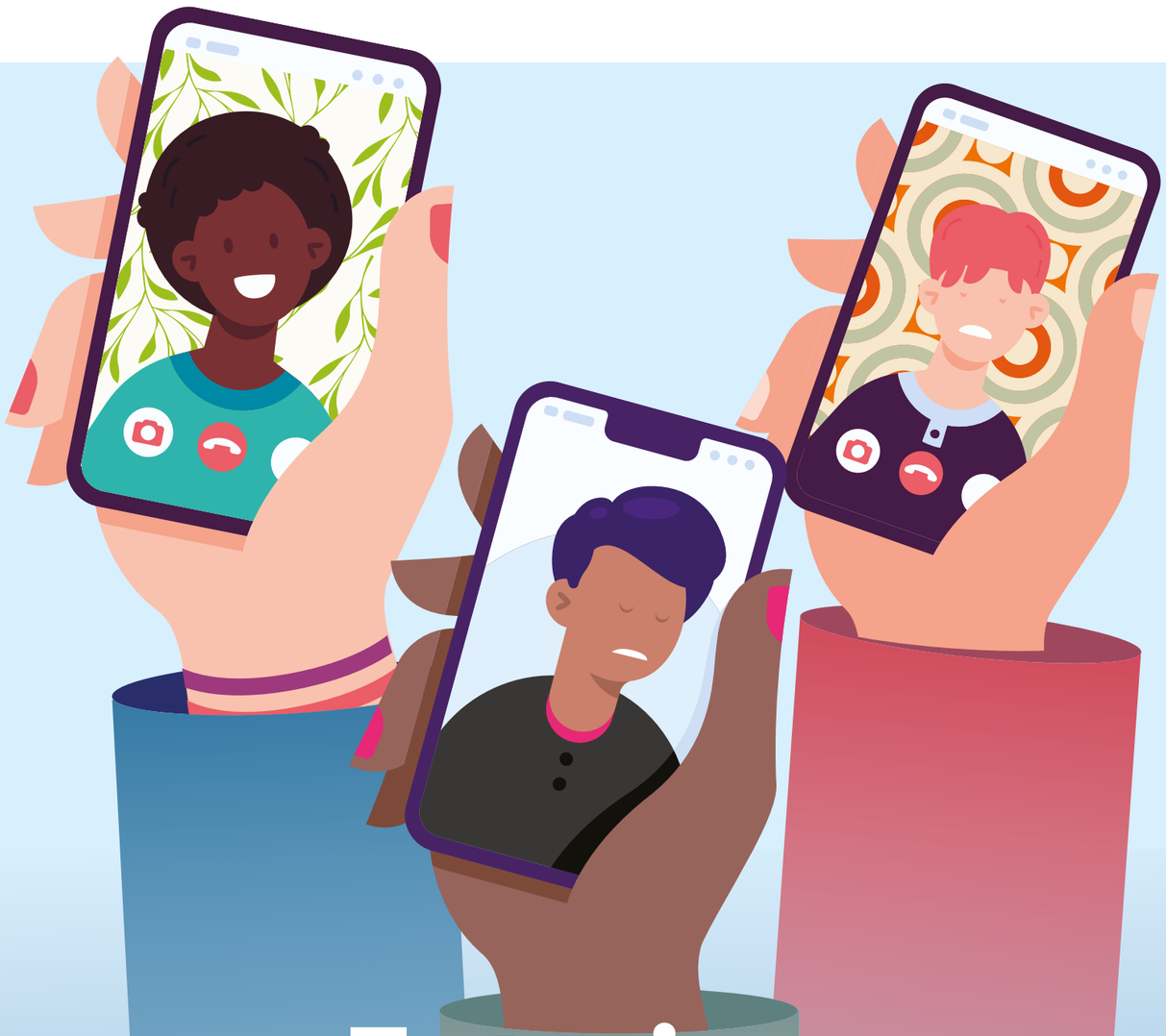


Entering their world

Working online with children and young people brings both joy and challenges, says **Jeanine Connor**

SHUTTERSTOCK

'This is f**king weird,' exclaimed one adolescent lounging on his bed. 'I'm not keen,' grumbled another from the Wi-Fi hotspot halfway up the stairs. As the coronavirus pandemic took hold, I, like lots of other psychotherapists and counsellors, was given a bird's-eye view into the private homes of young people as I shifted my practice online.

I've worked this way before; it's a service that suits some people for a variety of reasons: young people who have moved away to university, people I've never met in person who live overseas, those who are unable or unwilling to leave home for reasons such as illness, anxiety or agoraphobia. These individuals have benefited enormously from choosing to work online. And therein lies the rub; what's happening now is not a choice.

Contemplating the threat

I started thinking in mid-March with supervisees, young people and families about potential contingency planning, as measures were put in place to try to contain the spread of the coronavirus. No one opted out, and the decisions we made to continue in-person sessions were based on honest communication and trust, established over weeks, months or years of working together. I realise now that we were literally trusting each other with our lives.

In most sessions, young people said that they were sick of hearing about coronavirus. Some likened it to 'the new Brexit', and I could see what they meant. Several focused on the positives: the skies of Wuhan were blue again following bans on travel and the closure of factories; in Venice, fish, swans and dolphins had been spotted in the canals. I spoke to young people, using age- and developmentally appropriate language, about how we might need to change the way we worked. None of them were keen to do things differently, and it is to their credit that they valued the therapeutic boundaries highly enough to regard shifting them as alien and unwelcome. But we had no choice.

Adjusting to social distancing

On Friday 20 March, schools and colleges closed their gates to all but a few students, in line with Government instructions. Children and young people expressed their excitement at no more lessons or early mornings. For Years 11 and 13, it meant no more revision, no GCSEs or A-levels. They were delighted. Or at least that's how they said they felt. My sense was that they were bewildered. A large part of my caseload is made up of 15- to 16-year-olds whose entire existence had revolved around working towards their exams. The relief that they expressed at not having to sit them was palpable; they fully acknowledged for the first time the extent of the weight that had been lifted. I'm working with 17- to 18-year-olds too, for whom A-levels have symbolised a gateway to the future.

Now those doors are closed. One young person told me his friends celebrated with an 'end of the f**king world' party, quoting the popular Netflix series with that title. I wondered what alternative routes young people would be forced to navigate towards their futures and what new obstacles they would have to overcome. I was also overwhelmed by a sense of what was lost - end of school performances, shared memories of shared experiences at leavers' assemblies, scribbled messages on shirts and dressing up for proms. August results days will pass unobserved and thousands of young people may be underprepared for the most important transitions of their lives. The classes of 2020 are missing out.

'Sh*t got real,' as one young person said to me on 23 March, when the Government announced stricter social distancing measures and we were told to stay at home. Sh*t got real for counsellors and psychotherapists too, because we had to make tough decisions about if and how to continue working. Some people made an assumption that remote working isn't suitable for children, underestimating both the capacity of young people to adapt, and the competence of children and young people (CYP) therapists to work this way. But the decision to work remotely with children and young people - or not - is complex, and should be made jointly between child, therapist and parent or carer, just as any decision to start or stop therapy should be made collaboratively. BACP's *Ethical Framework* states that 'anyone making significant differences in their practice should give careful consideration to what will be involved and have taken adequate steps to be competent in the new ways of working before offering services to clients'.[1] I encouraged supervisees to consider how to take 'adequate steps to be competent', thinking together about their knowledge and previous experience, technological ability and the potential differences between in-person and remote working. None of us have received formal training in telephone or online counselling because, to my knowledge, it's not included in any BACP or UKCP-accredited CYP training. Hopefully that will change.

> 'Some people made an assumption that remote working isn't suitable for children, underestimating the capacity of young people to adapt'

Managing loss

Some of my caseload, and that of my supervisees, includes children in care. Because they have a social worker and/or an Education and Health Care Plan (EHCP), their carers have the option to send them to school. But everything else has changed - their social workers don't visit and planned contact with their families has been cancelled indefinitely. For some, therapy has stopped indefinitely, too.

One supervisee was informed by the agency he works for that it didn't support remote counselling, either online or by telephone. He wasn't given any prior notice and was therefore denied the opportunity to think about it with the young people he counsels. He felt distraught and told me in our online supervision, 'It goes against so much of what's important in counselling - the relationship, the consistency, planning for breaks and endings...' We were able to process his sense of loss and the memories it evoked of historic losses, premature endings and lack of control. We could only hypothesise about the impact on young people. Children in care, in particular, endure multiple losses which often have a cumulative effect because they have been left unprocessed prior to therapy. ▶

The sudden breach in the therapeutic relationship is potentially devastating. I heard a comparable story from a counsellor who works in a school, where all counselling has ceased. Similarly, some parents who pay for private therapy have taken a decision to stop. It is difficult, in these circumstances, to contain the rage we might understandably feel towards whomever we hold responsible for discontinuing therapy, based on financial or practical considerations rather than therapeutic ones. A study by mental health charity YoungMinds of more than 2,000 young people found that 26% of those previously accessing mental health support were unable to do so due to the closure of schools and cancellation of peer support groups and in-person services that weren't being offered online or over the phone.[2]

We might (internally) accuse the headteacher of devaluing counselling. We might (internally) hate the manager of the residential children's home for severing the therapeutic relationship. We might (internally) feel furious towards the parent who doesn't value therapy highly enough to be flexible. We might (internally) blame the Government for the reduction in our income if we are self-employed. All of these feelings are valid and will ideally be worked through in supervision and personal therapy. BACP's ethical decision-making tool urges us: 'Reflect upon the relational processes that have played out in the situation.'[3] It's been useful for me to consider any parallel processes between my feeling response to decisions that are beyond my control and what might be going on for the young person – a sense of not being valued, heard or respected enough, perhaps. Another important aspect to consider is the risk of relational breakdown, not just with the child but with their parent or carer, school or organisation. How we respond now will have implications for professional and therapeutic relationships when this is over, although it's hard to think of the future just now.

Psychotherapy in lockdown

Despite initial reluctance, most of my young clients who were able to do so continued their sessions remotely, illustrating the value they and their families place on therapy. It's different to meeting in person and, in some cases, it's been challenging, but we're

'The sudden breach in the therapeutic relationship is potentially devastating'

working it out, in the same way we're used to working out new and challenging stuff together. I've opted to work online because it gives my clients the most flexibility. They have choices whether to use audio and/or video, text and images. As much as possible, I've kept online sessions at the same time as their in-person sessions, for continuity. I've included parents and carers in setting up the therapeutic frame in order to ensure a safe, confidential space where sessions won't be seen, overheard or interrupted. Even in the most chaotic households, families have been willing to consider the importance of maintaining boundaries of time and space.

'How we respond now will have implications for professional and therapeutic relationships when this is over'

While absolute security cannot be guaranteed in the digital world, I've taken every possible precaution to ensure safety and integrity and avoid unauthorised intrusion and technological botches. As psychotherapists, we are responsible for protecting online communication by using adequate password protection and data encryption to prevent intrusion and by installing adequate firewalls and virus protection.[4] I've also advised families about how to protect security at their end, by shutting down the application after use, deleting the history and only using private Wi-Fi. As with in-person psychotherapy, I'm confident that I've done all that I can to create and maintain a safe online clinical space, bound by the terms and conditions of a sound therapeutic contract.

In in-person work, my formulations are significantly informed by visual cues: how and where the young person moves and sits in the room and how they relate to the physical space. There's nowhere to hide; there they are in front of me, and I in front of them. Online, there's more control over what's shown/seen or hidden/unseen, which I've found to be symbolic.

I had one session with an adolescent who was up close to the camera, head lowered, wearing a hoodie. He spoke about how hard it was for him to feel validated at home as a black, gay man, socially isolated with homophobic parents. 'We're really close together but worlds apart. It's like they don't even see me,' he said. I hadn't seen much more than the top of his hood for 50 minutes and I commented that I could sense how hard he was finding it to be seen.

Another young person opted to have the video function on but pointed the camera at the floor, so that for 50 minutes all I saw were grey floor tiles. She spoke about the 'vast emptiness of being grounded' and how lonely she felt being away from her friends and boyfriend.

We too have a choice about how much we show to our clients online and where we focus our gaze. Do we sit close to the camera so that only our head and shoulders are in the frame, or sit back, showing more of our physical self? Do we look into the camera, so that it seems to the young person as if we are looking at them, or do we look at the actual image of them on the screen? I think it's important not only to consider our choices and notice theirs but also to name what we see – and don't see – and explore it, as we would with anything else that gets brought into therapy.

As well as noticing the seen/unseen parts, it's important to consider what's said and unsaid too. Some clients present as disinhibited when they connect remotely. A supervisee told me one young client had shared more in their first telephone session than they had in months of in-person work. We hypothesised about why this might be. Perhaps it's easier to disclose without the scrutiny of the counsellor's gaze. Perhaps that's why many young people choose car journeys to share important stuff with their parents, as they sit behind or beside them, out of view, and perhaps it explains the traditional use of the couch in psychoanalysis. For some, it feels freeing to remove the intensity of the other's gaze while at the same time continuing to feel contained and witnessed.

For others, though, working remotely can have the opposite effect of inhibition. One adolescent I'm working with has always spoken openly and honestly in person, while online they presented as quiet and reserved. When I shared this observation, they told me they were worried about who might hear and what they might do with the information. Responses to the YoungMinds survey similarly suggest that some young people have declined remote support due to concerns about privacy.

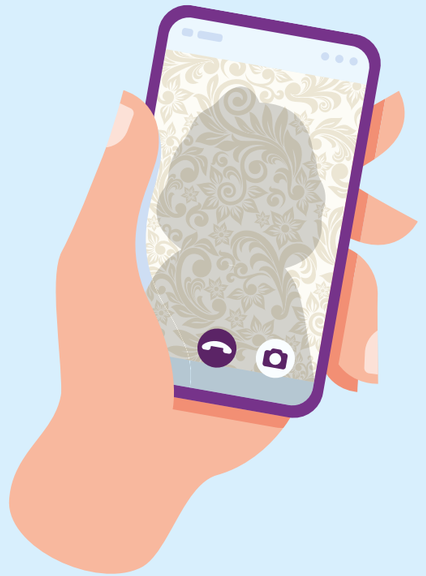
'Self-isolation, social distancing, restrictions and lockdown are startling terms'

Different and the same

As well as attending to the themes and patterns of psychotherapy, it's also been important to address the new vernacular. Self-isolation, social distancing, restrictions and lockdown are startling terms. For children and young people, the terminology can be confusing. They get put in isolation if they misbehave. People worry about them if they become socially distanced. And lockdown sounds like an advanced version of being grounded. Even the meaning of familiar language has changed.

I've heard people comment that the coronavirus crisis has brought out the best and worst in people. It's a bit of a truism. What I've seen is that people have become an exaggerated version of themselves and are living an exaggerated version of their lives. The challenges faced by the gay adolescent who struggled with his sense of self in a family of homophobes pre-coronavirus haven't changed, but they've become amplified. People who previously experienced symptoms of depression or anxiety feel even more overwhelmed. Parents, agencies and headteachers who were ambivalent about funding counselling might feel they've been given a legitimate reason to stop paying. Counsellors and therapists who were always flexible and client-centred, in the broadest sense, are discovering creative ways to work remotely.

As for me, a talking therapist and author, I'm always fascinated by language. When you shrink the therapeutic frame to a computer screen, communication seems to matter more, whether it's spoken or written. With so many enforced restrictions, our words are one of the few things that remain in abundance and within our control. They have never felt so precious. ■



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About the author

Jeanine Connor is a child and adolescent psychotherapist, supervisor and trainer in private practice and editor of *BACP Children Young People and Families*. Her new book, *Reflective Practice in Child and Adolescent Psychotherapy: listening to young people* (Routledge), is out now.