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Boundaries or barriers?

Emotional needs: one-to-one versus group therapy

Online disinhibition: the rise of Kooth.com

Online disinhibition

Aaron Sefi counsels young people all over the country from his house on the Cornish coast.

*Interview by John Daniel.
Photographs by Phil Sayer*

I get up when my 18-month-old son wakes up at about 6.30am. He sits on me until I wake up. Then my other two, who are eight and five, come in. I like the early morning because we have a couple of hours before school when we can be together. After breakfast I get their packed lunches ready and send them off to school.

I work from home in Cornwall as an online counsellor for Kooth.com. Kooth has been running for seven years and is Xenzone's online service for young people aged 11–25. We currently work in 14 different PCTs and local authorities, mainly in the Northwest and Wales and also in the Midlands. Young people are introduced to Kooth through their school, GP or by seeing a poster or hearing a talk.

The site doesn't open until 12pm so the morning is my time. I try to do easy things in my free time like sitting on the beach or going to the café with my wife. However, I am redecorating my house – that's the downside of working from home, noticing all the jobs there are to do! The morning is also my time with my youngest son, so I might play with him in the park.

The site is open between 12pm–10pm every day and 4–10pm at weekends. I am one of 14 counsellors and there are always at least three of us online. I often start at 12pm and for the first hour will usually reply to messages. Because there are no counsellors on after 10pm, people often send messages overnight and there can be quite a lot to respond to the following day.

Kooth helps break down barriers to accessing mental health services. Young people come to the site with a variety of presenting issues. For 11 to 12 year olds these might be about bullying, family, relationships and friendships. For 13 to 15 year olds these can be self-harm and sexuality. A lot of our older users are in

adult services and have been referred by psychiatrists or through CAMHS. We deal with a disproportionate amount of sexual abuse and suicidal ideation, because it's a safe place for young people to talk. They say things to us because we're not in the room and they don't have to deal with our expressions. They can do it in this virtual way, which is still real but one step removed. If necessary, we will make onward referrals to CAMHS, or signpost people to other services.

Some people have been using the site for years and it's helped them through all sorts of things. Even though we're online, we are part of the whole package of care that people get. But at the same time we also work in a different way. I think a lot of the work I do is pre-therapy and psychoeducational. It's about helping a young person to get to a point when they are ready to access therapy and know what that means. Some of the work also becomes 'supra-therapy', as if as client and counsellor we can sit in a place above the support they are getting and reflect on it.

When a young person comes onto the site and goes to the counselling page, they can go into a waiting room and if there is a counsellor free they will be directed into a chat room – a private space between the young person and the counsellor. They normally get up to an hour for their first chat and then we let them roam the site for the first couple of weeks, when they can talk to different counsellors.

The speed with which we assign a young person a primary counsellor will depend on the severity of the case. They will choose which counsellor they want to work with and enter into a contract with them. We call the sessions 'booked chats'. I tell them when I am available and we find a time that suits them and try to



