

Singaporean Counsellors' Online Counselling Experiences with Children: An Exploratory Qualitative Study

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Abstract

This study focused on the online counselling experiences of six Singaporean trainee counselling psychologists (TCPs) working with elementary school children in Singapore. A qualitative analysis using Strauss and Corbin's grounded theory produced 16 themes and 17 sub-themes in 4 categories. Participants' *Counselling Experiences and Interests* (causal condition) and *Expectations and Reality* (intervening condition) informed their *Planned and Actual Counselling Actions* (strategic actions and interactions) during online counselling sessions. Consequently, they engaged in *Analysis and Reflection* of their key learning points and professional development needs. Findings revealed that the lack of non-verbal cues enhanced children's psychological safety and willingness to self-disclose online. TCPs also found it helpful to use a solution-focused approach to work with children and to adapt their face-to-face counselling techniques to online counselling through the use of SITCOMS.

Keywords: Online Counselling, Live Chat Counselling, Email Counselling, Singapore Counsellors

Children worldwide have increasingly been able to access the Internet for information and help (Bambling, King, Reid, & Wegner, 2008; Clarke, Kuosmanen, & Barry, 2015; Dooley & Fitzgerald, 2012; Hanley, 2012; King, Bambling, Llyod, Gomurra, Smith, Reid, & Wegner, 2006; Mallen, Vogel, Rochlan, & Dey, 2005). Researchers have found that young people aged between 12 and 25 years were generally motivated to seek

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counselling online as they viewed it as a safe avenue for obtaining support (King, Bambling, Llyod, Gomurra, Smith, Reid, & Wegner, 2006; King, Bambling, Reid, & Thomas, 2006). This situation was particularly true in Singapore, where 81.3% of the population had Internet access (Internet World Stats, 2016).

Research found that over 50% of 9-year-old and 70% of 12-year-old children owned mobile devices such as smartphones or tablets in Singapore (Yang, 2017). These 9–12-year-old children spent between 24 and 46 hours a week on their mobile devices (Yang, 2017). It was, therefore, not surprising that a large proportion of Internet users in Singapore was made up of children and adolescents (Lee, 2015). Fifty-five percent of 9-year-old and 77% of 12-year-old children were active participants on social media and chat application platforms (Yang, 2017, April 2), and a 2012 study by Microsoft found that Singapore had the second highest rate of cyberbullying globally with one-fifth of primary school children (6 to 12 years) and one-third of secondary school students had been victimized on online social media platforms (Baig, 2014). In fact, cyberbullying was more prominent than real-world bullying (Baig, 2014, August 15).

Internet access in Singapore might have been facilitated by the population's affluence (Yeo, Tan, & Neihart, 2012), high literacy rate (96.8%) (CIA World Factbook, 2017), and bilingualism (English and another Asian language such as Mandarin, Malay, or Hindi) (Lee, 2016, March 10). This population profile had implications for the qualities and attributes required of Singapore counsellors. Singapore counsellors, therefore, not only had to be proficient in multicultural counselling to reach out to the various ethnic groups (Jennings et al., 2008) but also needed to be familiar with the Internet so they could reach segments of the population who might not otherwise seek help (Kit, Wong, D'Rozario, & Teo, 2014). Prior research showed that Singapore counsellors were indeed comfortable with working with diverse populations of different ethnicities and religions (Jennings et al., 2008; Sridhar & Kit, 2016). However, one previous study found that novice counsellors were uncomfortable with online counselling (Kit et al., 2014).

According to Barak, Klein, and Proudfoot (2009), online counselling and therapy could be defined as the use of online interpersonal communications between a therapist (counsellor) and a client, for therapeutic purposes (Barak et al., 2009). It could use synchronous (e.g. live chat counselling) or asynchronous (e.g., email counselling) modalities (Perle, Leah, & Barry, 2011). As of 2014, there were four live chat counselling services available in Singapore for youths aged 12 years and above (Goy, 2014). However, there were no online counselling services for children below 12 years of age in Singapore before the start of the current study. Instead, children in need of help were usually identified by their teachers who would then refer them to teacher counsellors (teachers with para-counselling skills training) or school counsellors (diploma- or degree-level counsellors) for face-to-face counselling in school (Yeo et al., 2012). Their school counsellors would, in turn, work with teachers and community counsellors to access help for children's families as school counsellors did not usually have the mandate or time to do family counselling (Low, 2014).

This referral system meant that primary school children in Singapore needed the help of adults to obtain counselling help. However, one study found that Dutch children and adolescents aged between 8 years and 18 years actually accessed an online Live Chat counselling portal or telephone hotlines for help when given the opportunity. As a result, they experienced a higher level of well-being and reduced perceived burden of their problems immediately after online chat or telephone counselling (Fukkink & Hermanns, 2009a). Fukkink and

Hermanns (2009a) postulated that, for children, online chat counselling was more effective than telephone counselling because its slower pace allowed them to follow the conversations more easily, and its anonymous nature allowed them to express themselves freely without the sense of being judged (Fukkink & Hermanns, 2009a).

The dearth of online counselling services for children below the age of 12 years in Singapore could be due to the perceived challenges and dangers of utilizing online counselling for this population. Counsellors noted that, since primary school children were at Piaget's concrete stage of cognitive development, counsellors would need to be able to provide them with explicit examples, use learning aids, and provide clear directions (Thompson & Henderson, 2007) or use play therapy to work with them (Buser, 2007, as cited in Thompson & Henderson, 2007). However, the use of learning aids and toys might not be possible in online counselling using live chat or email counselling. Furthermore, online counselling clients, regardless of age, needed to have a good command of the written language, familiarity with the technology, and keyboarding skills to participate fully in the online counselling session (Page et al., 2000). Children's online presence also meant that they were placing themselves at risk for victimization by online predators, such as pedophiles (Brown, 2017).

There were also other controversies over the use of online mental health interventions. Opponents of online counselling were uncomfortable with the idea of conducting online counselling due to issues of confidentiality (Centore & Milacci, 2008) and regulation issues such as practitioner qualifications and licensure, online counselling training, experience, online counsellors' awareness of legalities such as the country's child protection act, data protection issues act, Child Protection and Data Protection issues, and regular enhanced Criminal Records Bureau checks (Hanley, 2006). They were also concerned about technical challenges (Haberstroh, Duffey, Evans, Gee, & Trepal, 2007) and difficulties with crisis management (Mallen et al., 2005). Novice group counsellors from Singapore also opined that it was more difficult for them to manage group discussions online compared to face-to-face settings (Kit et al., 2014). More importantly, counsellors were most concerned about the missing non-verbal cues in online communication as they deemed these essential to building rapport and developing effective therapeutic relationships with clients (Barak et al., 2009; Haberstroh et al., 2007; Haberstroh, Parr, Bradley, Morgan-Fleming, & Gee, 2008; King, Bambling, Reid, & Thomas, 2006; Leibert, Archer, Munson, & York, 2006; Mallen, Jenkins, Vogel, & Day, 2011; Perle et al., 2011; Richard & Viganó, 2013; Salleh, Hamzah, Nordin, Ghavifekr, & Joorabchi, 2013).

In contrast, proponents of online counselling cited evidence that, despite the lack of non-verbal cues, skilled counsellors could establish close, empathic, and warm therapeutic relationships with their clients when their interactions were deep, smooth, and engendered feelings of positivity, emotional arousal, and a sense of being helped (Barak & Bloch, 2006; Cook & Doyle, 2002; Salleh et al., 2013). They argued that both the process factors and the therapeutic alliance online appeared to be equivalent to those in face-to-face therapy (Barak & Bloch, 2006; Reynolds, Stiles, & Grohol, 2006; Sucala et al., 2012). In addition, they also noted that online counselling provided anonymity, convenience, and ease of access for populations that had limited access to traditional face-to-face psychological support because of transportation difficulties, physical handicaps and the need for anonymity due to shyness or fear of face-to-face interactions (Mallen et al., 2005; Mallen et al., 2011; Rochlen, Beretvas, & Zack, 2004).

Another point of controversy was the effectiveness of online counselling with young clients. This was because findings had thus far been inconsistent. Specifically, single-session online chat counselling with young clients was found to be more effective than (Fukkink & Hermans, 2009a; Dowling & Rickwood, 2014b), as effective as (Fukkink & Hermans, 2009b), or less effective than (King et al., 2006b) telephone counselling. These findings led some researchers to conclude that the inconsistency in results might be due to the processes and techniques employed in session rather than the modality of the sessions (Dowling & Rickwood, 2014b).

To gain a better understanding of the processes and techniques that were effective for online counselling sessions, a systematic search via the Ebscohost database was conducted with the descriptors “Online counseling or online counselling” and “children” (December 12, 2016). This search produced no studies from Asia and 25 preliminary studies from the West on the characteristics, motivations, and preferences of online young clients (typically aged 12 years old and above). Of these, there were only two studies on effective online counselling processes with young people (aged 12 years and above) and none focusing on children (12 years and below). This gap in the online counselling literature was significant as face-to-face counselling research showed the importance of using developmentally appropriate counselling skills and techniques to cater to young clients’ cognitive, emotional, and social developmental and physical abilities (Duncan, Miller, & Sparks, 2007).

One of the studies on online counselling processes with young clients (aged 12 years and above) found that counsellors could convey significant empathy and interpret issues accurately when using symbols and phrases to communicate emotional responses (Bambling et al., 2008). The other study found that online counsellors tended to use counselling skills such as paraphrasing, confrontation, and information-seeking questioning more frequently than counselling skills such as empathizing, encouraging, and feeling-oriented questioning. This was because the former group of skills was more effective than the latter for young clients (Williams, Bambling, King, & Abbott, 2009). Mallen et al.’s (2011) findings also revealed that, unlike face-to-face counsellors, online counsellors tended to focus more on exploration of client issues via the use of questions and approving and reassuring statements rather than interpretation and direct guidance. The main counselling skill used most often by online counsellors in both studies was, therefore, questioning of facts and solutions rather than feelings (Mallen et al., 2011; Williams et al., 2009). This selective use of basic counselling skills in the online environment was motivated primarily by their need to compensate for the lack of non-verbal cues and time constraints of the sessions (Mallen et al., 2011, Williams et al., 2009;). Williams et al. (2009) also postulated that counsellors tended to focus on facts and solutions because it reduced the possibility of misunderstandings arising from misinterpretation of clients’ feelings, a concern shared by clients (King, Bambling, Llyod, Gomurra, Smith, Reid, & Wegner, 2006). Furthermore, the practice of focusing on facts and solutions was also in line with 54 studies that found that young people (aged 12–19 years old) wanted their helping professionals to provide information and advice on coping and problem-solving skills (Freake, Barley, & Kent, 2007) and another study that showed that clients found single-session online counselling sessions helpful when their online counsellors provided solutions such as advice or information for their problems (Rodda, Lubman, Dowling, & McCann, 2013).

Another group of researchers, Murphy, MacFadden, and Mitchell (2008), also recommended that symbols and phrases were necessary to help compensate for the missing non-verbal cues online when counselling adults. They termed these symbols and phrases as Skills in Text-based Communication (SITCOMS). SITCOMS included

techniques such as pacing, emotional bracketing, descriptive immediacy, descriptive imagery, and time presence (Murphy et al., 2008; Murphy & Mitchell, 2009).

Although the provision of online counselling was controversial, counsellors in the UK acknowledged that reaching out to young people in this way had great potential (Hanely, 2006). However, due to the limited online counselling services available to children below 12 years old, little was known about how counsellors actually experienced online counselling with this population. This exploratory study aimed to fill the gap in the literature by seeking a deeper understanding of the experiences of Singaporean online counsellors working with children below the age of 12 years in Singapore. In doing so, the researchers hoped to advance local knowledge of the developmentally appropriate online counselling skills and techniques needed to ensure positive outcomes in delivering online counselling services to children below the age of 12 years in Singapore.

Method

This exploratory study was funded by a university research grant and approved by the university's research ethics review board. The study used Strauss and Corbin's (1998) grounded theory method as it provided an explicit set of techniques and guidelines for data gathering and analysis. The researchers hoped that, through this data analysis process, a theory that resembled "reality" would emerge. The resultant grounded theory would, therefore, offer "insight, enhance understanding, and provide a meaningful guide to action" (Strauss & Corbin, 1998).

Participants

Purposive and convenience sampling methods were used to select the online counsellors for this study. Initial contact was made with eight trainee counselling psychologists (TCPs) admitted into the masters' program on the basis of strong academic performance in psychology during their undergraduate degree programs, high levels of English language proficiency, and relevant counselling work experiences of at least three years after completing their bachelor's degrees. Of these, only six actually served as online counsellors during the study as the remaining two were not available to do so during the data collection phase. These TCPs provided online counselling as part of their second counselling psychology practicum in the master's program. This sample of six TCPs (two men, four women) were of Chinese descent within the age range of 28 years to 38 years ($M = 31.67$ years).

Before the study commenced, all six TCPs had no prior online counselling experience but had completed at least 200 hours of counselling practicum and had undergone training in online counselling techniques. Throughout the study, the six TCPs received ongoing clinical supervision for online counselling.

Informed Consent

The research team informed the six TCPs that the university's Internal Review Board had granted ethical approval for the research to proceed if they consented to participate by having their pre- and post-online counselling interviews audio-recorded and transcribed for analysis. The research team explained that the purpose of the study was to explore the TCPs' experiences of online counselling to advance local knowledge on the skills and competencies needed to ensure positive outcomes in delivering online counselling with children in Singapore. The research team also informed participants that they would be using pseudonyms in place of their real names in any publications to maintain confidentiality. All eight TCPs (herein also known as online counsellors) gave their written consent to participate in the study as online counsellors, though only six had their interviews analyzed for this study.

Program Structure

The online counselling portal was on the homepage of the iZ Hero Challenge website. The iZ Hero Challenge was a CyberWellness game portal sponsored by the Singapore government and developed by Nanyang Technological University to educate primary (elementary) school children, parents, and teachers about cyber dangers and to promote cyber-wellness. Since English is the language of instruction in schools and for business in Singapore, all activities, including counselling, in the iZ Hero Challenge portal were conducted in the English language. Hence, since its launch in May of 2013, children across the nation had competed in annual competitions on individual and school levels to win awards for demonstrating cyber-wellness knowledge and skills. For the purpose of the study, an "Ask iZ Master" icon was incorporated into the iZ Hero Challenge portal homepage in 2015 so that children could access the online counselling service. The portal also contained detailed information on online counselling procedures as well as counselling schedules. Children who accessed the service could choose either the live-chat, email, video Skype, or audio Skype option to interact with their online counsellors. Aside from the email option, all other sessions occurred in real time within a specified time limit of approximately 30 minutes.

Research Team, Trustworthiness, and Reflexivity

Research team. The research team consisted of four researchers of whom three were doctoral-level researchers and one was a master's-level student. The first three authors are Singaporeans of Chinese descent while the fourth author is of Korean descent. The first and second authors were involved in designing the study while the first and third were involved in the actual qualitative data collection and analysis. The fourth author was a cyber-wellness advocate who supervised the web designers in the creation of the online counselling portal.

At the point of data collection, the first author had 11 years of counselling experience in educational, corporate, and clinical settings as well as 9 years of experience as a counsellor and school psychology educator in the university. She had published primarily qualitative research papers and had supervised master's students

(including the third author) in their qualitative research. The third author had 3.5 years of counselling experience in a primary school prior to joining the master's program. She had also completed a Honor's year dissertation during her undergraduate studies.

Procedure

Online counselling training, scheduling, and supervision. Prior to the commencement of the research project, eight TCPs underwent an online counselling training workshop supervised by two counselling psychologists, one of whom was part of the research team. Thereafter, the research team assigned the six TCPs counselling schedules on the iZ Hero portal. Throughout the course of the project, TCPs received supervision from their clinical supervisors and from each other. They could communicate with supervisors via the supervisor communication option of the Live Chat portal or with their peers via the WhatsApp Chat group on their personal smartphones. When the TCPs could not adequately address issues during the online counselling sessions, they encouraged their child clients to attend follow-up sessions online and/or seek help from other available support systems (i.e., family members, school counsellors, and teachers). Throughout the program, the six TCPs engaged in 85 online counselling sessions (62 live chat sessions and 23 email sessions) with children. Where required, they also conducted online discussions/correspondences with parents and teachers of children who were in danger of physical or emotional harm.

Data collection. Semi-structured interviews served as the only data source for the analysis of the online counselling experience. This mode of data collection ensured a level of consistency for the topics discussed for each participant (Birks & Mills, 2011; Corbin & Strauss, 2015) while allowing interviewers the flexibility to seek clarification on pertinent points of discussion during the interview process. The semi-structured interview questions, which were written in the English language, were co-constructed by the first and second authors of this paper, who adapted the questions from that used in their previous publication on novice group counsellor's experiences of face-to-face and online group counselling (Kit et al., 2014), and by consulting the extant literature. Both the first and third authors took turns conducting semi-structured interviews with participants on their online counselling training and online counselling experiences. All interviews were conducted in the English language. In all, the six TCPs participated in 11 hours of pre- and post-online counselling semi-structured interviews. A research assistant then transcribed the audio recordings of these interviews, which the researchers checked.

Data analysis. The two qualitative researchers used Strauss and Corbin's (1998) grounded theory approach to analyze the data. The researchers met weekly during this period. During each meeting in the first stage, they chose one transcript and coded it independently using a line-by-line open coding process. The open codes/themes were key words or phrases that each represented the most basic unit of meaning derived from a specific feature of the interview data (Braun & Clark, 2006; Strauss & Corbin, 1998). After independently coding the transcript, they discussed their codes until they reached a consensus (Hill et al., 2005). In the second analytic stage, they adopted an axial coding process in which conceptually similar open codes across all interview data were organized and grouped under axial codes/categories. The researchers realized that, given the relatively small

number of participants, a requirement of more than 50% representation level would mean losing much of the richness of the obtained information. Hence, they decided to set the cut-off mark at 50% ($n = 3$), and this resulted in the elimination of 355 of the 388 open codes/themes.

At this stage in the analytical process, the researchers realized the four main categories were essentially structures and processes that led to certain outcomes (Strauss & Corbin, 1998). They, therefore, decided that Strauss and Corbin's (1998) axial coding, which had three components-(a) conditions, (b) strategic actions or interactions, and (c) consequences or outcomes, was an appropriate paradigm to use to organize the codes and categories. This was because there were open codes/themes, which described the circumstances that led to the TCPs' preconceived notions and actual experiences of online counselling, and these circumstances fit nicely within Strauss and Corbin's (1998) Contextual Conditions. Similarly, the actions taken by the TCPs to navigate the issues they encountered in the online environment were a good fit for the paradigm's category of Strategic Actions (Strauss & Corbin, 1998). Finally, the TCPs had described outcomes to their actions, and these outcomes were a good match for the Consequences category (Strauss & Corbin, 1998). When linked, the three components described the situations, sequence of events, and outcomes that formed a theory explaining how the central phenomenon of delivering online counselling experiences had occurred.

Trustworthiness and reflexivity. Each researcher coded all the transcripts independently. Thereafter, they compared the codes and categories derived from the analysis and checked these for consistency across all interview data. To increase the trustworthiness of the results, they reviewed each other's findings and discussed the validity of the codes and categories until they achieved a consensus grounded in the data. To ensure that the junior researcher's (third author's) opinions were considered, care was taken to ensure that she gave her feedback and opinions before the more senior researcher spoke. The researchers were not without biases, and, hence, they actively sought to address the issue of researcher bias. In particular, the first author had to be careful to set aside her preferences for and beliefs in online counselling so that she could look at the data with an unmotivated eye (McLeod, 2006). She did so by reading about both the advantages and disadvantages of online counselling. The third author also had to set aside her preconceived notions of counselling with children during the interviewing and data analysis processes. Both researchers found that regular open and honest discussions about their thoughts, feelings, and experiences helped them to reflect upon and set aside any biases that surfaced before, during, and after the completion of the research. In addition, the researchers also invited the six TCPs to review the codes and categories for accuracy.

Results

Strauss and Corbin's (1998) paradigm (*condition, strategic actions/interactions, and consequences*) was used

to link the four categories created by the research team to describe the central phenomenon of TCPs' online counselling experiences. In this instance, the researchers first identified three types of conditions that intersected to create the "situation, issues, and problems" (Strauss & Corbin, 1998) pertaining to the central phenomenon of the TCPs' online counselling experiences. The Contextual condition (*Context*) within which the participants' experiences occurred was the live chat and email counselling portals (Strauss & Corbin, 1998). The *Context* intersected with the *Causal Conditions* and *Intervening Conditions*. The *Causal Conditions* included participants' *Counselling Experiences and Interests* while the *Intervening Conditions* included the participants' *Expectations and Reality*. These three intersecting conditions, in turn, influenced the counsellors' *Strategic Actions/Interactions* in the form of their *Planned and Actual Counselling Actions*. As a *Consequence* of their counselling actions, they engaged in a detailed *Analysis and Reflection* of their experiences. Figure 1 shows how these four categories are connected. In all, 4 categories, 16 themes, and 17 sub-themes were identified and organized.

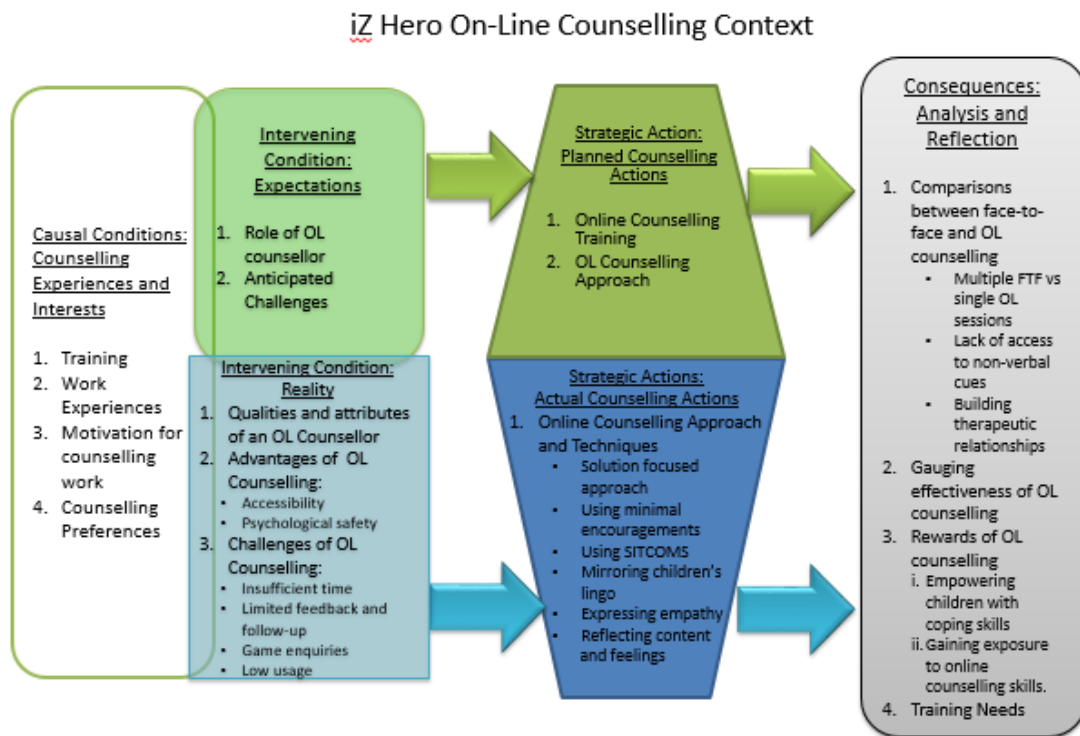


Figure 1. Singaporean Counsellors' Online Counselling Experiences with Children

Causal Conditions: Counselling Experiences and Interests

Before the study commenced, the TCPs possessed pre-existing skills and experiences as well as career goals

in the field of counselling psychology.

Training. Most of the TCPs received prior training that aided in their practice as trainee counselling psychologists. For example, Melanie shared the following:

I did one advanced counselling module in NUS (National University of Singapore), so that kind of started the ball rolling. Then, I went to do the Diploma in School Counselling here in NIE (National Institute of Education) for six months. And then I went, uh...went (on) to become a primary school counsellor, and I had monthly group supervisions.

Work experiences. The TCPs also shared about their past and/or present work experiences, which were primarily in the face-to-face modality with limited exposure to online counselling. Specifically, they described the presenting issues as well as the populations they had worked with prior to the study. For example, Jane shared, "I've been doing counselling for six to seven years now.... So, I worked mainly with addictions, uh, be it adults and adolescents."

Motivation for counselling work. All the TCPs cited a motivation to pursue a career in counselling psychology. For instance, Alex stated the following:

I guess I've always enjoyed working with people. I felt that I could connect with them easily.... I mean, I wasn't sure I wanted it as a career then, but after getting into it, I think it is something that I want to pursue as a career.

Counselling preferences. Prior to the study, most of the TCPs had a sense of the population they hoped to work with in the future as well as the theoretical framework they would adopt to guide their counselling practices. They chose theoretical frameworks and populations they thought fit their personalities and career goals well. For example, Jane shared that she preferred using the narrative approach as "it's also a lot of empowering the client, seeing an alternative story, rather than something that's so clinical and diagnostic." Serene revealed that she preferred to work with the geriatric population as "the population is aging in Singapore. Everyone seems to focus on...helping children. The perception was that the older people kind of got left by the wayside...."

Intervening Conditions

There were two subcategories within the Intervening Conditions. The first comprised the TCPs' expectations of online counselling, their roles, and anticipated challenges and advantages of this modality. The second subcategory included the TCPs' actual online counselling experiences.

Intervening Conditions: Expectations

Role of online counsellor. Most of the TCPs perceived that their role was to address issues about cyber-safety and provide emotional support to young clients online. For example, Melanie explained that her role was to “help the child find effective solutions to these evil forces, to combat these evil forces.... As an iZ counsellor...it is to just be there, to let the person vent out....”

Anticipated challenges. Before the online counselling commenced, the TCPs anticipated that they would experience two possible challenges, namely, the lack of non-verbal cues and its consequence for the therapeutic alliance. They believed that visual cues in face-to-face counselling provided them with additional information about the client's present emotional and/or mental state. For example, Alex shared the following:

If I've seen a client for a long time, I would know how he or she is feeling, from the body language, the non-verbals. Um, the client is going to be more open because trust has been part of that; rapport has been formed. I would be more comfortable with the client.

Hence, they perceived that a lack of non-verbal cues online would compromise their ability to accurately align with the clients' current state online. They also perceived that non-verbal cues would help to convey their thoughts accurately and that a lack of them would compromise effective communication between the online counsellor and the client. Jane explained, “There are a lot of non-verbals that you cannot express in words.” Consequently, the TCPs perceived that the lack of non-verbal cues and physical presence would affect the establishment of a therapeutic alliance online. Alex opined, “I'm not sure if it's going to be as rich and vibrant, I guess, as compared to a relationship, uh, therapeutic relationship in face-to-face counselling.”

Intervening Conditions: Reality

Qualities and attributes of an online counsellor. The majority of the counsellors reported that an effective online counsellor working with children should possess empathy and the ability to express it. For instance, Lina explained as follows:

The ability to empathize is very important (in understanding the child's natural environment)... Um, then only we will be able to help them to feel that they are understood. Okay, to be able to give them the resources available to them. At the same time, be mindful of the limitations that they will have.

Advantages of online counselling. The TCPs also commented on the advantages of delivering counselling in the virtual world - namely, the increased accessibility to counselling services as well as the heightened sense of psychological safety in an online environment.

Accessibility. The TCPs perceived that an online platform eased children's access to counselling as it provided children with multiple ways to access counselling services. Ethan explained as follows:

The thing I like about iZ Hero is it actually creates, like, a few different platforms - like, not only just the

online (live-chat), the email, but there is also the Skype option. Um, and the various mediums... makes it a little bit more accessible for young people who want to come in and talk to someone, by their choice.... So, this is good, especially for people who don't like to talk too much, and they kind of want to just write their issue, have it heard, have it reflected, have it be listened to by someone and probably think about some of the options available....

The online nature of the counselling platforms benefitted the TCPs as well as they were able to rely on other tools (i.e., mobile phones) to deliver online counselling. For instance, Alex stated, "I can just reply anywhere I want if my handphone is with me. Uh, the flexibility of it (was an advantage)." Moreover, the TCPs believed that the accessibility of an online counselling service was especially beneficial for children needing immediate help. For example, Lina explained as follows:

Most of the times, they are referred by their teachers; they are referred by maybe family members or the authority.... If we were to have this (online) platform, and it is open for all, I think maybe we can reach out to more children.... People can access help readily from their own comfort...at their home, or at the place where they feel safe.

Psychological safety. The TCPs believed that anonymity helped to create a psychologically safe environment for children who sought online counselling services. The establishment of a psychologically safe environment was attributed to the fact that anonymity online helped to eradicate the young client's sense of being in the physical presence of an authority figure. For example, Lina explained as follows:

In the face-to-face context..., I can see and sense that, um, there is some reservation-yeah, or maybe they are afraid that there is this adult figure sitting in front of them who could...reprimand them for things that they have said or done wrong.... But, in the online platform, there is little that I can do to them.... (so,) because you don't see them, they feel safe.

Challenges of online counselling. While the TCPs experienced the advantages of online counselling, they faced challenges as well. It was noteworthy that they had initially perceived that the lack of non-verbal cues would pose a challenge in online counselling. However, the four challenges faced in actuality were unrelated to the lack of non-verbal cues online.

Insufficient time. The TCPs perceived that the duration of 30 minutes was insufficient to deliver support effectively in live-chat counselling. As a result, they faced difficulty in prioritizing the use of time to ensure that counselling goals were met at the end of each session. For instance, Serene expressed her concern on occasions when "the kid is trying to tell you more, and you would, like, have to say..., 'our time is kind of running out, uh, and we got to go. Can I email you or...can you come online again on a certain date?'" To that, Serene reported that she felt "a lot more pressured to leave the kid in an okay state." Hence, the time constraints of brief live-chat counselling limited the online counsellors' capacity to process other issues not directly relevant to the presenting issue. Additionally, it led to an abrupt end to the session for some clients.

Limited feedback and follow-up. The TCPs indicated that they would have appreciated feedback from clients about their sessions. However, the live-chat platform limited the accessibility of feedback as the sessions mainly comprised single sessions. Furthermore, it was even harder to obtain feedback about the usefulness of an email counselling session as the clients might not reply to the counsellor's first email response. Ethan captured this experience with his sharing:

...whereas, with the email..., it just comes back with like a "thank you," and that's about it, or sometimes it doesn't even come back with any replies. Um, so I am kind of left stranded wondering whether the person on the other end received the help they needed.

Game enquiries. The online counselling service was situated within the "Ask iZ Master" portion of the iZ Hero Challenge online portal. Hence, children sometimes accessed online counselling to get help for their game playing. As a result, most of the TCPs found themselves dealing with game-related queries. For example, Alex shared that "children tend to ask more of, uh, the stages of the iZ Hero, like the game, in-game stuff, uh, rather than, uh, some of their personal issues." Hence, the TCPs perceived that attending to technical queries about the iZ Hero game conflicted with their counselling role and took time away from clients who genuinely required emotional and/or psychological support.

Low usage. Most of the TCPs had experienced periods when no clients accessed the online counselling service. They attributed the low usage of the service to the incompatible schedules between children and the online counselling service. Hence, they opined that such periods were an unproductive use of their time. Ethan explained as follows:

We set (the service)...six to nine, but some people may not want to come online at six to nine because of dinner time, and they play games only in the later part of the evening. Um, and I think there are also the afternoon slots, but assuming that the children are in school, they may not want to come online too.

Strategic Actions

The TCPs took actions to navigate anticipated and actual counselling challenges. These are described below under their planned and actual counselling actions.

Strategic actions: Planned counselling actions

Online counselling training. The TCPs attended an online counselling training workshop prior to providing online counselling to better equip themselves with online counselling skills. All the TCPs found the training useful as they learned about the iZ Hero game as well as techniques needed to navigate potential challenges of online counselling. For instance, Melanie shared that the training was beneficial as "the use of SITCOMS was really helpful...the part where we could bracket and (type)... 'scratch head' or bracket 'frown'...I thought that was really useful in helping the clients understand where I was coming from."

Online counselling approach. Prior to the commencement of online counselling, the TCPs had ideas of the

types of counselling approaches that they would adopt to navigate the challenges of online counselling. Specifically, most of them believed that a solution-focused approach would be useful given the brevity of the online counselling sessions as they could empower their child clients. Ethan explained as follows:

A solution-focused (approach) doesn't direct them on what they need to (do)...(It directs them to an) ideal outcome, to identify exceptions that they have...I believe in...a very strengths-based approach, because the client(s) may have their own resources or may identify their own resources and how they sort of leverage on that.

Strategic actions: Actual counselling actions

Online counselling approach and techniques. The TCPs employed a plethora of techniques to manage the challenges faced in online counselling. Here are some of the approaches/techniques that they commonly employed:

Solution-focused approach. The TCPs adopted a solution-focused approach as it appeared to be an efficient and effective way of helping children find solutions to their problems, thus empowering them. According to Serene:

We do not provide solutions per se.... We tried to give the child(ren) an idea of what they can do next, like nudge them in a certain direction. I would, um, say..., "Have you tried this?" Um, and "how did it go?"

Using minimal encouragements. Most of the TCPs reported that they used active listening to tease out the meanings behind the client's written words to gain a sense of the themes of the presenting issue. For example, Melanie explained as follows:

Although you don't really listen online..., I felt like I was doing a lot of active listening. It was more like, um, trying to be very sharp.... (For example,) the client is typing "this this this this this," and then I am actively trying to listen to what the client is trying to say.

The TCPs further acknowledged that the technique of active listening was employed differently in the online context. For instance, Ethan shared that, "active listening probably is just using (words such as), "tell me more" and "mmm hmm."

Using SITCOMS. Most of the TCPs used SITCOMS to express non-verbal behaviors to compensate for the loss of non-verbal cues in the online context. For example, Alex explained that, "I had to type out, um, what I think my, uh, physical responses would be...in the form of SITCOMS...like, um, 'I'm waving to you' or 'giving you a handshake,' you know, things like that." SITCOMS were also used to convey empathy. Jane shared that "expressing empathy...(involved the use of) little things like emoticons to just express an emotion and understanding what they are going through." In addition, SITCOMS were used to convey active listening. According to Ethan, "in the online context, uh, I will again have to use the brackets and then sort of say 'I am curious,' 'leaning forward,' 'tell me a little bit.'... So that was how I would sort of express (myself)."

Mirroring children's lingo. The majority of the TCPs mirrored the children's lingo to ensure effective communication between the counsellor and the client. For example, Lina explained that "children speak differently from adults. So..., (the counsellor has to speak) in a way that...is engaging for them...and, uh, do not speak to them like an...authority (figure)."

Expressing empathy. As mentioned earlier, the TCPs perceived that empathy would help the online counsellor understand the child's presenting issue better. Expressing empathy online was thus perceived to have helped the young clients feel understood and less emotionally distressed. Lina explained as follows:

We may perceive (children's problems)...it's a bit too childish.... But then, to them, it is like the only problem that they have..., and they needed my help.... A few of them told me that their parents just tell them to ignore (the problem)..., and which, when I affirm them for, uh, thinking that it's a problem and that (it) should not be the way, um, I could actually see, literally, that they tell me that, yeah, "thank you very much for telling me this."

Reflecting content and feelings. Because of the lack of non-verbal cues, most of the TCPs reflected content and feelings in writing to clarify the client's mood state and to express empathy. For example, Melanie shared, "I did a lot of, uh..., reflection. So, I would say things like, 'that must be painful,' uh, 'if I were you, I would feel sad, what about you?' ... So, that was how I clarified the emotions." Additionally, reflecting content and feelings was perceived to be helpful in establishing a therapeutic alliance. Alex explained that, in online counselling, one should do the following:

...reflect and paraphrase as much as you can.... It is very similar to face-to-face, because it is like building this rapport so that the client understands that, "hey, you know, the counsellor kind of knows what I'm talking about and empathizes."

Consequences: Analysis and Reflection

Prior to the research study, the TCPs had limited exposure to online counselling. Hence, upon completion of the study, they reflected on the lessons learned outside of and during supervision sessions with their field supervisors.

Comparisons between face-to-face counselling and online counselling

Multiple face-to-face versus single online sessions. One key difference between face-to-face and online counselling was the higher possibility of conducting only one session in online counselling as compared to multiple sessions in face-to-face counselling. The TCPs opined that it affected the way they gathered information and conducted the counselling process as they spent less time obtaining historical information and more time working on the specific presenting issues. Alex explained as follows:

I will try to make it really brief...try and address as much as I can, um, instead of leaving it hanging. Yeah, so I do not do things like, um..., asking the child to think about several issues and then get back to me...or giving the child some activity to do and then share the learning points because the child may not come back.

Lack of access to non-verbal cues. Another key difference between face-to-face and online counselling was the online counsellors' inability to access and convey non-verbal cues naturally. Jane explained that, "(in) face-to-face...I do not have to think through so hard about how I express a certain emotion." She elaborated that the TCPs then had to invest additional effort to express their non-verbal responses accurately online, though, like the other TCPs, she did not view it as a significant challenge.

Building therapeutic relationships. Most of the TCPs found that it was important to build therapeutic relationships in both face-to-face and online counselling. For example, Melanie reflected that her counselling goal for either context was to establish an alliance:

It's all about building relationships at the end of the day... When I do face-to-face (counselling), I am out to build a therapeutic relationship, and I found that, when I was doing online counselling, that actually was my own counselling goal...to forge a relationship online.

The counsellors could tell when a therapeutic relationship had been established online when their child clients confided in them. Lina explained, "Yeah, so I could feel that umm the child actually trusts me to tell me the problems that he or she is facing."

Gauging effectiveness of online counselling. Since the TCPs did not usually have the opportunity to obtain direct feedback from their clients regarding the effectiveness of the session, they studied the frequency and quality of the clients' responses to gauge the effectiveness of their sessions. For instance, the TCPs perceived that clients were effectively engaged in the session when their responses were more detailed and had higher word counts or when interaction was mired with higher word count responses (as compared to monosyllable responses) or was more frequent. Melanie explained that, "for those who were not interested, then it is more monosyllable like 'no,' 'yes,' 'don't know' (responses)... But for those who were interested...I thought that they provided me with chunks of information...like paragraph after paragraph. There was a lot of information for me to work with."

Rewards of online counseling

Empowering children with coping skills. Most of the TCPs found the experience worthwhile as they were able to empower children with coping skills to manage the problems they faced in school or at home and when the children were motivated to implement the solutions discussed. Melanie expressed it as follows:

I liked how, um, I was able to empower the child with certain coping skills.... Because children are still learning, and they need to increase their bank of coping skills, and I was happy to be able to contribute to that.”

Gaining exposure to online counselling skills. As mentioned earlier, all of the counsellors had little or no prior exposure to online counselling. Hence, most of them perceived that the study had provided them with exposure to online counselling and allowed them to learn and apply its associated techniques. For example, Serene shared, “I’ve never done online counselling before and worked with kids so, um, having had that experience allows me to have an idea of what it is like working in the medium, its pros and cons.”

Training needs. Upon reflection on their online counselling experience, the counsellors reported that it would have been beneficial if they had received more experiential training in online counselling. Specifically, they would have appreciated further practice to hone their online counselling skills and techniques. Ethan shared that “the hands-on experience was quite good..., but what could probably enhance the training would be to take real-life cases and real-life scenarios that happen in live-chat...”

Discussion

This qualitative study explored in depth the online counselling experiences of six TCPs. Although participants had some years of face-to-face counselling experiences prior to joining the master’s program and had completed 200 hours of supervised practice in the same program, they had limited online counselling experiences. Hence, they began this study with some idea of their roles and responsibilities in this project. They were also able to anticipate some of the challenges of delivering online counselling to their child clients.

Impact of Missing Non-verbal Cues

This study found that lack of access to non-verbal cues in the online environment impacted the counselling sessions and the way counselling was done by the TCPs.

Establishing therapeutic alliances using words. Like opponents of online counselling (Barak et al. 2009; Haberstroh et al., 2007; Haberstroh et al., 2008; King et al., 2006b; Leibert et al., 2006; Mallen et al., 2011; Perle et al., 2011; Richard & Viganó, 2013; Salleh et al., 2013), the TCPs anticipated that the lack of nonverbal cues

would impede the establishment of therapeutic alliances with their child clients. However, they discovered that, as long as they were able to listen actively to what their clients were writing about and use SITCOMS (Murphy et al., 2008; Murphy & Mitchell, 2009), they were able to establish therapeutic alliances with their clients. Their experiences were supported by the results of other studies, which focused on counselling efficacy with adult clients (Barak & Bloch, 2006; Cook & Doyle, 2002; Salleh et al., 2013). It must be noted that prevalence of mobile device usage and social media and chat application participation amongst 9–12-year-old children in Singapore (Lee, 2015; Yang, 2017) meant that such usage was already an integral part of Singapore culture, and children were very comfortable with expressing themselves through such means. This could be one reason why the TCPs reported being able to establish therapeutic alliances with Singapore children using SITCOMS. Research also showed that clients' comfort level with online counselling is an important factor in its success (Page et al., 2000), and, in this study, it appeared that Singapore children were inclined to seek help online if online counselling portals were made available to them. It was also important to note that the majority of TCPs in this study fell within the age group in Singapore with the highest Internet usage, i.e., 25 to 34 years of age (Statista, 2016), and all were comfortable with chat platforms such as WhatsApp, which they used to communicate with each other during the data collection period. Hence, they would also have been comfortable using the Live Chat platform to communicate with their child clients.

Enhanced psychological safety. One advantage afforded by the lack of non-verbal cues in the online counselling environment was the provision of anonymity for child clients. This, in turn, provided them with a heightened sense of psychological safety as they no longer had the sense of being in the physical presence of intimidating authority figures. This finding was supported by previous research showing that both adult and young clients above the age of 12 years were primarily motivated to seek help online because of the emotional safety provided by the anonymous nature of the counselling process (Bambling et al., 2008; Barak et al., 2009; Cook & Doyle, 2002; Dowling & Rickwood, 2014a; Dunn, 2012; Fukkink & Hermanns, 2009a, 2009b; Haberstroh et al., 2007; King et al., 2006a; Leibert et al., 2006; Mallen et al., 2005; Mallen et al., 2011; Perle et al., 2011; Rochlen et al., 2004; Rodda et al., 2013; Suler, 2004; Young, 2005). This anonymity led to the reduction in perceived power difference between adult and child online, as compared to the traditional face-to-face setting, thus facilitating expressions of emotional distress and self-assertion (Bambling et al., 2008). Power differences could be a significant issue in Singapore, where Confucian heritage values had been infused in the education system (Tan & Yates, 2011). Children thus learnt to respect hierarchy, authority, and power (Westwood, 1997) and to defer to authority figures (Shea & Yeh, 2008). The impact of such a cultural value would be more obvious in a face-to-face counselling session between a school counsellor and a child where the former was likely to be perceived as being in a position of authority. Hence, children were therefore likely to feel less intimidated by the counsellor in the online counselling setting, since the counsellor was invisible to them.

Similarly, the anonymity provided by the live chat setting also rendered the child clients invisible to their online counsellors. Invisibility meant that child clients could seek help without bringing shame (or being responsible for losing face) to themselves and their families (Ang & Yeo, 2004). Avoiding shame, which was also known as the loss of face, was an important Asian (particularly Chinese) concept that guided individuals in

collectivistic societies to behave in ways that allowed them to meet essential requirements placed upon them by virtue of the social positions that they occupied (Zane & Mak, 2003). It was also one reason why Singapore adolescents rarely approached their school counsellors for help (Ang & Yeo, 2004). Hence, online counselling without video feeds would conceivably empower children to seek help as it ameliorated the negative impact of children's help-seeking on their families (Ang & Yeo, 2004).

Finally, the Singapore culture of using the digital world for work and play meant that children would inevitably feel safer online, and this could have resulted in some level of desensitization to the dangers of the online world (Yang, 2017).

Inaccurate gauge of counselling efficacy. The lack of non-verbal cues was challenging for the TCPs because they were not able to use the client's body language as a way to obtain feedback on how well their sessions were progressing. They were also unable to gauge the efficacy of their counselling using follow-up sessions - a phenomenon previous studies found was not uncommon in online counselling with young people, who tended to access online counselling only once or twice to obtain immediate support (Dowling & Rickwood, 2014a). It would, therefore, appear that, from the client's perspective, online counselling might serve the purpose of obtaining symptomatic relief rather than working on deep-seated issues. In this instance, the trainee counsellors chose to navigate the challenge of limited feedback from clients by using the quality and frequency of the online clients' responses to gauge the effectiveness of their sessions. The effectiveness of their approach was partially supported by past research that found that the quality of online interactions affected how positive and helped clients felt after sessions, but the frequency of emotional words used as well as the total word count in a session were not related to positive outcomes (Barak & Bloch, 2006). Therefore, the online trainee counsellors in this study adopted an unreliable method of gauging the effectiveness of their sessions.

Impact of Short Online Sessions and Limited Follow-Up Sessions

The challenges faced by the TCPs were largely due to session schedules, which allowed them only 30 minutes per child for live chat counselling, and low client loads in the evenings. They opined that the duration of 30 minutes was insufficient to deliver support effectively in live-chat counselling. Indeed, the literature indicates that counsellors encountered the challenge of insufficient time in online counselling, and those working with adult clients reported that the duration of one hour was insufficient for dealing with all presenting issues or providing a comprehensive intervention (Bambling et al., 2008). Dowling and Rickwood (2014a) noted that the online counsellors were challenged to balance their use of time between conducting an assessment and keeping the client engaged in one session. In the current study, the TCPs adapted to the time constraint by focusing on the presenting issue only and avoided addressing other issues that were not directly relevant to the presenting issue.

In Dowling and Rickwood's (2014a) study, online counsellors acknowledged that the challenge of balancing and prioritizing the use of time made it harder to establish therapeutic alliances online, though it was still possible to do so in a manner that ensured positive therapeutic outcomes. Similarly, in the current study, therapeutic

alliances were effectively established online, and the lack of nonverbal cues and time constraints in online counselling did not pose as significant impediments in this process.

Another challenge for the TCPs was attending to technical enquiries about the iZ Hero game mechanics. This was probably a challenge unique to this study because the counselling portal was located within the iZ Hero Challenge game portal. Nonetheless, it highlights the need for a separate portal for the provision of technical help in such situations.

Counselling Approach and Techniques

The present findings revealed that the TCPs anticipated that a solution-focused approach would bode well within the context of brief online counselling with young clients. During the online counselling sessions, they found it to be a good fit for their child clients because it was brief and goal-oriented and met their child clients' immediate needs. Previous studies also found that goal-oriented interventions such as Cognitive-Behavioral Therapy, Cognitive Analytic Therapy, and Motivational Interviewing were effective in providing support to young clients (Dowling & Rickwood, 2014a), though no mention was made of the use of the solution-focused approach.

The TCPs adapted some face-to-face basic counselling techniques to the online environment. They observed that young clients tended to speak or type differently from adults, and, hence, they mirrored the children's language to ensure effective communication. Their actions were supported by previous research which had recommended the importance of using adolescent clients' language to convey empathy and build rapport with them (Corey, Corey, & Corey, 2014; Kit & Teo, 2012). In addition, they used the technique of minimal encouragement, which involved the use of phrases such as "tell me more" to gain an understanding of the clients' presenting problems. This shows that these basic counselling skills are effective in providing emotional support, empathy, and validation to both children and young clients (Dowling & Rickwood, 2014a). They also conveyed empathy using Murphy and Mitchell's (2009) SITCOMS to express their non-verbal behaviors online and by reflecting their child clients' content and feelings.

Rewarding Experiences

Despite challenges presented by the online counselling environment, the TCPs found their experiences to be rewarding because they were able to empower young clients with coping skills through online counselling, and they gained exposure to online counselling techniques. However, they also opined that they would have benefitted from more experiential online counselling training. Their learning needs were consistent with previous studies, which found experiential training to be helpful in counsellor education (Barlow, 2004; Ivey, Ivey, & Zalaquett, 2014; Kit, Garces-Bacsal & Burgetova, 2015; Pishney, 2010; Rabinowitz, 1997; Ringstrom, 2001).

Limitations of the Qualitative Study

This study had several limitations. Firstly, the present findings reflected the experiences of a small group of counsellors of Chinese descent with an atypical profile. They were atypical because of their pre-master's program counselling experiences, prior and current supervised practice, and high motivation to learn online counselling. This meant that this group of TCPs might not be representative of either trainee counsellors in other master's programs or experienced counsellors in Singapore. Hence, the findings of this study cannot be generalized to all counsellors in and outside of Singapore. Another limitation is that this study was not designed specifically to study the impact of TCPs' cultural beliefs on their counselling actions. As such, it was only possible to deduce the impact of Singapore culture on their actions based on literature findings. Furthermore, the retrospective nature of self-reports may have resulted in distorted or inaccurate memories of feelings and incidents. Another limitation of the current analysis was that clients' experiences were not examined in this paper. Hence, it was not possible to draw any conclusions about the efficacy or quality of the therapeutic alliances from the child clients' perspective.

Implications for Future Practice and Research

The present study has shown that online counselling with children could be one way of delivering services to children in several schools when there is a shortage of counsellors in a school district. This is because online counsellors would be able to fill the service gap by attending to distressed children in multiple schools from a centralized location. However, future studies should also explore the efficacy of such services from the child clients' perspective.

Online counsellors would need to ascertain that online counselling is appropriate and sufficient in meeting the mental health needs of their child clients. As and when online counselling cannot meet the needs of these clients, the onus is on the online counsellors to make appropriate referrals to local external agencies capable of helping children. In addition, they must address ethical concerns regarding confidentiality of online counselling by notifying the clients about the limits of confidentiality, technological limitations, and the procedures to ensure confidentiality and emergency assistance. As with the current study, TCPs must also be able to institute emergency measures to ensure child safety by contacting parents/legal guardians or school authorities when a child is in danger.

Given that online counselling could eventually become an accepted mode of counselling, counsellor educators could consider training student counsellors who have achieved some degree of proficiency in the traditional face-to-face counselling techniques in online counselling techniques. This is because previous studies have recommended that, given the differences between the two modalities, it may be difficult for trainee counsellors with no counselling experience to learn online counselling techniques (Kit et al., 2014; Mallen et al., 2011).

The present findings indicated that TCPs desired more experiential training in online counselling techniques, and this preferred andragogy is recommended for future training courses, which can be conducted online or in classroom settings.

In addition, counsellor educators should acquaint student counsellors with the ethical standards regarding online counselling as the utilisation of the Internet in counselling poses ethical dilemmas for researchers and practitioners. For instance, the American Counselling Association (2005) introduced a comprehensive update to its code of ethics to include online counselling and addressed its concerns regarding ensuring that online interventions are suited to the needs of the clients, ensuring ways of verifying the identities of the clients in online counselling, and obtaining informed consent as well as ways of addressing confidentiality with online clients.

In terms of online counselling challenges, the present study indicated that the time constraints of a single session as well as the high possibility of conducting only one session prevented TCPs from applying the full gamut of counselling processes/stages typical of face-to-face counselling. Hence, future researchers could investigate the optimal online counselling session times for children of different ages. It would also be helpful for future researchers and practitioners to experiment with various ways to encourage child clients to seek follow-up sessions, as Dowling and Rickwood (2014b) found that additional online sessions were related to higher levels of progress and depth, and online clients experienced a greater reduction in psychological distress after each session. This study showed that, when a counselling portal is included on a gaming website, the website needs a separate avenue for gamers to direct their game mechanics queries to.

The present findings also indicated that the time constraints and lack of feedback and/or follow-up sessions influenced the ways in which the TCPs gauged the effectiveness of their sessions. Future studies could investigate alternative ways for online counsellors to identify how effective their online sessions are.

Like every country, Singapore has its own culture, and this would have influenced online counselling processes. Future studies could examine the impact of Singapore culture on online counselling processes with children and other populations.

Conclusion

The present qualitative research explored the experiences of TCPs working online with children in Singapore. This study found that the anonymity provided by the missing non-verbal cues allowed clients to feel psychologically safe and increased their willingness to self-disclose online. Furthermore, this study showed that a solution-focused approach and the use of SITCOMS could be effective for online counselling with children.

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Appendix

Post-Counselling Semi-Structured Interview Questions for Trainee CPs (Online Counsellors)

1. What did you think online counselling would be like?

2. When you first entered the IZ Hero Online Counselling program, what did you think the job entailed?
3. How has your idea of online counselling changed in the course of online counselling?
4. What do you think are the qualities and attributes an online counsellor working with children should have?
5. In what way do you embody these qualities and attributes?
6. What was particularly rewarding about your online counselling experience?
7. What was particularly challenging about your online counselling experience?
8. Was there any particular online counselling episode that was significant for you? Could you tell me more about it and what it meant to you?
9. How are you different as a counsellor/counselling psychologist from when you started this cyber-counselling program?
10. Specific questions about the online counselling process:
 - a. What are the counselling skills that you most frequently used during online counselling?
 - b. Which counselling skills are most effective in the online counselling environment?
 - c. How similar is online counselling to regular face-to-face counselling?
 - d. How different is online counselling from regular face-to-face counselling?
 - e. Did you have to make any adaptations to your usual counselling style to meet the need of online counselling clients?
 - f. What theoretical approach(es) did you use more frequently during online and why?
11. Were certain counselling approaches more effective for certain presenting problems?
12. What are the factors that you think contributed the most to the success of online counselling?
13. What are the factors that you think contributed the most to the failure of online counselling?
14. What age group is easiest to work with online?
15. What was it like to work with parents or adults online? How was it different from working with young children?
16. What were your key takeaways from this experience?
17. What were your expectations of the training program?
18. Were your expectations met?
19. What was particularly helpful about your training experience?
20. What was particularly unhelpful about your training experience?
21. How are you different as a counsellor from when you started this program?
22. Would you recommend that this training format be used in the future? Do you have other recommendations to further improve the program?