

What Young People Want: A Qualitative Study of Adolescents' Priorities for Engagement Across Psychological Services

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Abstract This article examined commonalities in adolescents' priorities for engagement with psychological support in the context of contemporary youth culture in New Zealand. These were explored across a range of different services including a face-to-face hospital-based mental health service, a face-to-face school-based counseling service, a telephone counseling service and a new form of counseling using mobile phone text. Interviews were conducted with 63 young people aged 13–18 who had used at least one of these services. A thematic analysis identified that there were common priorities for participants across the different services including their need to keep control; not to have their parents involved; to have a relationship with a counselor which was more like a friendship than a professional relationship; to talk freely and be listened to; and to have the service be accessible and flexible enough to fit around their lives. Text and telephone counseling were seen to be particularly appropriate for meeting some of these needs. Professionals working with young people should consider offering a suite of options for psychological support, allowing young people to balance their different needs and priorities and thus facilitate their engagement.

Keywords Adolescence · Psychological services · Counseling · Psychotherapy · E-counseling · Youth culture · Text counseling

Introduction

A major challenge in adolescent mental health is how to facilitate young people's engagement with the psychological services available to them. Research has indicated that adolescents seldom make use of these services and tend to rely more often on informal sources of support (Rickwood et al. 2005). Furthermore, their use of psychological services has been subject to high drop-out rates (Block and Greeno 2011). There may be a variety of explanations for this phenomenon but one contributor might be that services have not always been developed to match well with young people's priorities and concerns (McGorry et al. 2013).

Historically young people have not often been asked about their experiences of psychological services (Duncan et al. 2007). This seems to parallel a broader trend which has eschewed client perspectives due to concerns that they give unreliable feedback about what is effective about counseling and therapy (Elliott and James 1989). This is particularly true in relation to children and young people who have been seen for many years as being unable to offer legitimate feedback on their experience (Prout 2007; Zirkelback and Reese 2010). However, there is an increasing body of research which has drawn attention to the value of client views in general. This literature has moved beyond simply acknowledging characteristics of clients that impact on therapy outcomes to recognizing that clients are active participants in any therapeutic process and that their engagement is central to the success of the intervention (Bohart 2000).

The limited research on young people's priorities has suggested that they might well have strong ideas about what they want from psychological services. There appear to be three main areas of importance for adolescents. Their first concern is for the therapeutic relationship which they

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value, often above other therapeutic ingredients. Young people want a genuine sense of connection with their therapist (Bolton Oetzel and Scherer 2003). They also prefer this relationship to contain a degree of mutuality and for their therapist to be non-judgmental, empathetic and caring (Binder et al. 2011; Overall and Paulson 2002; Hollidge 2013).

A second area of importance for young people appears to be their desire to use counseling to freely express their thoughts and their emotions (Harper et al. 2014; Midgley et al. 2014). For young people, relative to adult clients, this seems to be more important than problem solving or other therapeutic tasks (Dunne et al. 2000).

A final set of concerns for adolescents relate to their need for autonomy and control within the therapeutic encounter. Young people seem particularly conscious of their lack of power in relation to adults including counselors (Gibson and Cartwright 2013; Hanna and Hunt 1999). Their concern is to have an equal relationship over which they are to exercise control (Binder et al. 2011; Bury et al. 2007; Overall and Paulson 2002; Freake et al. 2007). This also manifests in the particular concerns young people seem to have about privacy and confidentiality (Gulliver et al. 2010).

The available studies on young people's experiences have used samples taken only from one particular counseling or psychotherapy service. Freake et al. (2007), however, noted that it may be valuable to look across a range of different services to ascertain whether there are commonalities in what adolescents regard as important. In their review of 54 studies they looked at services that ranged from those in mental health to those addressing more general health issues. To date, however, there is no research which has explored different forms of psychological service to see whether there are commonalities in adolescents' priorities across these and whether there are differences in the extent to which services are perceived to meet their needs.

Researchers have pointed to developmental issues underlying the different priorities that young people have in relation to therapy and counseling (Hollidge 2013). Concerns such as establishing identity and autonomy have been recognized as central in structuring models of therapy appropriate to adolescents (Sauter et al. 2009). Contemporary youth researchers, however, recognize that these developmental tasks are not fixed and are shaped and influenced by the changing contexts in which young people live (Wyn and Harris 2004).

There are some significant contextual issues that need to be taken into account in considering the development of young people in New Zealand and other contemporary Western countries. In these settings adolescents may be subject to contradictory pressures which, on the one hand,

reinforce their individual responsibility and autonomy but on the other, increasingly subject them to surveillance and monitoring of their behavior and psychological experience (Graham 2014; Kelly 2000). Young people may be given the message that they should take control of their lives and have responsibility for their choices but are simultaneously constrained by institutions which are governed by the agendas of adults (Sharland 2006). In this context young people may value opportunities to exercise their agency and experience frustration at their inability to effectively do so (Gibson and Cartwright 2013).

Establishing an identity remains an important concern for adolescents but this is shaped by contemporary culture in which young people are subject to increasing pressures to succeed and make the most of themselves in the face of a less certain future (Furlong and Cartmel 2007). Young people may be more anxious than ever about creating an acceptable identity and experience concerns about being judged for their inability to do this.

Finally, significant changes in the nature of communication through contemporary forms of communication technology may also affect the way that adolescents negotiate this sensitive period of development. New forms of technology may offer greater potential to connect to others. This shapes communication between young people in ways that often exclude adult participation (Green 2003; Ito 2005) and challenges traditional notions of how relationships work (Turkle 2011). New forms of communication technology also enable more fluidity and immediacy in social arrangements and this may also influence the way that young people engage with their social world (Wyn et al. 2005). In the fledgling use of these new communication technologies for therapeutic purposes, they have been found to be attractive to young people insofar as the anonymity reduces anxieties around social judgement and facilitates the more open discussion of sensitive topics (Callahan and Inckle 2012; King et al. 2006). But while access to new communication technology has also brought with it increased opportunities and expectations for young people to reveal themselves, it has also paradoxically, heightened tensions between the desire for self-expression and concerns about privacy (Livingstone 2008).

Furthermore, the context of psychological help has significantly altered in recent decades. In an attempt to better meet the diverse needs of adolescents, a plethora of services has been developed. No longer is help limited to face-to-face counseling or psychotherapy and there is a broad array of options being made available for young people. In the New Zealand context these range from face-to-face counseling and psychotherapy services, telephone counseling services and, in recent years, services enabled by use of the new communication technologies such as internet and mobile phone text counseling services. This

raises questions about the extent to which young people's priorities remain consistent across these different modes of intervention and whether these services are seen by them to have different potential to match these.

If psychological services are to be better adapted to the priorities of young people themselves it is important that we use research to ascertain their views. This may, however, be challenging as traditional research methods often leave researchers to shape the agenda of the research inquiry, unwittingly closing down the voices of young people (Claveirole 2004). This research draws from a project which specifically aimed to explore young people's experiences of a variety of forms of psychological intervention from their own perspective and with minimal intrusion from the researchers. The project was named 'The Mirror Project' from its intention to hold a mirror up to mental health professionals so that they might better see how their practices are understood by the young people they work with. In the course of conducting open-ended explorations of young people's experiences with psychological services we became aware that participants were implicitly voicing those aspects of the process which they felt to be important for their engagement and those that made it more difficult for them to do this. In this paper we explore common priorities and concerns that emerged through interviews with young people who had used a range of modes and sites of counseling including a hospital-based mental health service for adolescents and children (MHS), school counseling services (SCS) and telephone and mobile phone text counseling delivered by a Non-Governmental Organization (NGO). In addition to examining potential commonalities in adolescents' priorities across the services we also explored whether they saw differences in the ability of the different services to meet these.

Method

Participants

In New Zealand, government funded mental health services are offered through local hospitals and are intended to meet the needs of young people with more serious mental health problems. Parents are involved in the referral and are usually expected to attend the initial assessment sessions. School counseling is offered by those schools which can afford it. These are located on-site and students can make an appointment with the counselors directly themselves. Both the telephone and text counseling services were provided by the same national youth NGO and are intended to offer community-based support to young people. Telephone counseling is a well-established mode of counseling

(Reese et al. 2002) but mobile phone text counseling is a more recent service development (Gibson and Cartwright 2014).

Sixty-three young people who had experienced at least one of a range of psychological services were recruited to take part in the study. They were recruited from a MHS (11), from two SCSs (22) and a telephone counseling (9) and text counseling service (21). Participants ranged in age from 13 to 18 with an average age of 16. There were 44 young women and 18 young men in the sample with one preferring to be described as 'gender fluid'. The gender imbalance in the sample may reflect the greater tendency for women to seek help for psychological distress (Rickwood and Braithwaite 1994) (see Table 1 for summary of participants).

The different settings required different methods of recruitment. Those from the MHS were given information about the research by their therapists at the end of their therapy or learned about the study from posters in the waiting room. Text and telephone counseling participants received information about the study via a text from the NGO responsible for the service and may also have learned about it from information on the NGO website. All those who had used one of the SCSs in the previous 18 months received a letter from their counselor informing them of the study. Potential participants were asked to contact the researchers directly if they wanted to take part in the study and their counselors and therapists were not aware of who had participated. Our intention had been to recruit only those who had finished an episode of counseling or therapy within the previous 18 months, but it turned out that participants seemed to have a more flexible relationship with psychological services than we had anticipated and many of them considered that they were still engaged in with the service, even if they had stopped for a while. The duration since their last engagement with a service varied from the day before the interview to just under 18 months previously.

There was a wide range in the type and duration of therapy offered. In the MHS participants reported therapy lasting between 3 months and 3 years, involving a mixture of family and individual therapy approaches. In the SCS the duration was reported as ranging from a few sessions to extending over several years. This was largely with the young person alone. Participants using these services ranged from those who had used them once (4) and those who described themselves as 'regular' users.

Although we had intended the participants to talk about a specific psychological service we found that there were very few participants who had not experienced more than one kind and they frequently included references to, and comparisons between, the different services they had used.

Table 1 Participant information

Setting	Delivery mode	Men	Women	Fluid	Total
Mental health service	Face-to-face counseling	5	6		11
School counseling service	Face-to-face counseling	7	15		22
NGO service	Text counseling	4	16	1	21
NGO service	Telephone counseling	8	1		9
Total participants		17	45	1	63

In accordance with New Zealand law, consent was sought from parents for young people under the age of 16 and others were able to provide their own written consent. Given the significance of confidentiality for participants the researchers were alert to the importance of this throughout and to the sensitivity of the subject matter. The study was approved by the University of Auckland Human Participants Ethics Committee.

Procedure

All participants were interviewed using an in-depth narrative-style open ended interview that asked them to tell the story of their experience with the psychological service in their own words (Riessman 2008). If they struggled to begin they were asked to talk about the ‘the first time they had used [a particular] service...’ The interviewer used prompts to facilitate further elaboration or to develop the account but tried not to introduce new directions into the young person’s account. This was designed to develop a participant-led account of their engagement within which young people felt able to elaborate freely about the aspects of the psychological service that were important to them. Most interviews were conducted face-to-face with the interviewer (45 participants) while the remainder were conducted via telephone or Skype call at the participants’ request. Interviews took between 30 and 105 min with most taking about 45 min. The interviews for text and school counseling participants were conducted by the first author while the mental health service and telephone counseling/interviews were conducted by two other authors under team supervision.

Data Analyses

Data was initially fully transcribed for analysis and the researchers immersed themselves in reading and re-reading the data. For this we used Braun and Clarke’s (2006) approach to thematic analysis underpinned by an interpretive epistemological stance (Morrow 2005). This approach notes the importance of coming to the data with a clear research question and identifying elements from the data that address this. In this case our research question was: ‘What aspects were priorities (or concerns) for

participants in their engagement with psychological services?’ The data relating to each service was originally coded separately either by the first author or another member of the research team working under the first author’s guidance. The first author then trawled through the codes identified in each of separate data sets, developing these into themes that reflected common areas of priority for participants across the different services. Consistent with guidelines for qualitative research, we used the conventions of ‘many’ ‘several’ and ‘few’ to give an indication of the extent to which a theme was present across participant interviews without suggesting that these might be statistically generalizable. We also noted where there were views that contradicted or challenged any particular theme.

The interpretive framework within which the research was conducted recognizes layers of interpretation within which both the participants and researcher’s meaning making is reflected (Yanow 2006). However, we were particularly concerned that our views as researchers would not supersede those of our participants and were alert to this in the process of analysis. The ‘trustworthiness’ of the research was achieved by carefully reviewing the codes and themes between members of the research group to achieve some consensus on the extent to which they provided an honest reflection of the data, were reasonably coherent and conveyed meaningfully different ideas (Morrow 2005). Differences in opinion on these areas were resolved through collective discussion in a manner similar to that described by Hill and her colleagues (Hill et al. 2005).

Results

Keeping Control

Many participants prioritized their ability to retain control over their choice to engage in with the psychological service and in the pace by which their engagement progressed. They also wanted to direct the focus of intervention and were concerned that professionals should not try and tell them what to do or think:

I sort of didn’t want to go into counseling and hear something that I don’t want to hear... It was helpful

when they would sit down with me and say you get to choose the direction in your life. (SCS Participant)

The notion of ‘choice’ was emphasized through many of the interviews and having this was often depicted as a precondition for engaging in counseling.

In general those who had used the MHS had been referred with their parents’ involvement and had had less control over their choice to engage than in other services. Even there, however, participants found more subtle ways to exercise control over their participation:

I guess it was a choice if I would say anything or not. I just wasn’t really in the mood to talk at all sort of thing, because being the fact that I didn’t want to be there in the first place. (MHS Participant)

Those who had used the text and telephone counseling highlighted the way these services allowed them to exercise their control and retain their autonomy perhaps more than other services. They especially appreciated the way that they were able to initiate contact and choose when to end it. One participant, for example articulated her freedom to stop the contact when she did not like what her counselor was saying: “I’m like I’m not listening to this and yeah then I hang up.”

On the whole, it seemed that participants valued control equally across the settings but felt more able to enact this in modes which did not involve face-to-face contact with counselors.

No Parents Involved

Participants generally emphasized the importance of privacy and most often seemed concerned about this in relation to their parents. It seemed to be a fundamental concern for many of the young people in this study that their parents did not know what they had spoken about in counseling and, in many cases, that parents did not know that they had used a counseling service at all. Participants gave a variety of reasons for this including that their problems related to their parents, they involved behavior they felt their parents would disapprove of, they were concerned about ‘worrying’ their parents or simply felt uncomfortable with their parents knowing ‘personal stuff’ about them. Where expectations about this were breached this was often regarded as an unforgivable breach of trust in the therapeutic relationship. Although confidentiality in counseling would normally only be breached when there were safety issues at stake, some participants described fearing that their parents would somehow find out about what they had said in counseling. One participant described her disillusionment with counseling after she had agreed to her counselor’s request to invite her mother into a session:

[The counselor] shared things with my mum that were personal to me and that I thought would be kept sort of private and confidential and I just didn’t like that. (SCS Participant)

In the MHS the standard processes required that parents were always involved at some point in the therapy process. Most participants said they found this deeply uncomfortable:

I wasn’t keen on having that meeting that day because I don’t want to be there and because my parents were there and I was kind of put off... So it got kind of hard during that first session because I didn’t say anything... I wouldn’t say anything. I’d just sit there and listen to them and only give half of what needs to be said with one word answers. (MHS Participant)

Only a very small number of participants from the mental health service said they had found sessions involving their family useful.

School counseling seemed to allow a greater degree of privacy but a few participants still expressed concern that they might be pressured to involve their parents in some way. Most of the participants using the text and telephone counseling service emphasized that they had chosen to use this mode of counseling specifically because it allowed them to make contact with a counselor without their parents’ knowledge. Text was particularly valued because participants could use it silently at home without their parents’ awareness: “I felt text was a more secretive and a more protected way of talking to someone” (Text Counseling Participant).

With most participants valuing the opportunity to have counseling without their parents’ involvement, services such as text, telephone and school counseling which allowed this seemed to provide an easier route to initial engagement.

More Like a Friendship

Almost all participants spoke about the importance of having a good relationship with their counselor. They seemed particularly to value aspects of the relationship that positioned their counselor as a friend rather than as a professional and emphasized the importance they attributed to the ‘genuineness’ of this relationship:

She treats me like a friend as well which that’s not part of her job. They don’t need to treat you like a friend but she does. She asks about my life and how I’m doing, not just about my problems. When she

asks me about my life I know she's genuinely asking me because she's interested. (SCS Participant)

In contrast, participants referred dismissively to mental health professionals who appeared to be “just doing their job.” They also spoke less favorably about any sign of hierarchy in the relationship. A few participants spoke of appreciating an ‘adult perspective’ but objected to any indication that the counselor was exerting authority over them.

Participants particularly liked it when their counselor or therapist revealed themselves as ‘real people’. Many spoke fondly of moments where a counselor had revealed something of themselves through humor or self-disclosure, especially when this showed their counselors to be less than perfect themselves. In contrast many feared the potential to be ‘judged’ by their counselors or therapists for being ‘weird’ or ‘immature’. This was particularly difficult in situations where participants felt that these judgements might be held against them:

I have some pretty freaky thoughts, which are like um, like and I don't really want to tell [my school counselor] about them because she will be like oh that's not the girl I know sort of thing. (Telephone Counseling Participant)

In face-to-face counseling sessions, this relationship were described as taking time to develop. Initial caution felt by many participants was gradually replaced by trust as they came to accept that their counselor would not evaluate them or their behavior negatively.

Both text and telephone counseling involve anonymous communication without access to non-verbal relational cues and the services do not generally facilitate a client's access to the same counselor each time they call/text. Surprisingly, however, relationships appeared equally important for participants in these interactions and most felt that they had been able to establish a ‘real relationship’ with their counselor:

[Saying goodbye] was a weird feeling, just that I kind of felt as though I was losing a friend. But then ... they sort of said that if there is ever anything else don't hesitate. So I kind of felt as though I still had them. (Text Counseling Participant)

While most text counseling clients did not register the shift between counselors as disruptive to the development of a relationship, those who used telephone counseling seemed to find this more difficult, perhaps because the change in counselor was more obvious through the medium of voice than through the written word.

Only a very small number of the text and telephone participants felt that they would have preferred face-to-face communication and some felt that the anonymity of this

form of counseling reduced their initial fear of being judged and actually allowed for a more immediate and better connection with their counselor: “But if you are texting them you don't know what they are like and you can't judge them and they can't judge you”.

A genuine relationship seemed a priority for participants across all the services with text and telephone counseling providing the added benefit of anonymity.

Talking and Listening

Most participants prioritized the opportunity to ‘talk’ in an encounter with psychological services and saw the main role of the counsellor as someone who would listen to them: “To be honest I just like to talk. I just like having someone listen to me”. (SCS Participant). Participants explained the value of this kind of expression as a kind of catharsis:

It just makes me feel better about myself now that I don't have anything that I have to hide or bottle up. (MHS Participant)

Talking seemed as significant for telephone and text counseling participants as they were for those who had had face-to-face counseling. Text communication may not always be seen as a tool for comprehensive communication but those who had chosen to use this method spoke about it being an especially comfortable form of expression for young people. Several explained that this was because young people were more familiar with this mode of communication:

I think it's just because my generation is used to texting and it's easier for us and more convenient, and it feels like it's just the same as talking.

Many of those who had used the text service spoke about how using text was sometimes preferable to talking face-to-face because it decreased their fear of being judged and the discomfort of talking directly to an adult:

I guess texting is much more comfortable because when they talk I can't look directly in their eye. I have to look everywhere in the room, which is quite awkward. (SCS Participant)

Some also felt that text improved the clarity of communication and felt more confident expressing themselves this way:

On the phone like you say something and then she'll hear it the wrong way and it's like oh well you'll have to explain it. But with the texting it's like you can say it and then it's up to them to decide what it is and then they will probably ask and I'll be like yeah or no. (Telephone Counseling Participant)

However, not all participants who had used text counseling felt that this could replace face-to-face communication and a very small number of these said they still preferred the contact of a voice or a physical presence.

Talking appeared to be a priority equally across all the services, with ‘talking’ easily being adapted to a text format which also addressed some of the constraints these young people felt in talking openly with adults.

Accessible and Flexible

Most participants expressed their wish for psychological services that could fit around their life and their needs. Unlike formal mental health services text and telephone counseling were described as being most appropriate for meeting participants’ needs in the moment that they arose: “In the situation and you can text or call someone and they are there instantly, which I think is really good.” (Telephone Counseling Participant). Some participants emphasized how they valued this in contrast to the availability of a regular weekly face-to-face session, as one participant put it: “[Text counseling] is not like every so often. It’s just like whenever you need it.” (Text counseling Participant).

Some participants also spoke about how they appreciated the School Counseling service because it also allowed some degree of flexibility insofar as clients were able to request an appointment when they needed it. However, in the MHS where appointments were set up at regular times in advance participants were unable to actualize this priority. One of the telephone counseling participants who had clearly also experienced regular face-to-face counseling session emphasized what they saw as the disadvantage of this:

You would be talking to them and you wouldn’t be feeling any of the proper emotions because you are trying to recount what happened ages ago. (Telephone Counseling Participant)

Participants also seemed to value the flexibility of being able to stop counseling when they wanted to and begin again as the need arose. Apparent drop-outs from psychological services did not always seem to be related to dissatisfaction with the process but more often seemed a response to the waxing and waning of the participant’s need:

Recently over the last couple of months I stopped going for a little bit, but not because of any reason. It was kind of because I got busy and forgot about it. And then I was like ‘Yeah I’m going to go back’. (SCS Participant)

Text and telephone counseling seemed to provide the most flexibility for participants to disengage with the counseling process according to their need:

When I get real angry I take my phone and start texting, and then when they reply I am like: ‘Oh I don’t feel angry anymore.’ (Text Counseling Participant)

Some participants related to concerns that they would get locked into a counseling relationship beyond the point at which they found it useful.

Participants valued having services available when and where they needed them. Text and telephone counseling services seemed to fit well with this need for flexibility while ‘on-demand’ school counseling services provided a more accessible face-to-face option than could be offered within the more formal mental health service.

Discussion

This research suggests that adolescents may have common priorities and concerns that affect their engagement with psychological services across a spectrum of modes of delivery. As with previous research, our study suggested that young people have a strong investment in forms of support which allow them autonomy and over which they can exercise control (Binder et al. 2011). The increasing emphasis on ‘choice’ in public health messages to young people seems to have been strongly appropriated by participants in this study (Shoveller and Johnson 2006). This, however, clashes with some of the threats to their autonomy which they perceive in their relationships with adults in face-to-face services. Text and telephone counseling may be a particularly attractive option for young people, allowing them to by-pass adult control and use these privately and retain their sense of autonomy. The involvement of parents in counseling may be a particularly difficult issue for young people and, for all its advantages (Kaslow et al. 2012), may work against young people’s initial engagement in a helping process. Psychological services that the young person can access on their own, such as text, telephone and school counseling may be particularly important in facilitating their engagement.

The importance of the therapeutic relationship suggested in this study coincides with the findings of other research (Bolton Oetzel and Scherer 2003). In our research however, the idea that the investment in relationships is also present in text and telephone counseling is perhaps more surprising. It is possible that text may allow a more effective way of establishing a relationship than in telephone counseling where any changes in counselor are more disruptive. Text counseling might also allow more space for participants to imagine the therapeutic relationship they most desire (Gibson and Cartwright 2014). In general the young people seemed to value relationships that were closer to a

friendship and challenged hierarchies of usual professional-client relationships. A concern about the potential critical judgments that may be made also seems to make the anonymity of the text and telephone services particularly attractive.

As other research has suggested, talking was also a priority for young people in this study (Midgley et al. 2014). However, while face-to-face talking was seen as valuable, participants also suggested the potential for new forms of communication technology to offer different ways for young people to express themselves, especially for those that find face-to-face communication with adults too confronting.

In the context of a communication technology which allows immediacy and flexibility in social arrangements (Ito 2005), it is not surprising that these expectations have flowed into the participants' expectations for counseling. It may be useful to have approaches to therapy that allow for different uses in both structured and more flexible formats. The data also suggests those studying the cause of the high drop-out rate might also consider that this is part of a 'drop in drop out' engagement process characteristic of adolescents. Services which allow flexible routes back into re-engagement after 'drop-out' may be useful to young people.

This research confirmed many of the findings of previous research in relation to young people. However, it also located these in the context of a changing social context within which longstanding priorities for adolescents take on different expressions and new possibilities emerge. This suggested that in our current context young people may benefit from a suite of options that facilitate their engagement with psychological services. The availability of 'choice' for adolescents may allow them to balance some of the tensions they experience between their different priorities and concerns.

This research was limited by the unevenness of the samples representing the different forms of counseling. The fact that participants volunteered to talk about a particular psychological service might suggest that the sample over-represents those who are more positive about this service and may exclude more negative views on the potential of any to address young people's priorities. The findings also reflected the specificity of the New Zealand context, but may have conceptual relevance for other similar contexts, especially those in which the new communication technologies are being considered as a means to reach young people. Comparisons between different samples cannot be easily made on the basis of the small samples used in qualitative research. This kind of research is, however, able to highlight areas of potential difference based on an enhanced theoretical understanding of how young people's priorities might play out across a range of different contexts.

Future research might explore some of the thematic areas described here in greater depth. Given the relative newness of text counseling there is also much to be discovered about how and whether this form of counseling works for young people. Finally, it might be valuable to conduct more systematic quantitative research with larger samples exploring the extent to which young people endorse the priorities described here and the relative weighting they assign to these. If data on engagement could be captured during usual clinical practice, this would also remedy the potential bias in self-selected samples.

References

- Binder, P., Moltu, C., Hummelsund, D., Sagen, S. H., & Holgersen, H. (2011). Meeting an adult ally on the way out into the world: Adolescent patients' experiences of useful psychotherapeutic ways of working at an age when independence really matters. *Psychotherapy Research, 21*, 554–566.
- Block, A. M., & Greeno, C. G. (2011). Examining outpatient treatment dropout in adolescents: A literature review. *Child and Adolescent Social Work, 28*, 393–420.
- Bohart, A. C. (2000). The client is the most important common factor: Clients' self-healing capacities and psychotherapy. *Journal of Psychotherapy Integration, 10*, 127–149.
- Bolton Oetzel, K., & Scherer, D. G. (2003). Therapeutic engagement with adolescents in psychotherapy. *Psychotherapy: Theory, Research, Practice, Training, 40*(3), 215–225.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101.
- Bury, C., Raval, H., & Lyon, L. (2007). Young people's experiences of individual psychoanalytic psychotherapy. *Psychology and Psychotherapy: Theory, Research and Practice, 80*, 79–96.
- Callahan, A., & Inckle, K. (2012). Cybertherapy or psychobabble? A mixed methods study of online emotional support. *British Journal of Guidance and Counseling, 40*(3), 261–278.
- Claveirole, A. (2004). Listening to young voices: Challenges of research with adolescent mental health service users. *Journal of Psychiatric and Mental Health Nursing, 11*, 253–260.
- Duncan, B. L., Miller, S. D., & Sparks, J. (2007). Common factors and the uncommon heroism of youth. *Psychotherapy in Australia, 13*, 34–43.
- Dunne, A., Thompson, W., & Leitch, R. (2000). Adolescent males' experience of the counseling process. *Journal of Adolescence, 23*(1), 79–93.
- Elliott, R., & James, E. (1989). Varieties of client experience in psychotherapy: An analysis of the literature. *Clinical Psychology Review, 9*, 443–467.
- Everall, R. D., & Paulson, B. L. (2002). The therapeutic alliance: Adolescent perspectives. *Counseling and Psychotherapy Research: Linking Research with Practice, 2*, 78–87.
- Freake, H., Barley, V., & Kent, G. (2007). Adolescent's views of helping professionals: A review of the literature. *Journal of Adolescence, 30*(4), 639–653.
- Furlong, A., & Cartmel, F. (2007). *Young people and social change: New perspectives* (2nd ed.). Berkshire: Open University Press.
- Gibson, K., & Cartwright, C. (2013). Agency in young clients' narratives of counseling: 'It's whatever you want to make of it'. *Journal of Counseling Psychology, 60*(3), 340–352.

- Gibson, K., & Cartwright, C. (2014). Young people's experiences of mobile phone text counselling: Balancing connection and control. *Children and Youth Service Review*, *43*, 96–104.
- Graham, L. J. (2014). To be well is not to be unwell: The new battleground inside our children's heads. In K. Wright & J. McLeod (Eds.), *Rethinking youth wellbeing: Critical perspectives*. Singapore: Springer.
- Green, N. (2003). Outwardly mobile: Young people and mobile technologies. In J. E. Katz (Ed.), *Machines that become us: The social context of personal communication technology* (pp. 201–218). New Brunswick, NJ: Transaction Publishers.
- Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. *BMC Psychiatry*, *10*, 106–113.
- Hanna, F. J., & Hunt, W. P. (1999). Techniques for psychotherapy with defiant, aggressive adolescents. *Psychotherapy: Theory, Research, Practice, Training*, *36*, 56–68.
- Harper, B., Dickson, J., & Bramwell, R. (2014). Experiences of young people in a 16–18 mental health service. *Child and Adolescent Mental Health*, *19*(2), 90–96.
- Hill, C. E., Knox, S., Thompson, B. J., Williams, E. N., Hess, S. A., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology*, *52*, 196–205. doi:10.1037/0022-0167.52.2.196.
- Hollidge, C. (2013). Adolescents' perceptions of the factors that enhance the therapeutic relationship: A qualitative study in school-based health settings. *Adolescent Psychiatry*, *3*, 277–287.
- Ito, M. (2005). Mobile phones, Japanese youth, and the re-placement of social contact. In R. Ling & P. Pederson (Eds.), *Mobile communication and the re-negotiation of the public sphere* (pp. 131–148). New York: Springer.
- Kaslow, N., Robbins Broth, M., Oyeshiku Smith, C., & Collins, M. H. (2012). Family-based interventions for child and adolescent disorders. *Journal of Marital and Family Therapy*, *38*(1), 82–100.
- Kelly, P. (2000). The dangerousness of youth-at-risk: The possibilities of surveillance and intervention in uncertain times. *Journal of Adolescence*, *2000*(23), 463–476.
- King, R., Bambling, M., Lloyd, C., Gommurra, R., Smith, S., Reid, W., & Wegner, K. (2006). Online counseling: The motives and experiences of young people who choose the Internet instead of face to face or telephone counseling. *Counseling and Psychotherapy Research: Linking Research with Practice*, *6*(3), 169–174.
- Livingstone, S. (2008). Taking risky opportunities in youthful content creation: Teenagers use of social networking sites for intimacy, privacy and self-expression. *New Media and Society*, *10*(3), 393–411.
- McGorry, P., Bates, T., & Birchwood, M. (2013). Designing youth mental health services for the 21st century: Examples from Australia, Ireland and the UK. *The British Journal of Psychiatry*, *202*, s30–s35.
- Midgley, N., Holmes, J., Parkinson, S., Stapley, E., Eatough, V., & Target, M. (2014). “Just like talking to someone about like shit in your life and stuff, and they help you”: Hopes and expectations for therapy among depressed adolescents. *Psychotherapy Research*. doi:10.1080/10503307.2014.973922.
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, *52*(2), 250–260.
- Prout, H. T. (2007). Counseling and psychotherapy with children and adolescents: Historical, developmental, integrative and effectiveness perspectives. In H. T. Prout & D. T. Brown (Eds.), *Counseling and psychotherapy with children and adolescents: Theory and practice for school and clinical settings* (4th ed., pp. 1–31). New York, NY: Wiley.
- Reese, R., Coloney, C., & Brossart, D. (2002). Effectiveness of telephone counseling: A field-based investigation. *Journal of Counseling Psychology*, *49*(2), 233–242.
- Rickwood, D. J., & Braithwaite, V. A. (1994). Social-psychological factors affecting help-seeking for emotional problems. *Social Science and Medicine*, *39*(4), 563–572.
- Rickwood, D., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. *Advances in Mental Health*, *4*(3), 218–225.
- Riessman, C. (2008). *Narrative methods for the human sciences*. Los Angeles, CA: Sage.
- Sauter, F. M., Heyne, D., & Westenberg, P. M. (2009). Cognitive behavior therapy for anxious adolescents: Developmental influences on treatment design and delivery. *Clinical Child and Family Psychology Review*, *12*, 310–335.
- Sharland, E. (2006). Young people, risk taking and risk making: Some thoughts for social work. *British Journal of Social Work*, *36*, 247–265.
- Shoveller, J. A., & Johnson, J. L. (2006). Risky groups, risky behavior, and risky persons: Dominating discourses on youth sexual health. *Critical Public Health*, *16*(1), 47–60.
- Turkle, S. (2011). *Alone together: Why we expect more from technology and less from each other*. New York, NY: Basic Books.
- Wyn, J., Cuervo, H., Woodman, D & Stokes, H. (2005). *Young people, wellbeing and communication technologies*. Victoria: Mental Health and Wellbeing Unit, VicHealth. www.vichealth.vic.gov.au
- Wyn, J., & Harris, A. (2004). Youth research in Australia and New Zealand. *Young*, *12*(3), 271–289.
- Yanow, D. (2006). Thinking interpretively: Philosophical presuppositions and the human sciences. In D. Yanow & P. Schwartz-Shea (Eds.), *Interpretation and method: Empirical research methods and the interpretive turn* (pp. 5–26). Armonk, NY: M.E. Sharpe.
- Zirkelback, E. A., & Reese, R. J. (2010). A review of psychotherapy outcome research: Considerations for school-based mental health providers. *Psychology in the Schools*, *47*, 1084–1100.