COUNSELING AND TECHNOLOGY: DEVELOPING A PARADIGM FOR WORKING WITH YOUNG ADULTS AND TEENS

By: Allison Bonilla, MSW

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Social Work is a field that takes into consideration the interactions between the worker, the client, and all the systems that impact the client. As such our education suggests that we should look at all the systems with which the client interacts if we are to do a thorough assessment. The understanding is that there is complexity to the client and the issues that bring them to the worker or the agencies attention. Solutions if they are to be found must take into consideration all these systems and how they help or hinder the functioning of the individual. This paper proposes that the assessments that social workers are currently doing needs to expand to look also at the role of communications technologies in the lives of the clients. This is especially true for clients within the adolescent, young adult age range. Social networking and use of digital communications technologies is growing fastest among this age group. If we are to serve this population well we must adhere to the basic tenet of Social Work; "be where the client is at".

Beyond using my computer to get on the internet for research and answering my e-mails, I like most people only approached my computer for clerical functions. In 2005 however I was introduced to MySpace, and so began my interest and education about the many other sides of the internet. At first my interest stemmed from the fact that my adolescent children had social networking sites and I began to realize that my lack of knowledge made it hard for me to monitor and protect them. So I plunged in and asked my son to help me set up my own site. I wanted have access to his site so that I could see what he was doing. I didn't realize that he would have to accept me as a "friend" in order for me to have access to his site. This was something he adamantly refused to do, understanding that I would not be in favor of some of the things he had on it. I however was able to get around this, because his site was "public" so I could access it by first accessing his other friends sites. It was a little trick I discovered much to his surprise. My ability to get around on this social networking site aggravated him, but I also think it impressed him, especially when I began to "pimp"[i] my site and edit it.

Aside from being able to monitor him I was also exposed to the virtual lives of other teens. It was at times alarming and at times amazing to see these young people in ways I had not known them before. Children who were in our church youth group, friends of my son, became known to me in a way that was very different from what I saw in real life. As I quietly observed I also observed that some adults were trying to meet these kids where they were, on the net. Some adults approached them with evil intent, trying to entice them into inappropriate relationship, as the media has reported. But some adults were actually trying to reach out to them to encourage them, and minister to their needs through "friending" them. As a social worker this intrigued me.

Beyond social networking, the communication technology options are vast and at times confusing. The one that most of us are familiar with is e-mail. Today e-mail is fast replacing "snail mail" as the written communication vehicle of choice. This medium allows for quick, cost effective dissemination of information to targeted individuals or groups. Many groups use e-mail for mass mailings and to send company memos. E-mail is also used to send personal messages, but the fear of exposure and uncertainty of privacy on the internet has limited this use somewhat. This fear is realized in the fact that "27% of companies monitor their employee's e-mail according to the American Management Association.[ii] Regardless of the technology used, there are many causes for concern, and yet many causes for excitement for those who are not intimidated and want to find out more.

It's said that if you don't know what to do to use the internet just ask a kid. They are very competent with communication technology. In a sense they rule this virtual world and they take their ability to freely navigate it and be an expert in any new apps (applications) as a badge of honor. As an added bonus the apparent confusion of the adults and their seeming lack of competence in this arena only makes it that much more interesting. This world even has its own language. It's a language that the texters are very competent in. Most of us only know LOL, or OMG, or POS but there is a whole dictionary of terms that technology savvy adolescents are fluent in. The reason this is very attractive to adolescents is clear when you look at the

developmental stage they are at. Erickson identifies this stage as Identity vs. Role Confusion, from age 12 – 18, and Intimacy and Solidarity vs. Isolation from ages 18 – 35. This is a time for the adolescent or young adult to break away and define themselves as different from the adults in their lives. This age group is adventurous but needs to be able to move fluidly between childhood and adulthood. Mary Pipher in her 1994 book Reviving Ophelia stated that "*Adolescence is a border between adulthood and childhood, and as such it has a richness and diversity unmatched by any other life stage....Adolescents are travelers, far from home with no native land, neither children nor adults. They are jet-setters who fly from one country to another with amazing speed. Sometimes they are four years old, an hour later they are twenty-five. They don't really fit anywhere. There's a yearning for place, a search for solid ground.*" Many adolescents and young adults believe they have found that place in the virtual world.

If we accept the above as true, then we need to look at the implications for service providers. As we try to meet the needs of this population it is important that we understand this aspect of their lives. We need to examine how their virtual lives, involvement in social networking communities, or time spent texting impacts them, both positively and negatively; and confront our ignorance about how these virtual communities and other communication technologies can best be used in the providing services.

The tenet of social work; that "we start where the client is at" is very apropos. We see this mind set in how the apostle Paul geared his messages to the people and cultures he interacted with. He addressed the culture so that he could connect with them before he introduced them to the message he wanted to preach[iii]. As Social Workers we are also to look for ways in which we could use the culture of our clients to connect with them. If they are very involved with using technology to meet the practical as well as personal needs in their lives, then that is where we need to be also. The term technology is used loosely here to describe many different forms of communication technology, both synchronous; as in live chat, and asynchronous as in e-mails. This term also includes some less known mediums such as forums, online communities, music-sharing sites, twitter and more. As social workers it's important that we become comfortable with the existence of these technologies and develop a degree of competence about what they are, and can bring to the lives of our clients. I am not alone in this belief, recently there have been a number or articles written and published that bear this out.[iv]

Having made a case for this approach I want to go ahead and give some cautions. The world of distance communication does have some flaws. First of all, it is not well mapped out with rules and regulations as yet. NASW has made some strides to provide ethical guidelines for clinicians[v] however this is not exhaustive. I would recommend that clinicians who desire to incorporate some use of technology in the delivery of services to their clients also educate themselves by looking at some other resources.[vi] Several other disciplines have already gone ahead and mapped out some guidelines for the protection of both the service provider and the client. What we as social workers need to remember is that whenever we choose to work with a client through a technological application, even a telephone, we decrease the assurance of confidentiality, not just from our side, but also from theirs. We also are not able to guarantee that the technology will not fail at key points and leave us unable to serve our client. The distance also makes it difficult and in some instances impossible to have access to information that would inform our assessment. Information such as body language, facial queuing, and tone of voice, if we are using a text based medium, will be missing when making our assessment. As you can see there is a lot that can be left out of the communication that may be pertinent to our interventions. All these difficulties can be address, but the clinician first needs to be aware of it before they enter into the virtual world, or into a distance relationship to provide service.

I believe that there are many ways that we as social workers can use technology to assist us in making assessments, clinical interventions, as well as just providing direct services to our clients. The ways I have discovered through research and through experience are outlined below. But I do not believe that my lists are exhaustive. It may be that you or your agency has already begun to implement a way in which you can use technology to provide key services to your clients. The areas that I have looked at are 1) Relationship Building, 2) Needs Assessment, 3) Goal Setting, and 4) Intervention. These categories were adapted from an article that focused on technology with at risk youth[vii].

1. Relationship Building – It is a fact that clients respond better when they feel a connection with their clinician. It is not as much about the theories you use, or the degrees you have. It's more about building rapport and connecting with your client. For faith-based communities this is even more so the case, because the services provided seek to meet not only physical needs but spiritual ones as well. To this end, especially when working with adolescent and young people the clinician needs to understand their world and the things that are important to them in that world. I now make it part of my assessment to find out if the client has an e-mail address, and if they are on any social networking sites. If the answer is yes, I find out how much time they spend on their sites, whether communicating or updating their status or improving it. Usually I will send an e-mail after the first visit with a document attached for them to complete and return at the next visit. Just the simple awareness that I also am comfortable in the virtual world leads to a sense that I will understand that part of their lives. It also cuts down on the amount of paper and ink I use in providing these forms. I also will ask about what role being on the web plays in their life (research, friendship, game playing, sex?) For younger children I also ask about computer games, Wii scores, etc. I spend time being impressed by their levels and scores and asking questions if I am not sure about a certain game or activity. Finding out about this side of your client's life gives them a sense that you understand them in a way that is deeper.

   We cannot ignore that there are many sites that also act as support groups for our clients. They receive support via digital messages, e-mails and chat with members of groups that focus on the problematic issue they are dealing with. A client who is a self professed atheist told me about the time she spend talking to other individual who believe the same way she does. Because of the anonymous nature of the online communities clients tend to be more open. Knowing what sites they may engage in for support or what forums they participate in may clue you into potential dangers as well. There are many young women who visit pro-ana (pro-anorexia), and pro-mia (pro- bulimia) sites and don't see it as problematic. Family members may not be aware of the dangerous advice their child may be receiving. As a clinician we should approach this as just information gathering and then discuss with the client how much of an influence these sites play in their lives. Faith-based organizations also need to recognize that the traditional methods of disseminating information are not as effective in this age where clients have messages sent to their cell phones. Recently a client shared with me that she receives daily tweets from Rev Run[viii]. She was following his tweets as a means of daily inspiration. Faith-based organizations are capable of doing the same thing as a way of staying connected to their members.

2. Needs Assessment – Because there are so many assessment tools online, and insurance companies are aggressively promoting preventive health, many clients make contact with providers as a result of having taken an online test for depression or anxiety. There are many sites that offer these assessments to clients. It is important that clinician be aware of what is out there. For agencies this may be an effective tool to use to promote their services, whether these services are drug and alcohol treatment, or preventing homelessness. We need to look at developing assessment tools that are accessible from the web for our agencies or practices that will help client's identify their need for services, and give them resources to obtain theses services.

   Clinicians need to also be aware that because clients feel competent with the use of computers and the internet in researching and obtaining resources, they will sometimes come for help with a firm belief that they already know their diagnosis. More and more clinicians are faced with clients who come for service already self diagnosed ("My son has ADHD", "My spouse is bipolar", "I took this test and it says that I am depressed", "My wife says I have anger management issues"). When a client firmly believes that they have done the preliminary work of diagnosing the problem, it could be a danger for the therapist to accept their conclusion without doing a closer examination of all the issues and symptoms. As clinicians we need to value our training and respectfully examine the evidence that the client or their family members bring to you regarding the diagnoses. Clients may not want to let go of their diagnosis in favor of one that may be more accurate, so strong is their belief in the information that

they have obtained through their online resources. A clinician who is not intimidated by the online information will be able to respect the client's values while still providing an assessment that may be clinically more helpful.

Even though I support use of technology and do not see it as inherently evil or bad for society, like many things that God created for good, it can also be used for evil by man. I would like to suggest that clinicians learn to ask some specific questions to clients who admit to internet use. In my practice I have seen an increase in marital difficulties as a result of problematic internet use. The issues tend to be around the following

- Pornography
- "pseudo intimacy" – communicating with someone other than your partner about intimate things online
- Emotional distancing and social isolation
- MMORPG addictions (massive multiplayer online role playing game)

We now need to not only gather information about physical, social, spiritual, financial, and even the sexual areas of our client's life; we need to also consider their relationship to the digital world. It's not only whether a person has a cell phone, or uses the internet, it's how those things are used, with what frequency and how are they impacting the real life and the real relationships they engage in. As Rick Warren pointed out in The Purpose Driven Life "Isolation breeds deceitfulness; it is easy to fool ourselves into thinking we are mature if there is no one to challenge us. Real maturity shows up in relationships."[ix] For some the virtual or digital world is very alluring and can be satisfying without the degree of frustration that the real world offers. This can pose problems for couples when one checks out of the relationship and into relationships that are provided through a digital medium. This is only one aspect of how the virtual world can impact our clients. Remember if we do not ask these questions it is unlikely our clients will think to share them. So much of our world and our client's world (especially if they are adolescents or young adults) are dominated by technology, no assessment would be complete without questions that take it into consideration.

3. Goal Setting – A young adolescent girl who was struggling with a weight issue was able to be helped by using a health website to count her calories, and track her activity levels. She derived from this a sense of personal responsibility, where as interacting with family members around the issue had proven to be problematic, she saw using the computer and the website as neutral and liked having this control. She associated the computer with positive feelings, so when the reports at first were not positive she was able to take control and make the adjustments she needed in order to get to the goal she had set for herself. My job was just to give her room to talk about this experience and to support her through praise and encouragement as she sought to reach her goal. As a result she lost weight gradually and felt better about herself. There are other applications that can be used to set practical goals for clients, as social workers we need to know what is out there to present them as tools for our client's use.

4. Intervention – Interventions via distance technology usually take the form of online counseling or phone counseling. Therapist can phone, text, or chat with clients as a means of intervening when clients contact them with problems and issues. This area of technology use is more complex than the former areas. It needs to be approached cautiously because of the confidentiality issue. Also the counselor or service provider needs to be aware that they may be recommending an intervention with out a full awareness of all the issues involved in the situation. The interventions need to account for this gap in information caused by the anonymous nature of connecting online, or at a distance using technology. Another common negative result of interacting online is a phenomenon that Stephen Snow coined as "intimate strangers". [x] The technology acts like a confessional, it allows the client to interact with the service provider and disclose intimate details without being well known to the service provider. This gives them the ability to end the therapeutic relationship without notice. For the clinician or the agency

this can be frustrating, therefore it may be important to get some contact information from any client who wants services of this nature. There are some free applications such as Skype or Tokbox that will allow for video chats. This does take away some of the unknown, however the service provider still would be wise to get some contact information before engaging a client for services using it. The best use of online counseling, in my opinion is as an adjunct to face to face counseling. Established clients are sometimes unable to make a face to face contact, due to vacations, work related trips, or sickness (agoraphobia?). Even though most insurance will not pay for contacts which are not face to face, it is still important to provide support to your client when you can even at a distance. This is no different than a client calling you from out of town for support. A client who was doing well but anticipating some travel and would not be able to come to counseling for a few weeks approached me about her anxiety. She feared that without her weekly visits she may start to slide backwards. She did not feel confident that she had made sufficient progress to be without therapy for the few weeks she would be away. We agreed that she would send me e-mails just letting me know what she was doing. If she had a struggle she was to identify the tools she would use to help herself and write to me about it. I did not commit to writing her back, but said I would discuss her e-mails with her upon her return and if there was an issue that she really needed me to write her back about she should indicate it in her e-mail. She understood that it could be a couple of days before I could respond, and that if there was an emergency she should contact her local hospital to be seen immediately. With this she was able to go with less anxiety. As a result I received only three e-mails from her and did not hear from her again until she came to her appointment three weeks later. She did well and I was able to reinforce with her ability to handle her feelings in appropriate ways using the tools she had learned.

In addition to the above areas of use, I have also had success using technology to send links to clients with articles that I wanted them to read, or forms that I needed them to fill out. With the dwindling moneys that are available today for the not for profits, many agencies are looking for ways to keep up with their level of service. The economic stress is also reflected in an increase in the numbers of people who desire services from these same agencies that have had their funding reduced. Technology is a way to do more with less. Agencies need to see technology as a creative means of meeting the needs of more people without having to increase staff, or expand hours that the agency may need to open. By using e-mail to send out forms, or by having links on your website that answer frequently asked questions, an agency is not requiring that a client be available to come in at specific hours or that staff be on hand to answer the phone to address the clients needs. Notices about changes in programs or announcing new programs can be sent as tweets. Forums can be designed where people can give feedback on issues pertinent to the agency and their clients. Of course with each type of technology used, the agency will have to place safeguards to ensure that the service is not misused.

Agencies can also use technology to do evaluations upon termination of services. This is a good way to be able to assess the long term effects of your interventions. Clients sometimes move around a lot; however their e-mails can remain the same regardless of where they end up. I can see this as a good way for agencies or clinician to keep track of their clients, who are in danger of homelessness. Of course we understand that someone who may be homeless would not have a computer, but most communities provide free internet access to the community through libraries and even some agencies. Educating indigent clients and helping them set up an e-mail for themselves can be in itself a wonderful way of helping them feel again grounded and connected to community, when so much around them is in flux. A not for profit with a computer dedicated to just internet access for e-mail accounts may be of great service to clients, because many libraries will not allow individuals access to their computers without a library card, and to have one you need to have a permanent address, which is an obstacle for the homeless, or individual in transient housing. Many government agencies are also allowing clients to make application online, thereby reducing the amount of people seen in the offices.

Another consideration, especially for non profits, or not for profits; is the need to show what is being done with the moneys that have been provided. A recent article in Social Work Today[xi] pointed out that more and more agencies need to respond to their funding sources with client data and measurement tools that would answer questions about agency accountability and results. Most interventions that use technology leave a trail. You

can actually count the number of e-mails that you have sent, and the number of responses that you received. Using technology makes it easier to respond to the funding sources when they ask about who is being impacted by your services and what the impact has been.

If you are not currently digitally savvy but believe that competency in this area may be beneficial to you and your clients, I challenge you to get online and start to explore. The wonderful thing about the internet is that it is ideal for a self feeder. You don't need to take special classes just to explore and learn. If you do need instruction, find a teenager, or take a class at your local community college. But however you do it get comfortable with technology, it is here to stay.

i http://www.urbandictionary.com/define.php?term=pimping

ii Is Online Counseling Ethical, Stephen Snow June 2001

iii Acts 17:23

iv NASW News 4/2009 New Technology Transforming Profession and NASW News 6/2009

v NASW Code of Ethics 1.07 Privacy and Confidentiality

vi National Board of Certified Counselors code of ethics, International Society for Mental health Online, American Counseling Association, and American Psychological Association.

vii Counseling Using Technology with At-Risk Youth. ERIC Digest.

viii https://twitter.com/RevRunWisdom

ix P.134

x Is Online Counseling Ethical, Stephen Snow June 2001

xi Social Work Today July/august 09