Kids Help Phone

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Kids Help Phone: Evaluation and Best Practices for Chat Counselling

Kids Help Phone

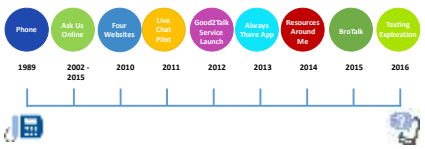
Our Vision: *A future where every young person in Canada will access the support they need, in the way they need it most.*

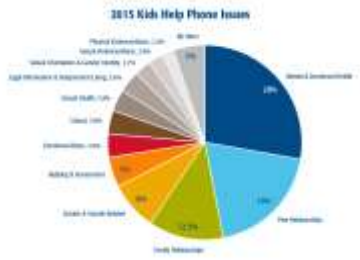
Our Mission: *We are always open, providing a safe and trusted place for young people in any moment of crisis or need.*

Our Five-Year Goal: *To be the most nimble, accessible, effective access point for young people to the support they need.*

Our Commitment to being there for children and youth

Kids Help Phone is committed to meeting young people *where they're at*, which means continually adapting to the communications technologies they use.

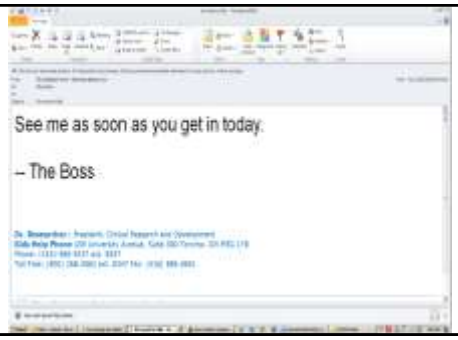




More than 90 full and part-time paid, professional counsellors based in one of three locations (Toronto, Montréal, Vancouver) are led by a team of 14 Counselling Managers who provide oversight to service quality, including the assessment of Counsellors' work on the phone and Live Chat channels against our standards of practice.

All Counsellors participate in professional development sessions, supplemented by access to Clinical Practice Specialists who support individual counsellors in strengthening specific counselling skills. Counsellors also have 24/7 access to a Knowledge Management System with tipsheets and research-based information on over 100 topics related to issues facing young people.

Kids Help Phone's Role in the Mental Health Continuum



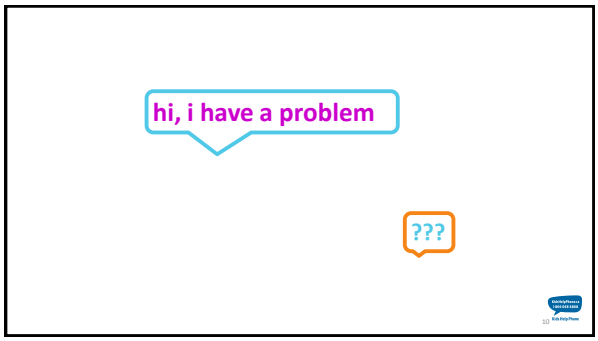
1 in 5 experience a mental health problem

This number increases if sub-clinical experiences are taken into account

Less than 20% will receive appropriate treatment

Young people experience developmental and contextual stressors for which they need support

Preferred channels involve social media – typically a smartphone, on which they can talk or type



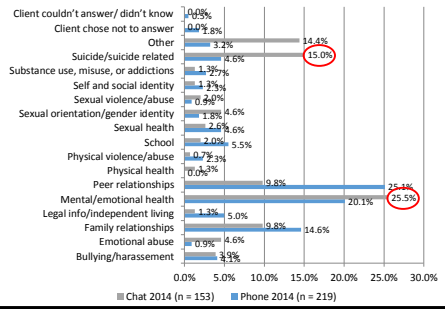
The Demographic Makeup of Young People Who Seek Help Through "Live Chat"

Lesson in Acknowledging our Biases

- 1/3 of "Live Chat" clients identified with a non-dominant ethno-cultural identity
- 43% identified as immigrant or 1st generation
- 36% identified with non-heterosexual orientations

Lessons in What Chatters are Dealing With

- Phone clients conceptualized relationship problems and "Live Chat" clients conceptualized mental health problems
- Objective qualitative analysis showed complex developmental and contextual problems
- YSR showed high incidence of clinically relevant mental health problems

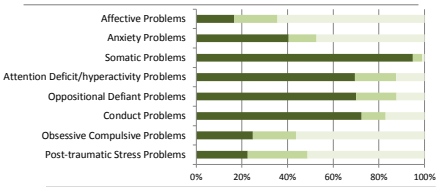


There is still emotional abuse from my mother and step-father but no more sexual or physical abuse since I moved in with my dad.

A few months ago my bf killed himself on my birthday

Je sais pas si je suis en depression… beaucoup de gens autor de mois pense que je suis.. Je pense au suicide constamment. . Ca devient quotidian

Youth Self Report (*n* = 449)



	Post-traumatic Stress Problems	Obsessive Compulsive Problems	Conduct Problems	Oppositional Defiant Problems	Attention Deficit/hyper activity Problems	Somatic Problems	Anxiety Problems	Affective Problems
Normal	22.5%	24.8%	72.5%	70.1%	69.5%	94.9%	40.5%	16.7%
Borderline	26.3%	18.9%	10.5%	17.6%	18.0%	4.0%	12.2%	18.9%
Clinical	51.2%	56.3%	17.0%	12.3%	12.5%	1.1%	47.3%	64.4%

Normal Borderline Clinical

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Chat Transcripts & Collaborative Interactions Scale

- Top and bottom deciles of evaluation scores
- There are both client and counsellor contributions when counselling goes poorly (bottom decile) and when it goes well (top decile)
- Collaborative Interactions Scale (CIS)* – focuses on ruptures and repairs in the therapeutic alliance

**(Colli & Liangiardi, 2009)*

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When Counselling Goes Poorly – Clients' Contributions

Indirect Ruptures
- Self-critical or self-blaming in response to counsellors
- Respond to counsellors in acquiescent manner
- Give short, non-elaborative responses to open-ended questions

Direct Ruptures
- Strongly refused or stated discomfort with counsellors' interventions
- Sarcastic or caustic toward counsellors
- Suddenly terminated chats

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Self-critical or self-blaming in response to counsellors

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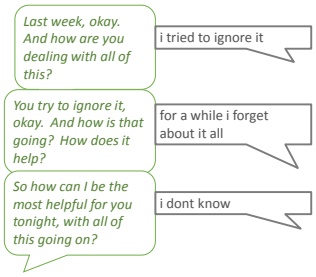
Short, non-elaborative responses to OEQs



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Acquiescent responses to counsellors

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Strong refusal of counsellor intervention

… the best thing is to call 911 so that someone can come and help you…

no

If you give me your information, I can do that for you

I'm just going to go

… you have the right to feel safe and be believed and listened to… by someone who can get to you and help tonight…

can I just talk to you

I'm gonna give you our number 1 800 669 6868 which you can call 24/7… or you can call Children's Aid in Ontario anytime and tell them what is happening… someone who cares will come and help you

I hate the Children's Aid

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Sarcastic/caustic responses & sudden terminations

Ok…so being homeless leads to other consequences do they not?

No duh, I can figure that much out

… in any case, counselling is not about providing advice

Again, that's stupid. Thank you for your time, but you're just further pissing me off

Also If you feel like cutting during the hardest times, you can always call us here at Kids Help Phone so that together we can help you

Thanks anyways

CONVERSATION TERMINATED

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Intellectualization, failure to focus, pressing on topics

I've always wanted tattoos and piercings. Tattoos can wait. They're permanent, piercings are not

but i guess we dont' really have control over our parents other than to be able to influence them through conversations

My mother doesn't listen to anything I have to say if she's against it. To me, that's abusing her parental power over me.

Unfortunately as children we don't have the same rights as adults.

I'm willing to discuss things, but she has to be willing to listen you know?

Our parents are responsible for raising us and instilling us with values

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Missed positive interactions

- **Explaining or redefining the tasks/goals of the session**

Well, we can spend about 45 minutes or so chatting about whatever you like. Is the goal for tonight to figure out how you feel about your boyfriend, or do you want to focus on something else?

That's really a lot of different things you've got going on right now! No wonder you're so upset. What do you think will be the most helpful for us to focus on in this chat?

At first you mentioned wanting to figure out what to do about this problem. But it seems like you have a lot of feelings to work through first. Do you think that's how you'd like to use the rest of our time together tonight?

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When Counselling Goes Well – Communicating Relationship Factors* in "Live Chat"

1. **Warmth**
2. **Empathy**
3. **Trustworthiness**
4. **Genuineness**
5. **Attention/attentiveness**

*Martin, D. J., Garske, J. P. & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 68(3),* 438-450.

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WARMTH

- Anxiety/depression associated with cognitive distortions where neutral and positive statements perceived as negative
- Deliberately communicate warmth
- Judicious use of emoticons
  :) vs ;)
- Empathic sustains/write out vocalizations
  "Ahhh… I see." "Hmmm. I get it."
- Descriptive immediacy*
  [Leaning forward in my chair and nodding my head in agreement]

*(Murphy & Mitchell, 2009)

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EMPATHY

- Deliberately communicated by writing out non-verbals available in F2F and E2E contacts
  "Whew!" "Ahhhh." "Ungh…"
- Emotional bracketing*
  "Wow! [smiling with eyes wide at you]"
- Paraphrasing and checking in
  "You feel super sad because it's so hard to be without him. Do I have that right?"

*(Murphy & Mitchell, 2009)

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TRUSTWORTHINESS

- No time savers – check assumptions
  e.g., Do you really know how other professionals will respond?
- Professionalism
  Use only organization-approved resources/referrals.
  Stay within your competence.
  Optics are important (spelling, punctuation, full sentences, etc…)

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GENUINENESSS

- Allow your personality/style to shine! Write the way you talk.
  "Oh wow. Yeah. Just wow."
- Use the keyboard.
  underline *italicize* **bold**
  s l o w d o w n f o r e m p h a s i s
  What. The. Heck?
  ALL CAPS IS YELLING!
- Avoid jargon and trying to use teen slang.
- Use space holding utterances.
  "Huh." "Hmmmm." "I see." "Riiiiiiight."

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ATTENTIVENESS

- "Listen" for cues as you would in F2F/E2E.
  - Accents = spelling, punctuation, short forms, slang, emoticons, pauses, writing level
- Consider the username.
- Consider other info routinely gleaned by your organization.
- Professionalism
  - Avoid multitasking!
  - If you wouldn't do it in F2F, don't do it in "Live Chat."

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Implications for Chat Counselling Training

- Range of individual factors demands broad cultural competence – respectful inquiry
- Constant practice of checking assumptions due to lack of auditory and visual cues to group membership
- Telepresence techniques (e.g., Mitchell & Murphy, 2009; Fang et al., 2013)
- Self-care and organizational practices to combat burnout/ vicarious trauma due to content on chat

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Implications for Chat Counselling Training

- Training in CBT to respond to cognitive distortions associated with depression and anxiety symptoms
- Spot acquiescence
- Conciliatory statements to prevent sudden disengagement (involves extreme attention to countertransference)
- Focus on transparent and deliberate communication on chat

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Conclusions

- Use of emerging technologies is increasing and youth prefer social media for information and help seeking
- Technology allows youth to access help they may otherwise go without
- Guidance for professional staff to be competent using these media – always a generation behind!
- This research provides guidance to other technology based outreach programs for youth and the international child helpline community

Q & A