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## Online psychotherapy of children and adolescents – a new challenge in the context of a pandemic COVID-19

Psychoterapia dzieci i młodzieży online – nowe wyzwanie  
w kontekście pandemii COVID-19

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### SUMMARY

The purpose of this paper is to present new challenges in child and adolescent psychotherapy in the context of the constraints of the COVID-19 pandemic and consequently, the reduced availability of face-to-face services. Up-to-date statistics on suicide among this group are alarming. At a time when development troubles are compounded by the difficulties associated with the global crisis caused by the pandemic, there is a risk of an escalation of the existing crisis. In this situation, it seems particularly important to ensure the continuity of psychological and psychotherapeutic support in the period of crisis related to the pandemic. Thus, it seems vital to look for alternative ways of conducting online therapy and optimising this type of support. At the same time, it is worth noting the potential benefits that online therapeutic work with young people may bring in the future.

**Keywords:** child and adolescent psychotherapy, COVID-19 pandemic, online therapy

### STRESZCZENIE

Celem niniejszego opracowania jest przedstawienie nowych wyzwań w psychoterapii dzieci i młodzieży w kontekście ograniczeń związanych z pandemią koronawirusa, a co za tym idzie, mniejszą dostępnością usług w kontakcie osobistym. Aktualne statystyki dotyczące samobójstw w tej grupie są alarmujące. W momencie kiedy na problemy rozwojowe nakładają się trudności związane z ogólnoswiatowym kryzysem spowodowanym pandemią, istnieje ryzyko eskalowania dotychczasowego kryzysu. W tej sytuacji szczególnie istotne wydaje się zapewnienie ciągłości pomocy psychologiczno-psychoterapeutycznej w okresie kryzysu związanego z pandemią COVID-19. Tym samym niezwykle istotne wydaje się poszukiwanie alternatywnych sposobów prowadzenia terapii w trybie online oraz optymalizowanie tego rodzaju wsparcia. Jednocześnie warto zwrócić uwagę na potencjalne korzyści, jakie w przyszłości da możliwość pracy terapeutycznej online z młodzieżą.

**Słowa kluczowe:** psychoterapia dzieci i młodzieży, pandemia COVID-19, praca terapeutyczna online

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## INTRODUCTION

In recent years and months, the collapse in care provided in the area of child and adolescent psychiatry has become a high-profile topic (Sejkowska, 2018). Although COVID-19 remains at the forefront of public discussion, we cannot forget the other dangers that threaten young people today. Especially now when the coronavirus pandemic intensifies the atmosphere of chaos and anxiety destabilising other aspects of life, it seems important to organise and adapt optimal forms of psychological and psychiatric assistance for children and adolescents so as not to leave young people without support and care. This certainly requires the involvement and motivation of both parents and therapists, who face the challenge of reformulating existing methods of work. In the recommendations of the Gdansk-Pomeranian Branch of the Polish Psychiatric Association, we are reminded that it is unacceptable for a therapist (regardless of whether a doctor, educator, physiotherapist, psychologist or has some other therapeutic profile) to abandon patients, especially in a challenging situation. In view of the present pandemic, it becomes reasonable to transfer (as long as possible) the contact with patients to an online format that enables virtual face-to-face contact with the child, provided the child has the cognitive and emotional capacity and a sufficient level of ability to verbalise emotions and thoughts (Klajs, 2020).

Currently, the public debate is dominated by numbers and statistics, so it is worth quoting relevant data. According to the Foundation “Dajemy Dzieciom Siłę” (Empowering Children Foundation), the number of suicide attempts could be a relevant indicator of the psychological condition of children and adolescents, and that number is increasing year on year in Poland. In 2019, there were 951 suicide attempts registered among children under the age of 18, including as many as 46 by children under the age of 12. In 2020, 98 of them ended in the child’s death (Sejkowska, 2018). According to research by the Foundation “Dajemy Dzieciom Siłę” and data published on

the foundation’s website, [www.fdds.pl](http://www.fdds.pl), 7% of young people aged 13–17 have attempted to take their own lives. Suicide is one of the main causes of death of children and adolescents aged 10–19 years. In this respect, Poland was second in Europe in 2017 (Sejkowska, 2018).

Child and adolescent mental health problems are often associated with difficulties in relationships with peers, parents, trouble at school, and situations in which the child experiences violence and abuse (Ziolkowska and Wycisk, 2019). Adolescence can trigger developmentally and socially undesirable behaviours in children and adolescents as a response to the confusion and distress they experience, with particular intensity during this period (Kendall, 2018). The unprecedented adaptation difficulties are consequence of the spectacular changes taking place in our modern times. According to Kubacka-Jasiecka and Pasowicz (2014), they materialise in the form of, for example, exponentially increasing incidence of diseases of civilization, intensification of disorientation, and stress manifested as “future shock”. Even more, the pandemic may prompt additional adaptation difficulties connected with the necessity to adjust to a completely new crisis situation.

“The key problem seems to be not only the consecutive changes themselves, but also their pace, which makes it impossible to adapt to the existing reality before its shape changes again. As a result, new social pathologies appear and the existing ones take on a new dimension, growing and developing within their forms” (Kaldon, 2016, p. 87).

Never before has change occurred as quickly as it is happening now. As a result, both the internal conditions of development and its external context complicate the situation of contemporary young people. The difficulties are compounded by the decline of authority, loss of the importance and prestige of physical schools, the acquiescence to break norms, and loosened discipline (Kendall, Choundrury, Hudson, & Webb, 2019).

## COVID-19: NEW, OLD PROBLEMS

The multitude of problems affecting today's adolescents and children is beyond the scope of this paper. At the same time, however, it is worth noting that the situation of the COVID-19 pandemic and the ensuing quarantines do not resolve the difficulties experienced by this group. What is more, many of these difficulties have worsened and become more evident than before. We are now observing the emerging problems of children and young people as if through a magnifying lens. It seems obvious, for example, that someone who had displayed symptoms of computer and internet addiction or, more broadly, multimedia addiction, finds oneself presented now with an excellent opportunity to perpetuate and develop further stages of this addiction. Young people greedily consume and sometimes even compulsively use the technological achievements of the 21<sup>st</sup> century, which may in this moment turn out to be of particularly luring, and quite dangerous. Anxiety, depressive reactions, and interpersonal difficulties may also be reinforced by the compulsory “shutting down” and other circumstances. For example, it seems extremely important to work online with children whose main problem is so-called selective mutism (permanent inability to speak in selected social situations in which speaking is expected, for example, at school, while outside of them, the child or young person communicates completely normally). Currently, the therapist may often be the only person from outside of the family with whom the child is in contact. So, some or at least as much help as possible for the child to overcome the fear of speaking or to provide parents with support and knowledge is necessary. Paradoxically, it may also be alarming when a young person claims to be satisfied while in lockdown and almost proud of not having had any contact with colleagues from their class or other peer groups' members for several weeks. Many young people were stuck at home, increasingly disrupting their daily rhythms, with some going to bed at dawn and then sleeping until the afternoon

hours. For them, it may be difficult to attend a therapy session even at 13:00. There are even those who practically never wear anything but their pyjamas. Children and adolescents talk about their feelings of frustration and loneliness when confronted with online learning and the volume of new material. They share their experiences related to a paralysing fear of undertaking the simplest tasks or solving assignments. They usually escape from it into the virtual world of games or YouTube. In the meantime, rising backlogs of schoolwork discourage them from further work, thus intensifying the primary problem. In the face of omnipresent chaos and uncertainty about the current situation, disorganisation in the area of education increases anxiety and insecurity. Similarly, parents often admit to feeling helpless. It is challenging for them to cope with their professional work and the stress accompanying everyday duties when the responsibility for their children's education comes on top of everything. They lack pedagogical competence or the authority of the teacher, especially with regard to younger children. They say instead, “my child works perfectly well in the kindergarten, but at home does not want to draw two lines of patterns”. Children experiencing a crisis of a divorce of their parents often face dilemmas stemming from parental conflicts over one of the parents going away during the quarantine period. Thus, it turns out that the difficulties young people face every day, in the COVID-19 reality take on a new and distinct significance.

## A NEW MODE OF ONLINE THERAPEUTIC WORK—DEDICATED? TO WHOM?

Every therapist in the current situation is faced with the necessity of launching some new work mode appropriate for the time of crisis. For most people, both those in therapy and the therapists themselves, switching to a new style of work means an additional, significant expenditure of energy. However, we are able to get used to it. It is worth remembering that the mere fact of using a computer or a phone in

contact cannot become an obstacle in providing and benefiting from psychological and psychotherapeutic support. Especially in a world dominated by virtual relationships, with social media facilitating these contacts, working online is definitely becoming more normative than it used to be.

Despite the pandemic, therapists are prepared to provide psychotherapeutic assistance directed to:

- individuals remaining in psychotherapy processes and currently requiring follow-up,
- planned therapy for families and minors who had previously reported difficulties and expected to be admitted into therapy before the epidemiological situation may have worsened their condition,
- as well as those whose support is directed to families, children, and youth who previously did not require the support of specialists, but the current situation has instigated the need for intervention. It is worth emphasising that it is crucial to differentiate whether the reported difficulties require *ad hoc* actions (psychoeducational, crisis intervention, counselling) or psychotherapeutic actions.

### ONLINE WORKING PRINCIPLES

In first-time applications to therapy, in accordance with generally accepted rules, we begin our work from the diagnostic consultation, which allows us to adjust the forms of work to be the most beneficial from a therapeutic point of view.

At this stage, it is extremely important to discuss the goals of therapeutic work and jointly define the problems. This is an important element of the diagnosis, strengthening the therapeutic alliance and building the motivation of the patient and families to support the process of therapy or another form of assistance provided. It may also be valuable to discuss possible limitations that may impede contact and affect the full understanding of the information provided. Regardless of the techniques

and methods applied, one of the basic rules affecting the mutual cooperation is to establish at the initial stage of the work a therapeutic contract that encompasses the prospect of remote work. It is suggested that, if possible, the e-therapy should be offered after personal contact with the patient is made, and always observing the rules of the psychotherapist's code of ethics, such as the one designed by the Polish Psychiatric Association (PTP) (Madej et al.2016).

In addition to the standard rules established at the beginning of the therapeutic cooperation, according to the guidelines of the Polish Psychiatric Association (Janas-Kozik, Nowak, Wilk, Kitrasiewicz, Gwóźdź, Jelonek and Rowiński, 2020), it is worth noting that the patient (regardless of whether it is a child, a child with a parent, a parent, or an adolescent) must have the privacy of the contact with the therapist ensured. Therefore, together with the parents/legal guardians, the limits and conditions of the support provided should be defined. No persons uninvolved in the session may listen to or watch the session. The principle of confidentiality in the context of working with a child/adolescent needs to be discussed. Parents and adolescents (obligatory for those over 16 years old) should declare in the presence of the therapist that they will respect this rule.

Unwanted distractions should be removed from the room so the conditions of the meetings will be as neutral as possible. It is important for the patient and parents/legal guardians to declare that they will ensure conditions that will allow the subject(s) to focus on the contact with the therapist (pets, too, should remain in another room for the duration of the session, the patient/family has to restrain from any forms of other communications such as text messaging, e-mails, etc.). In case of remote work, it seems crucial to fully discuss and agree on the above terms. In addition, it is necessary to determine alternative forms of contact in case of technical problems during the meeting (for example, the possibility of continuing the conversation by telephone, etc.)/

## **BUILDING A THERAPEUTIC RELATIONSHIP WITH CHILDREN AND ADOLESCENTS**

The initial stage of therapy also involves building the therapeutic relationship and motivating the child to participate in the meetings. It seems important to make sure that the first session is good fun, offering an opportunity to soothe the children's fears about therapy. In case of resistance or anger, one may ask the child whether he/she can think of anything that would make the sessions more pleasant. It also appears to be helpful to encourage the child to ask questions about the therapy and to share their concerns and thoughts. It's worth stressing that the child or adolescent's point of view is very important, while explaining that various people see things differently.

### **SUMMARY**

The discourse on online therapeutic help for children and adolescents seems to be extremely important, and not only in the context of the COVID-19 pandemic and related restrictions. It is worth looking at the topic from a broader perspective of development and new possibilities in the area of organising forms of therapeutic assistance for children and young people. Perhaps new ways of working will make it possible to increase the availability of support for young people. Hopefully, such sessions can limit the destructive consequences of previous negligence and the shameful reality behind those statistics about children and adolescents. In therapeutic work with a younger age group, i.e., children and adolescents, the continuity and regularity of the therapeutic process, including during days off or holidays due to travelling away from home, has been a long-standing difficulty. Given the need for psychotherapeutic sessions at least once a week, the possibility of remote work offers the opportunity to maintain the continuity of the therapeutic process. It seems therefore essential to reliably inform parents about the importance of their child's regular participation in therapy sessions for the achievement of the expected

effects. We as therapists are not able to take responsibility for a process that does not function appropriately, particularly the difficulty of periods of prolonged absenteeism, which meant the necessity to terminate or suspend the process, often resulting in serious regression in various areas of life.

Opening to the perspective of online sessions may become in the future an opportunity to complete therapeutical processes without interruption. It is worth noting that the unusual situation of the pandemic offers the possibility to grow, develop, and look for new solutions. One of them is the environmentally friendlier opportunity to place additional materials online. This is but one advantage of remote working. Perhaps it is a good time to reframe the topic in terms of opportunity and new possibilities, rather than of being limited by the pandemic and suspending therapy. At the same time, it is necessary to be aware of the limitations and challenges of remote therapeutic work. There is a danger of misuse or abuse both by therapists and beneficiaries. Online therapeutic interventions are not fully embedded in the traditional healthcare system, so putting in place the requisite legal, ethical, and professional regulations in this area is vital (Madej et al., 2016). Patients must be assured of the competence of the therapist and the observance of confidentiality. In addition, basic technical requirements must be met on both sides. Therapists should be aware that it may often be challenging for young people who use online therapy to comply with the rules of the therapeutic contract, related, for example, to not using other electronic devices during therapy or leaving aside issues that do not relate to the session.

However, it seems important to continue observations and research on the potential effectiveness and limitations of this form of therapy, especially in the context of the increasing popularity and availability of online psychotherapy. It can be assumed that in the situation of psychotherapeutic work with children and adolescents, the relationship should not be limited only to the online form. Despite many advantages of using new technologies

in therapeutic work, it still seems to be a more limiting form of working with children and adolescents than stationary psychotherapy.

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