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Exploring hope and expectations in the youth mental health online counselling environment

Mitchell Dowling ^{a, *}, Debra Rickwood ^{a, b}^a University of Canberra, Australia^b Headspace National Youth Mental Health Foundation, Australia

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ABSTRACT

This cross-sectional study explored the hope and expectations of young people accessing an online chat counselling service, as these common therapeutic factors have not yet been investigated in the online environment. Participants included 1033 young people aged 16–25 years, mostly young women, who completed an online questionnaire available through the online mental health service's homepage. Findings showed that online clients had low levels of hope, high treatment outcome expectations, high levels of psychological distress, and low levels of life satisfaction. Hope and expectations were barely associated and about two-thirds of respondents reported low hope but high expectations. Only hope, however, was found to be related to psychological distress and life satisfaction, with higher hope being protective. Expectations, discordance between hope and expectations, and amount of online services received were not associated with psychological distress or life satisfaction. The low levels of hope and high levels of psychological distress, but high expectations, of young people accessing online counselling reveal challenges for this approach.

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1. Introduction

Adolescence and young adulthood are peak periods for the onset of mental health problems, with approximately three-quarter of all lifetime mental health disorders developing by age 24 (Kessler et al., 2005). However, only a small proportion of young people actually access mental health services. According to a national Australian survey, fewer than one-third of the young women and only 13% of young men aged 16–24 years who were experiencing clinically significant symptoms had sought professional help (Slade et al., 2009). There are many barriers to young people seeking mental health help, including lack of access to appropriate services, fear of stigma and negative attitudes to face-to-face mental health care (Rickwood, Deane, & Wilson, 2007).

It has been argued that online chat counselling, characterised by synchronous text-based communication carried out over the Internet with a counsellor or therapist, may be able to overcome some of these barriers to help-seeking (Barak, Klein, & Proudfoot, 2009; King, Bambling, Lloyd, et al., 2006). Online chat counselling

provides an anonymous and potentially emotionally safer environment in which young people may feel freer to disclose their mental health problems (King, Bambling, Lloyd, et al., 2006). It also has the capability to reach a much wider audience, including those who feel uncomfortable seeking face-to-face help, who may not have access to face-to-face services (such as living in a rural or remote community), or can only access help outside of usual office hours (Perle, Langsam, & Nierenberg, 2011).

A small but developing body of research has started to investigate the effectiveness of online counselling via chat (Dowling & Rickwood, 2013) and factors affecting its outcomes, including the therapeutic relationship (Hanley, 2011; King, Bambling, Reid, & Thomas, 2006; Liebert, Archer, & Munson, 2006) and therapeutic techniques (Mallen, Jenkins, Vogel, & Day, 2011; Williams, Bambling, King, & Abbott, 2009). To date, however, the important common factors of hope and expectations have not been explored in an online chat setting. Hope and expectations are widely thought to affect positive psychological change, accounting for approximately 15% of the variance in treatment outcomes (Grencavage & Norcross, 1990; Lambert, 1992; Liebert, 2011; Norcross & Lambert, 2011). While hope and expectations were initially neglected in favour of examining therapeutic techniques and the therapeutic alliance, research has started to explore how hope and expectations

* Corresponding author. University of Canberra, Bruce, ACT, 2601, Australia.

E-mail addresses: mitchell.dowling@canberra.edu.au (M. Dowling), debra.rickwood@canberra.edu.au (D. Rickwood).

can be influenced to improve client outcomes (Feldman & Dreher, 2012; Irving et al., 2004; Snyder, Ilardi, Michael, & Cheavens, 2000; Swift & Derthick, 2013).

The terms 'hope' and 'expectations' are frequently used interchangeably in the literature and, while they may be linked, it has been argued that they should be viewed as distinct factors (Leung, Silvius, Pimlott, Dalziel, & Drummond, 2009). Hope is defined as "the perceived capability to derive pathways to desired goals, and motivate oneself via agency thinking to use those pathways" (Snyder, 2002, p. 249), whereas expectations refers to a client's probability-driven assessment of the likelihood that certain outcomes will result from counselling (Constantino, Arnkoff, Glass, Ametrano, & Smith, 2011). Hope is based on perceived personal agency, while expectations are based on perceived probable outcome.

According to Snyder (2002), the crucial aspects of hope are the process of thinking about and the motivation to move towards one's goals (agency thinking) and planning ways to achieve those goals (pathway thinking). It has been well established that a higher level of pre-treatment hope is correlated with fewer symptoms and greater wellbeing at baseline and throughout treatment (Irving et al., 2004; Waynor, Gao, Dolce, Haytas, & Reilly, 2012), goal attainment (Feldman, Rand, & Kahle-Wroblewski, 2009), and treatment outcomes (Irving et al., 2004; Snyder, 2002). Research exploring hope throughout a therapy intervention reported that agency thinking was associated with positive changes in well-being during the initial stages, while pre-treatment pathway thinking predicted post-treatment well-being (Irving et al., 2004). This suggests that helping clients to develop specific attainable goals may facilitate agency thinking during the initial stages of therapy that may in turn assist pathway thinking, and thus produce more positive treatment outcomes (Feldman & Dreher, 2012; Irving et al., 2004). Given the relationship between hope, goal attainment, and treatment outcomes, it is important to explore its role in the emerging context of therapeutic counselling using the medium of online chat.

Similar to hope, expectations have long been recognised as an influential therapeutic factor, affecting treatment outcomes and early termination. A comprehensive meta-analysis of 8016 participants between 46 independent samples reported a small yet significant positive relationship between outcome expectations and treatment outcomes (Constantino et al., 2011). Furthermore, client expectations have been found to be strong predictors of drop-out rates, accounting for 11–14% of the variance in premature termination (Aubuchon-Endsley & Callahan, 2009). Currently, there is no research exploring the treatment expectations of young online chat clients, although it is generally assumed that they would have expectations of counselling similar to those of face-to-face clients (Richards & Viganó, 2013). Given that the links between expectations, treatment outcomes, and early termination have been established within a face-to-face environment, it is timely that expectations be examined within an online setting, as results from face-to-face research may not apply online.

Leung et al. (2009) have argued that hope and expectations may be difficult to differentiate (e.g., 'I hope and expect to be in good health') in the absence of a specific stressor. However, when a stressor threatens wellbeing, a reappraisal of potential outcomes may ensue. This is likely to be based upon prior knowledge, desirability and probability and causes the person to re-evaluate the probability of counselling helping them to feel better. This may create a divergence between a client's preferred outcome (e.g., 'I hope to feel better') and their subjective probable outcome ('I do not expect counselling to help me'). Incongruent hope and expectations can, therefore, create cognitive dissonance, a feeling of excessive mental stress and discomfort resulting from holding

conflicting beliefs. However, this could also act as a motivator to reduce the inconsistency. Research indicates that cognitive dissonance may produce psychological discomfort and addressing these inconsistencies may reduce it (Galinsky, Stone, & Cooper, 2000).

While previous research has reported a weak correlation between hope and expectations with a clinical face-to-face sample (Dew-Reeves, Athay, & Kelley, 2012), this relationship has not been explored within an online chat counselling environment. Leung et al. (2009) model suggests that hope is the factor most malleable and important to maximise within the therapeutic environment, being moderated by and interacting with variables including goal setting, affect, agency and pathway thinking. There is currently no research addressing the effect of divergent or congruent hope and expectations upon online clients' levels of psychological distress and life satisfaction.

The current study aimed to explore hope and expectations as factors relating to each other and psychological distress and life satisfaction across treatment sessions, which has not been considered by previous research with online counselling clients. Hope and expectations were hypothesised to be associated with each other such that higher levels of hope would be related to more positive expectations of therapy. Nevertheless, some clients were expected to experience dissonance between hope and expectations, and those who were low on both hope and expectations or with incongruent scores were expected to have higher psychological distress and lower life satisfaction than those who had both high levels of hope and positive expectations. Finally, the relationship between amounts of online counselling received and differences in hope, expectations and level of psychological distress were explored.

2. Method

2.1. Participants

Participants were 1033 young people aged between 16 and 25 years who accessed an online youth web-counselling service from February to November, 2013 during various stages of treatment. Participant recruitment was conducted via the service's homepage, with a written advertisement asking "Are you aged 16–25 and would like to participate in a survey about your experiences?" Upon clicking on the link, participants read and agreed to the consent form, and then completed the online survey. All participation was voluntary and self-selecting, although an incentive was included through the opportunity to win a \$50 gift voucher.

Initially, 1407 young people accessed the online questionnaire, but 374 of these did not complete the survey, resulting in a response rate of 73.4%. It is not known how many young people accessed the service during this time period. There were 893 (86.4%) females and 140 (13.6%) males, which is generally consistent with the demographics of other online services showing that about 80% of clients are female (Fukkink & Hermanns, 2009; King, Bambling, Reid, et al., 2006). Ages ranged from 16 to 25 years ($M = 18.05$, $SD = 2.44$), with a large positive skew. The participants came from urban (66.2%), rural (28.0%), and remote (5.8%) locations across Australia.

2.2. Procedure

Prior to the study commencing, ethical approval was obtained from the University of Canberra Committee for Ethics in Human Research. The service studied provides clinically supervised, youth friendly, confidential and free online mental health support and information for young people aged from 12 to 25 years, and offers support relating to psychological, psychosocial, vocational, and

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