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Singapore children's online counselling experiences on a live chat portal

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ABSTRACT

There was no literature on online counselling with Asian primary school children, and the aim of this exploratory qualitative study was to contribute to the literature by providing information on the online Live Chat counselling experiences of 23 primary school children in Singapore. Eight themes and three sub-themes themes in four categories emerged from the data. The children were motivated to seek help for their problems, and they enjoyed good therapeutic alliances with their counsellors, whom they described as trustworthy and supportive of their emotional and practical needs. They found the online counselling experience helpful because they were able to obtain solutions to their problems. The study concluded that online counselling with primary school children had utility in the Singapore context.

Research has pointed to an increase in the prevalence of mental health problems amongst children (3 to 11 years) and adolescents (12 to 18 years) (Duncan, Miller, & Sparks, 2007; Freake, Barley, & Kent, 2007), with 10% to 20% of children and adolescents affected worldwide (World Health Organization, 2017). This rising trend of mental health issues in children and youths pointed to a dire need for early intervention through programmes that equipped youths with life skills and resources to overcome challenges and thereby encourage positive development in youths (Bayer et al., 2009; Clarke, Kuosmanen, & Barry, 2015; Ford, Hamilton, Meltzer, & Goodman, 2008; McGorry, 2005; Zerr & Pina, 2014).

The use of internet-based therapeutic interventions for mental health issues, such as online counselling, has gained popularity in many countries (Barak, Klein, & Proudfoot, 2009; Perle, Leah, & Barry, 2011). As of 2016, youths had access to developmentally appropriate online support service in 104 countries (Child Helpline International, 2017). In affluent countries such as Singapore, as much as 81.3% of the population had access to the internet (Internet World Stats, 2016, August 11), and large numbers of children below the age of 6 years had access to social media platforms (Lee, 2015, August 3). Youth aged 12 years and above, had access to four live chat counselling services (Goy, 2014, September 20). However, children below the age of 12 years had no access to such online counselling. Instead, they were dependent on adult caregivers or teachers to identify their needs and refer them to their teacher counsellors (teachers with para-counselling skills training) or school counsellors diploma- or degree-level counsellors) for help (Yeo, Tan, & Neihart, 2012). School personnel also worked with community counsellors to access help for children's families when required (Low, 2014).

One concern of providing children with access to online counselling portals was the risk of victimisation by online predators, such as paedophiles (Brown, 2017). This concern was also highlighted

by a Dutch study which found that Dutch children and adolescents aged between 8 and 18 years actually accessed an online Live Chat counselling portal or telephone hotlines for help (Fukkink & Hermanns, 2009b). It was therefore not surprising that counsellors wanted online counselling services for youths to be regulated in terms of confidentiality, 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). Kit, Teo, Tan, and Park (2017) also proposed that a tripartite model comprising schools, parents and children was required in order to maintain a safe and accessible online counselling environment for children.

Kit et al. (2017) postulated that another barrier to providing online counselling services to children below the age of 12 years in Singapore might be their stage of cognitive development. This was because most primary (elementary) school children were at Piaget's concrete stage of cognitive of development, and thus needed counselling methods such as play therapy (Buser, as cited in Thompson & Henderson, 2007), explicit examples, learning aids and clear directions (Thompson & Henderson, 2007), which were difficult to reproduce in the online counselling setting. Furthermore, not all children had sufficient command of the written language, familiarity with the technology, and keyboarding skills to participate fully in the online counselling session (Page et al., 2000). Although Kit et al. (2017) acknowledged these concerns, they also posited that the prevalence of mobile device usage and social media and chat application participation amongst 9–12-year-old children in Singapore (Lee, 2015, August 3; Yang, 2017, April 2) meant that such usage was already an integral part of Singapore culture, and children were very comfortable with expressing themselves through such means. Furthermore, Fukkink and Hermanns (2009b) postulated that the slower pace of online chat counselling allowed children to follow the conversations more easily, and its anonymous nature allowed them to express themselves freely without the sense of being judged.

Several preliminary studies examined the characteristics of children and youths (8–18 years old) who sought online counselling. These studies found that youths who sought online counselling typically presented with lower levels of hope than their peers in face-to-face counselling, but had equally high expectations of treatment outcomes (Dowling & Rickwood, 2016). They were more likely to present with mental health problems, suicidality and sexual abuse than youths who sought telephone counselling (King, Bambling, Reid, & Thomas, 2006b). They usually preferred live-chat support because they felt psychologically safer self-disclosing in the anonymity and privacy of the online environment (Fukkink & Hermanns, 2009a; Leibert, Archer, Munson, & York, 2006; King, Bambling, Llyod et al., 2006), as they were protected from any negative counsellor emotions such as boredom (King, Bambling, Llyod et al., 2006), or judgement by online therapists (Cook & Doyle, 2002). They used online counselling to reduce the high levels of psychological distress arising from their inability to solve the problems on their own, and to help with decision making (Dowling & Rickwood, 2016; King, Bickman, Shochet, McDermott, & Bor, 2010).

There were some studies on the efficacy of online counselling with young people. However, these findings were inconsistent and limited to comparisons between online counselling and telephone counselling (Dowling & Rickwood, 2014a; Fukkink & Hermans, 2009b; Fukkink & Hermans, 2009a; King, Bambling, Reid et al., 2006). It was found that single-session online chat counselling with young clients (16 to 25 years old) could be more effective (Dowling & Rickwood, 2014a; Fukkink & Hermans, 2009b), as effective (Fukkink & Hermans, 2009b), or less effective than telephone counselling (King, Bambling, Reid et al., 2006). Adolescent and young adult clients of both online and telephone counselling experienced improved well-being (happiness) and decreased perceived burdens of their presenting problems immediately after their sessions (Dowling & Rickwood, 2014b; Fukkink & Hermanns, 2009a/2009b; King, Bambling, Reid et al., 2006). Clarke et al. (2015) reviewed the literature on online interventions, and concluded that online counselling had positive outcomes.

It must be noted that most of the extant research on online counselling was conducted in USA or Europe. Consequently, there were concerns on the utility of such mental health interventions on Asian populations (Hechanova, Tuliao, & Ang, 2011), as earlier research suggested that Asians

underutilized mental health services in general, and did not perceive online mental health services as appealing as face-to-face ones (Chang & Chang, 2004). Moreover, the extant literature in the West comprised only a handful of studies on online counselling with children aged 12 years old and below. For instance, a systematic search via the Ebscohost database (2016; December 12) with the descriptors "Online counselling or online counseling" and "children" produced 25 articles relevant to online counselling with young clients. However, of the 25 articles, only six studies investigated the experiences of children below the age of 12 years old (Donovan & March, 2014; Fukkink & Hermanns, 2009b; Fukkink & Hermanns, 2009a; Hanley, 2009; Hanley, 2012; Tichon, 2015). Furthermore, research on online counselling with young clients in Asia was lacking, as a systematic search via the Ebscohost and Proquest databases (2018; March 26) with the descriptors "e-counseling", "e-counselling, 'e-therapy', "telepsychology", "web-based counseling", "web-based counselling", "web-based therapy", "internet-based therapy", "internet-based counseling", "internet-based counselling", "cyber counselling" or "cyber counseling", "cyber therapy", and "children" produced eight articles. Of these, there was only one paper on online counsellors' experiences counselling Singapore children from the present study, and two papers on online counselling with children with developmental disabilities or chronic illnesses. For the exception of the published paper from this study (in-text citation hidden for review purposes), all the other five papers were carried out on children (under the age of 12 years) from North America, Europe and Australia. Hence, at the time of this study, literature on online counselling with the young only included preliminary studies on the characteristics of online young clients (typically aged 12 years old and above) from Western countries, as well as their motivations and preferences. The current qualitative study therefore aimed to contribute to the literature by exploring Singapore Asian primary school children's (aged 9–12 years) experiences of online live chat counselling, so as to gain some insight into their motivations for engaging in help seeking behaviours, and the utility of providing online counselling services to this population. By doing so, the researchers hoped to find out if these children were as reluctant as their adult counterparts to engage in online counselling (Chang & Chang, 2004; Hechanova et al., 2011).

Method

A qualitative approach was adopted in order to gain an in-depth understanding into the Asian children's experiences with online counselling, and identify variables for future quantitative studies. This qualitative study was approved by the university's research ethics review board and funded by a university research grant. It was analysed using Strauss and Corbin's (1998) Grounded Theory Method.

Participants

Purposive and convenience sampling was used to identify subjects for this study. A primary school which was competing in the nationwide IZ Hero Challenge – an online game portal designed to teach primary school children about cyber wellness, volunteered for this research project. Through the school's participation in the iZ Hero Challenge, the school teachers were aware of children who were experiencing social-emotional distress from online or real life bullies or other problems. They identified 228 nine to 12 year old children in need of help. The researchers informed parents in writing of the nature of the online counselling intervention, the background of the online counsellors, and the nature of the research. Parents were informed that they could decline their children's access to the online counselling portal. Parents of 47 children chose not to allow their children to access to the online counselling portal. For the remaining 181 children, the school took the additional step of obtaining parents' signed consent for children to stay back after school to attend online counselling sessions. The teachers asked the children to pass the consent form to their parents, and collected the forms back from the children the next day. A total of 33 children (18 males, 15 females) aged between 9 to 12 years old, with an ethnic mix of 17 Chinese, nine Malays, six Indians and

one of another race were given consent by his/her parents to attend online counselling in school after school hours.

Prior to entry into the Live Chat session, the children's assent was collected online. The assent form explained that the child's parents had already agreed to their attending the online counselling session, the limits of confidentiality, the usage of post session interviews and surveys to help other children, and the option to decline participating in interviews and surveys at any point in time. All 33 children who visited the online counselling portal embedded within the iZ Hero Challenge portal were invited to attend the interviews after the online sessions, but only 23 (10 males, 13 females), aged between 9 and 12 years old, agreed to be interviewed.

Online counsellors

Six trainee counsellors provided online counselling as part of their second counselling psychology practicum in the Masters of Arts (Applied Psychology) program. The six trainee counsellors (2 men, 4 women) were of Chinese descent, within the age range of 28 years to 38 years (M = 31.67 years). In order to qualify for admission to the Masters programme, applicants needed to have honours degrees in psychology from world-class universities, excellent command of the English language, and at least 3 years or more of relevant counselling work experiences after completing their Bachelor degrees.

Before the commencement of the study, all six trainee counsellors had no prior online counselling experience but had completed at least 200 hours of counselling psychology practicum and had undergone training in online counselling techniques. During the course of the study, the six trainee counsellors received on-going clinical supervision from Singapore Registered doctoral or masters level Counselling or Clinical Psychologists.

Research team

The research team consisted of four researchers. The first, second and fourth authors were doctoral-level researchers, while the third author was a master's-level student. The first three authors were Singaporeans of Chinese descent while the fourth author was of Korean descent.

Procedure

Programme structure

This study was conducted within the context of the iZ Hero Challenge portal. The iZ Hero Challenge was designed primarily as an online game portal for primary (elementary) school children in Singapore with the aim of providing psychoeducation on cyber wellness matters to children and parents. It was launched to all government primary schools in Singapore in May 2013, with annual nationwide cyber wellness competitions at school and individual levels. Schools were also encouraged to bring their students to the interactive iZ Hero exhibition in the Singapore Science Centre as part of their cyber wellness curriculum. One of the key messages of the iZ Hero Challenge (2015) portal was that children could seek help from trustworthy adults such as parents and teachers. Children in participating schools were therefore given login IDs and passwords to the site, and they were encouraged to play this psychoeducation game online whenever they were free after school or at home.

For the purpose of the study, an "Ask iZ Master" icon was incorporated into the portal's homepage in order for children to access the online counselling service easily after school hours in the afternoon and at night. Although children had access to the online counselling portal at home, most children indicated to their teachers that they preferred to access the online counselling portal during scheduled times in school, since they had limited access to their computers at home. As such, during the study, the online clients were also allocated time slots by their school teachers to meet the online counsellors for live chat counselling in the afternoon after school hours. However, six children requested for a second online counselling session, which was granted by their teachers, subject to children's availability and parents' approval.

During each online counselling session, the children worked with the online counsellors on duty. These online counsellors were located in the university, while the children were in school during the counselling sessions. The online counsellors had access to the children's case notes for follow-up sessions. Following the online counselling sessions, parents were able to obtain feedback from counsellors on their children's progress via tele-conference. Children in danger of harm from online predators were highlighted to parents and teachers. Teachers did not have access to the children's counselling case notes, although they could view the children's progress in the cyberwellness competition.

Procedure

The research team used semi-structured interviews to collect data. This ensured a level of consistency across topics discussed for each participant, while allowing interviewers the flexibility of asking for more information on issues that participants' perceived to be important (Birks & Mills, 2011; Corbin & Strauss, 2015). The list of interview questions may be found in the Appendix of this paper.

Data collection

Research assistants were present in the school during the online counselling sessions. Their role was to assist children in with any technical difficulties with the system, and conduct Face-to-face post-online counselling semi-structured interviews immediately after their online counselling sessions, if the children consented to this. The online format was not selected for the interviews because the researchers wanted to capture the non-verbal expressions of the children. Three research assistants managed to conduct 15 10–15 minute audio-recorded interviews with each of the 23 children, as the children were eager to leave for their next activity.

Data analysis

Approximately 5 hours of data were generated from the data collection phase. Strauss and Corbin's (1998) Grounded Theory method was used to analyse the data. In the first analytic stage, the qualitative researchers met weekly to analyse two transcripts. They used a line by line open coding process to code each transcript independently. Through this process, open codes/themes were created that linked directly to the transcripts. The open codes/themes were key words or phrases that represented the most basic unit of meaning derived from a specific feature of the interview data (Braun & Clarke, 2006; Strauss & Corbin, 1998). The line-by-line open coding process was important as it allowed the researchers to examine the transcript in minute detail in order to identify underlying meanings of the data and then gain a preliminary conceptual understanding of the data (Birks & Mills, 2011; Corbin & Strauss, 2015). After their independent open-coding, they discussed their codes until they reached a consensus (Hill et al., 2005). The researchers used a frequency count by number of participants to analyse the online counselling experience. The researchers decided that at least 50% ($\geq$12) or the majority of the participants would need to have described a code as important, before they could consider it as representative. The choice of cut-off mark was influenced by the Consensual Qualitative Research literature which recommended not reporting in detail those codes representing only 25% to 50% of participants (Hill et al., 2005). This process resulted in the elimination of 47 out of 59 open codes.

In the second analytic stage, the researchers adopted an axial coding process where conceptually similar open codes across all interview data were organised and grouped under an axial code/category. This step was important as it helped the researchers to gain a more abstract level of conceptual understanding of the data (Braun & Clarke, 2006; Birks & Mills, 2011; Corbin & Strauss, 2015). This process resulted in four categories, eight themes and three sub-themes.

In the third analytic stage, the researchers adopted the paradigm as provided in Strauss and Corbin's (1998) axial coding, to further organise the axial codes/categories into three broad components: (a) conditions, (b) strategic actions or interactions, and (c) consequences or outcomes.
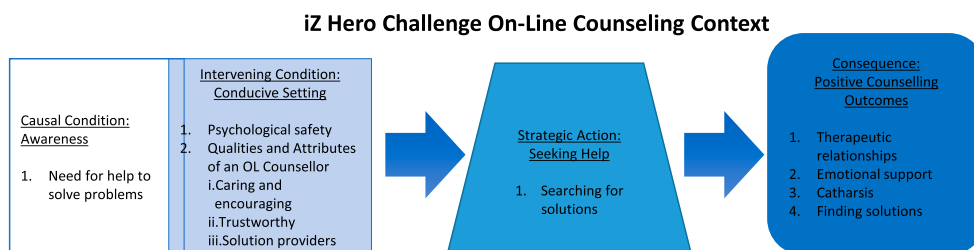
iZ Hero Challenge On-Line Counseling Context

Figure 1. Primary School Children's iZ Hero Online Counselling Experience.

Specifically, categories under the strategic action component were kept in the centre first. This helped the researchers to then identify the conditions in online counselling (i.e. problems or challenges faced in these conditions) that necessitated the use of strategic actions as a response, as well as the consequences that resulted from the strategic actions undertaken. The result, as outlined in Figure 1, was a logical description and explanation into the phenomenon of the child's online counselling experience.

Trustworthiness and reflexivity

The researchers recognised that the power difference between them could result in the junior researcher's views being over-ridden by the senior researchers'. Hence, they made a conscious effort to allow the junior researcher to present her views first during all discussions. In order to address the issue of researcher bias, they also made a commitment to reflect on their own biases, read the literature and openly discussed concerns with each other throughout the data analysis process. This process enabled them to look at the data with unmotivated eyes (McLeod, 2006). All transcripts were first coded independently by each researcher. This process was followed by an open discussing of open-codes, until a consensus grounded in the data was achieved. Thereafter, they compared and checked codes and categories across all interview data for consistency. Since it was not possible to ask the child interviewees to review the accuracy of the codes and categories from the online clients' experiences, the research team decided to ask the three research assistants who conducted the interviews with the young clients, to audit the codes and categories. This use of auditors was recommended by Hill et al.'s (2005) Consensual Qualitative Research method, in order to enhance the credibility and trustworthiness of the findings. The three research assistants, therefore, checked their field notes, and gave verbal and written feedback on the accuracy of the codes and categories.

Findings

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 children's 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, p. 130) pertaining to the central phenomenon of the children's on-line counselling experiences. The Contextual condition (*Context*) within which the participants' experiences occurred was the live chat counselling platform (Strauss & Corbin, 1998). The *Context* intersected with the *Causal Conditions* and *Intervening Conditions*. The *Causal Conditions* included children's *Awareness* of their need for help to solve problems; while the *Intervening Conditions* included the conducive setting of the online counselling portal. These three intersecting conditions, in turn, influenced the children's *Strategic Actions/ Interactions* through *Seeking Help* for their problems. As a *Consequence* of their help seeking behaviours, they were able to experience *Positive Online Counselling Outcomes*. Figure 1 shows how

these four categories are connected. In all, four categories, eight themes and three sub-themes were identified and organised.

Causal conditions: awareness

Need for help to solve problems
Prior to online counselling, most of the children were experiencing interpersonal and/or emotional problems, and with bullying as the most common presenting problem faced by them. For example, client 15 shared that, "someone bullied me … in school. But … then I could not control my anger until I started a fight … "

Intervening conditions: conducive setting

Psychological safety
During the course of online counselling, many children reported that they felt psychologically safe enough to disclose information online, as they believed that confidentiality was assured by the online counsellors. For example, client 9 shared that, "Yes I feel safe because instead of sharing with my friends who might spread it around, I can just talk to online counsellors."

Qualities & attributes of an online counsellor
The children perceived that their online counsellor possessed positive qualities and attributes that facilitated the online counselling process. These qualities and attributes were comforting and helpful to them.

Caring and encouraging. Most of the young clients saw their online counsellors as caring and encouraging and thus felt emotionally supported. For example, client 21 shared that the online counsellor "was very encouraging. She comforted me and she was gentle in a way that I liked."

Trustworthy. The emotional support rendered by the online counsellors led the children to perceive them as trustworthy counsellors. For example, client 23 trusted her online counsellor as, "she gave me courage and support to overcome (deal with) my friends." Client 4 perceived that her online counsellor was trustworthy when she conveyed a sense of empathy online as "she gave good advice and she answered all my questions. It is like she can read my mind." Hence the children felt supported and affirmed by their online counsellors and consequently learned to view them as trustworthy individuals.

Solution providers. Additionally, many children saw their online counsellors as solution providers. For instance, client 13 reported that the online counsellor was one who "helps me to understand how to control my problems and helps me (to understand) how to solve my problems too." Interestingly, some of the children attributed that that their online counsellors were caring, encouraging and trustworthy individuals as they provided solutions to their problems.

Strategic action: seeking help

Searching for solutions
As mentioned earlier, the children approached the iZ Hero Challenge portal with pre-existing problems. Consequently, the analysis of the interview data revealed that the majority of the children sought online counselling for their problems. For instance, client 22 shared that he had initially confided in the online counsellor about his problem, "I was bullied by my brothers and I told my second brother to stop bullying me. However, my first brother is still bullying me now". The interview data also revealed that most of the children believed that seeking help online was the only avenue to

attain solutions to their problems. According to client 20, "if I didn't go to the iZ Hero counselling, I would probably still not know how to handle my problems." Hence, most children were motivated to seek help for their pre-existing problems through online counselling because they felt a sense of psychological safety online as well as a sense that the online counsellor was trustworthy, encouraging and a solution provider.

Consequences: positive online counselling outcomes

Therapeutic relationships
Many children felt comfortable interacting with their online counsellors and did not feel inhibited in disclosing information online. As mentioned earlier, the children believed that confidentiality was assured and that they could trust their online counsellors. As a result, most reported that that they could confide in their online counsellors. For instance, client 15 shared that, "she (the online counsellor) explained everything, and I told her everything that I have troubles and all the things that I like."

Emotional support
The children felt emotionally supported during the sessions. For instance, client 13 felt encouraged and supported when the counsellor, "said that everybody is here to help me even though she was the only one talking to me." As a result, client 13 felt reassured that support would be rendered by trustworthy adults in her life as well as by the online counsellor herself.

Finding solutions
The children were empowered with coping skills to manage their problems. As mentioned earlier, the majority of the children sought online counselling to find solutions to their problems. Hence, they perceived that the sessions were helpful when they discussed and gained these solutions. For example, client 22 shared that he liked the session as, "It was good and very helpful. She (the online counsellor) told me some solutions to my problem."

Emotional relief
Client 18 shared that, "I just talked everything out and then the counsellor helped me to solve all the problems and then I said everything out and I just felt better." Just like client 18, all of the children perceived that they experienced emotional relief during and after the online interactions, as a result of sharing their problems and finding solutions to these problems.

Discussion

The aim of this study was to explore the online live chat counselling experiences of Asian primary (primary) school children (aged 9–12 years) in Singapore. Children who opted for counselling with their parents' consent were aware of their need for help to solve interpersonal problems such as bullying. It was possible that their participation in the iZ Hero Challenge had heightened their sense of self-awareness and encouraged their help seeking behaviours from trustworthy adults, as this was one of the foci of this portal. As such, they were motivated to seek help for their pre-existing problems through online counselling.

Another source of motivation for seeking help through the online counselling portal was the psychological safety that children perceived to be present in the portal. They reported being able to disclose their problems online, as they trusted their online counsellors and perceived that confidentiality was assured. Indeed, the present finding that the children's experienced a psychologically safe online environment was corroborated with past research findings as well (Barak et al., 2009; Cook & Doyle, 2002; Dowling & Rickwood, 2014b; Dunn, 2012; Fukkink & Hermanns, 2009b; Fukkink & Hermanns, 2009a; Haberstroh, Duffey, Evans, Gee & Trepal, 2007; King, Bambling, Llyod et al., 2006; Leibert et al., 2006; Perle et al., 2011; Rodda, Lubman, Dowling & McCann, 2013; Suler, 2004;

Young, 2005). Bambling, King, Reid, and Wegner (2008) postulated that the online environment reduced children's perceived power difference between themselves and the adult counsellor, and this equalization of perceived power facilitated the children's expressions of emotional distress and self-assertion (Bambling et al., 2008). This perception of power equalisation could have been an important factor in the Singapore education context, where children were taught Confucian heritage values such as respect for hierarchy, authority, and power (Westwood, 1997) and to defer to authority figures (Shea & Yeh, 2008). In the traditional face-to-face counselling session, the physically larger-sized adult school counsellor would inevitably embody the authority figure presiding over the physically smaller child (Kit et al., 2017). The physical invisibility of the online live chat, therefore, served to reduce the perceived power differences (Kit et al., 2017).

It is also interesting to note that unlike other studies with older children (King, Bambling, Llyod et al., 2006), anonymity was not a factor contributing to psychological safety of children who agreed to attend the on-line counselling sessions since teachers and counsellors were aware of the children's identities. Instead, children might have felt safer as their teachers were trustworthy adults arranging help for them with online counsellors whom by extension would also be safe for them to work with. Hence, the teachers' and counsellors' embodiment of the attributes of authority and power (Westwood, 1997) could also have made them trustworthy in the eyes of the children.

The children perceived that they had been able to form therapeutic relationships with their online counsellors, whom they felt comfortable interacting with and confiding in. This was consistent with previous studies on the experiences of online counsellors of clients aged 12 years and above who had found that the challenges presented by the online environment, such as a lack of non-verbal cues and time constraints, were not detrimental to the online therapeutic alliance (Dowling & Rickwood, 2014b). In the current study, it was possible that the qualities and attributes of the online counsellors, whom the children described as encouraging, caring and trustworthy individuals, contributed towards the building of online relationships, as the children enjoyed their interactions with their counsellors. This finding supported the findings of another study on young people (above the age of 12 years) which found that young people preferred working with professionals who conveyed kindness, care and empathy, and who were trustworthy and who approached and interacted with them in a respectful and non-judgmental manner (Freake et al., 2007).

The study also found that the children were motivated to find solutions to their problems and perceived that the online sessions were useful when their goals were met. This finding supported the results of a meta-analysis of 54 studies which had found that young persons (aged 12–19 years old) wanted to work with helping professionals who were qualified and competent enough to provide information and advice on coping and problem-solving skills (Freake et al., 2007). With regard to online counselling, Rodda et al. (2013) found that clients saw single-session online counselling sessions as helpful when the online counsellors provided solutions such as advice or information for their problems. Incidentally, the children's perception of counselling paralleled Gibson and Cartwright (2014)'s conceptualisation of the counselling with youths. Gibson and Cartwright (2014) proposed that youths understood the purpose and outcome of their counselling experience in four narrative forms. One of these was the pragmatic narrative where young clients perceived counselling as a way of addressing specific problems in their lives, without having to explore other issues not directly relevant to the specific problem at hand (Gibson & Cartwright, 2014). The present findings indicated that children under the age of 12 years tended to adopt the pragmatic narrative of counselling, particularly in the online counselling context.

It was also interesting to note that the children in this study described their counsellors as having given them solutions to their problems. However, in another qualitative paper resulting from this study, the online counsellors actually explained that while they used a solution-focused approach in the working with the children, they did not actually provide the children with solutions. Instead, they provided some guidance in the form of questions, when the children were stuck (Kit et al., 2017). This apparent discrepancy between the children's and counsellors' description of the latter's

counselling style might be due to the children's understanding of what being given a solution meant, as well as their language use.

Limitations and recommendations for future research

It was possible that when the children were interviewed immediately after they completed their online counselling sessions, they were still feeling emotional relief from sharing their feelings with their counsellors and therefore gave answers that were positively skewed. Their answers might therefore not have been representative of the longer term benefits of online counselling. Future studies may wish to consider interviewing children after each session and supplementing the interviews with surveys. Furthermore, it is also possible that the children gave socially desirable answers to their interviewers. It might be worthwhile for future researchers to consider conducting online interviews through video conferencing or live chat software, rather than face-to-face interviews, as this might enable children to speak more freely. It must also be noted that the children's youth and after school schedules made it difficult for interviewers to conduct longer interviews, and to obtain deep reflections or insights from them. Hence, the depth of the interviews were limited to the children's ability and willingness to express their thoughts and feelings about their experiences. Future studies could consider alternative ways in which to obtain more in-depth reflections from children via both quantitative and qualitative methods. Although anonymity did not appear to be a factor for children who utilised the online counselling service, it was unclear if the lack of anonymity contributed to other children's reluctance to use the service. As such, further research on primary school children's desire for anonymity in online counselling would be helpful.

Implications for practice

In the current study, children attended single session online counselling sessions, which they found to be helpful. However, previous research had shown that online clients experienced a greater reduction in psychological distress when online counsellors managed to progress through more counselling stages and in greater depth through each stage (Dowling and Rickwood, 2014a). Hence, future studies and counsellors could encourage online clients to seek follow-up sessions, especially when sufficient progress and depth is not achieved in the session. With children, such follow-up sessions might need to be facilitated and arranged by schools or the caregivers.

The current findings suggest that online counselling for children could be effective when it is facilitated by schools, as it increases children's awareness of safe sources of counselling support. In addition, school districts which are experiencing a shortage of counsellors may be better able to meet the counselling needs of school children by providing online counselling portals for many schools, manned by counsellors based in one location.

It must be noted that the children in this study asked for help to solve their problems. This help-seeking behaviour might have been facilitated by the teachings of the iZ Hero Challenge portal, which normalised help seeking as an appropriate behaviour. This is contrary to Asian cultural beliefs where help-seeking for emotional issues is not always deemed acceptable, due to *face* concerns (Zane & Ku, 2014), arising from shame and stigma of mental illness (Wynaden et al., 2005; Yoon & Jepsen, 2008). Hence, it is unclear how successful online counselling portals would be in other Asian contexts where help seeking of this nature is not encouraged. Future researchers may wish to investigate this further. Teachers and counsellors might also consider normalising help seeking behaviour as healthy and appropriate behaviour for children.

Conclusion

The present findings indicate that online counselling with children has utility in the Singapore context, as positive therapeutic outcomes could be attained through online counselling with children

in Singapore. Children found their online counselling sessions satisfying as they had good therapeutic alliances with their counsellors. In addition, they also achieved their goals of obtaining emotional relief and solutions to their problems.

Disclosure statement

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Note on contributors

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Dr Yuhyun Park is the founder of the DQ Institute, which is an upgraded version of the iZHero.net online platform. Currently the platform is being used by DQ Coalition including the World Economic Forum and others to empower children with digital citizenship skills in over 50 countries. All authors are from Nanyang Technological University.

References

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

Barak, A., Klein, B., & Proudfoot, J. G. (2009). Defining internet-supported therapeutic interventions. *Annals of Behavioral Medicine*, *38*(1), 4–17.

Bayer, J., Hiscock, J. H., Scalzo, K., Mathers, M., McDonald, M., Morris, A., … Wake, M. (2009). Systematic review of preventive interventions for children's mental health: What would work in Australian contexts? *Australian and New Zealand Journal of Psychiatry*, *43*(8), 695–710.

Birks, M., & Mills, J. (2011). *Grounded theory: A practical guide*. London: Sage.

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

Brown, J. (2017). *Online risk to children: Impact, protection and prevention*. West Sussex: John Wiley & Sons.

Chang, T., & Chang, R. (2004). Counselling and the internet: Asian American and Asian international college students' attitudes toward seeking online professional help. *Journal of College Counselling*, *7*(2), 140–149.

Child Helpline International. (2017). *We listen to the voices of children and young people*. Amsterdam, Netherlands: CHI. Retrieved from https://www.childhelplineinternational.org/wp-content/uploads/2017/11/WeListen.pdf.

Clarke, A. M., Kuosmanen, T., & Barry, M. M. (2015). A systematic review of online youth mental health promotion and prevention interventions. *Journal of Youth and Adolescence*, *44*(1), 90–113.

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

Corbin, J., & Strauss, A. (2015). *Basic of qualitative research: Techniques and procedures for developing grounded theory* (4th ed.). California, LA: Sage.

Donovan, C. L., & March, S. (2014). Online CBT for preschool anxiety disorders: A randomized control trial. *Behaviour Research and Therapy*, 58, 24–35. doi:10.1016/j.brat.2014.05.001.

Dowling, M., & Rickwood, D. (2014a). Investigating individual online synchronous chat counselling processes and treatment outcomes for young people. *Advances in Mental Health*, *12*(3), 216–224.

Dowling, M., & Rickwood, D. (2016). Exploring hope and expectations in the youth mental health online counselling environment. *Computers in Human Behaviour*, 55, 62–68.

Dowling, M. J., & Rickwood, D. J. (2014b). Experiences of counsellors providing online chat counselling to young people. *Australian Journal of Guidance and Counselling*, 24(2), 183–196.

Duncan, B. L., Miller, S. D., & Sparks, J. (2007). Common factors and the uncommon heroism of youth. *Psychotherapy in Australia*, 13(2), 34–43.

Dunn, K. (2012). A qualitative investigation into the online counselling relationship: To meet or not to meet, that is the question. *Counselling and Psychotherapy Research*, 12(4), 316–326.

Ford, T., Hamilton, H., Meltzer, H., & Goodman, R. (2008). Predictors of service use for mental health problems among British school children. *Child and Adolescent Mental Health*, 13(1), 32–40.

Freake, H., Barley, V., & Kent, G. (2007). Adolescents; views of helping professionals: A review of the literature. *Journal of Adolescence*, 30(4), 639–653.

Fukkink, R., & Hermanns, J. (2009a). Counselling children at a helpline: Chatting or calling? *Journal of Community Psychology and Psychiatry*, 50(6), 759–766.

Fukkink, R. G., & Hermanns, J. M. (2009b). Children's experiences with chat support and telephone support. *Journal of Child Psychology*, 37(8), 939–948.

Gibson, K., & Cartwright, C. (2014). Young clients' narratives of the purpose and outcome of counselling. *British Journal of Guidance & Counselling*, 42(5), 511–524.

Goy, P. (2014, September 20). More in Singapore going online for counselling help. *Straits Times*. Retrieved from http://www.straitstimes.com/singapore/health/more-in-singapore-going-online-for-counselling-help.

Haberstroh, S., Duffey, T., Evans, M., Gee, R., & Trepal, H. (2007). The experience of online counselling. *Journal of Mental Health Counselling*, 29(3), 269–282.

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

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

Hanley, T. (2012). Understanding the online therapeutic alliance through the eyes of adolescent service users. *Counselling and Psychotherapy Research*, 12(1), 35–43.

Hechanova, M. R. A., Tuliao, A. P., & Ang, P. H. (2011). If you built it, will they come? Adoption of online counselling among overseas migrant workers. *Media Asia*, 38(1), 32–40.

Hill, C. E., Knox, S., Thompson, B. J., Williams, E. N., Hess, S. A., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counselling Psychology*, 52(2), 196–205.

Internet World Stats: Usage and Population Statistics. (2016, August 11). Singapore Internet Statistics and Telecommunications. Retrieved from http://www.internetworldstats. com/asia/sg.htm.

iZ Hero Challenge. (2015). Retrieved from https://www.izhero.net/#!/landing.

King, R., Bambling, M., Llyod, C., Gomurra, R., Smith, S., Reid, W., & Wegner, K. (2006). Online counselling: The motives and experiences of young people who choose the internet instead of face to face or telephone counselling. *Counselling and Psychotherapy Research*, 6(3), 169–174.

King, R., Bambling, M., Reid, W., & Thomas, I. (2006). Telephone and online counselling for young people: A naturalistic comparison of session outcome, session impact and therapeutic alliance. *Counselling and Psychotherapy Research*, 6(3), 175–181.

King, R., Bickman, L., Shochet, I., McDermott, B., & Bor, B. (2010). Use of the internet for provision of better counselling and psychotherapy services to young people, their families and carers. *Psychotherapy in Australia*,, 17(1), 66–74.

Kit, P. L., Teo, C. T., Tan, M., & Park, Y. (2017). Singaporean counsellors' online counselling experiences with children: An exploratory qualitative study. *Journal of Asia Pacific Counselling*, 7(2), 141–168. doi: 10.18401.2017.7.2.3.

Lee, P. (2015, August 3). Kids in Singapore accessing social media tools "even before P1". *Straits Times*. Retrieved from http://www.straitstimes.com/singapore/kids-in-singapore-accessing-social-media-tools-even-before-p1.

Leibert, T., Archer, J., Munson, J., & York, G. (2006). An exploratory study of client perceptions of internet counselling and the therapeutic alliance. *Journal of Mental Health Counselling*, 28(1), 69–83.

Low, P. K. (2014). Looking in from the outside: Community counsellors' opinions and attitudes to school counselling in Singapore. *Pastoral Care in Education*,, 32(4), 295–305. doi: 10.1080/ 02643944.2014.974663.

McGorry, P. (2005). "Every me and every you": Responding to the hidden challenge of mental illness in Australia. *Australian Psychology*, 13(1), 3–15.

McLeod, J. (2006). *Qualitative research in counselling and psychotherapy*. London: Sage.

Page, B. J., Delmonico, D. L., Walsh, J., L'Amoreaux, N. A., Danninhirsh, C., Thompson, R. S., … Evans, A. D. (2000). Setting up on-line support groups using the palace software. *Journal for Specialists in Group Work*, 25(2), 133–145.

Perle, J. G., Leah, C. L., & Barry, N. (2011). Controversy clarified: An updated review of clinical psychology and tele-health. *Clinical Psychology Review*, 31, 1247–1258.

Rodda, S. N., Lubman, D. I., Dowling, N. A., & McCann, T. V. (2013). Reasons for using web-based counselling among family and friends impacted by problem gambling. *Asian Journal of Gambling Issues and Public Health*, 3, 12. doi:10.1186/2195-3007-3-12

Shea, M., & Yeh, C. J. (2008). Asian American students' cultural values, stigma, and relational self-construal: Correlates of attitudes toward professional help seeking. *Journal of Mental Health Counselling,*, *30*, 157–172.

Strauss, A. L & Corbin, J. (1998) *Basic of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). London, England: Sage.

Suler, J. (2004). The online disinhibition effect. *Cyberpsychology & Behaviour*, *7*(3), 321–326.

Thompson, C. L., & Henderson, D. A. (2007). *Counselling children*. Belmont: Brooks.

Tichon, J.G. (2015). Exploring how children express feelings and emotions in an online support group. *Computers in Human Behaviour*, 53, 469–474. doi:10.1016/j.chb.2015.07.013

Westwood, R. (1997). Harmony and patriarchy: The cultural basis for "paternalistic headship" among the overseas Chinese. *Organization Studies*, *18*(3), 445–480.

World Health Organisation. (2017). *Mental health: Child and adolescent mental health*. Geneva: World Health Organisation. Retrieved from http://www.who.int/mental_health/maternal-child/child_adolescent/en/.

Wynaden, D., Chapman, R., Orb, A., McGowan, S., Zeeman, Z., & Yeak, S. (2005). Factors that influence Asian communities' access to mental health care. *International Journal of Mental Health Nursing*, *14*(2), 88–95.

Yang, C. (2017, April 2). 12-year-olds in Singapore spend 6½ hours daily on electronic devices: Survey. *Straits Times*. Retrieved from http://www.straitstimes.com/singapore/glued-to-screen-for-612-hours-digital-habits-in-singapore.

Yeo, L. S., Tan, S. Y., & Neihart, M. F. (2012). Counselling in Singapore. *Journal of Counselling and Development*, *90*(2), 243–248. 1556-6676.2012.00031.x.

Yoon, E., & Jepsen, D. A. (2008). Expectations of and attitudes toward counselling: A comparison of Asian international and U.S. Graduate students. *International Journal for the Advancement of Counselling,*, *30*(2), 116–127.

Young, K. (2005). An empirical examination of client attitudes towards online counselling. *Cyberpsychology & Behaviour*, *8*(2), 172–177.

Zane, N., & Ku, H. (2014). Effect of ethnic match, gender match, acculturation, cultural identity, and face concern on self-disclosure in counselling for Asian Americans. *Asian American Journal of Psychology*, *5*(1), 66–74.

Zerr, A., & Pina, A. A. (2014). Predictors of initial engagement in child anxiety mental health specialty services. *Child & Youth Care Forum*, *43*(2), 151–164.

Appendix

Post-Online Counselling Semi-Structured Interview Questions for Children

1. How did you know about the IZ Master Na'am's online counselling?
2. What made you decide to Ask IZ Master for help?
3. Was IZ Master's Counsellor helpful?
4. What was it like to talk to your IZ Master's Counsellor?
5. How did you feel during the counselling session?
6. What did your IZ Master's Counsellor do to help you feel this way?
7. What was it like to share your secrets/talk about your problems with your IZ Master's Counsellor?
8. How your relationship with your IZ Master's Counsellor similar or different than your relationship with other adults (i.e. parents, teachers) and why?
9. What did the IZ Master's Counsellor do to help you?
10. What else could your IZ Counsellor do more for you?
11. How were your sessions helpful in solving your problems?
12. Did your IZ Master's Counsellor do anything that was not helpful to you? What were these?
13. Did your IZ Master's Counsellor draw up a plan with you, to help you with your problems? Could you tell us more about what made this plan was helpful or not helpful to you?
14. Did your IZ Master's Counsellor discuss with you the goals of the counselling sessions? How well did the goals work for you?