THE WORKING ALLIANCE IN ONLINE COUNSELLING FOR CRISIS INTERVENTION AND YOUTH

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Abstract

The Internet is becoming a more realistic means of accessing support, especially for those who are unable to or are uncomfortable with accessing supports in person. One population that experiences barriers to accessing face-to-face support is youth, and online counselling is an option available for youth to overcome these barriers (King, Bambling, Lloyd, et al., 2006). Online counselling can occur through e-mail and chat services; however, due to the text-based nature of these services, their effectiveness is criticized for having a lack of verbal and nonverbal communication (Cook & Doyle, 2002). Research, however, has suggested that it is possibly this lack of verbal and nonverbal cues that make online counselling effective. Research has also suggested that the effectiveness of counselling can be measured by the working alliance (Fletcher-Tomenius & Vossler, 2009; Hanley, 2009). This study explored if an effective working alliance can be established in online counselling mediums with youth who are in crisis. A quantitative research approach was taken, in which 91 youth completed an online survey that asked how they felt towards online support services. The results of this study suggest that youth respond positively to the lack of verbal and nonverbal cues; youth appear to enjoy an increase sense of anonymity that is created within online support services, which can contribute to open communication. In addition, the results suggest that an effective working alliance is established in online counselling services, as it was found that youth typical felt happy and satisfied with the services they received.

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Chapter 1: Introduction

Currently there are a variety of counselling services available to youth. These services include face-to-face, telephone, and online counselling services, all of which attempt to accomplish two key tasks. Two of the key concepts or tasks of counselling are: (a) the attempt to return clients to their precrisis state and (b) to help clients' build strength and improve their overall level of functioning (Richards, 2009; see also Canadian Counselling and Psychotherapy Association, 2012). The use of online counselling services is growing, especially among youth (Horgan & Sweeney, 2010; King, Bambling, Lloyd, et al., 2006; Shiller, 2009), and these services typically offer crisis intervention. As counsellors it is our responsibility to ensure that the services provided to clients are being offered in an effective and ethical manner.

Statement of the Problem

The growth and advancement of technology has made online counselling possible (Gilat & Shahar, 2007; Newman, 2004; Richards, 2009). To date, there is little research into the effectiveness of online counselling to youth at risk. The intent of this study was to shed light on whether or not an effective working alliance could be established with youth who are in a state of crisis through online mediums of synchronous chat and asynchronous emails.

Background

The emergence of communication technology and the growing number of youth who are able and skilled with the technology has provided a foundation for the emergence of online counselling. Online counselling can be provided through a variety of means including synchronous online chat and asynchronous message boards or forums

and email. Synchronous communication occurs when the counsellor and the client respond to each other in the moment, as both parties are required to use their computers at the same time.

In asynchronous communication, counsellor client communication does not occur in the moment, as both parties are not required to use their computers at the same time and responses are delayed as they can occur in sporadic time intervals (Barak, 2007; Gilat & Shahar, 2007; Mallen & Vogel, 2005a; Rochlen, Zack, & Speyer, 2004; Suler, 2000; Tate & Zabinski, 2004). Online counselling is commonly compared to telephone counselling because they both increase confidentially and anonymity and overcome economic, geographic, physical, and psychological barriers (Chester & Glass, 2006; DuBois, 2004; Gilat & Shahar, 2007; Richards, 2009). Researchers have suggested that both telephone and online counselling have the benefit of providing a lower-cost service than traditional face-to-face counselling (DuBois, 2004; Gilat & Shahar, 2007; Reese, Conoley, & Brossart, 2002; Skinner & Latchford, 2006; Young, 2005). People living in geographically remote areas gain access to a service that may not be provided in their area otherwise, and those with a disability, the terminally ill, and other groups who are unable to leave their home can benefit from such services (Barnett, 2005; Chester & Glass, 2006; Heinlen, Welfel, Richmond, & Rak, 2003; Tate & Zabinski, 2004). Similarly, the increased confidentiality and anonymity provided by telephone and online counselling can reduce the social stigma of counselling, encouraging more people to seek support (Heinlen et al., 2003; Richards, 2009; Suler, 2004; Wark, 1982; Young, 2005). Online counselling also has the added benefits of creating complete records of all client counsellor communication, the potential of reducing wait times, and the possibility of

enhancing education, resulting in disinhibition and self-reflection (Chester & Glass, 2006; Mallen & Vogel, 2005a; Richards, 2009; Robson & Robson, 1998; Suler, 2000, 2004; Tate & Zabinski, 2004). By having a record of counselling sessions, counsellors are able to monitor session progress and clients are able to self-reflect on current and previous responses (Chester & Glass, 2006; Mallen & Vogel, 2005a; Suler, 2000, Tate & Zabinski, 2004; Young, 2005).

Online and telephone counselling are also similar in that they have both been criticized for lack of nonverbal communication (Hanley, 2009; King, Bambling, Reid, & Thomas, 2006; Reese et al., 2002). Nonverbal communication contributes to the development of a strong client counsellor relationship or working alliance, which impacts the success of counselling. This finding in turn could hinder or delay the client's progress, consequently affecting the process and outcome of counselling (Chester & Glass, 2006; Leibert, Archer, Munson, & York, 2006; Rochlen et al., 2004). In addition to the lack of nonverbal communication, online counselling has also been criticized for a lack of verbal communication (Richards, 2009; Suler, 2000). Text-based communication has the possibility of increasing misunderstandings between counsellors and clients, as counsellors' questions and clients' answers are subject to delays and different writing styles (Bambling, King, Reid, & Wegner, 2008; Richards, 2009; Suler, 2000). These disadvantages are believed to reduce the counsellor's ability to develop a strong working alliance (Cook & Doyle, 2002). Research conducted by Cook and Doyle (2002), Rochlen et al. (2004), Skinner and Latchford (2006), and Suler (2004), however, has indicated that this may not be the case. The lack of nonverbal and verbal communication is associated with increased confidentiality and anonymity, which enables a higher level of

disinhibition among clients (Cook & Doyle, 2002; Leibert et al., 2006; Richards, 2009; Wark, 1982). Disinhibition occurs when clients feel less vulnerable and restrained, enabling them to be more open with a counsellor (Leibert et al., 2006; Skinner & Latchford, 2006; Suler, 2004). This increase in self-disclosure contributes significantly to the development of a strong working alliance (Leibert et al., 2006; Rochlen et al., 2004; Suler, 2004).

Youth are perceived to be one of the largest groups of Internet users, making them ideal candidates for online counselling. The United Nations has defined youth to be individuals between the ages of 15 and 24 (United Nations, n.d.). Youth are also defined as those who are at the developmental period of their lives that represents the transition from childhood to adulthood. This transition can be marked by various biological, psychological, cognitive, and social characteristic changes (Bigner, 2006; Shaffer, Wood, & Willoughby, 2002; Siyez, 2008). Youth experience many physical and psychological changes that can lead to increased stress and the need for effective coping mechanisms (Boldero & Fallon, 1995; Seiffge-Krenke, Aunola, & Nurmi, 2009; Siyez, 2008). Similar to adults, youth experience specific barriers to accessing counselling. For example, time, travel, lack of anonymity, and feelings of discomfort are all barriers to obtaining counselling. It is suggested that online counselling reduces these barriers, as youth can access many of these services any time of day, possibly for free, and from their own home (Bambling et al., 2008; DuBois, 2004; Hanley, 2009; King, Bambling, Lloyd, et al., 2006). King, Bambling, Lloyd, et al. (2006) have also shown that youth appreciate the increased sense of privacy and emotional safety associated with online counselling

because they do not have to worry about someone overhearing their conversation, as they would with telephone counselling.

As more research is completed on the use of online counselling by youth and the techniques utilized by online counsellors, it is becoming apparent that online counsellors are using a more crisis-oriented approach. That is, online counsellors focus on the here and now of clients' issues or the presenting problem and rely on basic counselling skills such as active and supportive listening, clarifying questions, and action planning or problem solving (Ingram et al., 2008; Williams, Bambling, King, and Abbott, 2009). A crisis is the experience of upheaval that can result from developmental, situational, existential, and environmental situations such as natural disasters (Argles & Mackenzie, 1970; Gladding, 2004; Schonfeld, 1993). Clients are said to be in a state of crisis when their current coping mechanisms and resources are exceeded by an upsetting and intolerable situation (Argles & Mackenzie, 1970; Gladding, 2004; Wark, 1982). Crisis counselling is the act of helping clients find and develop effective coping resources for managing intolerable situations (Lester, 2008), which may be accomplished through normalizing client responses, acceptance, competency building, information and referrals, and problem solving (Kalafat, 1984; Wark, 1982; Williams et al., 2009). Online counselling, however, is not seen as an effective mode of support for clients who are in a state of crisis. The natural delay of online counselling is believed to increase clients' feelings of stress, anxiety, and hopelessness (Rochlen et al., 2004, Williams et al., 2009).

As youth continue to access online counselling services for crisis situations it becomes important for counsellors to ensure that these services are meeting clients' needs. Two such services are The Support Network's Online Crisis Support and Youth

In BC. Both The Support Network (2011) and Youth In BC (Crisis Intervention and Suicide Prevention Centre of British Columbia, 2012) provide youth the opportunity to receive and give support through informational links, an email service, and an online chat service. Youth are welcome to discuss any concerns that they have, including those perceived as crisis situations (Crisis Intervention and Suicide Prevention Centre of British Columbia, 2012; The Support Network, 2011). Online counselling services are offering crisis support to youth, and youth are utilizing online services (Bambling et al., 2008; Hanley, 2009; Horgan & Sweeney, 2010; Shiller, 2009).

Purpose of the Study

The purpose of this study is to determine whether or not youth who are in crisis experience the identified positive effects of online counselling. Essentially, can an effective working alliance be established with youth who are in a state of crisis through online mediums of synchronous chat and asynchronous emails? The following subquestions are also addressed: How satisfied are clients with the services provided and what did they find helpful about online support services? Is there a preference for chat room services or email services? What age and gender differences exist?

Using a quantitative research approach to determine if the effects of online counselling are present in crisis situations, research was conducted through the use of an online questionnaire posted on The Support Network (2011) and Youth In BC (Crisis Intervention and Suicide Prevention Centre of British Columbia, 2012) website. This questionnaire explored client satisfaction through the use of McMurtry's (1994b) Client Satisfaction Inventory – Short Form (CSI-SF) scale and a standardized questionnaire focusing on the services provided through The Support Network (2011) and Youth In BC

(Crisis Intervention and Suicide Prevention Centre of British Columbia, 2012). It was hypothesized that youth who are in a state of crisis will report a sufficient level of satisfaction and will indicate that services they received were helpful. In addition, it was hypothesized that both satisfaction and usefulness will differ between the email support and chat services, with satisfaction and usefulness being higher for the chat services, as youth are able to receive support in the moment, and resources and coping mechanisms can be established sooner than in the email correspondence.

Online support services are currently being used by youth (Bambling et al., 2008; Hanley, 2009; Horgan & Sweeney, 2010; Shiller, 2009) and many of these services are providing crisis intervention. It is likely that online counselling will continue to grow as technology advances and becomes even more accessible and is utilized by youth. As the use of technology continues to increase in counselling, it becomes important to recognize and understand how online counselling can be used to provide support to those who are in a state of crisis. This study aimed to determine whether or not youth who are in crisis experience the positive effects of online counselling as outlined in the literature. By exploring client perspectives and satisfaction with the online support they have received, counsellors and program developers will gain a better understanding of how to best meet clients' needs.

The information gained from this study could be used to enhance the understanding of online support services. By identifying how youth perceive an online working alliance when in crisis it is also possible that one can gain further insight into the additional following questions: Are online counselling services effective in crisis situations? What aspects of online counselling clients perceive to be helpful when in

crisis? This insight may enable online support providers to ensure that they are providing the necessary support to those in need, and that support is provided in an effective and ethical manner. Therefore, it is beneficial for counsellors to seek to understand the use of online counselling.

Summary

Researchers have suggested that one of the main indicators of successful counselling is the development of a strong working alliance (Cook & Doyle, 2002; Hanley, 2009; Leibert et al., 2006; Reynolds et al., 2006; Williams et al., 2009); attempts have been made to identify rapport-building and task-accomplishment behaviours that can be used in online counselling. As online counselling has become more readily available many advantages and disadvantages of its use have been identified, including the development and effectiveness of the working alliance (Barnett, 2005; Chester & Glass, 2006; Hanley, 2009; Richards, 2009). Current research suggests that online counselling services when used in a noncrisis situation produce an effective working alliance that is comparable to those established in telephone and face-to-face counselling services. Online counselling services are commonly used by youth (Bambling et al., 2008; Hanley, 2009; Horgan & Sweeney, 2010; Shiller, 2009), and with a variety of online support services currently providing crisis intervention it is important to determine whether or not youth who are in crisis experience the identified positive effects of online counselling. To enhance our understanding of the working alliance in online counselling mediums, this thesis explored counselling perspective and services used by youth and the establishment of the working alliance.

In the next chapter the nature and development of the counsellor–client relationship will be explored by discussing current counselling perspectives and the range of counselling services. Specifically, Chapter 2 will explore how the counsellor–client relationship is perceived and established in online mediums with youth who are in a crisis state.

Chapter 2: Literature Review

Counselling services can be provided through a variety of means: face-to-face, over the telephone, and online. Regardless of what medium or theoretical approach is being used, the counsellor–client relationship is an essential component of the counselling process and influences the development of effective counselling outcomes (Cook & Doyle, 2002; Fletcher-Tomenius & Vossler, 2009; Hanley, 2009; Haugh & Paul, 2008; King, Brambling, Lloyd et al., 2006; Leibert et al., 2006). This chapter explores the nature and development of the counsellor–client relationship by discussing counselling perspectives and services. The intent of this thesis was to explore how the counsellor client relationship is perceived and established in online mediums with youth who are in a crisis state. Ultimately, this research questioned if an effective working alliance could be established with youth who are in a state of crisis through online mediums of synchronous chat and asynchronous emails.

What is Counselling?

Today the nature of counselling is grounded in a variety of theoretical approaches, each with its own distinct methods and techniques for bringing about client change. Regardless of what theoretical orientation a counsellor utilizes, the goal of all forms of counselling is to reduce the stress, distress, anxiety, and the concerns that clients are presenting (Corey, 2009; Horvath & Luborsky, 1993; Richards, 2009; Young, 2005). The Canadian Counselling and Psychotherapy Association (2012) defined counselling as:

> The skilled and principled use of relationship to facilitate self-knowledge, emotional acceptance and growth and the optimal development of personal resources. The overall aim of counsellors is to provide an opportunity for people

to work towards living more satisfyingly and resourcefully. Counselling

relationships will vary according to need but may be concerned with

developmental issues, addressing and resolving specific problems, making

decisions, coping with crisis, developing personal insights and knowledge,

working through feelings of inner conflict or improving relationships with others.

(para. 1)

This definition highlights two key concepts of counselling: (a) counsellors attempt to

return clients to their precrisis state of functioning; and (b) counsellors help to build

clients' strengths, improving their overall level of functioning (Corey, 2009; Richards,

2009; Young, 2005). This definition also indicates that these concepts are accomplished

through the development of the counsellor–client relationship or working alliance.

The Working Alliance – A Foundation for Counselling Approaches

An essential component contained within most theoretical approaches to

counselling is the counsellor–client relationship, also commonly referred to as the

therapeutic relationship or the working alliance (Cormier & Hackney, 2008; Haugh &

Paul, 2008; Young, 2009). Theoretical approaches conceptualize counsellor–client

interactions differently; however, most theoretical approaches identify that both the

counsellor and client contribute to this relationship (Corey, 2009; Haugh & Paul, 2008;

Young, 2005).

Carl Rogers's (2007) work in the development of person-centred counselling

identified six components necessary for an effective working alliance, and also identified

the roles of both the counsellor and client (see also Casemore, 2006; Corey, 2009).

Person-centred counselling is based on the assumptions that people: (a) are trustworthy;

(b) have an innate tendency to actualize their potential; (c) are positively motivated towards growth, health, and adjustment; and (d) are capable of managing their lives effectively when provided with an effective working alliance (Cain, 2010; Casemore, 2006; Corey, 2009). To establish an effective working alliance, Rogers (2007) suggested six therapeutic conditions need to be met; these include: (a) two people in psychological contact, a client and a counsellor; (b) the client is incongruent as he or she is vulnerable or anxious; (c) the counsellor is congruent or genuine within his or her relationship with the client; (d) the counsellor experiences unconditional positive regard for the client; (e) the counsellor experiences an empathic understanding of the client's perspective and world views, and communicates this to the client; and (f) the client accepts the counsellor's empathic understanding and unconditional positive regard (see also Casemore, 2006; Corey, 2009). Rogers (2007) stated that if these six conditions for a working alliance are present throughout the counselling process therapeutic change will occur; no other therapeutic conditions are necessary, as these six conditions do not vary according to client type or issue (Casemore, 2006; Corey, 2009). It is not expected that the six conditions are present at the same time or to the same degree; clients only need to experience each condition to some degree during the counselling process (Casemore, 2006).

Recently, there has been increased focus on the conditions of: (a) the counsellor experiences unconditional positive regard, (b) the counsellor is congruent or genuine within his or her relationship with the client, and (c) the counsellor experiences an empathic understanding of the client's perspective and world views and communicates this to the client (Casemore, 2006). Cain (2010) proposed that these three conditions

typically have a positive effect on counselling outcomes. Empathy is the strongest predictor of client progress and is essential for successful therapy, regardless of therapeutic technique, and has never been shown to have a negative relationship with counselling outcomes. Unconditional positive regard was also found to have a positive effect and no effect on client outcomes; however, it has also never been shown to have a negative effect (Cain, 2010). Lastly, trustworthiness, which is reflected in the counsellor's ability to be genuine, was identified by clients as an important characteristic for positive counselling outcomes, increasing counsellor's credibility regarding empathy and unconditional positive regard (Cain, 2010). The counsellor–client relationship is fundamental within the counselling process and is considered possibly more influential than the counsellor's theoretical approach (Fletcher-Tomenius & Vossler, 2009; Haugh & Paul, 2008; Leibert et al., 2006; Young, 2005).

The working alliance is viewed as a collaborative process or relationship that both the counsellor and client engage in to bring about change (Cook & Doyle, 2002; Hanley, 2009; Horvath & Greenberg, 1989). The working alliance, also known as the counsellor–client relationship, is the central component of all counselling and psychotherapy approaches (Cormier & Hackney, 2008; Fletcher-Tomenius & Vossler, 2009; Hanley, 2009; Young, 2005). The quality and strength of the counsellor–client relationship is regarded as strong predictor for successful therapeutic outcomes (Fletcher-Tomenius & Vossler, 2009; Hanley, 2009; Leibert, 2006; Young, 2005).

The working alliance has been described as having three components: bonds, goals, and tasks (Cook & Doyle, 2002; Hanley, 2009; Horvath & Greenberg, 1989). The concept of a bond refers to the interpersonal connection that develops between the

counsellor and the client. Goals are the mutually agreed upon outcomes and purpose of the counselling process, while tasks are the in-counselling behaviours and cognitions that clients utilize to address and treat their presenting problems in order to achieve the identified goals (Hanley, 2009; Horvath & Greenberg, 1989; Horvath & Luborsky, 1993). These components emphasize the collaborative nature of counselling and may be further impacted by the counsellor's ability to express empathy, unconditional positive regard, and congruence towards clients (Cook & Doyle, 2002; Horvath & Greenberg, 1989; Horvath & Luborsky, 1993). Research also suggests that the degree to which clients view the counsellor as trustworthy, expert, confident, flexible, and structured are also related to the development of a positive working alliance and the success of counselling (Ackerman & Hilsenroth, 2001; Bachelor, 1995; Corey, 2009; Crits-Christoph, Connolly Gibbons, & Hearon, 2006; Horvath & Greenberg, 1989).

The working alliance has been viewed as the process that makes it possible for clients to accept and follow through with counselling, as it is a collaborative process in which clients are involved in establishing counselling goals and tasks (Castonguay, Constantino, & Holtforth, 2006; Cook & Doyle, 2002; Horvath & Greenberg, 1989; Horvath & Luborsky, 1993). Researchers have proposed that this collaborative environment encourages clients to engage in counselling as they work on mutually agreed upon tasks, and the more positive the working alliance is the stronger the agreement between counsellors and clients on the goals and tasks (Castonguay et al., 2006; Fitzpatrick & Irannejad, 2008; Horvath & Greenberg, 1989). Through collaboration, both clients and counsellors are able to identify and explore aspects of clients' self-defeating behaviours, thoughts, and feelings at a deep and meaningful level (Ackerman &

Hilsenroth, 2001; Horvath & Greenberg, 1989). The tasks utilized within counselling

help clients overcome these obstacles and provide new ways of behaving, thinking, and

feeling, which may be generalized to other areas of clients' lives (Horvath & Greenberg,

1989). The quality of this collaboration is proposed to be a main factor in the

effectiveness of the working alliance. The working alliance is a vehicle that enables and

facilitates counselling techniques and processes, and provides the context that can

promote change within counselling (Ackerman & Hilsenroth, 2001; Crits-Christoph et

al., 2006; Horvath & Greenberg, 1989).

Range of Counselling Services

A variety of counselling services are currently available, including face-to-face,

telephone, and online counselling services. Face-to-face counselling is the traditional

means of receiving counselling support; however, the use of telephone counselling has

grown as an attractive alternative to face-to-face counselling, as it allows greater

anonymity and convenience (Gilat & Shahar, 2007; King, Bambling, Reid, et al., 2006;

Reese et al., 2002), and has been established as an effective medium for crisis

intervention (Gilat & Shahar, 2007; Ingram et al., 2008; King, Bambling, Reid, et al.,

2006). Advances in technology have also made online counselling possible (Gilat &

Shahar, 2007; Newman, 2004; Richards, 2009; Williams et al., 2009). Online

counselling provides many of the same benefits as telephone counselling and has

additional benefits such as creating complete records, reduced wait times, and the

promotion of disinhibition (Barnett, 2005; DuBois, 2004; Chester & Glass, 2006; Mallen

& Vogel, 2005a; Richards, 2009; Robson & Robson, 1998; Suler, 2004). Alternative

means to traditional face-to-face counselling are becoming popular methods of support

(Gilat & Shahar, 2007; Horgan & Sweeney, 2010; Ingram et al., 2008; Leibert et al., 2006), making telephone and online counselling services important to mental health support services (Bambling et al., 2008; Reese et al., 2002).

    Telephone counselling services. Telephone counselling was developed to help overcome common barriers to traditional face-to-face counselling. Telephone counselling is suggested to offer a less expensive service, is easily accessible, provides a sense of anonymity, and gives the client a sense of control. This form of counselling has become a viable option for those who usually do not access traditional face-to-face counselling services (Ingram et al., 2008; King, Bambling, Reid, et al., 2006; Reese et al., 2002; Reese, Conoley, & Brossart, 2006; Wark, 1982).

    Early critics of telephone counselling were concerned about the lack of nonverbal communication, suggesting that this potential barrier limits the success of counselling outcomes (Haas, Benedict, & Kobos, 1996; Wark, 1982). For example, the success of counselling has been associated with the development of a strong working alliance, which is partially built through and enhanced by nonverbal communication (King et al., 2006b; Reese et al., 2002). However, research has suggested that telephone counselling is highly accepted by clients and is at least as effective as face-to-face counselling (King, Bambling, Reid, et al., 2006; Reese et al., 2006; Skinner & Latchford, 2006).

    Other research implied that telephone counselling does not hinder interpersonal communication. Reese et al. (2002) indicated that clients perceive the counsellor as being only inches from their ear, and this perceived closeness increases clients' sense of intimacy with their counsellor. Clients' view their counsellor as more emotionally invested (Reese et al., 2002). Reese et al. (2002) conducted a study with 186 adults (136

females, 43 males, and 7 not identified) throughout Canada, the United States of

America, and parts of Mexico, who used a telephone counselling service as offered by

their employers. The majority of participants reported having multiple presenting

concerns, and 34.9% of participants reported their emotional states before counselling as

so-so, 30.6% as fairly poor, and 29% as very poor. Reese et al. (2002) used the Working

Alliance Inventory-Bond scale and the Counselor Rating Form-Short Version scale to

measure the therapeutic alliance, and found that 82% of telephone counselling clients

reported improvement regarding their concerns and indicated a strong bond with their

counsellor. These results indicate that it is possible for an effective working alliance to

be developed in the absence of nonverbal communication (Reese et al., 2002). The use

and success of telephone counselling is a strong indicator of how technological

advancements may be used to increase the use and development of counselling services.

Online counselling services. Online counselling refers to any use of the Internet,

specifically text-based communication, as a means of connecting counsellors to clients

who are in separate or remote locations, creating a therapeutic interaction (Cook &

Doyle, 2002; Mallen & Vogel, 2005a; Rochlen et al., 2004; Skinner & Latchford, 2006;

Wright, 2002). Online counselling is also known as e-therapy, cybercounselling, cyber-

therapy, cyber-psychology, Internet psychotherapy, computer-mediated psychotherapy,

and web-counselling (Alleman, 2002; Chester & Glass, 2006; Heinlen et al., 2003;

Mallen & Vogel, 2005a; Shiller, 2009). Methods for online counselling can be

categorized into synchronous and asynchronous methods. Synchronous communication

occurs when the client and counsellor are at their computers at the same time and are

responding in the moment (e.g., online chatting). In asynchronous communication, the

counsellor and client are not communicating in the moment, that is, both parties are not required to be at their computers at the same time and responses are subjected to time delays and random time intervals, such as with forums, blogs, and emails (Barak, 2007; Gilat & Shahar, 2007; Mallen & Vogel, 2005a; Rochlen, Zack, & Speyer, 2004; Suler, 2000; Tate & Zabinski, 2004). Synchronous and asynchronous communication both provide saved transcripts of the counselling sessions, enabling greater reflection and clarity in counsellor client communication (Barak, 1999; Gilat & Shahar, 2007; Mallen & Vogel, 2005b; Wright, 2002). The most common form of synchronous communication is text-based Internet chat, and the most common forms of asynchronous communication are email, message boards, or forums (Alleman, 2002; Chester & Glass, 2006; Heinlen et al., 2003; Reynolds et al., 2006; Suler, 2000).

With the advancements in technology, the use of online counselling is becoming even more viable than telephone and face-to-face counselling (Gilat & Shahar, 2007; Williams et al., 2009). It has been suggested that online counselling provides many of the same advantages as telephone counselling. Clients typically feel a sense of anonymity and control, have reduced costs, and are able to easily access the service, thus enabling clients to overcome physiological and demographic barriers (Barnett, 2005; DuBois, 2004; Gilat & Shahar, 2007; Mallen & Vodel, 2005b; Richards, 2009; Rochlen et al., 2004; Skinner & Latchford, 2006; Suler, 2000; Tate & Zabinski, 2004; Wright, 2002; Young, 2005). Furthermore, it is suggested that online counselling has a number of other advantages including the creation of complete records of counselling sessions that are accessible to the client and counsellor, a reduction in wait times, enhanced education, and the promotion of a zone of reflection and disinhibition (Alleman, 2002;

Barak, 1999; Chester & Glass, 2006; Gilat & Shahar, 2007; Mallen & Vogel, 2005a; Richards, 2009; Robson & Robson, 1998; Suler, 2004; Tate & Zabinski, 2004). Online counselling and telephone counselling have faced similar criticisms; that is, the lack of nonverbal communication and the replacement of verbal communication with text-based communication limit the success of counselling (Chester & Glass, 2006; Richards, 2009; Suler, 2000).

Recently a number of studies have examined the effectiveness of online counselling in relation to nonverbal and verbal communication. The absence of nonverbal and verbal communication has also been viewed as an advantage of online counselling. Visual anonymity and the illusion of privacy decrease defensiveness, stigma, shame, and embarrassment associated with the clients' problems and attending counselling, thereby facilitating open and honest communication (Chester & Glass, 2006; Fletcher-Tomenius & Vossler, 2009; Hanley, 2009; Leibert et al., 2006; Richards, 2009; Rochlen et al., 2004; Tate & Zabinski, 2004). Similar disinhibition effects in which clients feel relaxed, less restrained, and express themselves openly, have been observed in online counselling (Fletcher-Tomenius & Vossler, 2009; King, Bambling, Lloyd, et al., 2006; Suler, 2004, Tate & Zabinski, 2004). Clients are able to reveal thoughts, feelings, and emotions that they normally would not feel comfortable revealing.

In Suler's (2004) literature review article "The Online Disinhibition Effect," six possible factors were explored in the creation of online disinhibition. The factors explored were those of anonymity, invisibility, asynchronicity, solipsistic introjections, dissociative imagination, and minimization of authority. Suler (2004) identified anonymity and invisibility as main factors in the development of disinhibition.

Furthermore, researchers imply that the anonymity of online counselling provides clients

with the opportunity to separate their in-person lifestyle from their online actions,

decreasing feelings of vulnerability, and encouraging self-disclosure (Skinner &

Latchford, 2006; Suler, 2004). With a sense of invisibility, clients do not worry about

how they look and sound to others, encouraging them to disclose personal information

(Chester & Glass, 2006; Richards, 2009; Suler, 2004). Suler (2004) also proposed that

self-disclosure is enhanced by the lack of a visually present authority figure, who clients

fear may judge them or disapprove of them, typically expressed through one's

environment, body language, and appearance. When clients choose online counselling

they perceive the relationship as equal, minimizing the perception of authority and power

differentiation, enabling higher levels of self-disclosure and disinhibition (Rochlen et al.,

2004; Suler, 2004). Disinhibition encourages self-reflection through the exploration of

thoughts and emotions in an attempt to understand and resolve interpersonal problems

and explore difficult emotions (Richards, 2009; Rochlen et al., 2004; Suler, 2004; Tate &

Zabinski, 2004).

Self-disclosure and self-reflection are considered to be an important component

for successful counselling (Richards, 2009; Rochlen et al., 2004). The self-disclosure and

self-reflection provided by disinhibition are perceived as further enhanced with the

development of a zone of reflection. In other contexts, the act of writing out one's

concerns has been shown to be a therapeutic process in and of itself (Richards, 2009;

Rochlen et al., 2004). Online counselling clients need to be able to articulate their

concerns in writing, requiring them to be more clear and concise than if they were simply

verbalizing their concerns. Clients and counsellors are also able to review the writings of

both parties, providing an opportunity for further insight and progress review (Chester &
Glass, 2006; Reynolds et al., 2006; Richards, 2009; Wright, 2002). Therefore, by writing
out and seeing how their thoughts and feelings are impacting them, clients are able to
self-reflect and gain further insight into their situation. The client is in a zone of
reflection (Reynolds et al., 2006; Richards, 2009; Suler, 2000).

The concept of a zone of reflection is believed to have two main benefits. There
are written records of all counsellor–client communication, and these records allow
clients and counsellors to revisit what has been said, enabling clients to further self-
reflect and see how they have moved and worked through their concern (Chester &
Glass, 2006; Reynolds et al, 2006; Richards, 2009; Wright, 2002). Revisiting and
reflecting on the records of past sessions may also aid clients in transferring previously
learned techniques to concerns that arise later in their lives (Chester & Glass, 2006; Suler,
2000). Counsellors may benefit from having written records in that they can use session
records to monitor clients' progress and treatment strategies (Chester & Glass, 2006;
Suler, 2000; Tate & Zabinski, 2004; Wright, 2002). Counsellors can also use information
from previous records to help confront difficult clients and avoid misunderstandings
(Gilat & Shahar, 2007; Mallen & Vogel, 2005b), and to provide supervision, training, and
research opportunities (Suler, 2000; Tate & Zabinski, 2004; Wright, 2002). When online
counselling takes the form of message boards or forums, it is possible that the content of
all sessions can become a psycho-educational resource (Richards, 2009). Those who are
able to access the message board can read and learn from other clients' posts or messages
and counsellor responses (Barak, 1999). Clients could gain insight into their own
concerns by viewing counsellor responses and the outcomes for other clients with similar

problems (Richards, 2009). In addition, research has suggested that the ability to objectively see issues, self-reflect, and learn new techniques to self-manage situations reduces the amount of counselling time needed and possibly could reduce wait times for clients to receive support (Richards, 2009).

Ethical concerns with online counselling. The work of Becker, Mayer, Nagenborg, El-Faddagh, and Schmidt (2004) proposed that the use of online support services has both assets and drawbacks for vulnerable people. Becker et al. reported on a case study in which a 17-year-old female experienced a parasuicidal attempt facilitated by information and support provided online. Becker et al. stated that the possible benefits of online support are that it helps with illness and crisis management, is less formal, and provides immediate information on a variety of topics. On the other hand, online information can also be inaccurate, and a website's credibility and level of professionalism can be difficult to verify. When used improperly or unethically, online support services can lead to dependency and the promotion of negative or harmful behaviour (Barak, 1999; Becker et al., 2004; Lester, 2008).

To reduce improper or unethical use of online support services, the counselling profession has taken an active role in establishing guidelines and ethical codes of conduct for online counselling (Alleman, 2002; Barak, 1999; Haberstoh, Parr, Bradley, Morgan-Fleming, & Gee, 2008; Oravec, 2000). In 1998, the National Board for Certified Counselors developed online counselling guidelines, which were updated in 2001 and 2007 (Haberstoh et al., 2008). The Center for Credentialing and Education (n.d.), which is affiliated with the National Board for Certified Counselors, also offers the Distance Credentialed Counselor as a national credential, providing certification for delivering

online counselling services. Furthermore, in 1999, the American Counseling Association published its ethical guidelines for the practice of online counselling (Alleman, 2002; Haberstoh et al., 2008). Both the National Board for Certified Counselors and the American Counseling Association guidelines address ethical, technical, and informed consent issues regarding the delivery of online counselling services (Alleman, 2002; Haberstoh et al., 2008). Specifically, the American Counseling Association (2005) *Code of Ethics* has a section on technology application that addresses: (a) the benefits and limitations of online counselling; (b) the application of technology assisted services, which includes whether clients are physically, emotionally, and intellectually able to use this service, and whether the service meets their needs; (c) inappropriate services and use; (d) access; (e) laws and statues; (f) assistance; (g) technology informed consent, including confidentiality; and (h) the appropriateness of websites on the Internet (Alleman, 2002; Shiller, 2009).

In addition to the ethical guidelines set out by professional organizations, counsellors must also establish their own ethical standards, specifically professional boundaries (Haberstoh et al., 2008). While studying the factors that hinder and aid online counselling, and specifically the processes involved in aiding online counselling, Haberstroh et al. (2008) stated that professional boundaries encompass counsellor behaviours such as eliminating the potential for distractions during counselling sessions, appropriate billing, and continuous education. In addition, counselling sessions should be structured in the same manner as if clients were physically sitting in the counsellor's office (i.e., a confidential and private space). The slower pace of online counselling sessions could entice counsellors to work with several clients during a given therapeutic

hour, and with the identification of appropriate billing counsellors can ensure that each client is getting the necessary amount of attention (Haberstroh et al., 2008). Haberstroh et al. (2008) also indicated that continuous education is important, as counsellors need to be aware of the therapeutic techniques that are the most useful in an online environment. Online counselling services raise a variety of ethical concerns and questions. To address these concerns ethical guidelines have been created and are being continually modified to ensure that the unique needs and requirements of these services are being addressed (Alleman, 2002; Barak, 1999; Haberstroh et al., 2008; Lester, 2008; Oravec, 2000).

Online counselling is a reality for the field of counselling. There are currently a variety of websites devoted to providing online support, whether through chats, email, or message boards. The identified advantages indicate that online counselling will continue to grow as technology advances and becomes more accessible to larger and remote populations. Therefore, it is beneficial for counsellors to invest resources into understanding the needs of the clients who access online counselling. Professional organizations must continue to establish and update ethical standards for online counselling mediums (Barak, 1999; Lester, 2008).

Establishing a working alliance in online counselling mediums. The working alliance is considered to be positively associated with therapeutic change, regardless of therapeutic approach and client concerns, making it an essential component for counselling service (Castonguay et al., 2006; Hanley, 2009; Haugh & Paul, 2008; Leibert et al., 2006; Young, 2005). Concerns have been raised regarding the ability to develop a strong working alliance through Internet-based counselling mediums. Critics of online counselling are afraid that counselling interactions will simply be reduced to advice-

giving and that the lack of nonverbal communication will hinder or even prevent the development of the working alliance (Cook & Doyle, 2002; Hanley, 2009). However, previous studies have implied that the working alliances established through electronic means are equivalent to those developed in face-to-face sessions. This result is likely due to clients having an increased sense of anonymity and control (Cook & Doyle, 2002; Hanley, 2009; Reynolds et al., 2006; Skinner & Latchford, 2006).

Given the increase in the daily Internet use of Canadians over the past few years (Statistics Canada, 2010), it is not surprising that there are a number of online counselling services available, including those for youth (Hanley, 2006, 2009; King, Bambling, Reid, et al., 2006). In a recent study, Hanley (2009) reported that youth find the Internet to be a more comfortable and safe space to seek support when compared to a traditional face-to-face counselling setting. Possible reasons behind this finding include the sense of anonymity, privacy, empathic response, control and trust, and value of the service and the counsellor (Bambling et al., 2008; Hanley, 2009; King, Bambling, Lloyd, et al., 2006). Furthermore, current research implies that anonymity facilitates the counsellor–client relationship by extending the range of potential discussion topics. The online environment creates an atmosphere in which individuals feel disinhibited; they are able to discuss concerns that they would not disclose face to face, concerns that they believe are wrong or cause embarrassment. Clients feel that they can be honest and open with the counsellor (Cook & Doyle, 2002; Leibert et al., 2006; Skinner & Latchford, 2006; Suler, 2004).

A sense of safety can increase the amount of the client's self-disclosure, as the fear of rejection does not exist when one is anonymous, ultimately enhancing the level of

communication between the counsellor and client (Cook & Doyle, 2002). Online

services also put therapy into a public space, helping to decrease stigma, and making it

easier to access (Hanley, 2009), especially for clients who feel alone and socially

anxious. Cook and Doyle (2002) found that socially anxious clients report a stronger

working alliance from online services because they are provided with the means to

connect with a counsellor in a safe and controlled environment.

Another common criticism of the working alliance and online counselling is

increased likelihood that misinterpretation will occur due to the lack of nonverbal cues

(Bambling et al., 2008; Williams et al., 2009). Research, however, implies that the lack

of nonverbal cues does not increase misinterpretation, as clients using this form of service

report feelings of being understood by the counsellor who was in tune their feelings

(Hanley, 2009; Richards, 2009). Counsellors' ability to be in tune with clients' feelings

could result from the counsellor being required to rely more strongly on verbal (in this

case text) communication, increasing the counsellor's focus and attention. Online

services may also enhance the client's ability to control the session. The counsellor has

no way of knowing if the client is physically upset or crying; the client has control over

sharing this information (Alleman, 2002; Hanley, 2009; Leibert et al., 2006). Clients are

also able to use their judgment as to whether they trust the counsellor and determining

what they will or will not share with the counsellor (Alleman, 2002; Fletcher-Tomenius

& Vossler, 2009; Hanley, 2009). The feelings of ownership and connection to the service

have also been implied to be highly valued among online clients. Clients feel

comfortable giving suggestions on how to improve the service while also supporting it.

This form of support from the client implies the development of a strong working alliance (Hanley, 2009).

Current research suggests that there is no significant difference in the quality of the counsellor–client relationships that are established online and offline (Cook & Doyle, 2002; Hanley, 2009; Skinner & Latchford, 2009). Cook and Doyle (2002) indicated that online working alliances are similar to those established offline, with clients expressing a sense of a positive, collaborative bonding with their counsellors. Hanley (2009) also reported that three quarters of youth who use online counselling viewed their working alliance as medium to high quality. These findings suggest that online counselling services are an appealing method of receiving help and support for youth, as it fosters an effective working alliance and clients enjoy the unique advantages that online counselling offers (Cook & Doyle, 2002; Hanley, 2009; King, Bambling, Lloyd, et al., 2006; Richards, 2009; Williams et al., 2009).

Youth: An Increased Need for Appropriate and Accessible Support Services

The need for appropriate support services. Adolescence may be viewed as a time when one can expect many developmental changes, including biological, psychological, cognitive, and social characteristics, which will influence and shape their individual identity (Bigner, 2006; Boldero & Fallon, 1995; Shaffer et al., 2002; Simmons-Physick, 2005; Siyez, 2008). These physiological and personal or emotional changes are important for youth health, as youth gain independence and learn to separate from their parents and childhood. The experience of gaining independence can be filled with anxieties, insecurities, and confusion. Given the links that exist between stress, coping, and well-being (Boldero & Fallon, 1995; Seiffge-Krenke et al., 2009; Simmons-

Physick, 2005; Siyez, 2008), it is important that youth have access to counselling

systems. Boldero and Fallon (1995) suggested that youth tend to engage in one of three

types of coping behaviours: problem and emotion focused, approach and avoidance, or

functional and dysfunctional. All three of these coping behaviours include asking for

help, which makes help-seeking behaviour an important component of coping (Boldero &

Fallon, 1995).

Help-seeking behaviour can be obtained from a variety of different groups,

including friends, relatives, neighbours, and professionals. The nature and type of

problem can possibly determine one's preferred sources of support or coping mechanism

used (Boldero & Fallon, 1995; Seiffge-Krenke et al., 2009, Timlin-Scalera, Ponterotto,

Blumberg, & Jackson, 2003). Close friends are suggested to be a preferred source of

support for personal problems and health issues (Simmons-Physick, 2005), whereas for

academic and career problems youth are believed to turn to academic advisers,

instructors, friends, and relatives (Boldero & Fallon, 1995, Timlin-Scalera et al., 2003).

Gender and age may also impact the help-seeking behaviours of youth.

Research implies that males and females tend to seek help for different problems.

Males on average are believed to seek more help for academic and career problems and

concerns with violence, whereas females are believed to seek help for relationship and

personal problems (Boldero & Fallon, 1995; Simmons-Physick, 2005). In addition, early

adolescence is suggested to be associated with higher levels of stress than later stages of

adolescence (Boldero & Fallon, 1995; Seiffge-Krenke, et al., 2009), as youth are just

starting to gain their independence and explore their belief and values (Simmons-Physick,

2005). During this developmental period there is a perceived need for appropriate coping resources and sources (Boldero & Fallon, 1995; Seiffge-Krenke et al., 2009).

Accessing online counselling service. The use of technology and the Internet has become a central part of everyday life (Tate & Zabinski, 2004). In September 2002, it was estimated that over 600 million people were using the Internet, with roughly one third of Internet users living the United States of America and Canada (Tate & Zabinski, 2004). In 2007, it was indicated that 73 percent of Canadians aged 16 and older went online for personal reasons (Shiller, 2009). Additionally, in a typical month 68% of people went online everyday and 50 percent used the Internet for five hours or more per week (Shiller, 2009). In 2008, it was also estimated that youth spend an average of 13 hours per week online (Shiller, 2009). Shiller (2009), in her literature review titled *Online Counselling: A Review of The Literature*, stated that youth spend most of their time on social networking sites, with 61% reporting that the Internet is important to their social life, and 74% using instant messaging to communicate with family and friends. In addition, Shiller (2009) found that youth use of the Internet extended beyond that of social networking; youth are using the Internet for finding health-related information and are willing to seek support for emotional concerns online. It is estimated that one-fifth of youth have used the Internet for mental health information, and in the United Kingdom, the Internet is one of the top three sources for mental health information (Horgan & Sweeney, 2010). While studying how youth utilize the Internet for support and mental health information, Horgan and Sweeney (2010) reported that 49% of people who use the Internet for mental health information do not seek formal support from health services. In addition, Horgan and Sweeny (2010) stated that more than one in four people in the

United Kingdom prefer to use online services for advice and counselling on depression than to speak to their family doctor.

To facilitate the use of counselling services by youth, Hanley (2006) recommended that these services be accessible, friendly, relevant, and include counsellors who are proactive and flexible. For many counsellors this means offering counselling in a setting that is perceived by youth as safer than face-to-face meetings (Bambling et al., 2008; Hanley, 2006; King, Bambling, Lloyd, et al., 2006). Counselling is designed to provide youth with emotional support, fostering self-disclosure within a safe and confidential environment (King, Bambling, Lloyd, et al., 2006; Hanley, 2009; Richards, 2009). This may be accomplished by breaking down youth-specific barriers to accessing counselling services. These barriers can be both structural (e.g., time, cost, and travel) and personal, such as youth feeling overwhelmed and unfamiliar with counselling and their personal concerns (DuBois, 2004; King, Bambling, Lloyd, et al., 2006). When studying the motivations and experiences of youth who use online counselling services provided through the Australian Kids Help Line, King, Bambling, Lloyd, et al. (2006) found that youth perceive online counselling as safer and feel less emotionally exposed than when using other counselling mediums. This study consisted of 39 Australian participants, who either had used the Kids Help Line before or were using the service for the first time (King, Bambling, Lloyd, et al., 2006). Participants were interviewed in online focus groups (chat rooms) while waiting for their counselling session to begin. Five, 120-minute focus groups were conducted, and each discussed the topics of why participants chose to use online counselling, communication within the online environment, and the usability of the online counselling setting (King, Bambling, Lloyd,

et al., 2006). King, Bambling, Lloyd, et al. (2006) found that participants viewed online

services as less confrontational and more private than telephone and face-to-face

counselling services, helping youth overcome personal barriers to seeking help. If

personal and structural barriers are not breached, youth will not receive the support they

require.

      Telephone and online counselling use. Telephone counselling is one medium

that may be used to decrease the barriers that youth face when seeking support.

Telephone counselling has been shown to be as effective as face-to-face counselling, with

cost and access benefits (King, Bambling, Lloyd, et al., 2006; Reese et al., 2002). One

example of this service are the Kids Help Phone and Kids Help Lines hosted in various

countries—Kids Help Phone (n.d.) in Canada, Kids Helpline in Australia, and the Kids

Helpline in the United States. The Kids Help Phone (n.d.) is a 24-hour telephone service

that provides immediate help and support to youth every day of the year. Kids Help

Phone (n.d.) counsellors provide support, information, and referrals to youth regardless of

the nature of their problems or concerns. Since its beginning in 1989, Kids Help Phone

(n.d.) has been providing a safe, anonymous, and confidential service for millions of

Canadian youth. In 2004, the Canadian Kids Help Phone started to offer online support

services, called Ask a Counsellor and Express Yourself (Simmons-Physick, 2005). In

Ask a Counsellor youth are encouraged to express their concerns by writing on a public

message board, where they will receive a response from a counsellor within 3 to 6 days

(Simmons-Physick, 2005). Express Yourself is also a message board, but here youth do

not expect a counsellor response. Within this message board youth are given the options

of writing a letter to someone whom they cannot speak directly with, telling (i.e., posting)

their inspirational stories of success or adversity, or discussing what they like and their current frustrations (Simmons-Physick, 2005). The Australian Kids Helpline (n.d.) also provides both 24-hour telephone service and an online counselling service for youth between the ages of 5 and 25. The Australian Kids Helpline (n.d.) program began to offer online counselling in 2002 due to increased client demand. Youth expressed the need for online support as they did not or chose to not access telephone based counselling services (Bambling et al., 2008).

A variety of forms of online counselling have been developed, including synchronous real-time chat, and asynchronous email and discussion boards or forums (Barak, 1999; King, Bambling, Reid, et al., 2006; Richards, 2009; Skinner & Latchford, 2009). Online counselling is seen to have potential advantages over telephone counselling for youth; it reaches a larger geographical area and populations who might not traditionally access counselling services, is less intimidating, has lower costs, enables early and preventative interventions, and provides both counsellors and clients with complete textual records of the sessions (Bambling et al., 2008; Gilat & Shahar, 2007; King, Bambling, Lloyd, et al., 2006; King, Bambling, Reid, et al., 2006). Online counselling has also been suggested to be effective in treating anxiety and eating disorders (Cook & Doyle, 2002; Skinner & Latchford, 2006), two concerns that are common among younger populations (King, Bambling, Reid, et al., 2006; Simmons-Physick, 2005). Although online counselling provides advantages over telephone counselling, early studies conducted by King, Bambling, Reid, et al. (2006) and Bambling et al. (2008) highlighted potential drawbacks. Bambling et al. (2008) conducted 90-minute focus groups with counsellors from Australia's Kids Helpline (n.d.)

who provide or have provided online counselling services to youth. From these focus groups, Bambling et al. (2008) found that online counselling could lead to a focus and clarification of client problems and solutions without adequate goal exploration, resulting from inefficiencies associated with text-based counselling such as technological problems, writing styles, and lack of nonverbal cues. In addition, when comparing session outcome, session impact, and the therapeutic alliance within the two mediums of telephone and online counselling, King Bambling, Reid, et al. (2006) found that telephone counselling is more effective than online counselling, with a greater session impact. However, King, Bambling, Reid, et al. (2006) also found that overall, both telephone and online counselling have a positive effect; youth are less distressed after using the services.

Advantages of online counselling. In King, Bambling, Lloyd, et al.'s (2006) study, in which 39 Australian youth who used or were waiting to use the Kids Helpline (n.d.) were interviewed within online focus groups, three domains relevant to youth's choice of online counselling over telephone and traditional face-to-face counselling were identified: privacy and an emotionally safe environment, communication through text, and time. Privacy and an emotionally safe environment were reported to be the main strength of online counselling. Youth felt an increased sense of privacy, as they did not have to wait for the house to be empty to use online counselling, whereas with telephone-based services they did fear that someone else will be listening. Youth also reported a decrease in embarrassment; counsellors cannot tell if they are crying, reducing their feeling of being judged and criticized (Bambling et al., 2008; Hanley, 2009; King, Bambling, Lloyd, 2006; Richards, 2009). The second domain is related to

communication through text. Youth felt a sense of control (power was balanced between counsellor and client) and comfort with online counselling. Youth could delete and retype what they would like to say before saying it. In telephone counselling youth cannot take back what they have started to say and youth also identified that the counsellor's voice, tone, or emotionality can cause them to appear disengaged. Online counselling can prevent this perception from forming (Bambling et al., 2008; King, Bambling, Lloyd, et al., 2006). The last domain of time gives youth more time to think about their problem when they are typing, allowing greater understanding and clarification (Bambling et al., 2008; King, Bambling, Lloyd, et al., 2006; Richards, 2009). These domains highlight the advantages to online counselling; however, disadvantages are also present.

Disadvantages of online counselling. Research by Bambling et al. (2008) and King, Bambling, Lloyd, et al. (2006) indicated that youth have expressed several concerns about online counselling including issues of confidentiality, saved text being read by a third party, counsellors misreading what has been typed, wait times for accessing online services that tend to be longer than telephone services, and the lack of guarantee of receiving support. Even though these limitations exist, Internet use is becoming extremely common among youth and is playing a greater role in how they access support (Bambling et al., 2008; Hanley, 2009; King, Bambling, Lloyd, et al., 2006a; Williams et al., 2009).

Establishing working alliance with youth online. As the use of online counselling and support services grows, it is becoming increasingly important that counsellors find ways to ensure they are meeting the needs of their clients. The literature

has suggested that youth have identified a variety of benefits of online counselling

including privacy, an emotionally safe environment, and a sense of control, which all

contribute to establishing rapport between the counsellor and client, leading to a stronger

working alliance (Hanley, 2009; Horgan & Sweeney, 2010; King, Bambling, Lloyd, et

al., 2006; Shiller, 2009). Since the development of a strong working alliance may be

seen as one of the main indicators for the success of counselling (Cook & Doyle, 2002;

Hanley, 2009; Leibert et al., 2006; Reynolds et al., 2006; William et al., 2009), attempts

have been made to identify rapport building and task accomplishment behaviours that can

be used in online counselling.

Commonly used rapport-building techniques are encouragement, congruence,

empathic statements, positive regard, and paraphrasing (Cormier & Hackney, 2008;

Corey, 2009; Williams et al., 2009; Young, 2005). These techniques are regularly

accompanied by the task-accomplishment behaviours of information-seeking questioning,

confronting language, feeling-oriented questioning, discussion of solutions, and follow-

up appointment options (Williams et al., 2009; Young, 2005). Williams et al. (2009)

conducted a study to explore online counselling, in-session behaviours with youth.

Participants were between the ages of 12 and 18, and were either first-time or repeat users

of the Kids Helpline (n.d.) online counselling services offered in Australia. Within an

online counselling setting, paraphrasing, confrontation, and information-seeking

questions are typically used with youth and have immediate effects, whereas, empathy,

encouragement, and feeling-orientated questions are less frequent and have weaker

immediate effects on youth. Williams et al. (2009) cited previous studies that indicated

that when working with youth clarifying questions and action planning are commonly

used by online counsellors. This information suggests that youth online counselling

services tend to either omit traditional counselling stages or apply them on a superficial

level (Williams et al., 2009). Time constraints of online counselling may be used to

explain this behaviour. Due to the slower pace and exchange of information, some

traditional counselling techniques and behaviours may become too time consuming

(Bambling et al., 2008; King, Bambling, Lloyd, et al., 2006; Williams et al., 2009). In

addition, Williams et al. (2009) found that counsellors spend more time on rapport

building, reducing the time available for other task accomplishment behaviours.

Williams et al. (2009) also cited the difficulty in interpreting the responses and the youth'

concerns about being misunderstood as a possible reason for the immediate effects of

paraphrasing, information-seeking questions, and discussing solutions. This behaviour

suggests that online counsellors tend to focus on the here and now, adopting a crisis-

counselling approach (Ingram et al., 2008; Williams et al., 2009).

  Crisis counselling. A person is said to be in a state of crisis when they perceive a

situation or event as intolerable and exceeding their resources, coping mechanisms, and

problem-solving skills (Argles & Mackenzie, 1970; Dattuilio & Freeman, 2007;

Gladding, 2004; Kanel, 2003; Roberts, 2000; Wark, 1982). Crisis counselling then aims

to help clients find and develop personal and external resources to manage and cope with

the intolerable circumstances (Dattuilio & Freeman, 2007; Gladding, 2004; Ingram et al.,

2008; Lester, 2008). Being in a state of crisis can arise from developmental, situational,

existential, social, and environmental situations (Argles & Mackenzie, 1970; Gladding,

2004; Kanel, 2003; Roberts, 2000; Schonfeld, 1993). Developmental refers to situations

that take place in the normal human growth and development, such as death, birth of a

child, and retirement—all natural-life transitions (Gladding, 2004; Kanel, 2003; Roberts,

2000). Situational events are uncommon, extraordinary, and cannot be predicted or

controlled for, including accidents, job loss, and illness (Gladding, 2004; Kanel, 2003;

Roberts, 2000). Existential situations are inner conflicts and anxieties related to personal

concerns about responsibilities, independence, and commitments. An example of this

would be reaching a specific age in one's life and feeling as if one's life has been wasted

(Gladding, 2004). Social crises are those that may result from societal or cultural

perceptions, responses, or events, such as those related to racism, sexism, and

homophobia, or other discriminatory attitudes and accompanying actions (Roberts, 2000).

Lastly there are environmental situations, which refer to the adverse effects of a natural

or human caused disaster, such as a hurricane, blizzard, and terrorism (Gladding, 2004).

Regardless of the cause or nature of a client's crisis, the goal of crisis counselling is to

help increase clients' functioning by helping clients recognize and work through their

thoughts, feelings, and behaviours (Dattuilio & Freeman, 2007; Gladding, 2004; Kanel,

2003; Roberts, 2000). Counsellors are required to be poised, calm, empathetic, and

flexible; they must also effectively use active listening skills, think quickly, and have

strong helping skills (Dattuilio & Freeman, 2007; Gladding, 2004; Kanel, 2003; Roberts,

2000). Crisis counsellors are often direct and active (Gladding, 2004; Roberts, 2000).

The techniques used within crisis counselling can vary depending on the needs of

individual clients. However, three components of crisis counselling have been implied:

the clients' concerns need to be defined from their point of view; the counsellor needs to

ensure that the client is safe, including reducing any physical and psychological harm and

resulting in the client feeling supported; and the counsellor needs to communicate

genuine and unconditional positive regard towards the client (Dattuilio & Freeman, 2007; Gladding, 2004; Kanel, 2003; Roberts, 2000). Crisis counselling utilizes a variety of action strategies, including discussing the client's alternatives, making plans (what can clients do to feel safe and in control), and gaining the client's commitment towards planned actions (Gladding, 2004; Roberts, 2000). Gladding (2004) also suggested that the counsellor provides some method of client follow up to ensure that clients are accomplishing their plans and have not returned to a state of crisis.

Telephone and online crisis intervention. There are a variety of telephone and online counselling services that have been developed to help youth in crisis. Telephone counselling has been implied to be an effective medium for counselling and crisis intervention (Ingram et al., 2008; King, Bambling, Reid, et al., 2006; Krysinska & De Leo, 2007; Reese et al., 2006). Telephone counselling is commonly used to provide support and information to both the clients in crisis and concerned family members and friends (Krysinska & De Leo, 2007). Examples of these services include the Kids Help Phone (n.d.) and Kids Helpline (n.d.). The ability to provide online crisis counselling can be challenging. Online counselling mediums of email, forums, and to some extent chat have a built-in time delay. Researchers have indicated that this delay can increase feelings of anxiety, stress, and hopelessness for clients who are in a state of crisis (Rochlen et al., 2004; Williams et al., 2009). Concerns have also been raised regarding the ability of the counsellor to intervene in crisis situations (e.g., child abuse, domestic violence, and suicide attempts). However, the real-world location of a computer may enhance emergency workers' ability to locate a client in emergency situations by tracing IP addresses (Mallen & Vogel, 2005a).

There are a number of online counselling services that provide support to youth in crisis. Three examples of such services include SAHAR, The Support Network, and Youth In BC. SAHAR is a Hebrew acronym for Support and Listening on the Net and was designed to help people who are in crisis by offering a listening ear and mental support (Barak, 2007; Lester, 2008). This site offers clients personal communication through synchronous and asynchronous mediums; however, the site is only offered in Hebrew (Barak, 2007; Lester, 2008). The Support Network and Youth In BC are both Canadian online services that provide adults and youth with the opportunity to receive online crisis support. Youth are welcome to discuss their concerns, ranging from relationships, school, and family, to crisis situations such as suicide and domestic violence with trained volunteers through an online chat, email (Crisis Intervention and Suicide Prevention Centre of British Columbia, 2012), and a blog (The Support Network, 2011). To ensure clients' needs are being met and clients are not causing harm to each other, all blog entries are moderated by trained volunteers and chats only take place between a volunteer and one client at a time. Both The Support Network (2011) and Youth In BC (Crisis Intervention and Suicide Prevention Centre of British Columbia, 2012) also provide a list of resources and links to help connect clients to additional information (Crisis Intervention and Suicide Prevention Centre of British Columbia, 2012; The Support Network, 2011).

As youth continue to seek help through online mediums, it becomes important for counsellors to ensure that all methods of online counselling are meeting the needs of clients. Online services are not perceived as the most ideal medium for crisis intervention (Chester & Glass, 2006), yet there is little evidence indicating that online

counselling should not be done with clients who are in a state of crisis (Rochlen et al.,

2004) and youth are already utilizing online crisis services. Current research on online

counselling focusing on clients in noncrisis situations has suggested that online

counsellors adopt methods that are more similar to crisis counselling than to traditional

counselling. Counsellors are also able to establish an effective working alliance with

youth through online mediums, leading to successful counselling outcomes. This

information makes it necessary to explore how youth view the benefits of online

counselling when they are in crisis. Can a working alliance be established, and do the

positive effects of the online counselling transfer to youth who are in a higher state of

crisis?

Summary

Online counselling is a reality, as many adults and youth are currently using

online support service (Bambling et al., 2008; Hanley, 2009; Horgan & Sweeney, 2010;

Shiller, 2009). It has been suggested that online counselling is their preferred method of

support (Horgan & Sweeney, 2010). Research has shown that online counselling services

overcome physiological, psychological, and demographic barriers associated with

traditional face-to-face counselling. Online clients have reported feeling a sense of

anonymity and control, reduced stigmatization and shame, reduced costs, and

accessibility (Barnett, 2005; DuBois, 2004; Mallen & Vodel, 2005b; Richards, 2009;

Rochlen et al., 2004; Skinner & Latchford, 2006; Suler, 2000; Wright, 2002; Young,

2005). Researchers suggested that working alliances established through online mediums

are effective (Barnett, 2005; Chester & Glass, 2006; Hanley, 2009; Richards, 2009) and

possibly equivalent to alliances created through telephone and face-to-face counselling

services (Cook & Doyle, 2002; Hanley, 2009; Reynolds et al., 2006; Skinner & Latchford, 2006). However, the majority of research on online counselling has been conducted on noncrisis counselling services. Since the format of online counselling sessions are proposed to be similar to that of crisis counselling it is important to explore if and how clients in a state of crisis experience the benefits of online counselling. This is specifically important for younger populations, as they have an increase need for support (Boldero & Fallon, 1995; Seiffge-Krenke et al., 2009; Siyez, 2008) and frequently access Internet supports (Horgan & Sweeney, 2010; Shiller, 2009). The ability to establish a positive working alliance in online counselling mediums for crisis intervention and youth are examined in this thesis paper. In chapter three, Methodology, the methods and procedures of how this study was conducted are discussed including: how participants were selected, what instruments were used, and how collected data were analyzed.

Chapter 3: Methodology

This chapter includes a discussion of the methodology that was used to determine whether or not youth who are in crisis experience the identified positive effects of online counselling. This discussion begins with a review of the research design and a description of how participants were recruited. A detailed description of the instruments and materials follows, along with a discussion of the research procedures and the methods of analysis used within the study.

Quantitative Method Approach

In nonexperimental research, which is one form of quantitative research (Ary, Jacobs, & Razavieh, 2002), the independent and dependent variables are not controlled or manipulated (Ary et al., 2002; Hoy, 2010). Researchers, however, can look for possible relationships that may exist among the present variables (Ary et al., 2002). Survey research is one type of nonexperimental research that is commonly utilized by educational and social science researchers (Ary et al., 2002). Data gathering techniques used within survey research include questionnaires and interviews (Ary et al., 2002; Creswell, 2009). These types of data gathering techniques provide researchers with an opportunity to measure trends, opinions, and attitudes of a sample population regarding important issues, with the hopes of generalizing their findings to a larger population (Ary et al., 2002; Creswell, 2009).

In quantitative research, the quality of a measurement or measuring instrument is an important factor. Two criteria in determining the quality of a measure is, reliability and validity (Ary, Jacobs, & Razaveih, 2002). Reliability refers to the extent that a measure produces consistent results, and to the extent that scores are free of random

error, essentially how consistently is one measuring what he or she is measuring (Ary et al., 2002). Validity is the extent to which a measure actually assesses what it is proposing to measure (Gall, Gall, & Borg, 2007; Ary, Jacobs, & Razaveih, 2002). Validity explores the appropriateness, meaningfulness, and usefulness of inferences made from study results (Gall et al., 2007), essentially validity is concerned with the interpretation of results (Ary et al., 2002). For survey or questionnaire results to have validity, results must also have reliability. If participants' responses are not consistent then, the validity of the study is also questionable (Ary et al., 2002), which can also reduce generalizability of research results to a larger population.

Participants

A convenience sample was used as participants were selected from already established services that provide support to youth in crisis. The service initially selected for this study was The Support Network (2011). The Support Network is a Canadian-based service that is centered in western Canada but can be accessed by youth around the world. This service was chosen as it has been providing crisis intervention for youth since roughly 2007 (The Support Network, 2011). All youth who accessed The Support Network were eligible to participate in the study, but only those who indicated that they have used the online crisis counselling services, including blogs, chat, and email as a form of crisis intervention, were to be included within the results (Appendix A). Due to a limited number of responses obtained within the 3-month period that the questionnaire was active on The Support Network's (2011) website, it became necessary to include an additional service in the study. The online service, Youth In BC (Crisis Intervention and Suicide Prevention Centre of British Columbia, 2012) was then included in the study.

Youth In BC is a Canadian service based out of Vancouver, British Columbia, which can be accessed by youth in Canada and around the world (Crisis Intervention and Suicide Prevention Centre of British Columbia, 2012). This service was chosen as it was designed specifically for youth to help address an observed decline in youth accessing the 24-hour distress line in the greater Vancouver area (J. Tanaka, personal communication, June 23, 2011). Youth In BC has been providing online crisis intervention for youth since roughly 2003 with the launch of its website (www.youthinbc.com) and with the creation of the online chat service, Chat Now in 2004 (J. Tanaka, personal communication, June 23, 2011). All youth who access Youth In BC were eligible to participate in the study but only data from participants who indicated that they have used the Chat Now and email services as a form of crisis intervention were included within the results. Separate questionnaires, including access links, were created for both The Support Network and Youth In BC to maintain the integrity of the responses, enabling me, as the researcher, to know which response came from each service.

Since there is no definitive definition of what ages constitute being a youth, for the purpose of this study results were only used from those between the ages of 16 and 24. As the United Nations (n.d.) identified, youth are considered to be between the ages of 15 and 24; however, for the purpose of this study the age range was initially adjusted to 18 to 24 to protect the confidentiality of participants, as working with youth under the age of 18 would typically require the researcher to obtain parental consent. To ensure that usable results were being obtained, responses were monitored as they were collected through SurveyMonkey (2011). Within a few months it was noted that a limited number of responses were being obtained. Discussions with the coordinators of The Support

Network (2011) and Youth In BC (Crisis Intervention and Suicide Prevention Centre of British Columbia, 2012) indicated that a lack of responses could be a result of the limited age range and suggested expanding the range to 16 to 24. Due to the nature of the study, the special circumstances of the lives of potential participants, and the complete anonymity of participants, the Human Subjects Research Committee at the University of Lethbridge granted permission to obtain results from those aged 16 and 17 without obtaining parental consent.

Initially, The Support Network (2011) and Youth In BC (Crisis Intervention and Suicide Prevention Centre of British Columbia, 2012) agreed to host the questionnaire for 3 months or until 100 usable questionnaires were gathered; however, since a low number of responses had been obtained at the 3-month mark for both services, The Support Network agreed to continue to host the questionnaire for as long as required, and Youth In BC agreed to host the questionnaire for an additional month. Website links for the questionnaire on both services were closed on the same week.

Instruments and Materials

SurveyMonkey. An online questionnaire was developed using SurveyMonkey (2011), which was chosen to host the online questionnaire because of its user-friendly set up and design, its ability to maintain complete confidentiality of the respondents, real-time data collection, and downloadable results. SurveyMonkey provides its users with a direct url link to the questionnaire, which in this case was posted on The Support Network's (2011) website in the Online Crisis Support webpage, along with a description of the study. Youth In BC posted the questionnaire link along with a description of the study under the feedback section of the website, within the chat system, and created pop-

up windows advertising the study to those who accessed the website (Appendix B). By posting the questionnaire link directly on the services websites, as compared to emailing it, participants were able to remain completely anonymous. The online crisis support offered by The Support Network does not require clients to create a user account, which ensured that no identifying information, such as user name, could be recorded. Youth In BC does require clients to complete a demographic survey (i.e., nickname or name, age, and city) before they can access Chat Now, but this information was not available to me as the researcher. However, SurveyMonkey (2011) recorded respondents' internet protocol addresses to ensure only one response per participant was collected; SurveyMonkey kept this information private and did not make this information available to me, as the researcher.

Online questionnaire. The online questionnaire consisted of four parts: letter of consent, demographic information, the CSI-SF, and online service-use questions. The questionnaire took youth roughly 30 minutes to complete. A copy of the questionnaire including the CSI-SF is located in Appendix C, along with a sample of how the online questionnaire appeared to participants.

Consent. The first question on the questionnaire asked participants to indicate that they were consenting to their participation in this study. The letter of consent informed the participants: who was conducting the study, the purpose of the study and why it is important, that participation is voluntary, how confidentially and anonymity would be maintained, and how the results of this study would be shared with others. To indicate consent, participants were given the option to select either "I give my consent to the use of my responses" or "I do not give my consent to the use of my responses." If a

participant selected "I do not give my consent to the use of my responses" the survey automatically closed.

Demographic questions. In the second section of the questionnaire participants were asked general demographic questions. These questions included:

1. My gender is (Male, Female, or Transgendered)

2. My age is (16, 17, 18, 19, 20, 21, 22, 23, or 24)

3. I live in (Canada or the United States of America)

These questions were presented in a multiple-choice format, and participants selected the appropriate answer from the list of options provided.

Client satisfaction inventory – short form. The third section of the questionnaire was the CSI-SF, which was chosen because the literature indicated the CSI-SF was an effective measurement for online counselling (Richards, 2009). The CSI-SF is a nine-item Likert scale designed to measure how clients feel about the service they have received (McMurtry & Hudson, 2000). The CSI-SF is based on the 25-item Client Satisfaction Inventory (McMurtry, 1994a, 1994b); the nine items on the CSI-SF are items 2, 3, 8, 9, 10, 11, 21, 23, and 24 of the CSI. The CSI-SF was chosen over the CSI for this study because its briefness enables the researcher to include additional questions that focus specifically on the online mediums provided through The Support Network (2011). The CSI-SF was developed to be used in a variety of settings, as seen in its use of nonspecific wording. For example, the words "service" or "help" are used to indicate the form of assistance that clients received, and "here" or at "this place" are used to refer to the type of agency that the client is responding on. The items are also worded in a way to ensure that both past and present clients of the service are able to respond (McMurtry &

Hudson, 2000). The CSI-SF only requires a fifth-grade reading level (it has a Flesch-Kincaid readability index score of 5.3), making it easily understood by clients and counsellors (McMurtry & Hudson, 2000). Initial research on the CSI-SF also indicates it to be highly reliable, with a Cronbach's Alpha of 0.89, and valid, with moderate content validity of 0.64 (McMurtry & Hudson, 2000; Richards, 2009). Participants respond to each of the nine items on a 7-point category scale (see Table 1).

Table 1

The 7-Point Category Scale Used on the Client Satisfaction Inventory – Short Form Questionnaire

Point	Description
1	None of the time
2	Very rare
3	A little of the time
4	Some of the time
5	A good deal of the time
6	Most of the time
7	All of the time

The nine items were displayed on the same webpage of the questionnaire so that participants could see how many items are to be answered. The nine items are:

1. People here really seem to care about me.

2. I would come back here if I need help again.

3. I would recommend this place to people I care about.

4. People here really know what they are doing.

5. I get the kind of help here that I really need.

6. People here accept me for who I am.

7. People here seem to understand how I feel.

8. I feel I can really talk to people here.

9. The help I get here is better than I expected.

Each item of the questionnaire in the CSI-SF had the list of the seven possible responses underneath it (see Table 1). It is also important to note that the CSI-SF has the inherent assumption that clients have received service or help for a sufficient amount of time to be able to develop an informed opinion of the service. In addition, because the CSI-SF is designed to be used for a variety of services and with clients who vary in the amount of service they receive, it is not appropriate to establish a minimum service period for clients to be able to respond to the CSI-SF (McMurtry & Hudson, 2000).

The CSI-SF has many positive qualities that made it an ideal medium for a youth web-based survey. The CSI-SF is reliable, valid, quick, and easy to use and understand, requiring a fifth-grade reading level. Its nonspecific wording makes it transferable to online mediums. Words and phrasing will not have to be adapted to fit online venues, ensuring reliability and validity are not compromised. The CSI-SF's diverse nature also makes it applicable to youth who use or have used the online forums or chats for support.

Online service-use questions. The last section of the questionnaire involves multiple-choice questions that focus specifically on The Support Network (2011) and Youth In BC's (Crisis Intervention and Suicide Prevention Centre of British Columbia, 2012) chat and email services. This section was designed to identify the concerns that youth discuss and what medium they use to discuss their concerns, how they feel before

and after using the online service, and how the online service helped clients with their concerns. These questions were pilot tested with current University of Lethbridge students. Students were contacted with the help of a university professor who emailed the questionnaire link to her class list (Appendix D). In the email students were invited to complete the questionnaire and provide feedback on the setup, presentation, readability, and comprehension of the questions. As the researcher, beyond the information provided in the questionnaire, I did not have direct access to this student email list or the information of the students who respond to the questionnaire. When this study was piloted the Human Subjects Research Committee at the University of Lethbridge had only approved the use of participants between the ages of 18 and 24, making university students an adequate population to determine the appropriateness of the wording and level of understanding of the questionnaire. When the age range was expanded to 16 to 24 the questionnaire was not re-piloted, as the CSI-SF has been shown to require only a Grade 5 reading level (McMurtry & Hudson, 2000) and there were no identified concerns regarding the online services use questions from the initial pilot.

Youth who chose to respond to the questionnaire were given the instructions to base their responses on a time when they were in a state of crisis and had used The Support Network (2011) or Youth In BC's (Crisis Intervention and Suicide Prevention Centre of British Columbia, 2012) online support services. Participants were also provided with a definition for what it means to be in a state of crisis. This research defined a state of crisis as when a person views his or her situation or an event as intolerable and is unable to manage with his or her existing resources, coping mechanisms, and problem-solving skills (Argles & Mackenzie, 1970; Dattuilio &

Freeman, 2007; Gladding, 2004; Kanel, 2003; Roberts, 2000; Wark, 1982). As the researcher, I had no means of identifying what each participant's resources or coping mechanisms were at the time of the situation; therefore, it was impossible to identify if the participant was in a state of crisis. See questions 14 to 25 on the survey found in Appendix C.

I used separate lists for The Support Network (2011) and Youth In BC (Crisis Intervention and Suicide Prevention Centre of British Columbia, 2012) online service-use questions, as the names of their online chat services are different; however, the content of the questions and the response options were identical. Ultimately, these questions were used to help support the results from the CSI-SF and determine whether the needs of clients who are in crisis are being met and what contributes to meeting clients' needs through online counselling mediums.

Procedures

When participants clicked on the survey link located on either The Support Network (2011) website or Youth In BC's (Crisis Intervention and Suicide Prevention Centre of British Columbia, 2012) website, a new window opened taking them directly to the questionnaire. The first page of the questionnaire was a letter of consent, which asked participants to grant their consent to the use of their responses within this research. If participants chose to not consent the survey ended and redirected to a screen thanking them for participating. If participants provided consent, they were redirected to the demographic section of the questionnaire, followed by the CSI-SF, and ending with the online service-use questions. The participants' responses were recorded through SurveyMonkey (2011) and were password protected by the researcher. Responses were

available for viewing by the researcher as the questionnaires were completed, and

responses from the links used on The Support Network and Youth In BC remained

separate. Responses were monitored throughout the study to ensure that there were a

sufficient number of usable questionnaires. Usable questionnaires required participants

gave their consent, were 16 years of age or older, and were completed. Incomplete

questionnaires and those in which participants were 15 years of age or younger were

removed from the study. The link to the questionnaire remained active for roughly 8

months on The Support Network's (2011) website and four months on Youth In BC's

(Crisis Intervention and Suicide Prevention Centre of British Columbia, 2012) website.

The results from the study were downloaded into Microsoft Excel, responses were coded,

and CSI-SF responses were scored, enabling all of the data to be imported into Statistical

Package for the Social Sciences (SPSS) Statistics 19 for further statistical analysis.

Methods of Analysis

      CSI-SF analysis. The CSI-SF responses were first scored independently from the

rest of the questionnaire to obtain a total CSI-SF score. The total scores of the CSI-SF

range from 0 to 100, with higher scores representing higher levels of satisfaction

(McMurtry & Hudson, 2000). Each of the nine items on the complete CSI-SFs were

scored by pairing responses with the appropriate points; for example, "None of the time"

was 1 point, "Very rarely" was 2 points, and so on (see Table 1). The total score, S, was

computed as $S = (\text{Sum}(Y) - N)(100) / (N)(6)$, where Y is the score of an item and N refers

to the total number of items the participant responded to (McMurtry & Hudson, 2000).

This method of scoring results in a score ranging from 0 to 100 regardless how many

items the respondent answered. Nevertheless, McMurtry and Hudson (2000)

recommended that any responses less than 80% completed be disregarded, meaning that respondents needed to respond to at least 8 of the 9 items. The total CSI-SF score along with all individual responses were also included in further analysis through SPSS. Within SPSS descriptive statistics were calculated for each CSI-SF response, including the mean and standard deviation for each question, and the frequency and percentage of each response type. A chi-square analysis on age and gender with each CSI-SF question and overall CSI-SF score was conducted, along with a layered analysis exploring gender with age and each CSI-SF question and overall CSI-SF score.

Demographic analysis. The demographic information was gathered and analyzed to determine the breakdown of the gender, age, and country of residence of the participants. This information was calculated through the use of SPSS, in which a basic descriptive analysis was conducted. The mean and standard deviation for age, gender, and country were calculated, along with the frequency and percentage of each response type.

Online service-use analysis. The responses from the section on online service-use were analyzed through SPSS. Descriptive statistics were calculated for each response, including the mean and standard deviation for each question, along with the frequency and percentage of each response option. A chi-square analysis on age and gender with each online service-use question was also conducted, along with a layered analysis exploring gender with age and each online service-use question.

Summary

Through the adoption of a purely quantitative method approach the researcher can explore the existence of possible relationships among the present variables (Ary et al.,

2002). The results obtained from the CSI-SF will help identify youth satisfaction levels with online crisis support mediums, while the results from the online service-use questions can be used to expand on the CSI-SF results by exploring topics related to youth' use and experiences with online crisis services. The CSI-SF is an ideal medium for measuring youth satisfaction with online counselling support services, as it is quick and simple and is designed to be used with a variety of populations and counselling settings. With the addition of the online service use, the chosen methods resulted in a thorough exploration of youth satisfaction with online crisis support services when they are in a crisis state.

Chapter 4: Results

The intent of this study was to shed light on whether or not an effective working alliance can be established with youth who are in a state of crisis through online mediums of synchronous chat and asynchronous emails. To explore this question, a three-part online questionnaire was created and posted on two websites that provide online crisis support to youth. This chapter discusses the results obtained from the competed questionnaires. The data were analyzed with SPSS Statistics 19 by running descriptive and chi-square analyses.

Demographic Characteristics

A total of 130 questionnaires were completed from links posted on Youth In BC's (Crisis Intervention and Suicide Prevention Centre of British Columbia, 2012) website, and 22 were completed from links hosted by The Support Network (2011). Of the 130 Youth In BC questionnaires, 91 questionnaires were classified as usable results. Of the 22 questionnaires obtained from The Support Network, 9 questionnaires were classified as usable results. Due to possible difference between the two agencies (Youth and BC and The Support Network), in regards to how the services are run and the training provided to support providers, results from both agencies were kept separate. While the 9 usable questionnaires obtained from The Support Network could provide information on online service use, unfortunately, the response rate was too low to draw any meaningful insight, therefore, this data was not included in the study. Tables 2 to 4 include the demographic information concerning participant gender, age, and country of residence. All 91 participants indicated their gender. Females appear to have provided more responses than males and transgendered individuals (i.e., 81.3% or 74/91 of participants

identified as female, 16.5% or 15/91 identified as male, and 2.2% or 2/91 identified as

transgendered). Ninety participants indicated their age. The age range of participants

was between 16 and 24. The median age of participants was found to be 18.00 years,

along with a mean age of 18.53 years and a standard deviation of 2.309, indicating a high

number of responses within the 16 to 20 year age range. Of the 91 responses, 85

participants indicated their country of residence. It appears that Canadian residents

provided more responses than American residents, as 84.7% of participants indicated that

they lived in Canada and 15.3% of participants indicated that they lived in the United

States.

Table 2

Summary of Frequency of Participants' Age

Age	Frequency	%
16	22	24.2
17	13	14.3
18	15	16.5
19	16	17.6
20	8	8.8
21	3	3.3
22	5	5.5
23	4	4.4
24	4	4.4

Note. M = 18.53 years (3.53); *Mdn* = 18 years (3.00); *SD* = 2.309.

Table 3

Summary of Frequency of Participants' Gender

Gender	Frequency	%
Male	15	16.5
Female	74	81.3
Transgendered	2	2.2

Note. M = 1.86; *SD* = 0.410.

Table 4

Summary of Frequency of Participants' Country of Residence

Country	Frequency	%
Canada	72	79.1
The United States	13	14.3

Note. M = 1.15; *SD* = 0.362.

Client Satisfaction Inventory – Short Form Analysis

To obtain a total score for the CSI-SF, the CSI-SF section of the questionnaire was first scored independently from the rest of the questionnaire. The total CSI-SF scores ranged from 0 to 100, with higher scores representing higher levels of satisfaction (McMurtry & Hudson, 2000). The mean client satisfaction score was found to be 69.78 with a standard deviation of 25.721, indicating that scores are mainly spread out within the range of 44.06 and 95.50. Lower scores of 0 (f = 1), 6 (f = 2), and 9 (f = 1) were

obtained, along with higher scores of 100 ($f = 7$), 98 ($f = 4$), and 96 ($f = 2$). Overall, client satisfaction scores appear to on the higher end of the 0-100 range. A table displaying the frequency of each CSI-SF score can be found in Appendix E.

Descriptive statistics on each individual CSI-SF question. Each question within the CSI-SF was analyzed independently to determine the frequency of each response type, the mean, and standard deviation. Table 5 displays the results obtained from the nine CSI-SF questions. Each of the nine questions had seven response options and participants could only choose one of the seven responses. All 91 participants responded to five of the nine questions, the other four questions received 90 responses.

Table 5 shows that six of the CSI-SF questions resulted in means of 5, which represents the response of a good deal of the time, indicating that participants agreed with the stated question a good deal of the time. Two questions resulted in a mean of 4, which represents the response of some of the time, and one question resulted in a mean of 6, which corresponds with the response of most of the time.

Chi-square analyses on CSI-SF questions. Chi-square analyses were conducted to explore the differences between participants' age and gender with response for each CSI-SF question and participants' total CSI-SF scores. None of these analyses were found to be statistically significant ($p < 0.05$).

Table 5

Summary of Frequency of Participants' Responses to CSI-SF

Question	None of the time	Very rarely	A little of the time	Some of the time	A good deal of the time	Most of the time	All of the time	N	M	SD
People here really seem to care about me	6 (6.6)	7 (7.7)	3 (3.3)	11 (12.1)	15 (16.5)	18 (19.8)	31 (34.1)	91	5.20	1.89
I would come back here if I need help again	4 (4.4)	4 (4.4)	5 (5.5)	15 (16.5)	13 (14.3)	19 (20.9)	31 (34.1)	91	5.31	1.73
I would recommend this place to people I care about	5 (5.5)	6 (6.6)	7 (7.7)	11 (12.1)	10 (11.0)	21 (23.1)	30 (33.0)	90	5.20	1.87
People here really know what they are doing	5 (5.5)	5 (5.5)	10 (11.0)	13 (14.3)	9 (9.9)	25 (27.5)	23 (25.3)	90	5.03	1.82

Response Option Frequency (%)

(continued)

Table 5 (continued)

| | Response Options Frequency (%) | | | | | | | | | |
| | None of the time | Very rarely | A little of the time | Some of the time | A good deal of the time | Most of the time | All of the time | | | |
Question								*N*	*M*	*SD*
I get the kind of help here that I really need	6 (6.6)	8 (8.8)	10 (11.0)	18 (19.8)	11 (12.1)	21 (23.1)	17 (18.7)	91	4.66	1.84
People here accept me for who I am	3 (3.3)	1 (1.1)	1 (1.1)	5 (5.5)	11 (12.1)	16 (17.6)	54 (59.3)	91	6.21	1.43
People here seem to understand how I feel	6 (6.6)	2 (2.2)	8 (8.8)	13 (14.3)	13 (14.3)	25 (27.5)	23 (25.3)	90	5.31	1.76
I feel I can really talk to people here	5 (5.5)	3 (3.3)	4 (4.4)	11 (12.1)	16 (17.6)	21 (23.1)	30 (33.0)	90	5.37	1.72
The help I get here is better than I expected	6 (6.6)	11(12.1)	9 (9.9)	12 (13.2)	15 (16.5)	17 (18.7)	21 (23.1)	91	4.69	1.93

Online Service-Use Questions

      Descriptive statistics on each online service-use question. Each question within the online service-use part of the questionnaire was analyzed independently to determine the frequency of each response type, the mean, and standard deviation. Tables 6 to 15 display the obtained results. Each question has at least two response options, half of the questions allowed for multiple answers, and the answer of other contained an open response box were participants were asked to specify their answers. Participants whose response included other were also able to select the concerns within the list provided. In addition, the open response boxes had a limit of 50 characters, which enabled participants to specify more than one concern within the space provided.

      Tables 6 and 7 display the frequency at which participants had used Youth In BC's (Crisis Intervention and Suicide Prevention Centre of British Columbia, 2012) Chat Now and email support services. All 91 participants answered the question of whether or not they have used Chat Now and email online services. A total of 92.3% of participants had used the service Chat Now and that 16.5% of participants had used Youth in BC's email online services. These results indicated that more people have used the Chat Now than email, which coincides with how 40.7% of participants indicated a preference for the Chat Now service over email services. Of the 91 participants, 12 (13.2%) indicated no preference between the two services and 41 (45%) participants chose to not provide a response to which services they prefer.

Table 6

Summary of Frequency of Online Services Being Used

Online Service	Yes Frequency (%)	No Frequency (%)	*M*	*SD*
Chat Now	84 (92.3)	7 (7.7)	1.08	0.27
Email	15 (16.5)	76 (83.5)	1.84	0.37

Note. *N* = 91.

Table 7

Summary of Frequency of Participants' Preference for Online Support Services

Preference	Frequency	%
Email	1	1.1
Chat Now	37	40.7
No Preference	12	13.2

Note. *M* = 2.22; *SD* = 0.465; *n*= 50. The percent column does not total to 100% because 45 respondents did not respond to this question.

Table 8 shows the frequency at which participants used Chat Now and email support services of Youth In BC. In regards to the Chat Now service use, a mean of 4.24, which represents the response of once a month, and a standard deviation of 2.33 was obtained. Twenty-seven participants chose the response option of other, and 24 of these participants specified their responses. Ten participants indicated that it was their first time using the Chat Now service, eight indicated that they had used the service only once,

one had used the service twice, and five participants indicated that they use Chat Now as needed. Five participants chose to not indicate any response to how often they use the service Chat Now, which corresponds with the results indicating that not all participants have used Chat Now.

In regards to the email service use, a mean of 5.24, which represents the response of every other month, and a standard deviation of 2.14 was obtained. Ten participants chose the response option of other, and nine of these participants specified their responses. Two participants indicated that they had used the email service once, two participants indicated that they had use the service as needed, one participant indicated using email when Chat Now is unavailable, one participant indicated that the email service was not available, and three participants indicated that they have never used the email service. A total of 70 participants chose to not indicate any response to how often they use the email support services, which corresponds with the results indicating that not all participants have used the email support services.

Overall, results indicate that participants tend to use the Chat Now services more often than email services. When participants were asked how often they used the services of Chat Now and email support, Chat Now received a higher number of responses within each of the frequency categories, than that of email services.

Table 8

Summary of Frequency of Participants' use of Online Services

Usage	Chat Now Frequency (%)	Email Frequency (%)
More than once a week	15 (16.5)	2 (2.2)
Once a week	13 (14.3)	1 (1.1)
Every other week	8 (8.8)	2 (2.2)
Once a month	9 (9.9)	2 (2.2)
Every other month	9 (9.9)	2 (2.2)
Once a year	5 (5.5)	2 (2.2)
Other	27 (29.7)	10 (11.0)
N	86	21
M	4.24	5.24
SD	2.33	2.14

Table 9 displays the results regarding what concerns participants address while using online support services, along with a gender comparison. The most frequently stated concern was suicide, with 65.9% of participants indicating that they had discussed suicidal-related concerns and the least frequently stated concern was violence, with 11% of participants indicating that they had disclosed concerns regarding violence while using online support services. Thirty-seven participants chose the option of other, and 31 of

those participants specified their response. Concerns identified from the open-response boxes included: eating disorder ($f = 3$); abuse, including sexual abuse ($f = 3$); stress ($f = 3$); anxiety ($f = 3$); self-harm or self-injury ($f = 4$); homosexuality ($f = 2$); mental health, including posttraumatic stress disorder and depression ($f = 6$); being kicked out ($f = 1$); bullying ($f = 1$); concentration tips ($f = 1$); immigration ($f = 1$); life ($f = 1$); loneliness ($f = 1$); therapy ($f = 1$); peer pressure ($f = 1$); pregnancy ($f = 1$); prostitution ($f = 1$); self-esteem and shyness ($f = 1$); and siblings ($f = 1$).

Table 9

Summary of Frequency of Concerns Discussed

Concern	Frequency	%
Friends	45	49.5
Parents	42	46.2
Relationships	30	33.0
School	44	48.4
Loss	17	18.7
Violence	10	11.0
Suicide	60	65.9
Substance Use/Alcohol Use	12	13.2
Other	37	40.7

Note. N = 91.

In regards to gender, Table 10 shows that both females and transgendered participants appear to discuss suicide the most. Among male participants, the concern of relationships appears to be discussed the most, as it received the highest number of responses; however, the concern of suicide received the second highest number of responses among male participants, and was only one response less than that of relationship concerns. The concern discussed the least by females was violence, which was also the least discussed concern by males, and the concerns of parents, relationships, loss, violence, and substance or alcohol use were not discussed at all by transgendered participants.

Table 11 displays the results indicating what feelings participants experienced before using online support services. Participants indicated feelings of being alone, which received 71 (78%) participant responses, and sad or upset, which received 70 (76.9%) responses. The least frequent feeling was the response of other, with 19 (20.9%) participants selecting this response, followed by the feeling of anger with 24 (26.4%) participants selecting this response. Seventeen of the 19 participants whose response was other specified their response. In addition to the options provided, participants indicated that they felt: afraid ($f = 4$), anxious ($f = 2$), depressed ($f = 4$), desperate ($f = 1$), disappointed ($f = 1$), empty ($f = 1$), numb ($f = 1$), hopeless ($f = 1$), lost ($f = 1$), normal ($f = 1$), angry ($f = 1$), and stressed ($f = 1$).

Table 10

Summary of Frequency of Gender and Concerns Discussed

Concerns Discussed	Gender		
	Female Frequency (%)	Male Frequency (%)	Transgendered Frequency (%)
Friends	37 (50)	7 (46.7)	1 (50)
Parents	33 (44.6)	9 (60)	-
Relationships	19 (25.7)	11 (73.3)	-
School	36 (48.7)	7 (46.7)	1 (50)
Loss	13 (17.6)	4 (26.7)	-
Violence	8 (10.8)	2 (13.3)	-
Suicide	48 (64.9)	10 (66.7)	2 (100)
Substance/Alcohol Abuse	10 (13.5)	2 (13.3)	-
Other	29 (39.2)	6 (40)	2 (100)
N	74	15	2

Note. A hyphen (-) represents a response frequency of zero.

Table 11

Summary of Frequency of Feelings Before Online Support Use

Feeling	Frequency	%
Alone	71	78.0
Sad/Upset	70	76.9
Angry	24	26.4
Confused	44	48.4
Misunderstood	30	33.0
Ignored	33	36.3
Other	19	20.9

Table 12 displays the results indicating what feelings participants experienced after using online support services. Participants indicated feeling "understood" (56%), with the least frequent feeling being "pessimistic" (8.8%). A total of 26.4% of participants chose the response option of other. All 24 participants whose response included other specified their response. In addition to the options provided, participants indicated that after using the online services they felt: aware ($f = 3$), relieved ($f = 3$), calmer ($f = 3$), hopeful ($f = 3$), content ($f = 2$), normal or excited ($f = 2$), bitter ($f = 1$), annoyed ($f = 1$), scared ($f = 1$), cared for ($f = 1$), prepared ($f = 1$), indifferent ($f = 1$), and less depressed ($f = 1$). Three participants provided specific statements: "I felt heard by someone . . . they pretend to understand but they are following a script so . . . but at least they heard" (Survey Participant), "Like I need to keep talking. I felt better when talking,

but after still sad" (Survey Participant), and "I didn't feel any better but at least someone out there knew how I felt" (Survey Participant).

Table 12

Summary of Frequency of Feelings After Online Support Use

Feeling	Frequency	%
Understood	51	56.0
Accepted	36	39.6
Optimistic	32	35.2
Misunderstood	12	13.2
Ignored	9	9.9
Pessimistic	8	8.8
Other	24	26.4

Table 13 shows the results indicating what participants like about using online support services. Three participants chose to not answer this question; of those who did provide an answer, each response option received similar response rates. The frequency of each response type, with the exception of the option of other, is within the range of 52 to 72 responses. The most frequent response was that of the ability to remain anonymous, with 72 (79.1%) of the participants selecting it. The least frequent response was that of other, with 12 (13.2%) participants selecting it, followed by the ability to re-read what has been discussed with 52 (57.1%) responses. All 12 participants whose response included the option of other specified their response. In this question,

participants' responses were structured in more of a sentence format, with a few

participants providing multiple responses. Some of the paraphrased responses include:

don't have to talk on the phone or out loud ($f = 2$), less anxious because I do not have to

talk to someone in person and can think about what I am going to say ($f = 2$), everything

($f = 1$), having someone there when no one else would be there and is willing and able to

help ($f = 2$), how friendly the person was ($f = 1$), neutrality of assistance ($f = 1$), the

people here understand me and listen more than close friends even family ($f = 1$), and

their understanding and helpfulness ($f = 1$). The next comments reflect perspectives of

those who were not happy with the service they received, nothing ($f = 2$), and this isn't

private or anonymous, I don't like how cops showed up at my house ($f = 1$).

Table 13

Summary of Frequency of What Participants like about Online Services.

Response	Frequency	%
Ability to remain anonymous	72	79.1
Information is not accessible to others	56	61.5
Privacy	58	63.7
Feelings of safety	53	58.2
Accessibility	65	71.4
Ability to re-read what has been discussed	52	57.1
Other	12	13.2

Table 14 shows the results indicating what participants did not like about using online support services. Ten participants chose to not answer this question. Of those who did provide an answer, 42 (46.2%) participants indicated that what they disliked about online services were the wait times and 23 (25.3%) indicated that they did not like the time delay of response and the experiences of miscommunication. Thirty (33.0%) of participants chose the option of other. All 30 participants whose response included other specified their response. These responses have been paraphrased. Participants indicated that they disliked: how volunteer responses felt scripted ($f = 10$); that they can be traced, have been threatened to have the cops sent to their home, and/or the cops were sent to their home ($f = 3$); they cannot get advice ($f = 3$); nothing ($f = 3$); different time zones ($f = 2$); and technical problems ($f = 2$). The following responses were only expressed once by separate participants: cannot talk to the same person, lack of privacy, slow typing, if the screen is minimized one will not know when a message is received, poor English, feeling rushed, felt talked down to, and the chats were not long enough.

Table 14

Summary of Frequency of What Participants Dislike About Online Services.

Response	Frequency	%
Wait times	42	46.2
Time delay of responses	23	25.3
Miscommunication	23	25.3
Other	30	33.0

Table 15 shows how accessing online services helped participants. Three participants did not respond to this question; of those who did respond, 69 (75.8%) participants, with the most frequent response, indicated that they felt helped by accessing online services because it let them vent about concerns. The least frequent response was that of helping them to discover their own strengths, with 12 (13.2%) participants choosing this response. The remaining responses, with the exception of other, had a frequency rate between that of 28 and 39 (percent). Thirteen (14.3%) participants chose the response of other, and all 13 participants specified their response. These responses have been paraphrased. Responses included: it did not help ($f = 5$); helped realize or figure out my problem ($f = 3$); felt better or accepted ($f = 3$); and enabled the client to do what was needed and the client was given resources.

Table 15

Summary of Frequency of How Accessing Online Services Helped Participants.

Response	Frequency	%
Helped me understand my concern	28	30.8
Made my concerns more manageable	30	33.0
Helped me identify how to cope	33	36.3
Helped me to discover my strengths	12	13.2
Let me vent about my concern	69	75.8
Helped me identify how I felt about my concern	39	42.9
Other	13	14.3

Table 16 shows how participants viewed the support or help they received from online support services. All 91 participants responded to this question, with 74 (81.3%) participants indicating that they were happy with the support or help that they received and 17 (18.7%) participants indicated that they were unhappy with the support or help that they received. A mean of 1.19 and a standard deviation of 0.392 were obtained, the numerical value 1 represents the response: I am happy with the support or help that I received.

Table 16

Summary of Frequency of How Participants Viewed the Support or Help Received

Response	Frequency	%
I am happy with the support/help that I received	74	81.3
I am unhappy with the support/help that I received	17	18.7

Note. M = 1.19; *SD* = 0.392.

Chi-Square analyses on online service-use question. Chi-square analyses were conducted to explore the differences between participants' age and gender with response for each online services use question. None of these analyses were found to be statistically significant ($p < 0.05$).

CSI-SF and Online Service-Use Questions

The CSI-SF has no established categorization or cutting scores to indicate when participants' scores would be considered a high, moderate, or low satisfaction level (S. McMurtry, personal communication, August 29, 2011). A categorization for participant scores has yet to be established, as the inventory is designed to be used across

a diversity of organizations and populations, which may have different expectations of what a high, moderate, or low level of satisfaction may mean (S. McMurtry, personal communication, August 29, 2011). For the purposes of this study and to help explore and present the data, categories were established. These categories are based on the grading system used at an undergraduate level at the University of Alberta (Appendix F). This categorization was chosen as the age range of participants was found to be 16 to 24 years, suggesting that participants would be accustomed to a categorization similar to that used within the education systems. This form of categorization was also possible as the overall CSI-SF scores range from 0 to 100, a grading range that is present in most forms of school grading. The established categories are the following, a CSI-SF score of 82-100 is considered to be an excellent level of satisfaction, a score of 70-81 is a good level of satisfaction, a score of 58-69 is a satisfactory level of satisfaction, and a score of 0-57 is a poor level of satisfaction.

Table 17 shows how participants' overall CSI-SF scores fell into each category. The categories that have the highest frequencies were the categories with the satisfaction levels of excellent and poor, receiving 38 and 26 response respectively. The categories of good and satisfactory were the lowest and differentiated from each other by three responses.

Table 17

Summary of the Frequency of Participants' Overall CSI-SF Scores and Categorization

Score Category	Satisfaction Level	Frequency	%
82–100	Excellent	38	42
70–81	Good	15	16
58–69	Satisfactory	12	13
0–57	Poor	26	29

Table 18 displays how participants' satisfaction level, as determined by their overall score on the CSI-SF, relates to their responses on the online services use question, overall how do you view the support or help that you received from an online service? Seventeen participants indicated that they were unhappy with the support they received, all of which fell into the satisfaction levels of poor and satisfactory. Seventy-four participants indicated that they were happy with the support they received; however, these responses fell into each satisfaction level. The level of excellent has the highest frequency with 38 responses, and satisfactory has the lowest with only 10 responses, while good has 15 responses and poor has 11 responses.

Table 19 displays how participants' satisfaction level, relates to their responses to the question: what did you like about using an online services? The frequency of each response type appears to be consistent within each satisfaction level (when not taking into consideration the response of other), with the exception of the satisfaction level of poor, where the frequency of responses varied from 7 (feelings of safety) to 21 (anonymity).

Table 18

Summary of the Participants' Overall Perception of the Support They Received

Satisfaction Level	Happy	Unhappy
Excellent	38	0
Good	15	0
Satisfactory	10	2
Poor	11	15

Table 19

Summary of What Participants Liked About Online Services

Satisfaction Level	Anon.	Access	Priv.	Safe	Acc.	Re-read	Other
Excellent	26	25	25	27	29	24	6
Good	13	12	13	12	12	10	2
Satisfactory	12	6	7	7	9	7	1
Poor	21	13	13	7	15	11	3

Note. Anon. = Anonymity; Access = Accessibility of information to others; Priv. = Privacy; Safe = Feelings of safety; Acc. = Accessibility; Re-read = Ability to re-read.

Table 20 compares participants' satisfaction level with participants' responses to what they disliked about using an online service. The frequency of each response type appears to be consistent within each satisfaction level, with the exception of the

satisfaction level of excellent, where the frequency of responses vary from 5

(miscommunication due to writing styles) to 19 (wait times).

Table 20

Summary of What Participants Disliked About Online Services

Satisfaction Level	Wait times	Time delay of responses	Miscommunication due to writing styles	Other
Excellent	19	6	5	9
Good	9	6	3	5
Satisfactory	4	3	4	4
Poor	10	8	11	12

Table 21 displays how participants' satisfaction level, relates to participants'

responses to how they felt after using an online service. The satisfaction levels of

excellent, good, and satisfactory appear to have a higher frequency of responses for the

positive feelings of understood, accepted, and optimistic, than that of the negative

feelings of misunderstood, ignored, and pessimistic, with the satisfaction level of

excellent having the highest frequency of responses. The satisfaction level of poor

appears to have similar response frequencies for both the positive and negative feelings.

Table 21

Summary of How Participants Feel After Using an Online Service with Satisfaction Level

Participants Felt	Satisfaction Level			
	Excellent	Good	Satisfactory	Poor
Understood	29	9	7	6
Accepted	22	4	4	6
Optimistic	18	6	3	5
Misunderstood	1	2	1	8
Ignored	0	2	0	7
Pessimistic	1	0	1	6
Other	9	3	3	6

Table 22 displays how participants' satisfaction level relates to their responses to how accessing online services helped them with their concerns. The frequency of each response type appears to vary within each satisfaction level, with the exception of the satisfaction level of satisfactory. The response type of vent about my concern appears to have received the highest frequency of responses within each satisfaction level, while the response type of discovered my strengths appears to have received the lowest frequency of responses within each satisfaction level (when not considering the response of other).

Table 22

Summary of How Accessing an Online Service Helped Participants

How Participants Were Helped	Satisfaction Level			
	Excellent	Good	Satisfactory	Poor
Understand concern	14	6	6	2
Concern became more manageable	17	6	3	4
Identify how to cope	22	8	2	1
Discovered strengths	7	4	1	-
Vent about concern	31	13	9	16
Identify feelings	17	18	9	5
Other	6	2	0	5

Note. A dashed line (-) represents a response frequency of zero.

Email and Chat Now

More people have used Chat Now than email services (see Table 6), as 92.3% of participants stated that they had used the service Chat Now and that 16.5% of participants had used Youth in BC's email online services. Table 23 displays participants' overall perception of online service use in relation to the type of service. Participants' overall perception is measured through their level of satisfaction as calculated by CSI-SF scores

and usefulness as defined as happy and unhappy, which was indicated in the last question of the online service-use portion of the questionnaire. Table 23 also indicates that most of those who used email services were happy with the support they received and had a satisfaction level of excellent, while the participant who indicated that he or she was unhappy had a satisfaction level of poor. The participants who used Chat Now mostly indicated that they were happy with the support they received, and the satisfaction level of excellent had the highest response rate. For participants who indicated that they were unhappy with the Chat Now services most of them also had the satisfaction level of poor.

Table 23

Summary of Participants' Overall Perception of Online Service-Use with Service Type

Satisfaction Level	Chat Now		Email	
	Happy	Unhappy	Happy	Unhappy
Excellent	34	1	9	-
Good	14	-	2	-
Satisfactory	6	4	-	-
Poor	10	15	3	1

Note. A dashed line represents a response frequency of zero.

In regards to email service use, results could not be further broken down to explore what aspects of email service were liked and disliked, or how participants felt helped by the email service. This inability to explore email service results further was due to a small sample size, as only 15 participants indicated that they had used email as an online support service.

Summary

The obtained results suggest that online services of synchronous chat are used more frequently than that of asynchronous email services; however, both service types appear to frequently produce positive or satisfactory results. In addition, the results indicate that what participants dislike the most about online services are the associated wait times; however, participants enjoy online services for the ability to remain anonymous and its accessibility. Participants also indicated that online services use enables them vent about their concerns, helping them feel understood, accepted, and optimistic, while reducing the feelings of being sad or upset and alone. The next chapter, Chapter 5, will further discuss the presented results and implications of these results, along with discussing suggestions for future research, and limitations within this study.

Chapter 5: Discussion

This chapter discusses the results and conclusions drawn from participants'

responses regarding their experiences with online support services while in a state of

crisis. In addition, this chapter addresses the question: Can an effective working alliance

be established with youth who are in a state of crisis through online mediums of

synchronous chat and asynchronous emails? Participants' satisfaction levels and

perceived usefulness of online supports are discussed, along with a comparison between

the two modes of online support delivery, asynchronous email and synchronous chat, and

participants' demographic variables. This chapter also explores possible implications and

suggestions for future research along with limitations found within this study.

Can an Effective Working Alliance be Established with Youth who are in a State of

Crisis Through Online Mediums of Synchronous Chat and Asynchronous Emails?

The working alliance is a collaborative process or relationship that counsellors

and clients engage in to bring about change (Cook & Doyle, 2002; Hanley, 2009;

Horvath & Greenberg, 1989). It is proposed that the quality of this collaboration is the

main factor in determining the effectiveness of the working alliance. The working

alliance is viewed as the central component for all counselling and psychotherapy

approaches (Cormier & Hackney, 2008; Fletcher-Tomenius & Vossler, 2009; Hanley,

2009; Young, 2005). The strength and quality of the working alliance is regarded as a

strong predictor for successful therapeutic outcomes (Fletcher-Tomenius & Vossler,

2009; Hanley, 2009; Leibert et al., 2006; Young, 2005), as it is the vehicle that enables

and facilitates counselling techniques and processes, providing the context that promotes

change within counselling (Ackerman & Hilsenroth, 2001; Crits-Christoph et al., 2006; Horvath & Greenberg, 1989).

With the criticism that online counselling simply results in advice-giving and lacks nonverbal communication, it is feared that the development of the working alliance will be hindered or even prevented (Cook & Doyle, 2002; Hanley, 2009). Previous studies have, however, implied that working alliances established through electronic mediums are equivalent to those developed in face-to-face sessions. It is suggested that these findings are likely a result of youth having an increased sense of anonymity and control within their counselling interactions (Cook & Doyle, 2002; Hanley, 2009; Reynolds et al., 2006; Skinner & Latchford, 2006). Furthermore, it has been implied that anonymity facilitates the working alliance by extending the range of potential discussion topics, as the online environment creates an atmosphere in which individuals feel disinhibited. Disinhibition enables youth to feel safe, allowing them to be honest and open with their counsellors or online support providers (Cook & Doyle, 2002; Leibert et al., 2006; Skinner & Latchford, 2006; Suler, 2004).

This study found that youth value specific traits of online counselling that can possibly contribute to the development of an effective working alliance. Specifically, it appears that youth value the sense of anonymity. It is possible that an increased sense of anonymity enables youth to feel more comfortable with accessing support, which can decrease feelings of defensiveness and embarrassment. As youth feel more comfortable with receiving support, it is possible that they will be more engaged in discussions with support providers. Therefore, creating an atmosphere where an effective working

alliance can be established as both youth and support provider are now working collaboratively.

When youth were asked what they liked about online support services, 72 (79%) of respondents chose the response of anonymity. Comments provided by youth also suggest that the feeling of safety and privacy is connected to that of anonymity, and that this connection can further facilitate an atmosphere possible for disinhibition. Youth stated they felt less anxious, specifically with not having to speak out loud or in person, online supports gave them the option to talk to someone when there was no one else around or willing to talk, they have a greater opportunity to think about what they are communicating, and they appreciated the friendliness and neutrality of the support they received. The comments received from this study indicate that youth may feel more comfortable and less overwhelmed when accessing online support services. By feeling more comfortable and less overwhelmed, it is may be possible for youth to be in a better position to address the unfamiliarity of the counselling process or the unfamiliarity of one's concerns, possibly encouraging youth to be open, honest, and to discuss a larger range of topics.

Previous research has suggested that males and females seek support for different concerns, specifically that males are perceived to be less likely than females to seek support for relationships and personal problems (Boldero & Fallon, 1995; Simmons-Physick, 2005). This study, however, found that while females may be seeking support at a higher frequency than males, both males and females appear to be seeking support for the concerns of suicide, school, parents, and friends. In addition, it suggests that males are possibly willing to seek support for concerns regarding relationships, which was the

highest rated concern among male respondents and only the fourth highest rated concern among females. While these findings were initially unexpected, Timlin-Scaler et al. (2003) found that males may have a harder time going to their more common informal supports of friends and family, when experiencing more difficult social concerns, which may include relationship problems. Timlin-Scaler et al. (2003) further suggested that with more difficult concerns males feel more comfortable going to other males within their community for help. While, it is unlikely that youth accessing Youth In BC will know the gender of the support provider they are speaking with, it is possible that youth view the services as part of their community, creating an increased level of comfort with accessing the website. The majority of respondents did indicate that they resided in Canada. With Youth In BC being a Canadian run website out of British Columbia, it is possible that many of the Canadian participants were from British Columbia, as much of the advertising for the website would be within the province, creating the perception that the website is part of the youth's community. As the Internet becomes a more common resources for youth it may also create a sense of community and comfort among youth, potentially encouraging more youth to access formal support.

Another criticism against online counselling and the development of the working alliance is the possibility that miscommunication, due to the lack of nonverbal cues, will decrease the ability to develop a strong working alliance (Bambling et al., 2008; Williams et al., 2009). Research, however, has indicated that the lack of nonverbal cues does not increase incidents of miscommunication, as youth have reported feelings of being understood by the counsellor, and felt that these counsellors appeared to be in tune with their feelings (Hanley, 2009; Richards, 2009). When youth were asked to indicate what

they did not like about online support services 23 (25.3%) indicated that they had

experienced miscommunication and a few participants stated that they felt the support

providers' responses were scripted. It is possible that when youth feel that they are being

responded to with scripted responses, they can also believe that support providers are not

being congruent or empathetic. Congruency and empathy are regarded as two important

counsellor skills for emphasizing the collaborative nature of counselling and building

positive working alliance (Cook & Doyle, 2002; Horvath & Greenberg, 1989; Horvath &

Luborsky, 1993). However, when youth were asked how they felt after using an online

support service only 13.2% (12 respondents) indicated that they felt misunderstood, 56%

(51 respondents) stated that they felt understood, and 39.6% (36 respondents) stated that

they felt accepted. While there might have been a few occurrences of youth feeling

misunderstood it is difficult to determine to what extent these responses

(miscommunication) impacted the overall experience of online support. The

miscommunications could have occurred after a positive working alliance was

established or at the beginning stages of the online chat or e-mail conversations, making

it possible for the youth along with the support providers to identify and work through the

miscommunication. The comments from youth suggest that it may be possible to feel

heard and not fully understood. However, it may also be the feeling of being heard that

might be more impactful, which can possibly enhance feelings of being accepted. The

importance for youth to feel heard can also be identified in participants' responses to how

accessing online services helped them, as the most frequent response was that it helped

them vent about their concern and to identify their concerns.

While there were participants who experienced miscommunication and felt misunderstood, it appears that most participants felt understood and accepted, which is possibly a result of increased feelings of being heard. An online support provider's ability to be in tune with clients' feelings could result from the counsellor being required to be more focused, as they only have text-based communication to rely on.

Previous studies (as cited in Williams et al., 2009) have also indicated that when working with youth clarifying questions and action planning are commonly used by online support providers. This information suggests that online support services can be limited by the use of traditional counselling stages (Williams et al., 2009), which may be explained by the time constraints of online support. Some traditional counselling techniques are considered to be too time consuming for the slower pace and exchange of information that happens within online support services (Bambling et al., 2008; King, Bambling, Lloyd, et al., 2006; Williams et al., 2009). In addition, Williams et al. (2009) found that online counsellors spend more time on rapport building, limiting the time available for other task accomplishment behaviours, as they focus on using rapport-building techniques such as encouragement, congruence, empathic statements, positive regard, and paraphrasing (Corey, 2009; Cormier & Hackney, 2008; Williams et al., 2009; Young, 2005). Williams et al. (2009) also cited miscommunication as a possible reason for the immediate use of paraphrasing, clarifying questions, and discussing solutions. These skills are designed to help express and enhance understanding towards a client, when used inappropriately or too soon they can potentially cause a client to feel misunderstood. When used improperly paraphrases can come across as parrotlike, as the counsellor appears to just be repeating back what the client is saying (Cormier &

Hackney, 2008). Clarifying questions when they are overused can distract or interrupt a client's train of thought and when underused counsellors may have a difficult time understanding the client and their situation (Cormier & Hackney, 2008). These misunderstandings may also cause a counsellor to offer solutions too quickly, further decreasing the success of the support provided.

However, when used properly the skills of paraphrasing, clarifying questions, and discussing solutions may be used to help overcome miscommunication, possibly helping youth to feel accepted and understood. Paraphrases can help support providers demonstrate understanding by reflecting back to the client the important content of what has been said, such as significant facts, thoughts, and intentions (Cormier & Hackney, 2008; Young, 2009). Clarifying questions can help clients proceed in exploring their concerns and elaborate on what they are feeling (Cormier & Hackney, 2008) and with discussing solutions. It is possible that youth can view this process as the support provider trying to help and understand them in order to provide effective help. Williams et al. (2009) further indicated that by utilizing these skills appropriately the support provided may be more effective because support providers are possibly facilitating a clearer understanding of the message being communicated, which may enhance feelings of empathy and congruency. This behaviour suggests that online counsellors tend to focus on the here and now, adopting a crisis-counselling approach (Ingram et al., 2008; Williams et al., 2009), as crisis counselling providers utilizes action-oriented strategies such as discussing clients' alternatives and making plans (Gladding, 2004; Roberts, 2000), both of which are solution-orientated behaviours.

Crisis counselling aims to help youth find and develop personal and external resources to help them manage and cope with intolerable circumstances (Dattuilio & Freeman, 2007; Gladding, 2004; Ingram et al., 2008; Lester, 2008). Although online support providers are not able to utilize the majority of traditional counselling techniques, the results of this study possibly suggest that the skills and techniques that are being used are beneficial. When asked how accessing online services helped youth, 69) participants (75.8%) indicated that online services helped by allowing them to vent about their concerns and 39 participants (42.9%) stated that these services helped them identify how they felt about their concerns. Additional comments provided by participants also included that online services helped them realize or figure out their problem, and enabled them to do what was needed, which involved being provided with access to further resources. These findings can suggest that solution-oriented behaviours utilized in crisis counselling, such as making plans and discussing alternatives (Gladding, 2004; Roberts, 2000) might be effectively adopted within online counselling (Ingram et al., 2008; Williams et al., 2009). Part of discussing solutions can include referrals to support services that are beyond that of an online service. Furthermore, when participants were asked how they viewed the support or help they received, 74 participants (81.3%) indicated that they were happy with it. If online support providers were not able to establish a strong or effective working alliance with youth, it is possible that such task-accomplishment behaviours would be less likely to occur youth may be less able to identify ways to make their intolerable circumstances more manageable, and youth may be more likely unhappy with the support or help they received.

The literature, along with the results of this study, suggest that youth may enjoy the benefits of online support services, including anonymity, privacy, an emotionally safe environment, and a sense of control. All of these benefits can contribute to establishing a rapport between counsellors and clients, possibly leading to a stronger working alliance (Hanley, 2009; Horgan & Sweeney, 2010; King, Bambling, Lloyd, et al., 2006; Shiller, 2009), and enabling clients to gain insight and make their concerns more manageable.

Participant Satisfaction and Perceived Usefulness of Online Services

Client satisfaction and successful counselling outcomes are suggested to be the result of an effective working alliance, regardless of which theoretical approach and counselling medium is being used (Cook & Doyle, 2002; Fletcher-Tomenius & Vossler, 2009; Hanley, 2009; Haugh & Paul, 2008; King, Bambling, Reid, et al., 2006; Leibert et al., 2006). The working alliance is viewed as a collaborative relationship that develops between counsellors and clients that enables change (Cook & Doyle, 2002; Hanley, 2009; Horvath & Greenberg, 1989). The strength and quality of the counsellor–client relationship is considered to be a strong predictor for successful counselling outcomes (Fletcher-Tomenius & Vossler, 2009; Hanley, 2009; Leibert et al., 2006; Young, 2005). Online counselling mediums have been criticized regarding their ability to develop a strong working alliance. However, previous studies have indicated that online mediums can facilitate working alliances equivalent to those experienced in traditional face-to-face counselling sessions (Cook & Doyle, 2002; Hanley, 2009; Reynolds et al., 2006; Skinner & Latchford, 2006). Through its exploration of client satisfaction with online support services among youth in crisis, this study suggests that it may be possible to develop an effective working alliance using online counselling mediums. Just as has been found in

the literature on the working alliance with adult populations, youth who access online

services can perceive the therapist to have the interpersonal skills of positive regard,

warmth, and genuineness.

Within this study the CSI-SF was used to measure client satisfaction. The total

CSI-SF scores ranged from 0 to 100, with higher scores representing higher levels of

satisfaction (McMurtry & Hudson, 2000). The mean client satisfaction score were found

to be 69.78 with a standard deviation of 25.72, indicating that client satisfaction scores

are mainly spread out within the range of 44.06 and 95.50. To further enhance analysis

and understanding of participants' satisfaction levels, CSI-SF scores were arranged into

the categories of excellent, good, satisfied, and poor. This study found that youth tend to

experience satisfaction levels of the two extremes of excellent and poor. It is possible

that these extremes are related to experiences of miscommunication, not being able to

overcome incidents of miscommunication may lead to a satisfaction level of poor, while

overcoming miscommunication may lead to satisfaction levels of excellent. However,

when combining satisfaction levels that would be considered positive or acceptable

(excellent, good, and satisfied) 65 participants (71%) fell within these categories.

This study found that there were some discrepancies between CSI-SF scores and

the online service-use question asking participants how they felt regarding the support

they received. A few participants who indicated that they were happy with the services

they received fell into the satisfaction level of poor, this is also highlighted in table 21,

where a few participants within the satisfaction level of poor also experienced positive

feelings after utilizing online support services. There were also participants who stated

that they were unhappy with the services they received but their CSI-SF score fell within

the more positive satisfaction level of satisfactory. These discrepancies could be a result of how the cut off scores used to determine the levels of satisfaction (poor, satisfactory, good, and excellent) were not established cutting scores for this inventory. The researcher created the cutting scores based on standards used at the undergraduate level within the University of Alberta. In addition, the terms used to respond to the CSI-SF questions (none of the time, very rarely, a little of the time, some of the time, a good deal of the time, most of the time, all of the time) are subjective to interpretation. Not all participants may agree on what these terms means, for example, there is no clear definition for how one defines or describe the phrase, a good deal of the time. This subjective interpretation can explain how participants can state that they are happy with the support they received, but have satisfaction score that was interpreted as satisfactory and possibly poor.

These results can also be related to how a few participants indicated that they still felt sad or upset after using an receiving support, but also stated that at least someone heard them and knew how they felt. This may suggest that youths value the feeling of being heard, and while they may have possibly initially expected more from the online services, they could possibly still be happy with the services received because they were heard and had an opportunity to vent about their concerns. There for suggesting that many participants were satisfied with the online support they received while in crisis.

In addition, when comparing participants' satisfaction level with youth responses to what they liked about online support services, the frequency of response types appears to be consistent within each satisfaction level and within these levels there does not appear to be a significant difference between participants' responses to what they liked

about online services. The only notable difference is within the satisfaction level of poor, as it had a larger range of response frequencies. The option of anonymity received a noticeable higher number of responses than the other options within this satisfaction level. What participants did not like about online support services did not appear to have an impact on satisfaction level. Each response type appears to be consistent within each satisfaction level, with the exception of the satisfaction level of excellent, in which the response of wait times had a noticeable higher number of responses than the other response options. Bambling et al. (2008), suggests that wait times are difficult for youth as it can lead to feelings of rejection, which may also be related to how youth typically live in a high speed world, especially when it involves the Internet. The Internet can be accessed almost anywhere and through a variety of devices. Given the ease at which the Internet can be accessed and how it can be viewed as an instant resource, it is possible that youth believe that supports over the Internet should be available whenever they try to access them. Therefore, this inability to access a service that is specifically designed to help youth and is offered through a medium that is intended to be frequently available, it is understandable why wait times can lead to feelings of frustration and possible rejection. The findings within this study suggest that many youth who are in crisis may have had a positive experience with online support services. A few discrepancies may appear to exist between CSI-SF scores and how youth perceived the usefulness of online support; however, overall many of the participants indicated that they were happy and satisfied with the support they received.

Technological advances have made online counselling a reality (Gilat & Shahar, 2007; Newman, 2004; Richards, 2009; Williams et al., 2009). Online counselling can

provide benefits such as creating complete records that can be accessible to the client and counsellor, the promotion of a zone of reflection and disinhibition, an enhanced feeling of anonymity and control, reduced costs, and the ability to be easily accessed, enabling clients to overcome physiological and demographic barriers (Alleman, 2002; Barak, 1999; Barnett, 2005; DuBois, 2004; Chester & Glass, 2006; Gilat & Shahar, 2007; Mallen & Vogel, 2005a, 2005b; Richards, 2009; Robson & Robson, 1998; Rochlen et al., 2004; Skinner & Latchford, 2006; Suler, 2000, 2004; Tate & Zabinski, 2004; Wright, 2002; Young, 2005).

Overcoming barriers of accessing support. Online counselling services, such as Youth In BC (Crisis Intervention and Suicide Prevention Centre of British Columbia, 2012) are designed to provide youth with emotional support within a safe and confidential environment, fostering self-disclosure (King, Bambling, Lloyd, et al., 2006; Hanley, 2009; Richards, 2009). This is accomplished by overcoming youth-specific barriers to accessing counselling services, these barriers can be both personal, such as feelings of being overwhelmed or unfamiliar with the counselling process, and one's personal concerns, and structural, such as time, cost, and travel (DuBois, 2004; King, Bambling, Lloyd, et al., 2006).

Personal barriers to accessing support. This study suggests that participants potentially appreciate many of the beneficial qualities of online counselling. The most frequently selected response was that of the ability to remain anonymous; however, there was only a 20-response difference between the benefit or remaining anonymous and the least frequent response (excluding the response of other), which was the ability to re-read what has been discussed. The responses in between the most and least frequent (in order

of most to least) included: accessibility, privacy, information is not accessible to others, and feelings of safety. These responses can reflect some of the identified barriers that youth overcome while accessing online counselling, specifically personal barriers. With the absence of nonverbal and verbal communication youth can experience visual anonymity, which can lead to an increased feeling of privacy and decreased feelings of defensiveness, stigma, shame, and embarrassment, feelings that can be associated with youth' concerns and the act of attending counselling, thereby possibly encouraging open and honest communication (Chester & Glass, 2006; Fletcher-Tomenius & Vossler, 2009; Hanley, 2009; Leibert et al., 2006; Richards, 2009; Rochlen et al., 2004; Tate & Zabinski, 2004), so it stands to reason why the ability to remain anonymous was the most frequent response for youth as to what they like about online support services.

The comments provided within the open-response option further suggests how youth value the ability to remain anonymous, and how anonymity can decrease feelings of anxiety and increase feelings of support. Comments included: I do not have to talk on the phone or out loud, I feel less anxious because I do not have to talk to someone in person and can think about what I am going to say, and everything (this participant appears to appreciate all of the identified benefits of online support). Anonymity can help clients feel less overwhelmed, which can help youth address feelings associated with unfamiliarity of the counselling process and the unfamiliarity of one's concerns. This benefit then appears to possibly lead into or further facilitate the feelings of privacy (which can include the benefit of information not being accessible to others) and the feeling of safety, which can explain why these options received fewer responses. The

feelings of privacy, how information is not accessible to others, and the feeling of safety may potentially be considered to be part of the feeling of anonymity.

Additional comments provided by participants include: having someone there when no one else would be there and is willing and able to help, the people here understand me and listen more than close friends even family, their understanding and helpfulness, how friendly the person was, and neutrality of assistance, suggests that the support received online may encourage youth to feel comfortable expressing their concerns. These comments can reflect the benefits of privacy and safety, in that participants can discuss their concerns without having to involve family members or friends who may not able to provide the support they need or understand their concerns. Participants can also choose not to disclose more information than they feel comfortable with, or worry about the person they disclosed to bring the concern back up at a later time, which a family member or friend could do and is not a possibility with online support providers.

As mentioned, with the increased feeling of anonymity, including feelings of privacy and safety, clients may experience decreased feelings of defensiveness, stigma, shame, and embarrassment, which could prevent them from seeking support (Chester & Glass, 2006; Fletcher-Tomenius & Vossler, 2009; Hanley, 2009; Leibert et al., 2006; Richards, 2009; Rochlen et al., 2004; Tate & Zabinski, 2004). This study's results suggests that before using an online support service participants might feel alone, sad, or upset. Results also suggest that the least frequently experienced feeling is that of anger, and that the feelings of confused, ignored, and misunderstood appeared to occur at similar rates, falling between those of alone along with sad or upset and that of anger. In

addition, participants also stated that before using an online support service they felt: afraid, anxious, depressed, desperate, disappointed, empty, numb, hopeless, lost, and stressed. These results can highlight the intensity of feeling that youth may feel before seeking support, including feelings that can prevent youth from seeking support all together, such as feeling alone and socially anxious.

Participants were also asked to indicate how they felt after using online support services. This study found that possibly the most frequently experienced feeling after using an online support service was the feeling of being understood and that the possibly least frequent feeling was that of feeling pessimistic. The feelings of being accepted, optimistic, misunderstood, and ignored (in order of most to least frequent) fell in between those of understood and pessimistic. Participants also indicated that after using an online support service they felt, aware, relieved, calmer, hopeful, content, normal, excited, cared for, prepared, and less depressed. These findings can suggest that youth typically experience more positive feelings after accessing online support services; further supporting previous research, which indicates that online support services help youth feel less defensive, stigmatized, shameful, and embarrassed, and encourages youth to be open and honest in communicating their concerns (Chester & Glass, 2006; Fletcher-Tomenius & Vossler, 2009; Hanley, 2009; Leibert et al., 2006; Richards, 2009; Rochlen et al., 2004; Tate & Zabinski, 2004). King, Bambling, Lloyd, et al.'s (2006a) work with the Australian Kids Helpline (n.d.) found that youth perceive online counselling as an emotionally safe environment because they feel less emotionally exposed, which can help youth overcome the personal barriers of feeling overwhelmed or unfamiliar with the counselling process and one's personal concerns. Participants indicated that they felt

understood and accepted; therefore, it is suggested that the youth were able to gain from their online experiences and were able to address their concerns.

Structural barriers to accessing support. Online support services appear to help youth overcome personal barriers that they face when accessing support. Online support services are also designed to help youth overcome structural barriers they can face when accessing help. Structural barriers include time, cost, and travel (DuBois, 2004; King, Bambling, Lloyd, et al., 2006). Within this study, one question asked participants to indicate what they did not like about online support services; this question explored some of the identified structural barriers that youth face, specifically barriers that are used to criticize online support services. This study found that the most frequent response to what participants did not like about online support services was that of wait times. The response of the time delay of responses and the experiences of miscommunication were the least frequently indicated responses. Participants also provided additional comments regarding what they disliked about online support services, responses included: how volunteer responses felt scripted, that the conversation can be traced and that a trace can result in having police officers sent to their home, volunteers do not give advice, different time zones, technical problems, participants cannot talk to the same person, slow typing, poor English, felt rushed, felt talked down to, and the chats were not long enough.

The comments provided by participants correspond with previous research. While studying the online services provided by the Australia's Kids Helpline (n.d.), Bambling et al. (2008) found that online counselling could lead to providing youth with solutions without adequately focusing on youth' goals, as online support providers

typically rely on clarifying questions and action planning (Williams et al., 2009). This behaviour is suggested to result from inefficiencies associated with text-based counselling such as technological problems, writing styles, lack of nonverbal cues (Bambling et al., 2008), and time constraints (Williams et al., 2009), all concerns that were raised by participants within this study.

Online support services have a built-in time delay (Rochlen et al., 2004; Williams et al., 2009), which naturally slows down the pace and exchange of information. This slower pace of communication can make traditional counselling techniques time consuming (Bambling et al., 2008; King, Bambling, Lloyd, et al., 2006; Williams et al., 2009). In addition, the possible difficulty of interpreting responses and concerns regarding miscommunication can cause online support providers to rely on the immediate effects of paraphrasing, clarifying questions, and solution focused discussions (Williams et al., 2009). While, there are concerns regarding the negative effects of time delay, miscommunication, and that of support providers focusing too soon on solutions, youth have indicated that they feel a sense of control and comfort with online support services. This sense of control can result from youth having the ability to delete and re-type what they say (Bambling et al., 2008; King, Bambling, Lloyd, et al., 2006), re-read what they type, and they have more time to think about what they are typing and their concern, providing greater clarification, enhancing their own understanding of their concern (Bambling et al., 2008; King, Bambling, Lloyd, et al., 2006; Richards, 2009). In addition, youth have reported feelings of being understood by online support providers and feel as if these providers are in tune with their feelings (Hanley, 2009; Richards, 2009), feelings which can be expressed in this study by the comments of, the people here

understand me and listen more than close friends even family, and what I like about

online support services is, their understanding and helpfulness. The ability to help clients

feel understood can be a result of counsellors having to increase their focus and attention,

as they cannot rely on nonverbal or verbal cues.

This study also found that youth may appreciate the ability to overcome the

structural barrier of accessibility. When asked what youth liked about online support

services the second highest selected response was that of accessibility. In addition, the

comments of, and ones similar to, having someone there when no one else would be there

and is willing and able to help, and the people here understand me and listen more than

close friends even family, supports the need and desire for youth to have access to

various supports that might not normally be available to them. These results can

highlight the importance of having the option of receiving support when others might not

be available or able to help.

Is there a Preference for Chat Room Services or Email Services?

This study hypothesized that there would be a difference between the online

support services of email and chat. It was hypothesized that satisfaction levels and

perceived usefulness would be higher for chat services because youth would be able to

receive support in the moment. This study, however found that many participants who

used email or chat services both had a satisfaction level of excellent and were happy with

the support they received, indicating that participants were, more often than not, satisfied

and happy with both email and chat online services. However, due to a small sample size

for email service use, results could not be broken down further to explore what aspects of

email services were liked and disliked or how participants felt helped by the email

services, nor could further differences between email and chat online services be

examined.

What Age, Gender, and Nationality Differences Exist?

Gender, age, and country of residence were explored to enhance the researcher's

understanding of the clientele who is accessing online support services. This study found

that females who are between the ages of 16 and 20 and who reside in Canada are the

most likely clientele to access online support services while in crisis.

Gender. Ingram et al. (2008) stated that by incorporating technology such as chat

rooms and email into hotline supports, it would be possible to help reach out to those who

are reluctant to seek help, especially males. This study, however, suggests that more

females than males chose to use online support services when in a state of crisis, with 74

(81.3%) participants identifying as female, which corresponds with trends identified by

Youth In BC (J. Tanaka, personal communication, June 23, 2011). Research also

suggests that both adult and adolescent females are more likely to seek help than males

(Boldero & Fallon, 1995; DuBios, 2004; Leibert et al., 2006). Seiffge-Krenke et al.

(2009) stated that this observed gender difference is related to how males are less likely

to utilize social supports than females, and that gender impacts what type of concerns one

seeks help for (Boldero & Fallon, 1995; Simmons-Physick, 2005).

Research further suggests that males are more likely to seek support for concerns

regarding academics, career problems, and violence, whereas females are more likely to

seek support for relationships and personal problems (Boldero & Fallon, 1995; Simmons-

Physick, 2005). This study, however, suggests that both males and females can be

seeking help for the concerns of suicide, school, parents, and friends, as these concerns

received some of the highest response rates for both genders. Males were also found to be possibly seeking support for relationship concerns, which received the highest number of responses among male participants, whereas for female respondents, relationships were the fourth highest rated concern. Although, females appear to utilize online support services more than males, the most noticeable or largest difference between the frequency of concerns males and females discuss while online, were those regarding relationships. All other concerns appear to be discussed at a similar rate between males and females, therefore suggesting that it is possible that males are seeking support for similar concerns as females, just may be at different rates. As youth become more comfortable with using online supports it is possible that a deeper sense of community and comfort will develop, potentially encouraging more male youth to access formal supports. Research has suggested that for more difficult concerns, males are comfortable with seeking support from members within their community (Timlin-Scaler et al., 2003).

Age. This study found the median age of participants to be 18 years of age, with a mean age of 18.53 year and a standard deviation of 2.309, suggesting that a higher number of responses where within the age range of 16 to 20 years of age. These results indicate that the majority of the participants were within the lower to middle side of the study's age range, suggesting that younger youth might experience more stressful life events and/or situations. These findings correspond with the literature suggesting that early adolescence can be associated with stress levels higher than those experienced in later stages of adolescents (Boldero & Fallon, 1995; Seiffge-Krenke, et al., 2009), as this is when youth begin to experience developmental changes. These developmental changes are important for youth health (Simmons-Physick, 2005), as they include

biological, psychological, cognitive, and social characteristics (Bigner, 2006; Boldero &

Fallon, 1995; Simmons-Physick, 2005; Shaffer et al., 2002; Siyez, 2008), and are part of

youth exploration for gaining independence and exploring their personal beliefs and

values (Simmons-Physick, 2005). Since, developmental changes can be associated with

anxieties, insecurities, and confusion, it is important for youth to be able to have access to

appropriate support services. Ones that could help them develop appropriate coping

resources by exploring and working through their concerns (Boldero & Fallon, 1995;

Seiffge-Krenke et al., 2009), which could be accomplished through online support

services, such as Youth In BC (Crisis Intervention and Suicide Prevention Centre of

British Columbia, 2012).

   Country. Youth In BC is a Canadian-run and operated website, so it stands to

reason why the majority of participants who indicated their country of residence, stated

that they live in Canada. These findings contradict previous research conducted by

DuBios in 2004. DuBios, a Registered Social Worker in Canada who offers online

counselling, conducted a study based on her own online clientele. DuBios found that

93% of online counselling respondents were American residents. Indicating that the

majority of online support users lived in The United States of America; however,

DuBios, also found that participants were of an older age range than that explored in this

study. In DuBios's study, participants' ages ranged from 13 to 60 years of age, with

higher percentages of participants in the 20 to 50 age range, whereas this study involved

youth aged 16 to 24. Both online services are based out of Canada, however, each study

appears to cater to a different age of clientele, with DuBios's study suggesting that more

adult Americans are using online support services and this study suggesting that more adolescent Canadians are possibly using online supports than American adolescents.

Implications of Findings

This study agrees with previous research that suggests that online support services enable youth to overcome personal and structural barriers to accessing formal support. It was also found that youth value the increased sense of anonymity, privacy, and safety that online services provide, which can promote open communication with support providers. In addition, this study found that youth also place high value on the feeling of being heard. In times where youth felt misunderstood by support providers or continued to feel sad or upset after using online support services, they still appreciated having the opportunity to express their concerns, and stated that the act of venting about their concerns was helpful. These findings highlight the possible difference between the feeling of being heard and that of feeling understood. The findings also raise the question of what does it mean to feel heard? More research into this question would indicate how adolescents understand "being heard." As well, additional research might supply information about any gender differences.

The experiences of miscommunication can impact youth' perception of being heard by support providers. This study suggests that when specific skills, such as paraphrasing, clarifying questions, and discussing solutions are used they can be helpful in reducing miscommunication; however, when used improperly these skills can also lead to further miscommunication and decrease the feelings of being heard and accepted. Knowing that these skills are used within online supports and are common when offering crisis counselling, it is beneficial to clarify how youth identify the impact of these skills

and how these skills relate to experiences of miscommunication, including how incidents of miscommunication impact the overall support received.

Youth indicated that miscommunication does occur within online support services, but youth also indicated that they felt accepted. This study attributes the feelings of acceptance to the feeling of being heard, but is unable to specify how they are connected. It is possible that the increased feelings of anonymity, privacy, and safety, which enable youth to be open with support providers, facilitates their feeling of being heard, and that by being heard youth felt a level of acceptance.

The feeling of being heard can also be impacted by youths' expectations of online support services. One main expectation of online support services is related to that of wait times. Youth indicated that wait times are the most disliked aspect of online support services. Youth In BC does enable youth to see where they are in the wait line, and whether they are next to speak to someone, but youth are not able to see how long they will have to wait (J. Tanaka, personal communication, June 23, 2011). Bambling et al. (2008) stated that wait times can lead youth to experience feelings of rejection, which could in turn cause youth to feel unaccepted by online support services. Therefore, it would be beneficial to know if youth find it helpful to be aware of their position in the wait line, and what they can do while they wait. Many of the youth within this study stated that they were happy with the services they received. This study suggests that a strong contributing factor to a higher level of satisfaction and the development of an effective working alliance is the perception of being heard. Many of the participants' responses regarding what they liked and disliked about online support services can relate

back to the perception of being heard, including that of being accepted. Therefore, much

of a youth's experience can be impacted by what it means to be heard.

Limitations

   Limitations are inevitable within a study. This study is subject to a few

drawbacks. First, although the total of 91 participants was close to the initial target of

100 participants, this sample size proved to be limiting when exploring possible

differences among chat and email services use and the differences among males and

females. In addition, the sample size proved to be too small to conduct chi-square

analysis, limiting the level of possible analysis in comparing age and gender among the

online services use questions and CSI-SF scores.

   Second, results were initially collected from two online support services;

however, due to a small sample size within one agency, all results reported within this

study were based on information received from only one of the two agencies. It is

possible that each online support service trains their support providers differently and has

different policies and approaches to providing support. Different approaches could

impact how youth view the support they received, including the types of concerns youth

can or are allowed to discuss, as some agencies might not be willing or equipped to

manage specific concerns or crisis such as higher risk suicides or abuse. With possible

differences among online support agencies, caution should be taken when attempting to

generalize the presented results to other online agencies.

   Third, while this study suggests that there is the possibility that both males and

females are seeking support, and that they may be seeking support for various concerns,

these results are limited by the observed gender ratio of its sample. This study found that

more females (74 of the 91 respondents) were accessing the online support services of Youth In BC than males (15 of the 91 respondents). This gender ratio is a trend that has been observed within Youth In BC, which has suggested that their services users are predominantly (roughly 80%) female (J. Tanaka, personal communication, June 23, 2011). Therefore, since there were few males represented within this studies sample population it may not accurately represent the general population of the age group of youths who are possibly seek support from online services.

Four, as there is no established categorization or cutting scores for the CSI-SF one was developed for the purpose of this study. The categories created were based on an academic grading system that youth within the desired age range should be accustomed to; however, the use of this categorization for the CSI-SF scores has not been validated within previous research. Therefore, limiting the validity of the categories used.

In addition, the CSI-SF asked participants to respond to each question using seven different response types or categories. With offering participants a larger variety of response options it is possible that it becomes more difficult to distinguish a difference between each response option. For example, there is no clear distinctions of what a little of the time means in comparison to some of the time, or between a good deal of the time and most of the time. Response options like these could make it more difficult for respondents to identify how they actually felt in regards to the questions being asked. Furthermore, the interpretation of what each response option means will likely vary with each participant, which could possibly bias participants' responses towards either the higher or lower end of the satisfaction inventory.

Finally, the questionnaire was designed to enable any youth who had used the online support service to participate in the study. Youth who accessed the Youth In BC (Crisis Intervention and Suicide Prevention Centre of British Columbia, 2012) website were presented with a pop-up window advertising the questionnaire, and those who used the Chat Now services or visited the feedback section of the site were once again presented with information regarding the study. Since the study enabled youth to fill out the questionnaire at any time (right after they used the service or days, weeks, or months later) it is possible that their perception of how helpful and satisfied they were with the support they received was impacted by when they completed the questionnaire. Furthermore, participants were asked how often they used the online service, however they were not asked if they have used the service for the same concern or situation; identifying if each visit was a unique visit. It is possible that youth are using the service as an ongoing support for a specific concern, which could impact how they respond to the questionnaire. As youth use the service more often in regards to a specific concern is it possible that they have developed a relationship with the service's support providers and have a clearer understanding of the process and the capabilities of the service, creating a potential bias within responses received.

Suggestions for Future Research

To enhance future research a few suggestions can be made. This study's aim was to explore whether or not an effective working alliance can be established with online mediums for youth who are in crisis. While the results of this study suggest that an effective working alliance can be established, it would be beneficial to explore further aspects of how an effective working alliance is established online. Research has

suggested that the development of a positive working alliance is impacted by how clients view their counsellor, were counsellors or support providers viewed as trustworthy, confident, structured or flexible, or an expert (Ackerman & Hilsenroth, 2001; Bachelor, 1995; Crits-Christoph et al., 2006; Corey, 2009; Horvath & Greenberg, 1989)? In addition, did youth feel a senses of control over the counselling process, and what aspects of anonymity did they enjoy, did it help them experience decreased defensiveness, stigma, shame, and embarrassment (Chester & Glass, 2006; Fletcher-Tomenius & Vossler, 2009; Hanley, 2009; Leibert et al., 2006; Richards, 2009; Rochlen et al., 2004; Tate & Zabinski, 2004), or feel less restrained, enabling them to express thoughts, feelings, and emotions that they would not normally feel comfortable revealing. Asking youth these questions directly would help create a stronger understanding what youth are experiencing while using online support services.

Utilizing a variety of online support services could further enhance the generalizability of the findings, as comparisons can possibly be made across services. Furthermore, using multiple services could also help identify what aspects of online support services work towards building an effective working alliance, and identify if different online counselling approaches impact the development of an effective working alliance for youth who are in crisis.

Including multiple online support services within the study would also possibly enhance the ability to have a larger sample size, by making comparisons across services. However, having a larger sample size within each agency would be ideal. Creating a larger sample size within each agency could be possible by posting the questionnaire for a longer period of time and during times where online services typically experience

higher rates of activity. Furthermore, it would be beneficial to actively solicit more responses, which could be accomplished by sending out email invitations to those who have used email online support services and asking youth to complete the questionnaire once a chat session is over.

Finally, while the CSI-SF was chosen to help measure participants' satisfaction as it has been indicated to be an effective measurement for online counselling (Richards, 2009), its briefness also enabled the use of additional questions that I, as the researcher, designed. The CSI-SF was developed to be used in a variety of settings, enables both past and present participants to respond, it only requires a fifth-grade reading level, and has been found to be highly reliable (McMurtry & Hudson, 2000; Richards, 2009). However, the CSI-SF's lack of established cutting scores made it difficult to analyze results on a deeper level while maintaining the validity of the results. This suggests that the study would benefit from using a satisfaction rating scale that has established cutting scores that have been validated, which would enhance the overall validation of the study's results.

In addition, with the variety of response options offered within the CSI-SF, and a lack of distinction between some of these options it could be beneficial to cluster the responses; reducing the inventory to five response categories for analysis. Reducing the inventory to five response categories could decrease the possibility of biasing participants' responses from either extreme of low or high satisfaction ratings, possibly giving a more accurate representation of how satisfied participants were with the support they received.

Conclusion

As online counselling becomes more of a reality it is important to understand the advantages and disadvantages of online counselling services. Previous research has argued that online support services are limited by the lack of verbal and nonverbal communication, preventing an effective working alliance from being established and limiting the success of services provided (Cook & Doyle, 2002). This study, however, suggests that youth enjoy an increased sense of anonymity offered by online support services, which possibly contributes to more open communication. In addition to this, youth typically expressed that they were happy and satisfied with the services they received.

To further enhance these findings it is suggested that the satisfaction measurement used in future research has established cutting scores, which would contribute to the overall validity of the obtained results. Future research should also include a larger sample size to enhance comparison among synchronous and asynchronous online services and gender differences. A larger sample size would also enhance generalizability, further supporting the research findings, which suggest that an effective working alliance can be established in online counselling mediums with youth who are in crisis.

References

Ackerman, S. J., & Hilsenroth, M. J. (2001). A review of therapist characteristics and techniques negatively impacting the therapeutic alliance. *Psychotherapy, 38*, 177–185. doi:10.1037/0033-3204.38.2.171

Alleman, J. R. (2002). Online counseling: The Internet and mental health treatment. *Psychotherapy, 39*, 199–209. doi:10.1037//0033-3204.39.2.199

American Counseling Association. (2005). *ACA code of ethics.* Retrieved from http://www.counseling.org/Files/FD.ashx?guid=ab7c1272-71c4-46cf-848c-f98489937dda

Argles, P., & Mackenzie, M. (1970). Crisis intervention with a multi-problem family: A case study. *Journal of Child Psychology and Psychiatry, 11*, 187–195. doi:10.1111/j.1469-7610.1970.tb01025.x

Ary, D., Jacobs, L. C., & Razavieh, A. (2002). *Introduction to research in education* (6th ed.). Belmont, CA: Wadsworth/Thomson Learning.

Bachelor, A. (1995). Clients' perception of the therapeutic alliance: A qualitative analysis. *Journal of Counseling Psychology, 42*, 323–337. doi:10.1037/0022-0167.42.3.323

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, 8*, 110–116. doi:10.1080/14733140802055011

Barak, A. (1999). Psychological applications on the Internet: A discipline on the threshold of a new millennium. *Applied and Preventative Psychology, 8*, 231–245. doi:10.1016/S0962-1849(05)80038-1

Barak, A. (2007). Emotional support and suicide prevention through the Internet: A field project report. *Computers in Human Behavior, 23*, 971–984. doi:10.1016/j.chb.2005.08.001

Barnett, J. E. (2005). Online counselling: New entity, new challenges. *The Counseling Psychologist, 33*, 872–880. doi:10.1177/0011000005279961

Becker, K., Mayer, M., Nagenborg, M., El-Faddagh, M., & Schmidt, M. H. (2004). Parasuicide online: Can suicide websites trigger suicidal behaviour in predisposed adolescents? *Nordic Journal of Psychiatry, 58*, 111–114. doi:10.1080/08039480410005602

Bigner, J. J. (2006). *Parent-child relations: An introduction to parenting.* Upper Saddle River, NJ: Pearson Education.

Boldero, J., & Fallon, B. (1995). Adolescent help-seeking: What do they get help for and from whom. *Journal of Adolescence, 18*, 193–209. doi:10.1006/jado.1995.1013

Cain, D. J. (2010). *Person-centered psychotherapies.* Washington, DC: American Psychological Association.

Canadian Counselling and Psychotherapy Association. (2012). *Who are counsellors?* Retrieved from http://www.ccacc.ca/en/theprofession/whoarecounsellors/

Casemore, R. (2006). *Person-centered counselling in a nutshell.* Thousands Oaks, CA: Sage.

Castonguay, L. G., Constantino, M. J., & Holtforth, M. G. (2006). The working alliance: Where are we and where should we go? *Psychotherapy: Theory, Research, Practice, Training, 43*, 271–279. doi:10.1037/0033-3204.43.3.271

Center for Credentialing and Education. (n.d.). *Distance credentialed counsellor.* Retrieved from http://www.cce-global.org/DCC

Chester, A., & Glass, C. A. (2006). Online counselling: A descriptive analysis of therapy service on the Internet. *British Journal of Guidance & Counselling, 43*, 145–160. doi:10.1080/03069880600583170

Cook, J. E., & Doyle, C. (2002). Working alliance in online therapy as compared to face-to-face therapy: Preliminary results. *CyberPsychology & Behaviour*, *5*, 95–105. doi:10.1089/109493102753770480

Corey, G. (2009). *Theory and practice of counselling & psychotherapy* (8th ed.). Belmont, CA: Thomson Brooks/Cole.

Cormier, S., & Hackney, H. (2008). *Counseling strategies and interventions* (7th ed.). Boston, MA: Person Education.

Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches.* Thousand Oaks, CA: Sage.

Crisis Intervention and Suicide Prevention Centre of British Columbia. (2012). *Youth in BC.* Retrieved from http://youthinbc.com/

Crits-Christoph, P., Connolly Gibbons, M. B., & Hearon, B. (2006). Does the alliance cause good outcome? Recommendations for future research on the alliance. *Psychotherapy: Theory Research, Practice, Training, 43*, 280–285. doi:10.1037/0033-3204.43.3.280

Dattuilio, F. M., & Freeman, A. (2007). *Cognitive behavioral strategies in crisis intervention.* New York, NY: The Guilford Press.

DuBois, D. (2004). Clinical and demographic features of the online counselling client population. *Counselling and Psychotherapy Research, 4*(1), 18–22. doi:10.1080/14733140412331384028

Fitzpatrick, M. R., & Irannejad, S. (2008). Adolescent readiness for chance and the working alliance in counseling. *Journal of Counseling and Development, 86*, 438–445.

Fletcher-Tomenius, L. J., & Vossler, A. (2009). Trust in online therapeutic relationships: The therapist's experience. *Counselling Psychology Review, 24*(2), 24–32.

Gall, M. D., Gall, J. P., & Borg, W. R. (2007). *Educational research: An introduction* (8th ed.). Boston, MA: Allyn and Bacon.

Gilat, I., & Shahar, G. (2007). Emotional first aid for suicide crisis: Comparison between telephonic hotline and Internet. *Psychiatry, 70*, 12–18. doi:10.1521/psyc.2007.70.1.12

Gladding, S. T. (2004). *Counseling a comprehensive profession.* Upper Saddle River, NJ: Pearson Education.

Haas, L. J., Benedict, J. G., & Kobos, J. C. (1996). Psychotherapy by telephone: Risks and benefits for psychologists and consumers. *Professional Psychology: Research and Practice, 27*, 154–160. doi:10.1037/0735-7028.27.2.154

Haberstroh, S., Parr, G., Bradley, L., Morgan-Fleming, B., & Gee, R. (2008). Facilitating online counseling: Perspectives from counsellors in training. *Journal of Counseling & Development, 86*, 460–470. doi:10.1002/j.1556-6678.2008.tb00534.x

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*, 182–185. doi:10.1080/14733140600857535

Hanley, T. (2009). The working alliance in online therapy with young people: Preliminary findings. *British Journal of Guidance & Counselling, 37*, 257–269. doi:10.1080/03069880902956991

Haugh, S., & Paul, S. (2008). *The therapeutic relationship perspective and themes.* Herefordshire, United Kingdom: PCCS Books.

Heinlen, K. T., Welfel, E. R., Richmond, E. N., & Rak, C. F. (2003). The scope of webcounseling: A survey of services and compliance with NBCC standards for the ethical practice of webcounseling. *Journal of Counseling & Development*, *81*, 61–69.

Horgan, A., & Sweeney, J. (2010). Young students' use of the Internet for mental health information and support. *Journal of Psychiatric and Mental Health Nursing, 17*, 117–123. doi:10.1111/j.1365-2850.2009.01497.x

Horvath, A. O., & Greenberg, L. S. (1989). Development and validation of the working alliance inventory. *Journal of Counseling Psychology, 36*, 223–233. doi:10.1037/002-0167.36.2.223

Horvath, A. O., & Luborsky, L. (1993). The role of the therapeutic alliance in

    psychotherapy. *Journal of Consulting and Clinical Psychology, 61*, 561–573.

    doi:10.1037/0022-006X.61.4.561

Hoy, W. K. (2010). *Quantitative research in education: A primer*. Thousands Oaks, CA:

    Sage.

Ingram, S., Ringle, J. L., Hallstrom, K., Shill, D. E., Gohr, V. M., & Thompson, R. W.

    (2008). Coping with crisis across the lifespan: The role of a telephone hotline.

    Journal of Child and Family Studies, 17, 663–674. doi:10.1007/s10826-007-

    9180-z

Kalafat, J. (1984). Training community psychologists for crisis intervention. *American*

    Journal of Community Psychology, 12, 241–251. doi:10.1007/BF00897048

Kanel. K. (2003). *A guide to crisis intervention.* Pacific Grove, CA: Brooks/Cole.

Kids Help Phone. (n.d.). *Welcome to Kids Help Phone.* Retrieved from

    http://org.kidshelpphone.ca/en/

King, R., Bambling, M., Lloyd, C., Gomurra, R., Smith, S., Reid, W., & Wegner, K.

    (2006). Online counselling: The motives and experience of young people who

    choose the Internet instead of face to face of telephone counselling. *Counselling*

    and Psychotherapy Research, 6, 169–174. doi:10.1080/14733140600848179

King, R., Bambling, M., Reid, W., & Thomas, I. (2006). Telephone and online

    counselling for young people: A naturalistic comparison of session outcomes,

    session impact and therapeutic alliance. *Counselling and Psychotherapy*

    Research, 6, 175–181. doi:10.1080/14733140600874084

Krysinska, K. E., & De Leo, D. (2007). Telecommunication and suicide prevention: Hopes and challenges for the new century. *Omega – Journal of Death and Dying, 55*, 237–253. doi:10.2190/OM.55.3.e

Leibert, T., Archer, J., Jr., Munson, J., & York, G. (2006). An exploratory study of client perceptions of Internet counseling and the therapeutic alliance. *Journal of Mental Health Counseling, 28*, 69–83.

Lester, D. (2008). The use of the internet for counseling, the suicidal individual: possibilities and drawbacks. *Omega: Journal of Death and Dying, 58*, 233–250. doi:10.2190/OM.58.3e

Mallen, M. J., & Vogel, D. L. (2005a). Introduction to the major contribution: Counseling psychology and online counseling. *The Counseling Psychologist, 33*, 761–775. doi:10.1177/0011000005278623

Mallen, M. J., & Vogel, D. L. (2005b). Online counselling: A need for discovery. *The Counselling Psychologist, 33*(6), 910–912. doi:10.1177/0011000005280182

McMurtry, S. L. (1994a). *Client satisfaction inventory (CSI).* Retrieved from http://www.walmyr.com/CSISAMPL.pdf

McMurtry, S. L. (1994b). *Client satisfaction inventory (CSI-SF).* Retrieved from http://www.walmyr.com/CLISATINV.pdf

McMurtry, S. L., & Hudson, W. W. (2000). The client satisfaction inventory: Results of an initial validation study. *Research on Social Work Practice, 10*, 644–663. Retrieved from http://www.sagepub.com/prsw/overviews/pdfs/McMurtry_Article.pdf

Newman, M. G. (2004). Technology in psychotherapy: An introduction. *Journal of Clinical Psychology, 60*(2), 141–145. doi:10.1002/jclp.10240

Oravec, J. A. (2000). Online counselling and the Internet: Perspectives for mental health care supervision and education. *Journal of Mental Health, 9*, 121–135. doi:10.1080/09638230050009122

Reese, R. J., Conoley, C. W., & Brossart, D. F. (2002). Effectiveness of telephone counseling: A field-based investigation. *Journal of Counseling Psychology, 49*, 233–242. doi:10.1037//0022-0167.49.2.233

Reese, R. J., Conoley, C. W., & Brossart, D. F. (2006). The attractiveness of telephone counseling: An empirical investigation of client perceptions. *Journal of Counseling & Development, 84*, 54–60. doi:10.1002/j.1556-6678.2006.tb00379.x

Reynolds, D. J., Jr., Stiles, W. B., & Grohol, J. M. (2006). An investigation of session impact and alliance in Internet based psychotherapy: Preliminary results. *Counselling and Psychotherapy Research, 6*, 164–168. doi:10.1080/14733140600853617

Richards, D. (2009). Features and benefits of online counselling: Trinity College online mental health community. *British Journal of Guidance & Counselling, 37*, 231–242. doi:10.1080/03069880902956975

Roberts, A. R. (2000). *Crisis intervention handbook: Assessment, treatment, and research* (2nd ed.). New York, NY: Oxford University Press.

Robson, D., & Robson, M. (1998). Intimacy and computer communication. *British Journal of Guidance & Counselling, 26*, 33–42. doi:10.1080/03069889808253836

Rochlen, A. B., Zack, J. S., & Speyer, C. (2004). Online therapy: Review of relevant definitions, debates, and current empirical support. *Journal of Clinical Psychology, 60*, 269–283. doi:10.1002/jclp.10263

Rogers, C. R. (2007). The necessary and sufficient conditions of therapeutic personality change. *Psychotherapy: Theory, research, practice, training, 44*, 240–248. doi:10.1037/00333204.44.3.240

Schonfeld, D. J. (1993). School-based crisis intervention services for adolescents: Position paper of the committees on adolescence and school health, Connecticut chapter of the American Academy of Pediatrics. *Pediatrics, 91*, 656–657.

Seiffge-Krenke, I., Aunola, K., & Nurmi, J. (2009). Changes in stress perception and coping during adolescence: The role of situational and personal factors. *Child Development, 80*, 259–279. doi:10.1111/j.1467-8624.2008.01258.x

Shaffer, D. R., Wood, E., & Willoughby, T. (2002). *Developmental psychology: Childhood and adolescence*. Nelson, ON, Canada: Brooks/Cole.

Shiller, I. (2009). *Online counselling: A review of the literature*. Retrieved from http://www.emys.on.ca/pdfs_fordownload/onlinecounselling_literaturereview.pdf

Simmons-Physick, C. (with Dengis, C. D.). (2005). *Kids help phone: Helping Canadian kids online*. Retrieved from http://org.jeunessejecoute.ca/media/26276/kidshelpphoneonlinereport2005.pdf

Siyez, D. M. (2008). Adolescent self-esteem, problem behaviors, and perceived social support in Turkey. *Social Behavior and Personality, 36*, 973–984. doi:10.2224/sbp.2008.36.7.973

Skinner, A. E. G., & Latchford, G. (2006). Attitudes to counselling via the Internet: A comparison between in-person counselling clients and Internet support group users. *Counselling and Psychotherapy Research, 6*, 158–163. doi:10.1080/14733140600853641

Statistics Canada. (2010). *Internet use by individuals, by selected frequency of use and age.* Retrieved from http://www40.statcan.gc.ca/l01/cst01/comm32a-eng.htm

Suler, J. R. (2000). Psychotherapy in cyberspace: A 5-dimentional model of online and computer-mediated psychotherapy. *CyberPsychology & Behavior, 2*, 151–159. doi:10.1089/109493100315996

Suler, J. R. (2004). The online disinhibition effect. *CyberPsychology & Behavior, 7*, 321–326. doi:10.1089/109431041291295

SurveyMonkey. (2011). SurveyMonkey (Professional version) [Computer software]. Retrieved from http://www.surveymonkey.com

Tate, D. F., & Zabinski, M. F. (2004). Computer and Internet applications for psychological treatment: Update for clinicians. *Journal of Clinical Psychology, 60*, 209–220. doi:10.1002/jclp.10247

Timlin-Scalera, R. M., Ponterotto, J. G., Blumberg, F. C., & Jackson, M. A. (2003). A grounded theory study of help-seeking behaviors among white male high school students. *Journal of Counseling Psychology, 50,* 339–350. doi:10.1037/0022-0167.50.3.339

The Support Network. (2011). *Home*. Retrieved from http://www.thesupportnetwork.com/

United Nations. (n.d.). *Youth: Social policy and development division.* Retrieved from

   http://social.un.org/index/Youth/FAQs.aspx

Wark, V. (1982). A look at the work of the telephone counseling center. *The Personnel

   and Guidance Journal*, *61*, 110–112. doi:10.1002/j.2164-4918.1982.tb00740.x

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*, 93–100. doi:10.1080/1473314080249060

Wright, J. (2002). Online counselling: Learning from writing therapy. *British Journal of

   Guidance & Counselling, 30*, 285–298. doi:10.1080/030698802100002326

Young, K. S. (2005). An empirical examination of client attitudes towards online

   counselling. *CyberPsychology & Behavior, 8*, 172–177.

   doi:10.1089/cpb.2005.8.172

Appendix A: The Support Network Invitation to Survey

Client Satisfaction Survey.

A person is in crisis when he or she sees a situation or event as intolerable and is difficult to deal with. How effective was the support that you received when in a state of crisis?

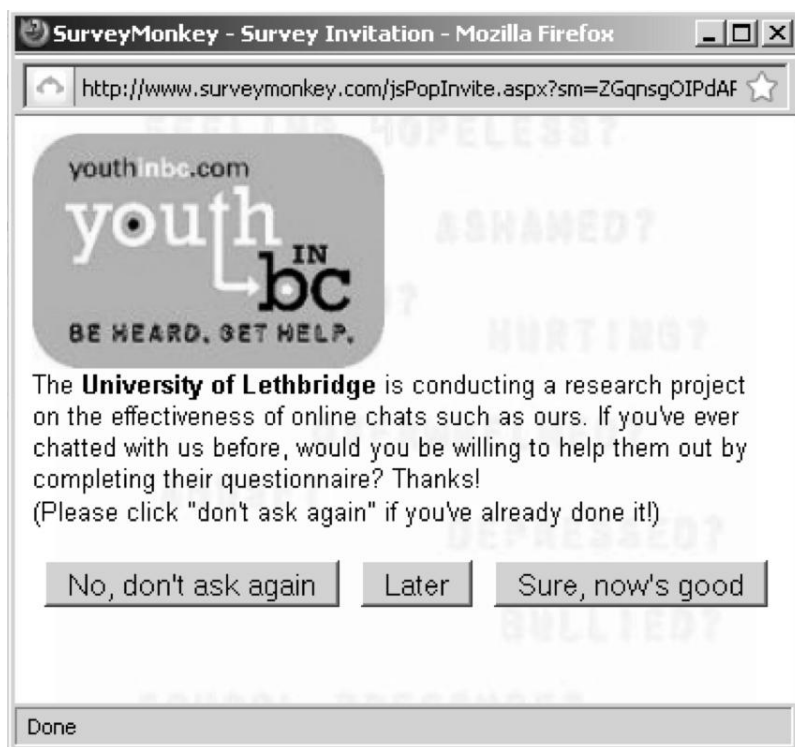[Link to Survey]

Appendix B: Youth in BC Invitation to Survey
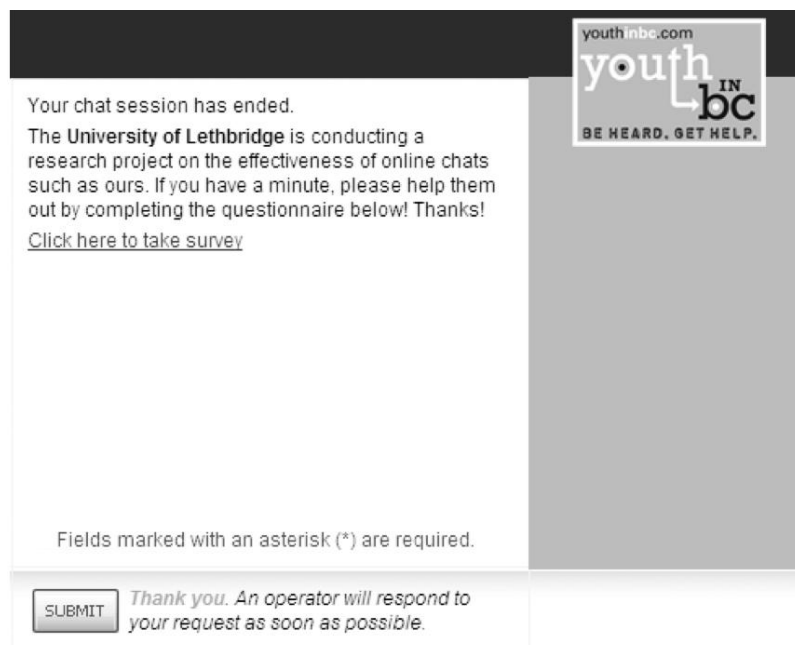

Figure B1. Youth in BC invitation to survey.

Figure B1. Youth in BC invitation to survey – second pop-up invitation.

Appendix C: Survey Questions

Consent Form

You are being invited to participate in a study entitled The Working Alliance in Online Counselling for Crisis Intervention and Youth that is being conducted by Georgina Brown. Georgina Brown is a Graduate student in the Faculty of Education at the University of Lethbridge and you may contact her if you have further questions by e-mail at [email address].

As a Graduate student, I am required to conduct research as part of the requirements for a degree in Counselling Psychology. It is being conducted under the supervision of Blythe Shepard and Lorraine Beaudin. You may contact my supervisors by e-mail, [email address] ([telephone number]) and/or [email address] ([telephone number]).

The purpose of this research project is to determine the effectiveness of online counselling mediums (online chats and e-mails) with youth who are in a state of crisis. This study will, therefore, add to current literature regarding the use of online counselling and support programs for youth and provide program developers with best practices for online counselling services.

Research of this type is important for a variety of reasons: 1) online counselling overcomes economic, physiological, geographic, and psychological barriers of traditional face-to-face counselling, 2) youth are amongst the largest population that utilizes Internet support sites, and 3) counsellors need to be aware of the needs of online clients. As the use of technology continues to increase it becomes important to recognize and understand how technology can be used to provide support to those who are in crisis. Through gaining an understanding of the needs of online clients, counsellors will be able to provide the most effective treatment and support possible.

1) You are being asked to participate in this study because you currently access the website for Youth In BC. All youth who access Youth In BC's online services are invited to participate in this study.

   If you agree to voluntarily participate in this research, your participation will include filling out a four part questionnaire.

   Participation in this study may cause some inconvenience to you, the questionnaire takes approximately 10 minutes to complete. However, you may quit the questionnaire at any time by simply closing the questionnaire window.

   There are some potential risks to you for participating in this research. There is the possibility that when you are recalling a crisis situation that you may begin to re-experience the thoughts and feelings that you had when you where originally in the situation. If at any time during the questionnaire you begin to feel uncomfortable and/or wish to stop participating you are welcome to end the questionnaire by closing

the window. It is also encouraged that you utilize the resources provided to you through Youth In BC and other support services if anything comes up for you and you need or would like to talk to someone.

The potential benefits of your participation in this research include providing valuable information which may inform current and future practice and development of online crisis support services. This information will further contribute to the existing body of knowledge in regards to the use and benefits of online counselling and support services.

I give my consent to the use of my responses

I do not give my consent to the use of my responses

Please Note: This study is designed to determine whether or not youth who are in crisis experience the identified positive effects of online counselling. Responses are to be based on a time when you were in a state of crisis. A person is in crisis when he or she sees a situation or event as intolerable and is difficult to deal with.

Demographic Questions

2) My gender is
   Male
   Female
   Transgendered

3) My age is
   18   19   20   21   22   23   24

4) I live in
   Canada
   The United States of America

Client Satisfaction Inventory – Short Form (CSI-SF)

Permission for the use of the CSI-SF was granted from the WALMYR Publishing Company (www.walmry.com/).

The questions below are designed to measure the way you feel about the services you have received. This is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by circling the appropriate number on the right.

5) People here really seem to care about me
    1 - None of the time
    2 - Very rarely
    3 - A little of the time
    4 - Some of the time
    5 - A good deal of the time
    6 - Most of the time
    7 - All of the time

6) I would come back here if I need help again
    1 - None of the time
    2 - Very rarely
    3 - A little of the time
    4 - Some of the time
    5 - A good deal of the time
    6 - Most of the time
    7 - All of the time

7) I would recommend this place to people I care about
    1 - None of the time
    2 - Very rarely
    3 - A little of the time
    4 - Some of the time
    5 - A good deal of the time
    6 - Most of the time
    7 - All of the time

8) People here really know what they are doing
    1 - None of the time
    2 - Very rarely
    3 - A little of the time
    4 - Some of the time
    5 - A good deal of the time
    6 - Most of the time
    7 - All of the time

9) I get the kind of help here that I really need
   1 - None of the time
   2 - Very rarely
   3 - A little of the time
   4 - Some of the time
   5 - A good deal of the time
   6 - Most of the time
   7 - All of the time

10) People here accept me for who I am
   1 - None of the time
   2 -Very rarely
   3 - A little of the time
   4 - Some of the time
   5 - A good deal of the time
   6 - Most of the time
   7 - All of the time

11) People here seem to understand how I feel
   1 - None of the time
   2 - Very rarely
   3 - A little of the time
   4 - Some of the time
   5 - A good deal of the time
   6 - Most of the time
   7 - All of the time

12) I feel I can really talk to people here
   1 - None of the time
   2 - Very rarely
   3 - A little of the time
   4 - Some of the time
   5 - A good deal of the time
   6 - Most of the time
   7 - All of the time

13) The help I get here is better than I expected
    1 - None of the time
    2 - Very rarely
    3 - A little of the time
    4 - Some of the time
    5 - A good deal of the time
    6 - Most of the time
    7 - All of the time

Online Service Use

14) I have used the Chat Now online services
    a. Yes
    b. No

15) If you answered Yes to question 14, how often do you use the Chat Now online services?
    a. More than once a week
    b. Once a week
    c. Every other week
    d. Once a month
    f. Once a year
    g. Other (please specify) (with a written response box)

16) I have used email online services
    a. Yes
    b. No

17) If you answered Yes to question 16, how often did you use email online services?
    a. More than once a week
    b. Once a week
    c. Every other week
    d. Once a month
    e. Every other month
    f. Once a year
    g. Other (please specify) (with a written response box)

18) If you have used both email and Chat Now, Which do you prefer?
  a. Email
  b. Chat
  c. No Preference

19) What concerns have you discussed online? Please select all that apply
  a. Friends
  b. Parents
  c. Relationships
  d. School
  e. Loss
  f. Violence
  g. Suicide
  h. Substance use/Alcohol use
  i. Other (please specify) (with a written response box)

20) How did you feel before using an online service? You may select up to three
   responses
  a. Alone
  b. Sad/Upset
  c. Angry
  d. Confused
  e. Misunderstood
  f. Ignored
  g. Other (please specify) (with a written response box)

21) How did you feel after using an online service? You may select up to three responses
  a. Understood
  b. Accepted
  c. Optimistic
  d. Misunderstood
  e. Ignored
  f. Pessimistic
  g. Other (please specify) (with a written response box)

22) What do you like about online services? Please select all that apply
  a. The ability to remain anonymous (I cannot be identified)
  b. The information I shared with these services is not accessible to others

c. Privacy

d. Feelings of safety

e. Accessibility (i.e. time and/or location – can access from home)

f. Ability to re-read what has been discussed

g. Other (please specify) (with written response box)

23) What do you dislike about online services? Please select all that apply

a. Wait times (chat service availability)

b. Time delay of response (chat and email services)

c. Miscommunication resulting from different writing styles

d. Other (please specify) (with written response box)

24) How did accessing an online service help you with your concerns? Please select all that apply

a. Helped me understand my concern

b. Made my concern more manageable

c. Helped me identify how to cope

d. Helped me to discover my strengths

e. Let me vent about my concern

f. Helped me identify how I felt about my concern

g. Other (please specify) (with a written response box)

25) Overall how do you view the support/help that you received from an online service?

a. I am happy with the support/help that I received

b. I am unhappy with the support/help that I received

Appendix D: Email Invitation to Pilot-Test Participants

I've cc'd a few of my CTS students in on this email. CTS majors can you take 10 minutes to fill out this survey (PILOT study for my grad student)? Please! Georgina reply all to this email with the link to the survey.

Hope you are all having a great semester!

[Professor's Name]
Associate Professor
[Professor's Department]
University of Lethbridge
Alberta, Canada
[Telephone Number]

Appendix E: Frequency of Each CSI-SF Score

CSI-SF Score	*n*	%
0	1	1.1
6	2	2.2
9	1	1.1
15	1	1.1
17	2	2.2
20	1	1.1
30	1	1.1
33	1	1.1
37	1	1.1
43	1	1.1
44	2	2.2
48	3	3.3
50	4	4.4
52	1	1.1
54	1	1.1
56	2	2.2
57	1	1.1
59	1	1.1
61	2	2.2
63	1	1.1
65	2	2.2
67	4	4.4
69	2	2.2
70	3	3.3
72	4	4.4
74	1	1.1

CSI-SF Score	*n*	%
76	1	1.1
78	3	3.3
80	2	2.2
81	1	1.1
83	4	4.4
85	2	2.2
87	3	3.3
89	4	4.4
91	7	7.7
93	2	2.2
94	3	3.3
96	2	2.2
98	1	1.1
98	3	3.3
100	7	7.7
Total	100	100

Note. CSI-SF = Client Satisfaction Inventory – Short Form; *M* = 69.78; *SD* = 25.72.

Appendix F: Percentage Letter-Grade Standing

Percentage	Letter Grade	Standing
90–100	A+	Excellent
86–89	A	Excellent
82–85	A-	Excellent
78–81	B+	Good
74–77	B	Good
70–73	B-	Good
66–69	C+	Satisfactory
62–65	C	Satisfactory
58–61	C-	Satisfactory
54–57	D+	Poor
50–53	D	Minimal Pass/Poor for the study
0–49	F	Fail/Poor for the study

From *Percentage to Letter Grade Conversions* (p. 1), by the University of Alberta, n.d., Edmonton, AB, Canada: Author. Retrieved from http://www.efs.ualberta.ca/en/Intranet/~/media/University%20of%20Alberta/Faculties/Arts/Departments/English%20and%20Film%20Studies/Documents/Instructor/Grading_Chart.pdf