Retrieved November 18, 2014, from: http://www.academia.edu/1561689/The_use_of_semi-structured_interviews_in_qualitative_research_strengths_and_weaknesses.

Norcross, J. C., & Lambert, M. J. (2011). Evidence-based therapy relationships. In J. C. Norcross (eds), *Psychotherapy Relationships that Work: Evidence-Based Responsiveness* (pp. 3-21). New York, Oxford University Press.

Norcross, J. C. (2002a). Empirically supported therapy relationships. In J. C. Norcross (eds), *Psychotherapy Relationships that Work: Therapist Contributions and Responsiveness to Patients* (pp. 3-16). Oxford: Oxford University Press

Norcross, J. C. (2010). The therapeutic relationship. In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble (eds), *The heart and soul of change: Delivering what works in therapy*, 2nd edition, pp. 113-141. Washington, DC: APA.

Norcross, J. C. (2014). *Tailoring psychotherapy to the individual client: Treatment adaptations that work*. Invited talk to the 28th International Congress of Applied Psychology, Paris, France, June 15th.

Norcross, J. C. (Eds). (2002). *Psychotherapy relationships that work: Therapist contributions and responsiveness to patient needs*. New York: Oxford University Press.

Norcross, J. C. (Eds). (2002b). *Psychotherapy Relationships that Work: Therapists Contributions and Responsiveness to Patients*. New York: Oxford University Press.

Norcross, J. C., & Hill, C. (2004). Empirically supported (therapy) relationships: ESRs. *The Clinical Psychologist, 57*.

Norcross, J. C., & Wampold, B. E. (2011). Evidence-based therapy relationships: Research conclusions and clinical practices. *Psychotherapy, 48*, 98-102.

Norcross, J., Levant, R., & Beutler, L. (2005). *Evidence-based practices in mental health: Debate and dialogue on the fundamental questions*. Washington, D.C.: American Psychological Association Press.

Nosek, B. A., Banaji, M. R., & Greenwald, A. G. (2002). Harvesting intergroup implicitattitudes and beliefs from a demonstration Web site. *Group Dynamics, 6*(1), 101-115.

Nosek, B., Banaji, M., & Greenwald, A. (2002). E-Research: Ethics, Security, Design, and Control in Psychological Research on the Internet. *Journal of Social Issues*, *58*(1), 161-176.

Nuffield Foundation. (2013). *Social trends and mental health: introducing the main findings.* London: Nuffield Foundation.

Nurmi, J. E. (1987). Age, sex, social class, and quality of family interactions as determinants of adolescents' future orientation: A developmental task interpretation. *Adolescence*, *22*, 977-991.

Nurmi, J. E. (1991). How do adolescents see their future? A review of the development of future orientation and planning. *Developmental Review, 11*, 1-59.

Nurmi, J. E. (1993). Adolescents' development in an age-graded context: The role of personal beliefs, goals and strategies in the tackling of developmental tasks and standards. *International Journal of Behavioral Development, 16*, 169-189.

Nurmi, J. E. (2001). Adolescents' self-direction and self-definition in age-graded sociocultural and interpersonal contexts. In J. E. Nurmi (eds), *Navigating through adolescence. European perspectives* (pp. 229-249). New York & London: Routledge Falmer.

NVivo. Retrieved May 10, 2014, from: http://en.wikipedia.org/wiki/QSR_International.

Office for National Statistics. (2015). *Internet Access – Households and Individuals 2014.* Retrieved March 4, 2015, from: http://www.ons.gov.uk/ons/dcp171778_373584.pdf.

Office for National Statistics. (1997). *Psychiatric morbidity among young offenders in England and Wales.* London: Office for National Statistics.

Orlinski, D. E., Ronnestad, M. H., & Willutzki, U. (2004). Fifty years of process-outcome research: Continuity and change. In M. Lambert (eds), *Handbook of psychotherapy and behaviour change* (pp. 307-389). New York: Wiley.

Oyserman, D., & Fryberg, S. (2006). The possible selves of diverse adolescents: Content and function across gender, race, and national origin. In C. Dunkel & J. Kerpelman (eds), *Possible selves: Theory, research and applications.* Hauppauge, NY: Nova Science Publishers.

Oyserman, D., & Markus, H. R. (1990). Possible selves and delinquency. *Journal of Personality and Social Psychology, 59*, 112-125.

Oyserman, D., Bybee, D., & Terry, K. (2006). Possible selves and academic outcomes: How and when possible selves impel action. *Journal of Personality and Social Psychology, 91*, 188-204.

Pardee, R. L. (1990). *Motivation theories of Maslow, Herzberg, McGregor and McClelland. A literature review of selected theories dealing with job satisfaction and motivation.* Educational Resources Information Centre (ERIC). Retrieved March 7, 2015, from: http://files.eric.ed.gov/fulltext/ED316767.pdf.

Parks, M. R., & Roberts, L. D. (1998). Making MOOsic: The development of personal relationships online and a comparison to their offline counterparts. *Journal of Social and Personal Relationships, 15*, 517-537.

Pattison, S., Hanley, T., Pykhtina, O. & Ersahin, Z. (2015). Extending Practice: New horizons and contexts. In M. Robson & S. Pattison. (eds), The *Sage Handbook for Counselling Children and Young People.* London: Sage.

Prout, T. A., & Wadkins, M. J. (2014). *Essential Interviewing & Counseling Skills: An. Integrated Approach to Practice*. New York: Springer Publishing.

Putnam, H. (1977). Realism and Reason. *Proceedings of the American Philosophical Association, 50*, 483-498.

Putnam, H. (1981). *Reason, truth, and history*. Cambridge: Cambridge University Press.

Putnam, H. (Eds). (1990). *Realism with a human face.* Cambridge: Cambridge University Press.

Ralph, N., Birks, M., & Chapman, Y. (2014). *Contextual Positioning: Using Documents as Extant Data in Grounded Theory Research*. London: Sage.

Reason, P. (Eds). (1994a). *Participation in Human Inquiry*. London: Sage.

Reid, H. L., & Westergaard, J. (2011). Effective *Counselling with Young People*. Exeter: Learning Matters.

Rennie, D., & Fergus, K. (2001). It rises from my gut: embodied categorizing. *Paper presented at the annual meeting of the International Society for Theoretical Psychology*, York University, Ontario, Canada.

Rennie, D. (1994a). Clients' deference in psychotherapy. *Journal of Counseling Psychology*, *41*, 427-437.

Rennie, D. (2000). Grounded Theory methodology as methodological hermeneutics: reconciling realism and relativism. *Theory and Psychology*, *10*(4), 481-502.

Rennie, D. (2001). The client as a self-aware agent in counselling and psychotherapy. *Counselling and Psychotherapy Research*, *1*(2), 82-89.

Rennie, D. L. & Fergus, K. D. (2006). Embodied Categorizing in the Grounded Theory Method. *Theory and Psychology, 16*(4), 483-503.

Rennie, D. L. (1998a). Grounded theory methodology: the pressing need for a coherent logic of justification, *Theory and Psychology, 8*(10), 1-19.

Rennie, D. L. (1999). Qualitative research: A matter of hermeneutics and the sociology of knowledge. In M. Kopala & L. Suzuki (eds), *Using qualitative methods in psychology* (pp. 3-13). Thousand Oaks, CA: Sage.

Rennie, D. L., Phillips, J. R., & Quartaro, J. K. (1988). Grounded theory: a promising approach for conceptualization in psychology? *Canadian Psychology, 29*(13), 9-50.

Richards, D. (2009). Features and benefits of online counselling: Trinity College online mental health community. *British Journal of Guidance & Counselling, 37*(3), 231-242.

Richards, D., & Viganó, N. (2012). Online Counseling. In Y. Zheng (eds), *Encyclopedia of Cyber Behavior* (Vol. 1, pp. 699-713). New York: IGI Global Text.

Richards, D., & Viganò, N. (2013). Online counseling: A narrative and critical review of the literature. *Journal of Clinical Psychology, 69*(9), 994-4011.

Rickwood, D. (2012). Entering the e-spectrum of interventions for youth mental health. *Youth Studies Australia, 31*(4), 18-27.

Robinson, K. (2001). Unsolicited narratives from the Internet: A rich source of qualitative data. *Qualitative Health Research*, *18*, 179-183.

Robson, C. (2002). *Real World Research: Second Edition.* Oxford: Blackwell Publishing.

Robson, D., & Robson, M. (1998). Intimacy and computer communication. *British Journal of Guidance and Counselling, 26*(1), 33-42.

Rochlen, A. B., Zach, J .S., & Speyer, C. (2004). Online therapy: Review of relevant definitions, debates, and current empirical support. *Journal of Clinical Psychology, 60*, 269-283.

Rogers, C. R. (1957). The Necessary and Sufficient Conditions of Therapeutic Personality Change. *Journal of Consulting Psychology, 21*, 95-103.

Rupani, P., Cooper, M., McArthur, K., Pybis, J., Cromarty, K., Hill, A., Levesley, R., Murdoch, J., & Turner, N. (2014). The goals of young people in school-based counselling and their achievement of these goals. *Counselling and Psychotherapy Research, 14*(4), 306-314.

Salmela-Aro, K., & Little, B. (2007). Goal-related social ties. In B. Little, K. Salmela-Aro, & S. Phillips (eds), *Personal project pursuit: Goals, action, and human flourishing* (pp. 199-219). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.

Salmela-Aro, K., Aunola, K., & Nurmi, J. E. (2007). Personal goals during emerging adulthood: A 10-year follow-up. *Journal of Adolescent Research, 22*, 690-715.

Schneider, K. J. (Eds). (2008). *Existential-Integrative Psychotherapy: Guideposts to the Core of Practice.* New York: Routledge.

Schneider, K. J., & Krug, O. T. (2010). *Existential-Humanistic Therapy.* Washington, DC: American Psychological Association Press (Theories of Psychotherapy Series).

Schön, D. A. (1983). *The reflective practitioner: How professionals think in action.* New York: Basic Books.

Schön, D. A. (1987). *Educating the Reflective Practitioner.* San Francisco: Jossey Bass.

Sefi, A. (in press). *Counselling Goals System.* Xenzone LTD.

Sefi, A., & Hanley, T. (2012). Examining the complexities of measuring effectiveness of online counselling for young people using routine evaluation data. *Pastoral Care in Education An International Journal of Personal, Social and Emotional Development, 30*(1), 49-64.

Sempik, J., et al. (2008). Emotional and behavioural difficulties of children and young people at entry into care. *Clinical Child Psychology and Psychiatry, 13*(2), 221-233.

Shiller, I. (2009). *Online Counselling: A Review of the Literature*. East Metro Youth Services. Retrieved March 9, 2015, from: http://www.emys.on.ca/pdfs_fordownload/onlinecounselling_literaturereview.pdf.

Shirk, S. R., & Karver, M. (2011). Alliance in child and adolescent therapy. In J. Norcross (eds), *Psychotherapy relationships that work*. New York, NY: Oxford University Press.

Silverman, D. (Eds). (2001). *Interpreting Qualitative Data: Methods for analysing talk, text and interaction*. London: Sage.

Simmons, R. G., & Blyth, D. A. (1987). *Moving into adolescence: The impact of pubertal change and school context*. Hawthorne, NY: Aldine de Gruyter.

Smith, J. (1983). Quantitative versus qualitative research: an attempt to clarify the issue. *Educational Researcher*, *12*(3), 6-13.

So, M., Yamaguchi, S., Hashimoto, S., Sado, M., Furukawa, T. A., & McCrone, P. (2013). Is computerised CBT really helpful for adult depression?-A meta-analytic re-evaluation of CCBT for adult depression in terms of clinical implementation and methodological validity. *BMC psychiatry, 113*, 1471-244X.

Spencer, L., Ritchie, J., Lewis, J., & Dillon, L. (2003). *Quality in Qualitative Evaluation: A framework for assessing research evidence*. Government Chief Social Researcher's Office, London: Cabinet Office.

Spielmans, G., Gatlin, E., & McFall, J. (2010). The efficacy of evidence-based psychotherapies versus usual care for youths: Controlling confounds in a meta-reanalysis. *Psychotherapy Research, 20*(2), 234-246.

Stam, J. (2001). Introduction: Social Constructionism and its Critics. *Theory Psychology*, *11*(3), 291-296.

Stiles, W. B. (1993). Quality control in qualitative research. *Clinical Psychology Review, 13*, 593-618.

Storck, J., & Sproull, L. (1995). Through a glass darkly: What do people learn in video conferences? *Human Communication Research*, *22*(2), 197-219.

Strauss, A., & Corbin, J. (1990). *Basics in Qualitative Research: Grounded Theory Procedures and Techniques*. London: Sage.

Strauss, A., & Corbin, J. (Eds). (1998). *Basics in Qualitative Research: Techniques and Procedures for Developing Grounded Theory.* Thousand Oaks, CA: Sage.

Suler, J. (1998). *Adolescents in Cyberspace: The Good, the Bad, and the Ugly*. Retrieved February 14, 2015, from: http://p24601.rider.edu/sites/suler/psycyber/psycyber.html.

Suler, J. (1998). *Online Psychotherapy and Counseling*. Retrieved February 14, 2015, from: http://p24601.rider.edu/sites/suler/psycyber/psycyber.html.

Suler, J. (1998). *The Basic Psychological Features of Cyberspace.* Retrieved February 14, 2015, from: http://p24601.rider.edu/sites/suler/psycyber/psycyber.html.

Suler, J. (1999). *Online Lingo: Language at 'The Palace''*. Retrieved February 15, 2015, from: http://p24601.rider.edu/sites/suler/psycyber/psycyber.html.

Suler, J. (2000). *Ethics in Cyberspace Research*. Retrieved February 15, 2015, from: http://p24601rider.edu/sites/suler/psycyber/psycyber.html

Suler, J. (2001). The online clinical case study group: An email model. *CyberPsychology and Behavior, 4*, 711-722.

Suler, J. (2004). The Online Disinhibition Effect. *CyberPsychology & Behavior, 7*(3), 321-326.

Suler, J. (2004). The psychology of text relationships. In R. Kraus, J. Zack & G. Striker, *Online Counseling: a manual for mental health professionals*. London: Elsevier Academic Press.

Suler, J. (2007). *Second Life, Second Chance. The Psychology of Cyberspace*. Retrieved February 14, 2015, from: http://p24601.rider.edu/sites/suler/psycyber/psycyber.html.

Suler, J. (2004). The psychology of text relationships. In R. Kraus, J. Zack, & G. Striker (eds), *Online Counseling: a manual for mental health professionals*. London: Elsevier Academic Press.

Sussman, R. J. (1998). *Counselling today*. New York, NY: American Counselling Association.

Sussman, R. J. (2004). Counseling over the Internet: Benefits and challenges in the use of new technologies. In G.R. Waltz & C. Kirkman (eds), *Cyberbytes: Highlighting compelling uses of technology in counseling* (pp.17-20). Retrieved April 8, 2015, from: http://eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/1b/31/f5.pdf.

The United Nations Convention on the Rights of the Child. (1989). Office of the High Commissioner for Human Rights. Retrieved June 15, 2014, from: http://www.unicef.org/crc/.

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology, 8*(45), 1-10.

Thompson, A., & Cooper, M. (2012). Therapists' experiences of pluralistic practice. *European Journal of Psychotherapy and Counselling, 14*(1), 63-75.

Timimi, S. (2015). Children and Young People's Improving Access to Psychological Therapies: inspiring innovation or more of the same? *Psychiatric Bulletin, 39*, 57-60.

Timimi, S. (2015). Children and Young People's Improving Access to Psychological Therapies: inspiring innovation or more of the same? *Psychiatric Bulletin, 39*, 57-60.

Tjeltveit, A. C. (1999). *Ethics and values in psychotherapy*. New York, NY: Routledge.

Tjeltveit, A. C. (2006). To What Ends? Psychotherapy Goals and Outcomes, The Good Life and the Principle of Beneficience. *Psychotherapy: Theory, Research, Practice, Training 43*(2), 186-200.

Triangulation. (2007). In Oxford English Dictionaries Online. Retrieved June 12, 2014, from: http://www.oxforddictionaries.com/definition/english/ethics?searchDictCode=all.

Triggle, N. (2015). *A&E pressure 'spreads in hospitals'*. BBC News. Retrieved June 15, 2015, from: http://www.bbc.co.uk/news/health-30742817.

Triggle, N. (2015). *Child mental health services 'face overhaul'*. Retrieved April 12, 2015, from: http://www.bbc.co.uk/news/health-31914765.

Tryon, G. S., & Winograd, G. (2001). Goal consensus and collaboration. *Psychotherapy Theory, Research, Practice, Training, 38*, 385-389.

Tryon, G. S., & Winograd, G. (2011a). Goal consensus and collaboration. *Psychotherapy, 48*(1), 50-57.

Turkle, S. (1997). *Life on the Screen*. New York, New York: Touchstone Books.

Twigg, E., Barkham, M., Bewick, B. M., Mulhern, B., Connell, J., & Cooper, M. (2009). The young person's CORE: Development of a brief outcome measure for young people. *Counselling and Psychotherapy Research, 9*(3), 160-168.

UNESCO. (2015). *What do we mean by "youth"?* Retrieved June 5, 2015, from: http://www.unesco.org/new/en/social-and-human-sciences/themes/youth/youth-definition/.

VandenBos, G. R., & Williams, S. (2000). The internet versus the telephone: What is telehealth, anyway? *Professional Psychology: Research and Practice, 31*, 490-492.

Wampold, B. (2008). Existential-integrative psychotherapy comes of age. [Review of the book Existential-integrative psychotherapy: Guideposts to the core of practice]. *PsycCritiques, 53*(6).

Wampold, B. E. (2001). The *great psychotherapy debate: Models, methods, and findings*. Mahwah, NJ: Lawrence Erlbaum Associates.

Wampold, B. E., Imel, Z. E., Laska, K. M., Benish, S., Miller, S. D., Flückiger, C., et al. (2010). Determining what works in the treatment of PTSD. *Clinical Psychology Review, 30*, 923-933.

Ware, M., & Mabe, M. (2009). *The STM Report*. Oxford: International Association of Scientific, Technical and Medical Publishers. Retrieved May 17, 2015, from: www.stm-assoc.org.

Ware, M., & Mabe, M. (2012). *The STM Report*. Oxford: International Association of Scientific, Technical and Medical Publishers. Retrieved May 17, 2015, from: http://www.stm-assoc.org/2012_12_11_STM_Report_2012.pdf.

Watson, J. C., & Rennie, D. L. (1994). Qualitative analysis of clients' subjective experience of significant moments during the exploration of problematic reactions. *Journal of Counseling Psychology, 4*(1), 500-509.

Weisz, J. R., & Kazdin, A. E. (Eds). (2010). *Evidence-based psychotherapies for children and adolescents.* New York, NY: Guilford Press.

Weisz, J. R., Jensen, A. L., & McLeod, B. D. (2005). Development and dissemination of child and adolescent psychotherapies: Milestones, methods, and a new deployment-focused model. In E. D. Hibbs & P. S. Jensen (eds), *Psychosocial Treatments for Child and Adolescent Disorders: Empirically Based Strategies for Clinical Practice* (pp. 9-39). Washington, DC: American Psychological Association.

Weisz, J. R., Sandler, I. N., Durlak, J. A., & Anton, B. S. (2005). Promoting and protecting youth mental health through evidence-based prevention and treatment. *American Psychologist, 60*, 628-648.

Wentz, E., Nyden, A., & Krevers, B. (2012). Development of an internet-based support and coaching model for adolescents and young adults with ADHD and autism spectrum disorders: a pilot study. *European Child Adolescent Psychiatry, 21*, 611-622.

West, W., & Hanley, T. (2006). Technically incompetent or generally misguided: Learning from a failed counselling research project. *Counselling and Psychotherapy Research*, *6*(3), 209-212.

West, W. (1998). Critical subjectivity: use of self in counselling research. *Counselling, 9*(3), 228-30.

West, W. (2007). The Role of Researcher and Methodological Choices: Pragmatics, Russell, Einstein and Newton. *The Journal of Critical Psychology*, *7*(3), 168-174.

Williams, R., Bambling, M., King, R., & Abbott, Q. (2009). In-session processes in online counselling with young people: an exploratory approach. *Counselling and Psychotherapy Research, 9*(2), 93-100.

Wolak, J., Mitchell, K. J., & Finkelhor, D. (2003). Escaping or connecting? Characteristics of youth who form close online relationships. *Journal of Adolescence, 26*(1), 105-119.

Wolcott, H. (1992). Posturing in Qualitative Inquiry, In M. LeCompte, W. Millroy & J. Preissle, (eds), *The Handbook of Qualitative Research in Education* (pp. 3-52). San Diego, CA: Academic Press.

Wolpert, M., et al. (2008). *Review and recommendations for national policy for England for the use of mental health outcome measures with children and young people*. London: CAMHS EBPU.

World Health Organization (WHO). (1989). *The health of youth*. Document A42/Technical Discussions/2. Geneva: WHO.

Yager, J. (2001). E-mail as a therapeutic adjunct in the outpatient treatment of anorexia nervosa: Illustrative case material and discussion of the issues. *International Journal of Eating Disorders, 29*, 125-138.

Young, K. S. (2005). An empirical examination of client attitudes towards online counseling. *CyberPsychology & Behavior, 8*(2), 172-177.

YoungMinds. (2005a). *Minority Voices: Research into the access and acceptability of services for the mental health of young people from Black and minority ethnic groups*. London: YoungMinds. Retrieved April 13, 2015, from: www.youngminds.org.uk.

YoungMinds. (2011). *100,000 children and young people could be hospitalised due to self-harm by 2020 warns YoungMinds*. London: YoungMinds.

YoungMinds. (2011). *Talking about talking therapies: Thinking and planning about how best to make good and accessible talking therapies available to children and young people*. Retrieved April 13, 2015, from: www.iapt.nhs.uk/silo/files/talking-about-talkingtherapies.pdf.

Youth (n.d). Commission for Social Development Resolutions (E/2007/26 & E/CN.5/2007/, 2007/8). Retrieved May 15, 2015, from: http://undesadspd.org/Youth/ResourcesandPublications/Youthresolutions.aspx.

Youthnet. (2013). *Life Support - Young people's needs in a digital age*. Retrieved February 1, 2015, from: http://www.mandmglobal.com/media-passport/uk/insight/29-06-10/life-support---young-peoples-needs-in-a-digit.aspx.

Zane, N., Sue, S., Chang, J., Huang, L., Huang, J., Lowe, S., et al. (2005). Beyond ethnic match: Effects of client–therapist cognitive match in problem perception, coping orientation, and therapy goals on treatment outcomes. *Journal of Community Psychology, 33*, 569-585.

APPENDICES

Appendix A Interview Protocol

First stage: Discuss project

Ensure individuals are informed of the purpose of the work;

Remind users how long the interview may take

Obtain agreement to save and use transcripts – identifiable material will be removed

Users can withdraw at any point in time

Second stage: Counsellor's Perceptions of Goals in Counselling (Theory)

1. For how long you have been working with goals in your online practice with young people?
2. Considering you have been working with goal outcome measures for the last x months, what is your experience so far? How does that relate to your initial training or core modality of practice?
3. What are the benefits of utilising goals as an outcome measure in your practice? In what ways young people benefit from working towards their goals?
4. Are there any downsides to utilising goals as part of the therapy?
5. To what extent the online environment promotes or inhibits working towards goals with young people?
6. What strategies do you, as a counsellor, use to assist the communication of goals in the online environment?
7. At what stage of therapy you find it useful to introduce the young person with the idea of working towards a goal?
8. Did you find the initial training sufficient to work effectively with goals as an outcome measure? Have you had any training outside or read about it elsewhere?
9. Has use of goal based outcome measures changed your view of goals as an ingredient of therapy?
10. What have you experienced as key themes around YP goals in counselling? Which goals have been more effective? Has age or presenting issue made any noticeable difference to themes

Appendix B Recruitment E-mail

Calling all counsellors on Kooth! Do you have some time to spare to contribute your experiences on working with goals? If so, please e-mail me for an invitation to the interview. Interviews will last approximately an hour, utilising synchronous text-based chat (Skype). This is part of the research for my thesis for the D.Couns.Psych. at the University of Manchester, and part of the service evaluation of Kooth. Your help is much appreciated. Thank you.

Zehra Ersahin

Email: Zehra.ersahin@xenzone.com

Appendix C Information Sheet and Consent Form for Counsellors

Therapeutic goals in online youth therapy: what goals do young people identify and how do counsellors work with them?

You are being invited to participate in a research project reflecting upon young people's goals in online youth counselling. This project intends to contribute to the growing body of literature which acknowledges the importance of clients articulating therapeutic goals when entering into therapy, and counsellors' experience of working with them. In doing so, the project will require you to participate in an hour long interview, which will take part on Kooth Skype account using asynchronous text-based chat. However before you decide to participate it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

Who will conduct the research?

My name is Zehra. I'm a Counselling Psychology Trainee studying on a doctorate degree at the University of Manchester.

Title of the Research

Therapeutic goals in online youth therapy: what goals do young people identify and how do counsellors work with them?

What is the aim of the research?

The study aims to gain insight into how pluralistic online therapy manifests in working with young people.

Why have I been chosen?

This study hopes to reflect upon the experiences of counsellors on their experience of getting young people to articulate their goals in online therapy, and the challenges of working towards these goals therapeutically. As you are an online counsellor working at Kooth service, who is involved in the use of goals (CoGS, Counselling Goals System) with young people on site, you are invited share your experience in this project.

What would I be asked to do if I took part?

You will be asked to have an hour synchronous text-based chat on your experience of supporting young people to articulate their goals, and working towards their therapeutic goals.

What happens to the data collected and how is confidentiality maintained?

All the information you share will be treated sensitively as counsellor and user names will be removed from the data to maintain the research integrity School of Education committed to. Encrypted transcripts will be stored in a protected computer, and destroyed 5 years after the sessions held, as part of a compulsory requirement of the university's research policies. No data will be shared under the organization's name or without obtaining further consent.

What happens if I do not want to take part or if I change my mind?

It is up to you to decide whether or not to participate. If you do decide to participate you will be given this information sheet to keep and be asked give consent on behalf of your participation at the beginning of the research. If you decide to participate you are still free to withdraw at any time upon discussion.

What is the duration of the research?

Research analysis will start in September 2013 and it is hoped that the data collection will take approximately 3 months.

Where will the research be conducted?

Research will take on part on Kooth Skype account in your available time using synchronous text-based chat.

Will the outcomes of the research be published?

Outcomes of the research might be published in the future without revealing the identity of counsellors and young users. Further information about the research project

Research Team:

Zehra Ersahin, MBPsS, MSc

Zehra.ersahin@postgrad.manchester.ac.uk

Research Supervisor : Dr Terry Hanley, CPsychol.

Terry.Hanley@manchester.ac.uk

Xenzone Collaborator: Aaron Sefi, MA

aaron@xenzone.com

What if something goes wrong?

If you have any concerns or require further information, please email me on my Kooth account.

If there are any issues regarding this research that you would prefer not to discuss with members of the research team, please contact the Research Practice and Governance Co-ordinator by either writing to 'The Research Practice and Governance Co-ordinator, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester M13 9PL', by emailing: Research-Governance@manchester.ac.uk, or by telephoning 0161 275 7583 or 275 8093

CONSENT FORM

Therapeutic goals in online youth therapy: what goals do young people identify and how do counsellors work with them?

If you are happy to participate please complete and sign the consent form below.

Please Initial Box

1. I confirm that I have read the attached information sheet on the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.

2. I understand that my participation in the study is voluntary and that I am free to withdraw at any time upon discussion.

3. I understand that the content of the interview will be shared with the associated research team from the University of Manchester.

4. I agree to the use of anonymous quotes.

5. I agree that any data collated and shared may be passed within the research team.

6. I agree that any data collated and shared may be published in anonymous form in academic books or journals.

I agree to take part in the above project

Name of the participant	Date	Signature
Name of person taking consent	Date	Signature

Therapeutic goals in online youth therapy:

What goals do young people identify and how do counsellors work with them?

You are being invited to collaborate in a research project reflecting upon young people's goals in online youth counselling. This project intends to contribute to the growing body of literature which acknowledges the importance of clients articulating therapeutic goals when entering into therapy. In doing so, the project will require you to share information on young people's goals collated from the use of CoGS on the Kooth website with the research team. However before you decide to share your data it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

Who will conduct the research?

My name is Zehra. I'm a Counselling Psychology Trainee studying on a doctorate degree at the University of Manchester.

Title of the Research

Therapeutic goals in online youth therapy: what goals do young people identify and how do counsellors work with them?

What is the aim of the research?

The study aims to gain insight into how client-defined goals manifest in online counselling working with young people.

Why have I been chosen?

This study hopes to reflect upon the online therapeutic relationship with young people. As Kooth is an online counselling service for young people that (a) has a policy of collecting routine evaluation data about the service being provided, and (b) has an interest in systematically researching this routine evaluation data, you are invited collaborate in this project.

What would I be asked to do if I took part?

You will be asked to provide the *goals data*, which were recorded on CoGS that is collected on the Kooth system as part of your routine evaluation, for analysis by the named researchers in this project. The research process does not interfere with your data collection process.

What happens to the data collected and how is confidentiality maintained?

The research data will consist of the *Goals* data of Counselling Goals System (CoGS) which young users recorded and worked with counsellors until they achieve it.

All the information you share will be treated sensitively as user names will be removed from the data to maintain the research integrity School of Education committed to.   Encrypted transcripts-list of goals, will be stored in a protected computer, and destroyed 5 years after the date of receipt, as part of a compulsory requirement of the university's research policies. No data will be shared under the organization's name or without obtaining further consent.

What happens if I do not want to take part or if I change my mind?

It is up to you to decide whether or not to collaborate. If you do decide to collaborate you will be given this information sheet to keep and be asked give consent on behalf of your participation at the beginning of the research. If you decide to collaborate you are still free to withdraw at any time upon discussion.

What is the duration of the research?

Research analysis will start in September 2013   Research analysis will take place in monthly batches and continue until no new categories/themes are revealed through the analysis of goals. I would be aiming to reflect upon approximately one thousand goals used in online counselling interventions, but I may require less if data saturation has been reached. It is hoped that the data collection will take approximately one year.

Where will the research be conducted?

The service level data based on goals will be collated on Kooth system, and the research team at the university will not have any access or control over the data collection process.

Will the outcomes of the research be published?

Outcomes of the research might be published in the future. This will be done without revealing the identity of counsellors and young users. You have the right to preserve your name or identity as current research will provide outcome data at service level.

Further information about the research project

Research Team:

Zehra Ersahin, MBPsS, MSc

Zehra.ersahin@postgrad.manchester.ac.uk

Research Supervisor : Dr Terry Hanley, CPsychol.

Terry.Hanley@ manchester.ac.uk

Xenzone Collaborator: Aaron Sefi, MA

aaron@xenzone.com

What if something goes wrong?

If you have any concerns or require further information, please email me on my Kooth account.

If there are any issues regarding this research that you would prefer not to discuss with members of the research team, please contact the Research Practice and Governance Co-ordinator by either writing to 'The Research Practice and Governance Co-ordinator, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester M13 9PL', by emailing: Research-Governance@manchester.ac.uk, or by telephoning 0161 275 7583 or 275 8093

MANCHESTER
1824

The University
of Manchester

Therapeutic goals in online youth therapy:
What goals do young people identify and how do counsellors work with them?

CONSENT FORM

If you are happy to colloborate please complete and sign the consent form below on behalf of the Xenzone Alliance.

Please Initial Box

1. I confirm that I have read the attached information sheet on the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.

2. I understand that my collaboration in the study is voluntary and that I am free to withdraw at any time without giving a reason.

3. I understand that the service level data based on goals will be shared with the associated research team from the University of Manchester.

4. I agree to the use of anonymous quotes.

5. I agree that any data collated and shared may be passed within the research team.

6. I agree that any data collated and shared may be published in anonymous form in academic books or journals.

I agree to take part in the above project

_____   _____   _____

Name of the collaborator   Date   Signature

_____   _____   _____

Name of person taking consent   Date   Signature

Appendix E Kooth Policy for Data Usage

"Information you give us here on KOOTH will be stored securely on our server. Most information is anonymous but where you do give us your real contact details these will be stored in an encrypted form. We may need to use some of the data we store for routine evaluation of the service, but this is always anonymous. If you have any concerns about this please let us know.

On Kooth we are also asked by the people who pay for the service, the funders, to provide them with anonymous monthly case studies of our work with young people. The funders use the case studies to see how well Kooth is doing in supporting you.

Counsellors also have to take part in ongoing training and development so that they can be best placed and trained to support you. This means that they sometimes also have to write case studies for their courses or training.

Whenever a case study is written, we never use the username a young person registers with, we change them to a made up new one so the funders and the training courses would never be able to identify anyone from what we write.

The case studies are also confidential to both the funders and the training courses. They are not shown to others.

If you are not happy with this then please let the counsellors know and we will not call upon your story to demonstrate our work.

Thanks".

Appendix F The Pilot study

A pilot study utilising a pluralistic goal based outcome measure (GBOM) to explore the process of face-to-face counselling with young people

Introduction

This project aimed to gain insight into how pluralistic therapy manifests in working with young people. It will aim to do this by examining client defined therapeutic 'goals' and the associated therapist defined collaborative 'tasks' and 'methods' that are reported in routine evaluation data within some school counselling services and community venues in Knowsley. For the purpose of capturing the collaborative process, a goal based outcome measure (GBOM), Counselling Goals System (CoGS, see Sefi & Hanley, 2012), was piloted. The data generated from using this tool will be examined in-depth to elicit common goals, tasks, and methods with a view to understanding the nature of the therapeutic relationship further. Such a project will contribute to the developing field of young counselling and pluralistic therapy- a framework based upon demonstrably effective common therapeutic factors, and fit with recent calls for online youth counselling services to utilise GBOMs in everyday practice (Law, 2011).

Background Literature and the Rationale

Key data on young people calls for attention

There is call for researchers and practitioners to pay more attention to the issues that young people present with in therapy. Today, almost half of the UK's young population report feeling low compared to their counterparts, (Coleman & Brooks, 2009) and every one out of ten children between age 5-16 present recognisable mental health problems (Green et al., 2005; BMA, 2003). Associated with the risk of mental health problems, Her Majesty's Government (HMG) highlight the common misuse of drug and alcohol and self-harm by cutting among young people (MHF, 2006a). Child and Adolescent Mental Health Services' (CAMHS) 2009/10 national caseload on total number of cases worked with and consultations, estimates a number of 190412 cases in the sample period. Same report declares 30% of these cases presenting emotional disorders/problems and %12.5 of them with

conduct disorders/problems as the most common issues (National CAMHS Support Service, 2010).

However, despite this evidence of distress, young people still have no real voice in primary care, either because they are reluctant to access services (Binder, Holgersen, & Nielsen, 2008) because they find the available services are not youth-friendly (Hanley, 2006; MHF, 2007b; Young Minds, 2005a), or because the services do not exist. In either way, challenges in accessing face-to-face psychological support remain a real issue for young people in the UK.

Call for youth-friendly therapeutic services

Adequate services that cater to youth should be not only accessible, confidential and/or competent but also they are expected to be friendly in the way that integrates youth input and feedback to operations (Hanley, 2006; Griffiths, 2003). As Juntunen (2004) emphasizes, "youth-friendly services are based on a comprehensive understanding of what young people in a given society or community want, and on respect for the realities of their diverse lives" (p. 1). The aim is to ensure young people feel these services are intended for them and own the therapeutic process they engage.

It is interesting to note that what young people want from therapy might not match what counsellors or service providers think what the best is for them. A recent report on School-based Counselling in UK Secondary Schools (Cooper, 2013) reports that while the most common concern for young people was "increasing self-confidence and self-acceptance" when they were asked as a goal for therapy, their counsellor records were towards "family issues" as the most prevalent concern. Precisely, this brings evidence-based treatments (EBTs) to mind and concerns regarding their effectiveness and/or suitability if the mismatch starts at the very early stages of the therapy.

The gold standard: the challenge of evidence based psychological treatments

Since the establishment of National Service Framework for Children, Young People and Maternity Services (Department of Health, 2004) brought greater

attention to the delivery of youth services, young people have become more visible in national and regional governmental agendas (Sefi & Hanley, 2012). Recently, the UK Parliament established "Improving Access to Psychological Therapies programme to children and young people" (Department of Health, 2011), which sustains the fund for services greatly. As financial resources are strict across the country, evidence-based practice is advocated within the political agendas. Yet research on improving service quality is limited (Humphrey et al., 2013). Studies therefore highlight the need for nationally adopted outcome measures that are readily accessible to service providers, which would be utilised for the purpose of evaluating the therapeutic work performed with young people (Aaron & Hanley, 2012; Hanley, 2011; Twigg et al., 2009).

On the other hand, these arguments would not entertain the idea of promoting evidence-based treatments (EBTs) for the best therapeutic outcomes, as research draw inconclusive results (Spielmans, 2010; Mitchell, 2011). Arguably, considering the multiple complex psychological issues young people present, traditionally single problem oriented EBTs might not fully meet these needs (Hawley & Weisz, 2002; Kazak et al., 2010). In her review of the EBTs at real world services, Mitchell (2011) argues how EBTs lack of comprehensiveness and do not extend beyond the diagnostic categories. She then reminds us of the possible challenges service providers face when delivering EBTs, as more than one service is involved on the decision making process of meeting young people's needs. Nevertheless, counter arguments that support the effectiveness of practice wisdom (practice-based experience) is scarce and highly relies on reflective studies. Questions remain therefore whether practice-based evidence or EBTs are more efficient working with young people. Two projects that examined youth therapy in naturalistic (Hanley, Sefi, & Lennie, 2011) versus controlled settings (Cooper et al., 2010) reflected similar challenges on evaluating youth counselling services due to the very same complexity issue. The need for examining research and wisdom-integrated approaches working with young people therefore remain as a real issue and demands further investigation.

Arguably, an integrative approach is essential to counselling psychologists given the fact that the counselling psychology profession adopts a humanistic and

progressive philosophy alongside its' scientific base, whereby professionals inform their clinical practice with research being "scientist practitioners" (Hanley et al., 2013, Orlans, 2011). Indeed a model that advocates the *common factors in therapy* (Imel & Wampold, 2008) assumes that as long as a therapist competently delivers some qualifications and motivates the client to engage with the process by establishing the therapeutic alliance, all treatments are equally effective- no difference could be drawn (Duncan et al., 2009). In line with Saul Rosenzweig (1936)'s metaphor on the dodo-bird verdict, which declares "All have won, and all must have prizes" (Wampold, 2009, p. 56), accumulating research show equivalent effectiveness for different types of therapies when confounding variables are controlled (Wampold, 2009; Robinson, Berman, & Neimeyer, 1990; Wampold et al., 2002). Considering all the available approaches, which is more than 400 according to research (Norcross, 2005), questions such as "what are these common factors that work for young people?" and "to what extent integration should happen?" remain ambiguous and demand exploration. In line with these arguments, Hanley et al. (2013) supports the notion of "research informed practice" rather than "research directed practice", which gives room to a pluralistic framework (Cooper & Mcleod, 2007, 2011) as an answer how to harness research with practice beside bringing young people's voices to front.

A pluralistic framework working with young people

At the heart of the current research interests, there lies the pluralistic framework (Cooper & Mcleod, 2007, 2011) and the philosophy behind it (Rescher, 1993). As a philosophical orientation, Pluralism advocates the doctrine that "any substantial question admits a variety of plausible but mutually conflicting responses" (Rescher, 1993, p. 79), which Cooper and Mcleod (2007) interpret in the way how different explanations, therefore, therapeutic methods can be true for different clients at different points of time. The pluralistic framework puts great emphasis on *client led goals* and *collaboration* as the fundamental elements of relationship with the aim of being truly client-centred and establishing the "bond" (Hanley et al., 2013). *Tasks* and *methods* then join to the equation as the *vehicles* of the therapeutic work. Based on every single client's specific situation at that significant time, the therapist skilfully chooses the methods and tasks trans-theoretical in the whole range of the

therapeutic world. With this in mind, Hanley et al. (2013) discuss how a research-informed practitioner can make use of the EBTs as a tool to tailor the work to the individual client. Sefi and Hanley (2012)'s recent study demonstrably revealed the need for a standardised goal-based outcome measure that would harness treatments with wisdom working with young people online.

Considering the complex issues young people present with in the therapy (Hanley, 2011; King et al., 2006), developing such a standardised GBOM becomes inevitable for therapeutic services. In their 2011 study, Sefi and Hanley examined the complexities of measuring the effectiveness of online outcome measures which counsellors utilised working with a young population. The outcome measures utilised were consisted of the Young Person's Clinical Outcome Measures in Routine Evaluation (YP-CORE) – a self-report wellbeing measure; counsellor records of users' presenting and emerging issues utilising the Common Assessment Framework (Boateng, 2004), and goals and outcomes which were created with the young people collaboratively and recorded by the counsellors. Although YP-CORE has been consistently proved its efficacy working with young people in the available literature (Cooper, 2009; Barkham, et al., 2006), it was not clear in the findings whether the outcomes were more related to the therapeutic alliance (see Hanley, 2011) or specific interventions. The importance of this study to current research is the question raised by the authors, which calls for complementary measures to capture a comprehensive picture of the therapeutic process of counselling other than single factors.

Counselling Goals System (CoGS) in online youth therapy

In light of these recommendations, Xenzone Counselling Services developed a unique GbOM called Counselling Goals System (CoGS, see Sefi & Hanley, 2012) for online and face-to-face use, based on the idea of recording the therapeutic progress towards a planned goal (Cooper & Mcleod, 2007). CoGS very much developed from a pluralistic understanding that promotes uniqueness; therapist transparency; a collaborative process; and reconciling the tensions between counsellor and client (Thompson & Cooper, 2012); and follows the pluralistic framework Cooper and McLeod (2007) proposed as a way of assessing therapeutic goals, tasks and methods. The CoGS implants all these pluralistic elements underneath a structure containing client defined therapeutic 'goals' and the associated

therapist defined collaborative 'tasks' and 'methods' that are reported in routine evaluation data within the counselling sessions.

Goals for the therapy are expressed within the initial assessment and contracting of counselling, as well as they can emerge during the sessions. Goals can range from therapy goals to more long-term life goals which can still be influenced by the effect of therapy. As these goals are identified, they are recorded by clients in CoGS form, sometimes with counsellors' aids to articulate in a specific, measurable, attainable, realistic and timed (SMART, Doran, 1981) format. Once goals are identified, the young person can record his/her steps towards achieving his/her goals on a progress chart that ranges from zero to 10.

The CoGS is designed to sit ever present in therapy. As 'movement' with the goal is identified, the counsellor could say something like: *"That sounds like something has changed with this goal. Do you feel there is a movement? Where might you put yourself now in achieving this goal (i.e. from 1-10)"*. When a goal is achieved, then the counsellor records it in the case note page alongside the corresponding *task(s)* and *method(s)* that have been identified as the major contributors of this particular achievement. Goals are being formulated by using Bern Inventory of Treatment Goals (BIT- T, Grosse-Holtforth & *Grawe,* 2002). CoGS sheet can be found in the Appendixes (I).

Examples to different types of goals, tasks, and methods could be given as follow:

+ Therapy Goal: To be less anxious during exams.

+ Therapeutic Tasks: 1. Practising relaxation activities, 2. Looking at self-talk, and how this can be modified to manage anxiety.

+ Method: Examining negative self-talk, embodying, identifying exceptions to the problem identified in the person's life.

All these issues discussed here, draw from the current research and hope to gain insight into how pluralistic therapy manifests in work with young people. In other terms, it is expected to determine an understanding of *how, and in what way*

therapy is utilised by young people. By utilising a qualitative methodology that will ground the theory in rich data, such a project will contribute to the developing field of youth counselling and pluralistic therapy; a framework based upon demonstrably effective common therapeutic factors, and fit with recent calls for youth counselling services to utilise GBOMs in everyday practice (Wolpert, 2010).

Research Question(s)

Focused objectives were to break down the pluralistic process itself, and to establish the identity of approaches and specific conditions that manifest in face-to-face therapeutic work. In collaboration with Xenzone Alliance (the research arm of Xenzone) the aim is to oversee an initial project further investigating the effectiveness of online counselling on thousands of young people. As such, a key research question has been identified:

"How does a pluralistic framework for counselling and psychotherapy manifest in face-to-face therapy for young people?"

Subsumed within this question are three sub-questions:

1. What type of goals do young people identify working towards in pluralistic therapy?

2. What tasks do counsellors and clients decide upon within the pluralistic framework utilised in pluralistic therapy?

3. What methods do counsellors and clients utilise working towards client goals within the pluralistic framework in pluralistic therapy?

METHODOLOGY

Current research has been analysed using Grounded Theory Methodology GTM, (Glaser & Strauss, 1967) with a pragmatic stance to research design. Obtaining a suitable approach to the current research question was essential. According to Robson (2002) Grounded Theory facilitates exploring different research interests while providing a flexible working stance. Given that the motivation for the current research stemmed from the aim of grasping a deeper understanding of the therapeutic work that is carried out by counsellors and young people collaboratively,

the grounded theory approach was utilised throughout the data gathering and analysis process.

Grounded Theory serves the epistemological ground researchers sought for by presenting a naïve approach that requires the researcher to put aside his pre-assumptions, hypotheses and biases. This bottom-up/inductive approach leads the construction of a theory "grounded" in the data itself, which nicely fits into present intentions with the aim of promoting a rich and analytic understanding of the research question at hand.

Sample

The current study used secondary data that was collated and provided by Xenzone.

Data consisted of 46 CoGS on 25 males and 20 females, counselled by 20 clinicians (associate/voluntary and paid) from various backgrounds across Knowsley (n=15) and Cornwall (n=5) in schools and community venues. From the collated data only those data sets that ensure the following criteria was included in the data analysis:

- Age range between fourteen and twenty five years old.

Procedure for Data Collection

As Xenzone provides counselling service for young people that (a) has a policy of collecting routine evaluation data about the service being provided, and (b) has an interest in systematically researching this routine evaluation data, they have been invited to collaborate in this project, piloting the CoGS. The Xenzone Alliance has a contracting policy with young users and counsellors that data recorded during the counselling sessions would be available to service evaluation. Data was collated in between September 2012 – April 2013 by the counsellors and made available to the proposers by Xenzone, as part of the service level on-going routine evaluation.

All young people was asked to complete goals at the beginning of the therapeutic relationship, as well as during the further sessions, and counsellors completed associated tasks and methods alongside the interventions they decided

upon collaboratively with their clients. Young people was free to edit their goals up until the end of the therapeutic relationship, and there were goals emerged throughout the further sessions. Additionally there were instances which counsellors assigned more than one task or/and method to client's goals. One goal on CoGS paper is illustrated in Figure A.

Figure A An illustration of CoGS in action

Specific ethical consideration

Youth counselling relies on competency with an understanding to develop specific codes of conduct (e.g. safe guarding issues) adherent to professional practice (BACP, 2011). The therapy being offered by Xenzone is not under scrutiny here. However, it is important to note that Xenzone counsellors are all appropriately trained and adhere to professional ethical guidelines. All counsellors on Xenzone system are ensured to be able to demonstrate relevant practical skills and work within the ethical framework and research guidelines developed by the BACP (Anthony & Goss, BACP, 2009). In addition, the author of the current research adheres to the Code of Human Research Ethics developed by British Psychological Society (BPS, 2010).

Congruent with the policies of Xenzone (an accredited organisation), additional consent will not be sought as all counsellors and clients (including counsellors) are informed with the possibility of using sessional data while

contracting for the purpose of routine evaluation of the service. The data therefore could be treated as secondary data that the author has organized access to, and consent was obtained from the organization (Xenzone) itself rather than the young people or counsellors (Study Information Sheet and Consent Form can be found in the Appendixes (II). With the aim of maintaining the research integrity and sensitivity, counsellor and user-names of the young people were already removed the data before provided to the proposers.

Analysis

Using practice-based data, each stream of the data (CoGS elements regarding goals, tasks, and methods) was analysed by using Grounded Theory Methodology (Glaser & Strauss, 1967; Glaser, 1978) by the proposers. The analysis was guided by the analytic technique Rennie and his colleagues (Rennie, Phillips, & Quartaro, 1988; Rennie, 1994a; Rennie, 1998a) developed, as a way of utilising the purist grounded theory methodology developed by his authors. The naïve stance of the approach aims putting aside all available theories, hypotheses and pre-assumptions prior to the data analysis and generating the theory through the process (Glaser, 1998). In Glaser's (2001) terms "all is data" (p. 145) is a fundamental property of grounded theory. However, this paper took more of Rennie's (1998a, 1999) interpretation of the methodology on how a researcher actually involves in the analysis and category production process with his/her own world as he is the one carves out the theory from the data. Therefore, the process could be referred as consisting of both inductive and abductive reasoning.

All of the three streams from the data were intended to be analysed using the embodied interpretation of the grounded theory (Rennie & Fergus, 2006), in which researchers engage with the meanings emphatically, grounded in their own body, allowing their imagination to flow by feeling, visualising and memorizing (Fergus et al., 2011). The underlying idea is that, either categories that embrace the meaning of the data would emerge metaphorically or metonymically, which gives a more in-depth understanding of the phenomenon under studied. For this reason, its authors have characterized the use of method as a position of *methodological hermeneutics*. In this way, our intention to promote subjectivity in a more productive manner was

attended. However, apart from *goals*, *tasks* and *methods* streams of the CoGS were not found to be rich in the available data to make use of the grounded procedure.

Yet again, by utilising grounded theory methodology with this interpretation, the aim here in this project was not to discover the truth but conceptualize it grounded in the empirical data. It could be then possible to extract a coherent & workable picture of co-created outcomes that are used within the face-to-face youth therapy.

NVivo 9 (Richards, QSR International, 2010), a qualitative data analysis software was used to assist the coding process.

FINDINGS

Goals

The emerging ideas and concepts elicited a core category named "*the echo of self-discovery: creating and destroying self-reflection*", referring to the ups and downs young people experience. The embodied sense of the main category depicted a picture of young people, hearing their own and others' voices amplified in their heads, overwhelmed by either "*too much me*" or too much of "*others*". Caricaturizing these young people in the middle of an unknown place surrounded by mountains-family, friends, school, etc., not liking the voice they hear back; their expectation from the therapy itself was a safe space that would hold them while they are exploring alternative voices that would echo back nicely. This analogy could be interpreted in the way that these young people want to tell us that they have already a voice, either introvert or extrovert. What they are not happy is the feedback they are getting from the outside world as a response to their own input, so to speak. Therefore, in our interpretation they are happy to change in a certain way without losing their own grounds but enriched with therapeutic input.

Through the analysis, a riddle started to form as it follows;

Add me to myself,

Multiply me by yourself,

Divide me from others

You will find <u>me</u> once more.

Add me to myself: Recognition of the young person's own self-worth, willing some appreciation that would remind what he/she already has.

Multiply me by yourself: The will towards connecting with family members, friends, teachers, and significant others that would enrich him/her as a human being.
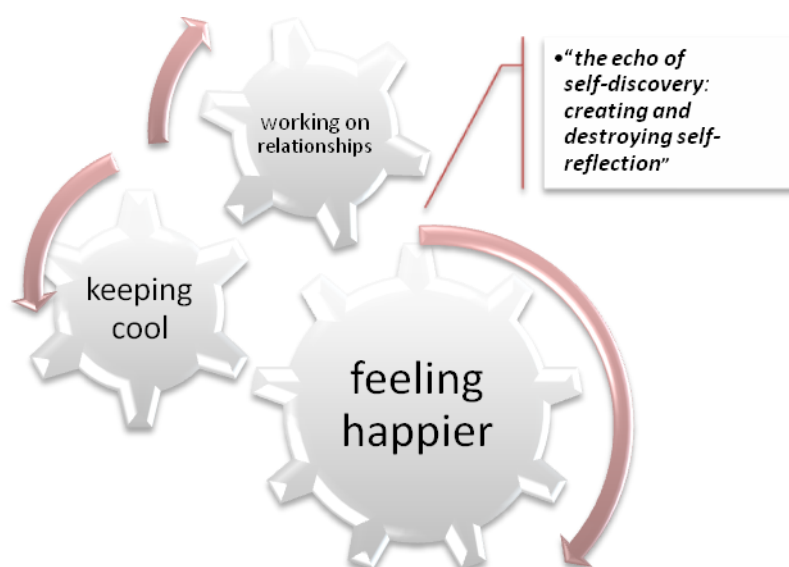
Divide me from others: Containment of the young person in those connections within the outer world, recognition of his/her uniqueness and appreciating it.

You will find me once more: liberating and freeing the client, self-recognition of his own becoming.

There were three sub-categories feeding into the main category of "*the echo of self-discovery: creating and destroying self-reflection*" (188MUs); "keeping cool", "feeling happier", "working on relationships". These sub-categories were highly interwoven into the emergence of main theme of the analysis. All sub-category names were kept in the form how young people articulated them, and were selected to represent the goals articulated aiming the same outcome. In the following section, our interpretation of the category names are bracketed as appropriate.

The working relationships in between three subcategories are illustrated in Figure B proportionally.

Properties of "Keeping Cool" (Intra-personal Goals)

This category represents the goals that young people utilised the therapy space to work through their sense of being. With the recognition of their own growing capacity (coming to therapy was the common indication), they were asking for some appreciation that would remind what they already have (*add me to myself*), liberate in a way to recognize their own becoming (*you will find me once more*). Indeed, the properties under this category conceptualize the type of goals towards self-growth (66MUs).

Divide me from others: Containment of the young person in those connections within the outer world, recognition of his/her uniqueness and appreciating it.

Sticking up for myself (Gaining confidence)

One of the common goals young people defined was around feeling more confident expressing their needs and preferences to friends, family members, and themselves (24 MUs). Some of these goals were broadly defined in the sense that it was not clear what they were particularly referring to. Was that more about their identity (e.g. personal, sexual, psycho-physical), or anxieties around a specific challenge they are going through at that point of time, was not precise leaving us with

broad conceptualizations. Without dismissing the fact that some of these could be life goals that young people wanted to achieve ultimately, as the therapy itself contributes to that growth. On the other hand, it might be the counsellor's decision to leave it as it is. Illustrative examples could be given as follow; "to feel more confident", "improve confidence", "being myself".

Some of the other goals under this property were either immediate goals that are task-oriented, or therapy goals that would require more therapeutic work to be done within the process. Examples of these goals were;

Immediate goal: "Ask Dad if I can move back to Mum", "Go outside and walk around to build up confidence", "Ring friend to come over to play or I will go round to his house"

Therapy goal: "Don't blame myself when things go wrong", "To be able to talk about how she is feeling", "To be able to leave Mum"

Swear less (Improving manners)

One of the other properties of "keeping cool" category was around young people's willingness towards improving their manners such as "swear less", "to start using *please* and *thank you*", "stop lying", "to improve behaviour in school". These could be interpreted as interpersonal goals in another sense; however, without dismissing the overlap we still believe these goals have more potential to contribute their personal growth.

Improve self-awareness

Some goals were articulated as embodying the interest in achieving consciousness over actions and decisions. These goals were oriented around awareness as some examples follow; "reflecting on behaviour", "improve self-awareness".

Be nicer about myself (Self-care)

Other common goals under the "keeping cool" category were articulated with a demand to self-care. While some of the young people wanted to change patterns in their lives, organizing their life styles to take care of themselves; some wanted to be

more protective over their psychological wellbeing. Some of these could be illustrated as follows; "go to GPs regarding contraception", "to sleep better", "to WANT to eat", "be nicer about myself", "deal with sense of having to sort out people's problems", "come off game earlier for bed".

To improve behaviour in school (Behavioural control)

This property was mostly about getting control over school-related problematic behaviours. Some of the young people wanted to regulate their behaviours around school rules, such as "getting good attendance at school", while others simply wanted to establish a peaceful environment at class, e.g. "to stop friends from arguing". Other examples could be given as follows; "Keep on task and sit in his seat", "not to shout out in class, put up hand so he doesn't get ignored", "get in school on time".

Properties of "Working on Relationships" (Inter-personal Goals)

The second category of the "echo of self-discovery: creating and destroying self-reflection" was *working on relationships*, on a more interpersonal level. As much as intra-personal goals, with the aim of improving their connections with significant others, young people brought significant amount of (25MUs) relational goals to therapy. To our embodied interpretation, this property found its voice mostly in the second line of the riddle, which was "multiply <u>me</u> by <u>yourself</u>". The analogy of young people's goals coming to therapy tells us how they want to be heard and responded nicely. It was interesting to see that they wanted to keep other's voices in their lives but if only when they are in harmony with their own voices, which could only "multiply" through their growth, leaving them unique at the same time (*you will find me once more*). In the meantime these connections enrich them by multiplying and dividing themselves, which reminds us how interpersonal goals of the young people interwoven with more intra-personal level goals.

Improve relationships with family & friends & teachers

Young people in the current study brought more family oriented relational goals (13MUs) in comparison to friends (7MUs) and teachers (2MUs). Mostly these goals were aiming to establish better terms with mum, dad and siblings. Typical

examples were; "improve relationship with sister", "keeping my bond with my mum", "see gran", "relationship with step dad".

On the other hand, there were goals, which were articulated coping oriented. Examples could be given as follows; "learn new ways to respond to angry father", "shorten morning routine to please parents", "to feel better with dad", "for home life to be more normal".

Goals towards improving relationships with friends reflected the aim of *maintaining* the connections at a desirable level, such as "keep all my friendships strong". Whereas, some of them were articulated in a way that would require young person to control himself/herself, e.g. "not going to text people when she has been drinking", "call for friends more often".

The last property of this category was *improving relationships with teachers*, which was encountered only two times in the data. Yet, we believe this property shares commonalities with the category of "to improve behaviour in school", feeding into young peoples' ultimate aim of *keeping cool*.

Properties of "Feeling Happier"

The last sub-category of the main category was evolved around the goals that were reflecting objectives towards a happier, less stressed, emotionally balanced life styles (97MUs). The embodied interpretation of the last line of the riddle, which is *"You will find me once more"*, was derived from a young person's goal articulated as "I want to be happy with who I am deep down". Many goals reflecting suicide or self-harm prevention, and anger management were feeding into the idea of negotiating self-esteem by accepting themselves for who they are.

Stay as calm as possible (gaining control over emotions)

The most common goals that young people brought to therapy were around gaining control over their emotions, as well as the behaviours these emotions lead into (87MUs). Young people aimed to control their anger (14MUs, e.g. "to reduce my anger problems", "not to lose temper", "not respond to words triggering anger"), manage mood swings (11MUs e.g. "gaining control over subtle emotional shift"),

and manage self-harming and suicidal thoughts (4MUs, e.g. "to not think about self-harming", "look at ways she can keep safe").

With the aim of taking control over emotional struggles, some of the goals were articulated in association to a coping strategy that would require the young person some learning and practising process (17MUs). Examples could be given as follows; "building imaginary shield as coat of armour to protect from words he doesn't like", "tapping for stress", "going to ignore people when they make fun of lisp", "learning breathing exercises and relaxation, "going to practice breathing exercises to reduce panicky feelings".

Interestingly, some of the goals were referring only to behavioural exercises without any association to a particular aim, such as "to do relaxation exercise", "to do breathing exercise", "to do tapping exercise".

Improve mood

As well as bringing control-oriented goals, young people wanted to improve their mood generally. They simply stated that they wanted to be happy and less stressed. Examples could be given as follows; "to be happy", "not to worry too much", "to feel happy", "to feel less stressed", "to not cry as much".

Tasks

Based on the goals young people decided to work on, counsellors set the tasks (routes of the therapeutic work) of the therapy in collaboration with young people. The grounded analysis of the tasks that counsellors utilised in the current data set led into three sub-categories, which were *exploration*, *meaning making*, and *development* oriented tasks (77MUs). As illustrated in Figure C, the concept of the tasks were hierarchical in nature, where development oriented tasks demanding different levels of skills compared to more exploration or meaning-making oriented tasks. To our interpretation, tasks around exploration start as the baseline of the work, where situates themselves at the bottom of the triangle. Meaning making tasks demand more than exploration, some cognitive functioning, situating themselves on the middle level, still using the ground level resources including some exploration.

Figure C An illustration of the conceptual model of the tasks
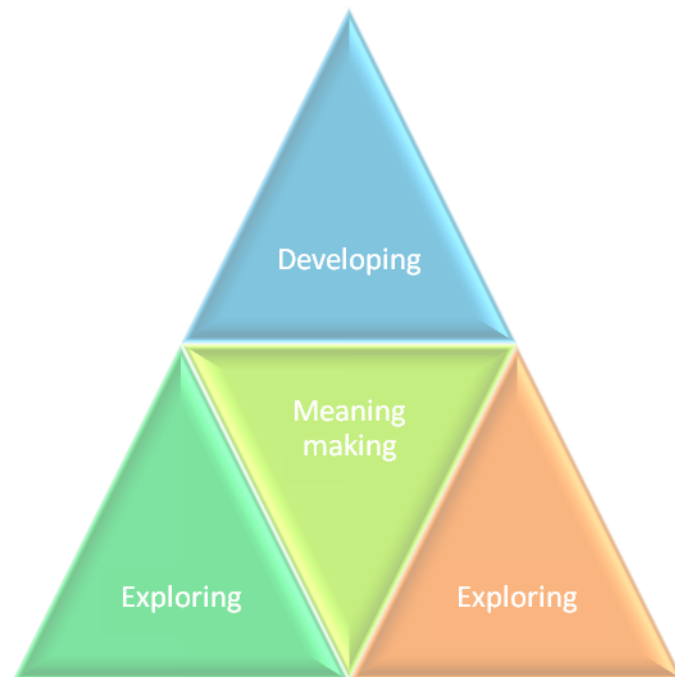
Properties of exploration oriented tasks

Counsellors used a high proportion of (21MUs) *exploration* oriented tasks aimed at motivating young people's self-awareness, self-identity, and available options.

Exploring self-awareness

The concept of the therapeutic tasks under this category (12MUs)were focused on *exploring* and *managing awareness* (e.g. "looking at client's own response", "practising developing awareness of potential triggers", "looking at risky behaviours and consequences"), *exploring self-identity* ("exploring different personas the and idea of congruent self", "encouragement to invest in self"), and *exploring feelings* ("exploring and dealing with difficult feelings").

Exploring, analysing and acting on information

Besides exploration, counsellors utilised tasks around analysing and acting upon the information that has been gathered (17MUs). These tasks focused on

"looking at ways to avoid trouble", "looking at ways of coping with bullies", "looking at positive ways to get attention", "looking at ways to reduce isolation", "learning to ask for help", "practising developing awareness of potential triggers", "looking at role of victim and choosing to step out of that where possible".

Properties of meaning-making oriented tasks

This category characterizes the tasks, which counsellors utilized in order to help young people to understand things better by talking through an issue or a problematic task. Examples could be given as follows; "discussing a change in routine", "discussing blocks,-needed a trustworthy friend to go with", "looking at what she knows has worked before", "understanding role in family", "looking at what is normal".

Some of the tasks under this category were more psycho-education oriented, such as; "looking at benefits of sleep", "explained about serotonin and benefits of laughter" "exploring health tasks".

Properties of development oriented tasks

Tasks under this category specifically focused on developing young people's confidence, skills, and coping strategies (34MUs).

Developing confidence and exploring impact of choice

This property represents the type of tasks aimed young people to build up build up confidence on presenting self, and explore the impact of choice they are given (9MUs). Examples could be given as; "acknowledging the problem, talking about how it can change through self-empowering actions", "preparing to ask someone else who is shy to play with him", "building confidence", "looking at positive ways to get attention", "encouragement to invest in self".

Interestingly, one of the tasks was empowering the client in its nature by "breaking the goal down into measurable achievements – i.e. getting a job, saving".

Developing a behavioural repertoire of alleviating pressure

This property conceptualizes the type of tasks that focused on *maintaining*

control, and *finding alternative strategies to express feelings to reduce the anxiety* (17MUs). Specific examples follow, "learning to maintain control", "finding ways to get anger out more constructively", "talking through ways of alleviating pressure", "looking at alternative to becoming angry in response", "reducing anxiety", "looking at ways coping with bullies", "looking at ways to avoid trouble", "walking away from explosive situations".

Developing relational skills

The tasks under this category aimed mapping ways through relationships regarding young people's associated goals (8MUs). These tasks could be conceptualized around *socializing* (i.e. "practising on communication skills", looking at ways to reduce isolation", "looking at opportunities for sociability"), and *enhancing the repertoire of connecting with family* (i.e. "finding ways of connecting with sister", "learning to talk to sister").

Methods

The analysis of the methods counsellors undertook to accomplish therapeutic tasks and goals led to 86MUs, conceptualizing the strategies mostly under Client-led/ Person-centered, Cognitive Behavioural (CBT), and Integrative approaches to therapy. Some of the counsellors preferred specifying the activity they have chosen, whereas others just named the therapeutic model they have derived their strategy (38MUs). An illustration of the graphical model of the analysis can be found in Figure D.
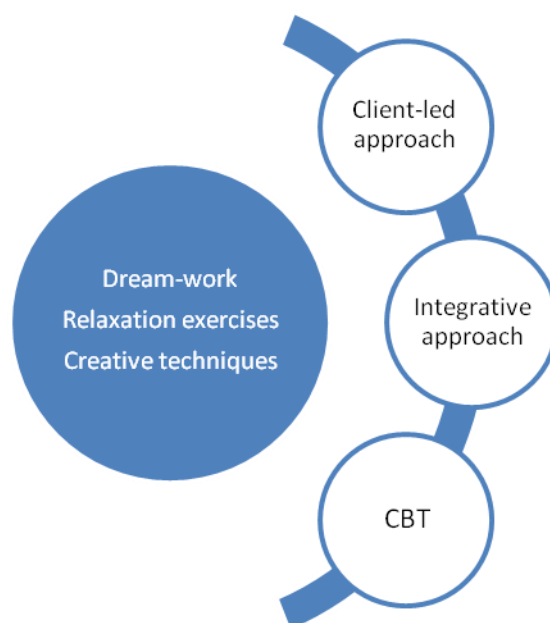
Properties of Cognitive-Behavioural interventions

Alongside the data, one of the most undertaken strategies was journal keeping (10MUs). By means of *keeping a journal* on *mood, feelings, memories* and *daily activities*, the aim was purging of emotional tensions. Other than journal keeping, strategies under this category contained *socratic questioning* and *using "I" statements,* and non-specified CBT techniques (2MUs).

Properties of Client-led interventions

The only clearly defined client-led therapeutic technique was *embodying the core conditions of the therapy* (4MUs). Although more techniques were used under this category, counsellors did not specify the technique that was utilized, but only the name of the model was indicated (6MUs).

Properties of Integrative interventions

Other than two occasions, strategies under this category were recorded with the name of the *Integrative approach* (31MUs). Two of the strategies were clearly recorded as follows; "blend of listening to narrative about roots of anger with using

CBT interventions around triggers", "using PC (Person-centered) skills alongside tools inc. letter writing, journal, drawing funny pictures, using humour to help relieve tension.

In our analysis, following strategies were not categorized under any of these therapy models, as we believe these strategies could be utilised by any practitioner who adheres to any of these models, including many other therapy approaches such as Gestalt, Existential, Dialectical Behavioural Therapy, and so on. For that reason, the illustrative model of the *methods* used in our sample depicted these in the middle of the three approaches to therapy (we assume integrative approaches used in this study might use other therapy methods as a resource).

Properties of creative techniques

Strategies under this category were used creatively with young people utilising guided imagery and imaginary (i.e. "Building imaginary shield as coat of armour"), psychodrama (i.e. "practice being open with mum", "Role Play – worst case and best case scenarios"), and letter writing.

Properties of relaxation exercises

Techniques under this category included *breathing exercises*, *tapping* and *using humour* (i.e. "drawing funny pictures"), with the aim of relieving the tension of the young people (18MUs) experience.

Finally, *dream-work* was also among the methods counsellors recorded with 3 referrals.