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The working alliance in online therapy with young people: preliminary findings

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This paper examines the quality of the working alliance in online counselling relationships with young people. A mixed method approach has been adopted which combines the completion of a self-report quantitative measure (the ‘Therapeutic Alliance Quality Scale’) and qualitative interviews with service users of a UK-based service (Kooth.com). Findings are generally positive, with approximately three quarters of respondents reporting the working alliance to have been of a medium or high quality. To give a more detailed sense of what users found helpful or unhelpful in developing good quality online working alliances, key themes from the interviews are also presented. Finally the implications and limitations of the study are discussed before outlining some thoughts for future development.

Keywords: online therapy; young people; working alliance; mixed methods

Introduction

The quality of the working alliance between therapist and client is viewed as a major predictor of the success of therapy. Initially outlined are some of the key literature regarding the working alliance, the technologically mediated therapeutic relationship and offering online therapy to young people before presenting preliminary findings from the study in question.

The working alliance

There are many hundreds of approaches to counselling and psychotherapy but a central unifying factor of them all is the relationship between counsellor and client. Recent research suggests that it is the strength of this relationship that proves to be a major determinate in how successful therapy will ultimately be (e.g. Horvath & Bedi, 2002; Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000). An often used and accepted term that has been coined to describe this common factor in the therapeutic relationship is the working alliance (Bordin, 1994, 1979; Clarkson, 2003).

The working alliance, as defined by Bordin (1994, 1979), is a negotiated, collaborative feature of the helping relationship. The term itself reflects the process that both the therapist and client enter into with the hope of creating change; ‘the powerful joining of forces which energizes and supports the long, difficult, and

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frequently painful work of life-changing in psychotherapy’ (Bugental, 1987, p. 49). Bordin breaks this down into key components and identifies three aspects: (1) agreement between client and therapist on the goals of the therapy; (2) the client’s agreement with the therapist that the tasks of the therapy will address the problems the client brings to treatment; and (3) the quality of the interpersonal bond between the client and the therapist. This model of alliance has proven incredibly important in the world of psychotherapy and influenced the development of several integrative/pluralistic models of therapy (e.g. Cooper & McLeod, 2007; Egan, 2006; Norcoss & Goldfried, 1992) and led to the development of a number of well-respected therapeutic tools, for example the Working Alliance Inventory (WAI; Horvath & Greenberg, 1989; Horvath, 1981).

The working alliance in technologically mediated therapy

Given the reported importance of the working alliance within therapy, delivering services mediated through technology such as the telephone or computer proves controversial. Early critics of mediated therapeutic practices warned of running the risk that the ‘space between the two parties’ might become filled with nothing but hardware (Robson & Robson, 1998) and questioned whether therapeutic interactions may be reduced to mere advice giving when face-to-face interactions are translated to the electronic medium (Pelling & Renard, 2000). There are also those who directly note the lack of non-verbal communication to be a major hurdle in offering mediated therapy (Banach & Bernat, 2000; Hackerman & Greer, 2000). In contrast, other practitioners/researchers view the lack of face-to-face contact as a challenge to overcome rather than a factor that disables working in alternative media (for more discussion on this point see Haas, Benedict, and Kobos (1996) regarding telephone counselling and Rochlen, Zack, and Speyer (2004) regarding online counselling).

In recent years a number of studies have entered the territory of examining the working alliance in technologically mediated adult therapy. These have included the work of Reese, Conoley, and Brossart (2002) who specifically focused upon the delivery of telephone counselling, Prado and Meyer (2004) and Reynolds, Stiles, and Grohol (2006) who focused upon email therapy, and Cook and Doyle (2002) who focused upon online counselling in general (both asynchronous and synchronous provision). In all of these cases the WAI was used to assess the quality of the working alliance, except the work of Reynolds et al. (2006) in which the Session Evaluation Questionnaire (SEQ; Stiles, Gordon, & Lani, 2002) was used. Although each of these studies acknowledges weaknesses, generally due to the limited number of participants in the study, they have all reported working alliance scores equivalent to those found in face-to-face studies. When considering the working alliance in therapeutic practice using videoconferencing, findings are equally positive and have displayed parity to face-to-face comparison groups (e.g. Day & Schneider, 2000, 2002; Simpson, Bell, Knox, & Mitchell, 2005).

A number of small-scale qualitative pieces of work have also contributed to our understanding of online therapy. For instance, Brice’s case study of his work with a student who wished to continue meeting whilst on a summer break from university displayed the potential to sustain existing therapeutic relationships using email (Brice, 2000). Likewise the frank and open discussion by Ainsworth (2002), reflecting upon her own experience of seeking out and being an online client, provides us with a rare insight into what it means to be involved in intimate therapeutic relationships.
online. Anthony (2000) and Hanley (2004a) conducted similar pieces of work examining online practitioners’ perceptions of mediated therapeutic relationships. Both conclude that the Internet was seen as a place where practitioners can develop and sustain intimate therapeutic relationships; it is noteworthy that the concept of telepresence (“the perceptual illusion of nonmediation” (Lombard & Ditton, 1997)), a term more commonly used in the cyber-psychology field, was highlighted as a central factor in the developing relationships of appropriate depth. These studies act as good qualitative indicators that a working alliance can be established online. Similar reflective pieces have been conducted and reported findings akin to those online regarding the practice of telephone counselling (e.g. Robson & Whelan, 2006; Sanders & Rosenfield, 1998).

The quantitative and qualitative studies combine to provide us with a rich and evolving picture of the online therapeutic relationship. However, despite this growing body of research, this area is still a study in its infancy and there are many questions still to be answered. One such area is that of examining the potential of working with different client groups, an area that is particularly evident with regard to working with young people.

**Offering online therapy to young people**

Offering therapy to young people is on the increase in the UK. Studies have shown young people to be in need of such psychological services (BMA, 2003) and that counselling can be effective at helping adolescents cope with life stressors and reduce psychological distress (Cooper, 2005; NICE, 2005; Sherry, 1999). Given the increase in computer usage and Internet access in recent years (75% of young people now have access to the Internet at home and 92% have access at school (Livingstone & Bober, 2004)) it is therefore unsurprising that a number of youth counselling services have gone online (see Hanley (2004b) as an example). This appears vindicated by King et al.’s (2006a) consultation with young people about the motivations for accessing such services. In this work clients reported that they found the Internet to be a comfortable and safe space to seek out support. A counterpoint to this argument, however, may be that in reaching out for support online, young people may actually be escaping from contact and perpetuating their isolation rather than connecting fruitfully with others (Wolak, Mitchell, & Finkelhor, 2003).

To date there have only been a handful of studies focusing upon the development of e-therapy for young people. Many of these focus upon the ethical considerations (Suler, 2005) or practical difficulties of regulating work online (Hanley, 2006); they generally do not examine the effect the change in medium has upon the therapeutic working alliance.

Two studies have focused upon the development of a working alliance with young people using technology. The first of these was the work of Hufford, Glueckauf, and Webb (1999). In this study the research examined the development of a working alliance using videoconferencing. Findings suggested that, although therapy was deemed successful, the working alliance proved much weaker than those formed with a face-to-face control group. The second study of relevance, and one with which this study can draw much comparison, is the work of King, Bambling, Reid, and Thomas (2006b). In this naturalistic study King and his colleagues compare the online working alliance to that developed over the telephone. In doing so the research group found that it was possible to create a working alliance of sufficient quality to have a
positive outcome in both conditions. However, it was also noted that the telephone condition saw the development of significantly stronger alliances than the online condition.

At present the research into offering online therapy to young people is thin on the ground. This would appear to be a major deficit in a climate where online counselling for this client group is a growth area, and one that is at times being exploited (The Guardian, 2006). The research by King et al. (2006b) proves promising and would appear to show that it is possible to create an adequate working alliance with young people online. It does not, however, tackle the more qualitative issue of how counsellors can work to strengthen the alliances that they make in this medium.

An overview of the study

The focus of this work was to gain a greater understanding of the working alliance that develops in online therapeutic settings with young people. Specific research questions (RQs) include:

RQ.1. Do young people accessing online counselling in the UK report evidence of a strong working alliance?
RQ.2. What are the key features of the working alliance that young people report after experiencing online therapy?
RQ.3. Is there a link between client reports of positive therapeutic outcomes and a strong working alliance?

Methodology adopted

This study utilises a mixed method design to gain a greater understanding of the online working alliance (for further discussion on using mixed methods design see Creswell, 2003; Cresswell & Plano-Clark, 2006; Johnson & Onwuegbuzie, 2004). There are three separate components to this design, with the prominent focus being the quality of the working alliance. This central factor is examined using an explanatory mixed method design, notably using both quantitative and qualitative methods together to create a greater understanding of the phenomenon under scrutiny. This involves using an online questionnaire, the Therapeutic Alliance Quality Scale (TAQS), that has been developed to measure the working alliance in therapeutic relationships with young people (Bickman, Vides de Andrade, Lambert, & Doucette, 2004; Bickman et al., 2007) and by conducting real time online interviews with those who have accessed the online counselling service. These two sets of data therefore give a combination of statistical data and interview data and provide a detailed picture of the online working alliance.

Complementing this core element were a pre- and post-intervention outcome measure administered to provide an indication of the impact of therapy. Secondly the results from this additional component could then be used as a method of testing the view that the working alliance can also be used as a predictor of outcome. Both these elements have since become lesser elements within the project due to the limited data collected.

Figure 1 illustrates in diagrammatic form the different components of the design and begins to display how the elements interact with each other.
Participants
This study works alongside a developing online counselling service for young people within the UK in Cheshire (Kooth.com see Hanley (2007) for a further description of this service). This service has been developed for 11-25-year-olds. However, service data statistics suggest that it is most popular with individuals between the ages of 11 and 19. To date, 46 service users have completed the TAQS and 95 have completed the initial outcome measure. Unfortunately, although 19 individuals have also completed the follow-up outcome measure, there is no record of any of these respondents accessing the one-to-one counselling service offered – these individuals only appear to have utilised other elements of the website such as the forum spaces provided. In addition to these quantitative elements, seven interviews have been conducted lasting between 40 and 60 minutes.

Procedure
Once users registered to use the website they were asked to provide some basic demographic information (age, sex and locality) and asked to choose a username. At this point users were able to make an appointment with a counsellor and were sent the first outcome measure. All individuals who met with a counsellor were sent the TAQS to complete; this process was automated immediately after the first session that the client attended. In answering the questionnaire individuals were also offered the opportunity to meet for an interview using the same online platform to discuss their experience of the service. Finally, after a six-week period from registering on the site individuals received the outcome measure.
Data analysis

Quantitative analysis

The data collected from the TAQS questionnaire can be used as a numerical assessment of the quality of the working alliance. Although it is possible to examine the relationship between each of the key subscales within the questionnaire, the total score which reflects the overall quality of the working alliance is the only statistic being calculated and reported in this paper. Due to the limited nature of the data gathered by the outcome questionnaires it is not presented within this paper.

Qualitative analysis

The data collected from the interviews has been analysed for key themes using a grounded theory approach (Strauss & Corbin, 1998). A detailed line-by-line analysis has been used to generate initial categories. Accompanying this more strategic approach, the technique of ‘embodied categorisation’ has been used (Rennie & Fergus, 2006). This latter technique, which can be described as ‘an approach to interpretation in which subjectivity is drawn on productively’ (Rennie & Fergus, 2006, p. 494), enabled the researcher to remain focused on the depth of meaning within the transcripts, a factor that West (2001) warns us can get lost in the systematic reductionism of grounded theory.

Bringing the findings together

The quantitative data and the qualitative data are used to complement, or display inconsistencies within the findings. Table 1 outlines how each set of data gathered is being used to answer the research questions.

Ethical considerations

This project works within the ethical framework devised by the British Association for Counselling and Psychotherapy (BACP, 2002). This is further informed by the same organisation’s ethical guidelines for research (Bond, 2004) and ethical guidelines for offering online counselling and psychotherapy (Anthony & Jamieson, 2005; Goss, Anthony, Jamieson, & Palmer, 2001). Essentially these guidelines revolve around doing no harm to those involved in the study. As this work involves direct contact with young people, some specific ethical issues are tackled below.

Conducting a piece of research with young people raises numerous issues around informed consent. In general it is recommended that written consent from a primary care-giver is sought before undertaking research with this client group (Dent, Sussman, & Stacey, 1997). However, there are exceptions to this rule and this study

Table 1. Table outlining the each research question relates to the strands of data gathered.

RQ.1. – Quantitative Data (TAQS)

And Qualitative data (working alliance interview)

RQ.2. – Qualitative Data (working alliance interview)

RQ.3. – Quantitative Data (TAQS & outcome measure data)
falls into this category. The reasons for stating this are twofold. Firstly, seeking consent to gather the views of young people around certain topics can potentially put them in a vulnerable position. Here the work of Allen (2002), whose work focused upon the views of young people around elicit drug use, is noted as a precedent. In this case consent was obtained from the young people themselves so as to avoid confrontation with parental figures around the subject matter. A direct comparison with the sensitivity of the topic of this project, notably the issue of mental health and counselling, can be made. This leads directly to the second point. The service being researched works with the view that any young person can access it without having to obtain carer consent. This proves common practice in youth-friendly technologically mediated counselling services such as ChildLine. These organisations work with the Gillick principle at the centre of any counselling contract developed with young people (see Daniels & Jenkins (2000) for a discussion on this topic). Thus, so as to provide a safe and anonymous environment for young people to discuss their experience of online therapy and to remain congruent with the service provision being examined, consent to participate in the study has been sought from the young people themselves.

**Preliminary findings – implications and limitations**

**Quantitative analysis (TAQS)**

The TAQS has been completed by 49 respondents (46 complete) and on the whole suggests that users report the online working alliance to be of a good quality. Figure 2 displays the spread of the results (note anything >4.77 is high and <3.62 is viewed as low). Figure 3 then goes on to display the percentage of results that score the working alliance as low, medium and high. A majority (58.7%) of the users score the working alliance with the therapist as medium, approximately a quarter of the users report it to be low (23.9%) and 17.4% reported it as high.

![Figure 2](image_url)  
**Figure 2.** Graph displaying the spread of results for the TAQS questionnaire.
Qualitative analysis

To date seven interviews have been conducted, ranging between 40 and 60 minutes in length – the combination of the ongoing nature of the project and the facility for users to send private messages to the researcher through the site meant that some of the conversations continued during the time of writing. Below I present several of the key themes that emerged from the conversations.

Anonymity/public

Working online has enabled some individuals to talk about things that they would not ordinarily talk about face-to-face – ‘some things i found (embarrassing) or wrong to be doing but can say them online without being as scared about them’. Thus the anonymity of the service helps to facilitate the relationship in some cases by extending the range of topics that are talked about. In contrast, for others working online can put the therapy right into the public space. One young person I interviewed gave me a first hand understanding of this when he stated, ‘ANYWAY GOT 2 GO NOW CUZ I DONT WANT ANY1 SEEING WHAT IM DOING’. Thus, although the medium can enable people to discuss otherwise untalked-about topics, it can also put a stop to sessions completely.

The right time and place

Another common thread to the discussions has been the ease of access to the service (note the spelling and grammar are reproduced from the original messages) – ‘i find it good becaus when i want to get something out in the open or i am sad about some thing i can come on here and i know there is some one to talk to’. In some cases this ease of access has direct links to the online nature of the service – ‘i still find it alot easier 2 spk 2 a computer’.

Figure 3. Chart displaying the quality of the working alliance as indicated by the TAQS questionnaire.
**Misinterpretation/empathic responses**

Communication skills proved an important factor in developing online relationships. At times it was not possible for counsellors to understand the meaning that clients were trying to convey – ‘once i thought my counsellor was havin a go never had a clue what i wa son about’. In contrast other clients reported their counsellor to be deeply in tune with their feelings. When asked how they knew the counsellor understood them, one user stated, ‘because they say ok and they talk about your problems with you and they say ok i get you i will try and sort it out’. Thus, as with face-to-face conversations different levels of understanding are possible. Interestingly it has also been observed that interviewees did not indicate that they felt miscommunication to be greater in computer-mediated relationships.

**Control/trust**

On several occasions interviewees have noted that they have cried whilst talking to counsellors on the site. A common thread in these discussions is that the users have stated they have liked that they are in control of whether they tell the counsellor if they are crying or not – ‘noone needs to know your crying and don’t know unless you say’. This control therefore enables users to judge whether they trust the counsellor and what they might do with what they tell them. One user noted about her counsellor, ‘i trust her 100%’ and ‘i can talk 2 her bowt stuff thaat i wouldent dream of telin my mum if i did’.

**Valuing the service and counsellors**

It is evident from talking to users that individuals value the service they have accessed. Sometimes this comes in the form of explicit praise such as ‘KOOTH RULES!!!!’, but it also comes in the form of constructive criticism: ‘i have a sergarten (cant spell) for a way thaty could poss improve kooth?’ This latter type of comment appears to display an ownership and connection to the service that appears very important. Individuals have connected with the service and the counsellors working on the site and feel that they want to give something back or help to improve it. Fostering such constructive support is likely to have developed through appreciation of the therapeutic relationships that individuals have been engaged in.

**Implications and limitations**

Due to the complex nature of the naturalistic environment that is encountered within this work, there are numerous limitations to this study when compared to many of the trials examining the working alliance (e.g. see Horvath & Bedi, 2002). However, despite these challenges the findings reported here display an interesting picture of the online service in question. With regard to the quality of the working alliance (RQ.1) the TAQS results suggest that in over three quarters of the cases a medium to high quality working alliance was fostered between the client and counsellor. Although it should not be forgotten that approximately a quarter of the sample also reported the quality of the working alliance to be low, such a positive finding challenges the notion that it is not possible to create relationships of an appropriate quality online. It therefore supports the positive findings of earlier work examining
the text-based working alliance with both adult populations (e.g. Cook & Doyle, 2002; Prado & Meyer, 2004; Reynolds et al., 2006) and adolescents (King et al., 2006b). The lack of data from the follow-up outcome measure proves unfortunate and means that it is not possible to consider the link between the working alliance and successful therapy at this point in time (RQ.3).

The findings from the qualitative interviews aid our understanding of what elements of the meetings help the working alliance to develop or break down in this setting (RQ.2). These findings provide numerous overlaps with existing literature which predominantly focus upon the therapist's perception of the online therapeutic relationship (e.g. Anthony, 2000; Hanley, 2004a). These range from practical necessities such as a room where the client will not be fearful of being interrupted, through the quality of the interactions during the sessions, to the trust the individual has in the counsellor/service. The findings of this study develop this work by providing the views of adolescent clients who have utilised online counselling services that are free at the point of delivery. In doing so, considerations such as the potential lack of privacy and the altering power differentials due to the increased control of the adolescent client are specifically highlighted.

Conducting a piece of research online has answered a number of questions in itself. For instance, although the follow-up outcome measure has proven ineffective, the use of online questionnaires has proven surprisingly popular and the response rate has on the whole been higher than anticipated. The reason behind this is for a separate inquiry but it feels important to note as it contradicted initial fears that users may get questionnaire fatigue and not complete them. Another area of interest which proves pertinent is the parallel process evident in the work. For instance, in some interviews it has proven difficult to engage or to fluently converse with users of the service. In contrast, at other times, conversations have flowed incredibly naturally. Again, this is possibly the subject matter of another paper. However, I felt my own experiences as an online interviewer have given me a fascinating insight into how the therapeutic relationship unfolds online.

Summing up

The preliminary findings of this study suggest that it is possible to create therapeutic relationships with young people online, a finding that concurs with the earlier work of King et al. (2006b). They also highlight some of the key themes that have emerged when interviewing service users about their experiences. This additional qualitative information helps to provide a fuller picture of what is involved in developing a sufficient quality working alliance online and on a local level has already given both practitioners and service developers within the Kooth project something to consider in their work.

On a wider scale these findings begin to add to the slowly developing evidence base for relationally orientated online counselling, a factor that continues to challenge the assumption that deep therapeutic relating cannot occur online. It also adds to the relatively small pool of research into the working alliance with young people (for more discussion see Green (2006)). Thinking of the future, it is inevitable that youth services will continue to develop in this realm and it would be wise to monitor the quality of this provision. Doing so has already uncovered new challenges and practitioners, researchers and service developers alike need to remain mindful of responding appropriately.
Notes on contributor
Terry Hanley is a Lecturer in Counselling at the University of Manchester. His work includes teaching on the Masters and Doctorate programmes at the university and researching the development of youth friendly counselling services.

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