

**‘I’ve started my journey to coping better’: exploring adolescents’ journeys through an Internet-based Psychodynamic Therapy (I-PDT) for depression.**

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**Abstract**

The need to account for adolescents’ views during the design and development of therapeutic interventions is well documented, yet there remains a paucity of research doing so, particularly among internet-based therapies. This study aimed to address this by exploring adolescents’ expectations and experience of an internet-based psychodynamic therapy (I-PDT) for adolescent depression. Fourteen semi-structured interviews were conducted and thematically analysed. From this, five overarching and interrelated themes were identified: ‘negative expectation’, ‘strong therapeutic relationship’, ‘significant commitment’, ‘facilitated change’, and ‘gained appreciation’. The prominent effect of personal characteristics was also evident, whereby those young people who were highly motivated, or less confident, spoke most positively of their experience. The findings support government policies to increase availability of digitally enabled models of therapy, by highlighting adolescents’ positive experiences. However, the impact of individual characteristics and working styles on adolescents’ experiences signals that internet-based therapies may not be suitable for all. Young people may benefit from a range of different treatment options, able to meet their various needs and preferences.

Key words: adolescence, internet-based, depression, online therapy, psychodynamic

## **Introduction**

In 2017, the World Health Organization highlighted depression as the most common mental health disorder worldwide and the leading cause of disability globally (World Health Organisation, 2017). Since then, the COVID-19 pandemic has significantly increased prevalence rates by an estimated 27.6% worldwide (COVID-19 Mental Disorders Collaborators, 2021). Depression typically first manifests during adolescence (Thapar et al., 2012) and is associated with a range of adverse outcomes throughout life, including suicide (Ssegonja et al., 2019; Thapar et al., 2012; Nock et al., 2013; Collins et al., 2011). Despite this, only a minority of adolescents seek or receive professional help (Essau, 2005) due to various practical and attitudinal barriers (Gibson et al., 2016; Sweeney et al., 2019; Carper et al., 2013). Beyond this, there remains a significant gap in service provisions for young people with mental health problems, due to a shortage of trained mental health professionals and a lack of funding (Hollis et al., 2015).

Online interventions are well-placed to address some of the barriers adolescents face when accessing therapy. They are not restricted by geographic location or office hours and thereby increase accessibility of treatments (Andersson et al., 2019). They enable treatment to take place in the privacy of one's own home which may decrease the fear of stigmatization, whilst eliminating adolescents' reliance on caregivers to travel to sessions (Sweeney et al., 2019). Furthermore, therapeutic interventions may provide a cost-effective alternative to therapy by reducing the typical amount of time therapists spend communicating with clients, allowing them to reach more patients overall (Hollis et al., 2015). However, digital inequalities among

individuals in the population may serve as a barrier for some individuals who would otherwise benefit from this support, meaning they are not accessible for all (Borghouts et al., 2021).

In the following study, ‘internet-based therapies’ refers to online therapeutic interventions that take the form of guided self-help, whereby clients gradually complete online chapters that include psycho-educational content aiming to support them in better understanding their emotions and how to manage them, alongside written exercises submitted to a therapist who provides feedback. Feedback aims to support the young person to understand their own experiences. In most cases, an additional online chat function provides synchronous one-to-one therapist support as well (see Johansson et al., 2017 for more details). Systematic reviews highlight the efficacy of internet-based therapies, noting greater reductions in symptom severity for depression among adolescents, when compared to inactive control groups (Erbert et al., 2015; Vigerland et al., 2016), and comparable symptom reduction to their face-to-face alternatives (Erbert et al., 2015; Christ et al., 2020). While most internet-based therapies to date have been based on a cognitive-behavioural model, internet-based interventions based on a psychodynamic approach have also been shown to be effective with adults (Lindegaard et al. 2020) and adolescents (Lindqvist et al. 2020; Mechler et al. 2022).

However, uptake of internet-based therapies generally remains low (Waller & Gilbody, 2009), and attrition rates high (Simon et al., 2019); this could be due to services not providing appropriate support for adolescents’ distinct socio-emotional and developmental needs (McGorry et al., 2013; Waller & Gilbody, 2009). To ensure future therapeutic interventions are well-suited to an adolescent population, researchers must use qualitative methods to provide an in-depth account of their views during the adaptation and development of new treatments. This will

enable researchers to identify aspects of internet-based therapies that maintain and inhibit engagement, adapting therapy accordingly (McGorry et al., 2013).

Papers exploring adults' experiences of online therapies highlight the importance of the flexibility, immediacy, and anonymity of online platforms (Walsh & Richards, 2017; Doherty et al., 2012). The flexibility makes it easier to fit therapy into their everyday lives, the immediacy means the service is there when they need it, and the anonymity serves to reduce the fear of stigmatisation among most, but not all, adults (Walsh & Richards, 2017). Beyond this, participants expressed that the psychoeducational chapter content provides new ways of understanding and coping with their mental health problems (Walsh & Richards, 2017; Lindegard et al., 2021; Gershards et al., 2011). However, high drop-out rates and low response rates among many of these studies makes it hard to conclude whether this is the consensus amongst all participants, or just those with more favourable outcomes (Richards & Timulak, 2012; Gerchards et al., 2011; Lindegard et al., 2021; Walsh & Richards, 2017).

Adults also highlight the criticality of human support via a 'chat' function, such as synchronous text-messaging via an online platform (Gerchards et al., 2011; Richards & Timulak, 2012, 2013; Doherty et al., 2012; Patel et al., 2020). Richards and Timulak (2012) compared the views of adults who had completed an Internet-based Cognitive Behaviour Therapy (I-CBT) programme either with or without therapist support. Between-group findings showed that positive experiences, such as an increased awareness and ability to manage their emotions, alongside feeling supported and empowered, were more commonly reported in therapist-supported programmes. Conversely, negative experiences, including difficulty understanding the chapter content, were less commonly reported amongst those who had received therapist support. Results point to the criticality of human support, even if this support is still delivered without

face-to-face contact; these findings align with a meta-synthesis on internet-based therapies among adults, where the criticality of human support via synchronous chat sessions is clear (Patel et al., 2020). Overall, the chat function appears important in maintaining engagement and ensuring the content is understandable among adults.

In attempting to account for adolescents' views, the literature on text-based online counselling (TBOC) sheds some light on how adolescents experience online interventions (Gibson & Cartwright, 2014; Navarro et al., 2019; King et al., 2006; Hanley, 2009; Callahan & Inkle, 2012; Dhesi et al., 2022). Among these papers, research commonly cites the importance of anonymity and increased flexibility that TBOC provides. Participants felt comfortable and familiar with this form of communication (Gibson & Cartwright, 2014) and highlight that the absence of non-verbal cues from therapists facilitated more honest communication about sensitive topics because they were not worried about the therapist's negative reactions or judgement (Callahan & Inkle, 2012; King et al., 2006; Dhesi et al., 2021). Furthermore, the increased physical distance left them feeling more control over the relationship and served to alleviate the power imbalance inherent in psychological therapies (Callahan & Inkle, 2012; Hanley, 2009; Dhesi et al., 2022). However, other adolescents noted that misinterpretations were more likely, and had difficulties accurately expressing themselves through text (King et al., 2006), suggesting some adolescents find this form of communication easier than others.

To summarise, whilst internet-based interventions developed for adolescents show promise as a treatment option (Erbert et al., 2015), little is known about adolescents' experiences and expectations of these programs, and therefore, the reasons for the low uptake and high attrition rates. Even less is known about psychodynamic internet-based interventions, though some initial studies have shown that these may have comparatively lower attrition rates

(Lindqvist et al., 2020; Midgley et al., 2021). Qualitative research on adult samples in I-CBT programmes suggest several important themes relating to positive and negative aspects of their experience (Hanley & Wyatt, 2021), however, to what extent these findings transfer to adolescent populations, who are at a distinct developmental stage, or to those who are engaging in a psychodynamic internet-based intervention, is unknown. There is a need to explore the views of adolescents completing internet-based therapies which are based on psychodynamic principles (Department of Health, 2000). Doing so can ensure internet-based interventions are well-suited to their needs, which could serve to increase uptake and reduce attrition rates. This study therefore aims to explore adolescents' journey through an internet-based psychodynamic therapy for depression, including their experience of the text-based 'chapters', as well as the weekly synchronous chat sessions with a therapeutic support worker.

## **Method**

### **Study design and setting**

This is a qualitative study, nested within a larger pilot project, called D:OTS (Depression: Online Therapy Study, Midgley et al., 2021), evaluating the feasibility of an English-language adaptation to the internet-based, psychodynamic treatment (I-PDT) for adolescent depression that was originally developed in Sweden (Lindqvist et al., 2020; Mechler et al., 2020). Findings of the D:OTS pilot study showed it was feasible to recruit to the study during the pandemic, and to deliver the I-PDT model with a good level of treatment acceptability and low levels of dropout (Midgley et al., 2021). A statistically significant reduction in depressive symptoms and emotion dysregulation was found, with large effect size, by the end of treatment (Midgley et al., 2021).

### **The I-PDT Programme**

The I-PDT treatment is a therapist supported, self-guided programme, based on affect-focused psychodynamic psychotherapy. Affect-focused psychotherapy is a psychodynamic treatment that draws especially on the work of Malan (1979) and focuses on supporting the expression and experience of affects, especially those that may be defensively warded off (McCullough et al., 2003). It consists of eight online chapters designed to be completed over 10 weeks. Chapters contain psycho-educational content in the form of text and videos followed by reflective exercises that are sent to an assigned Therapeutic Support Worker (TSW) who provides feedback to help the young person make sense of their personal experience and relate it to the chapter content. The TSWs were postgraduate students on a clinical psychology programme, who were provided with three days of training in IPDT, as well as weekly, group supervision. In addition to feedback on questionnaires completed by the adolescents, the programme includes a weekly 30-minute instant-messaging chat session between the TSW and adolescent. A detailed description

of the treatment programme is provided in Lindqvist et al. (2020) and Midgley et al. (2021); a previous study using data from D:OTS (Liebovich et al., 2022) has also examined the content of the weekly chat sessions, and identified the role that the TSW's use of psychodynamic techniques played in subsequent improvements in symptoms.

### **Participants and sampling**

Participants were recruited from a sample of 23 participants who completed the wider D:OTS pilot project. All adolescents had depression which was identified by a score of 10 or more on the Quick Inventory of Depressive Symptomology–Adolescent version, self-report (QIDS-A17-SR; Bernstein et al., 2010) (Table 1). This is a 17-item questionnaire that assesses the typical symptoms of depression. Participants were not excluded if they had a range of other co-morbidities, making this sample fairly reflective of adolescents commonly referred to mental health services; full information about recruitment to the pilot study, including inclusion and exclusion criteria, can be found in Midgley et al. 2021.

Participants in the D:OTS study signed a digital consent form on the therapy platform which included consent to be contacted for an interview, and the consent for their anonymised data to be used in publications. Of the 23 who took part in the D:OTS study, twenty participants consented to be contacted for an interview; all 20 were contacted, via email through the secure I-PDT platform, by the first author (MM). Six were either uncontactable or no longer wished to be interviewed. This left a total of 14 participants, aged 16-18 years, who took part in an interview. The sample size is an appropriate size for Thematic Analysis (Braun and Clarke, 2006).



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**Table 1***Demographic characteristics for the total sample of participants*

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Characteristic	N= 14 (%)
Age in years, n (%)	
16	5 (35.7)
17	4 (28.5)
18	5 (35.7)
Depression score had improved by the end of therapy	
Yes	11
No	3

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**Data collection**

An adapted version of the Experiences of Therapy and Research Interview Schedule (Midgley et al., 2011; Midgley et al., 2014) was co-created by the research team, and used for the purpose of this study. Adaptations included removing questions that explored adolescents' life before therapy and what had led them to try the therapy, as well as questions that asked about their current presenting problems. To replace these topic areas, questions were added that centred around adolescents' experience with the current programme. This meant the resulting interview focused on their experience of therapy rather than their presenting problems as in the original interview schedule. It contained open-ended and exploratory questions that allowed participants to tell the story of their experience.

The interviews took place over Microsoft Teams, and in one case over the phone. They were scheduled 2-3 weeks after completion of the programme and lasted 30-90 minutes.

## **Data analysis**

Reflexive Thematic Analysis (RTA) (Braun & Clarke, 2006, 2019) was used to explore the adolescents' experiences of I-PDT, using Braun and Clarke's six-stage approach. RTA is not bound by a specific theoretical model, and therefore allows an inductive, bottom-up approach to data analysis. This enables researchers to think about the data with an open mind, generating rather than testing theories, and thereby remaining open to novel findings and insights. The interviews were conducted, transcribed verbatim, and analysed by the first author (MM) in discussion with the other authors.

Analysis began with a process of data familiarization, whereby the transcripts were read several times whilst initial ideas around adolescents' experiences and expectations of I-PDT were noted. A list of key ideas was generated which were organised into codes. This was an iterative process whereby the researcher moved between the list of codes and data throughout, to ensure resulting codes fit the entire data set. The codes were then grouped into themes capturing their shared meaning. Resulting themes were re-checked alongside the original datasets, by re-grouping respective quotes from the original dataset under the initial themes and sub-themes. The process led to further refinement of themes, and a thematic map was generated.

## **Ethical Considerations**

The D:OTS pilot received ethical approval from University College London (ID Number:19095/001). Informed consent to be interviewed was obtained from all participants who were given the option to skip any questions and had the right to withdraw from the interview or

to withdraw their data from the study. Participants could choose whether they preferred to keep their camera on or off during the interview, for the purpose of anonymity.

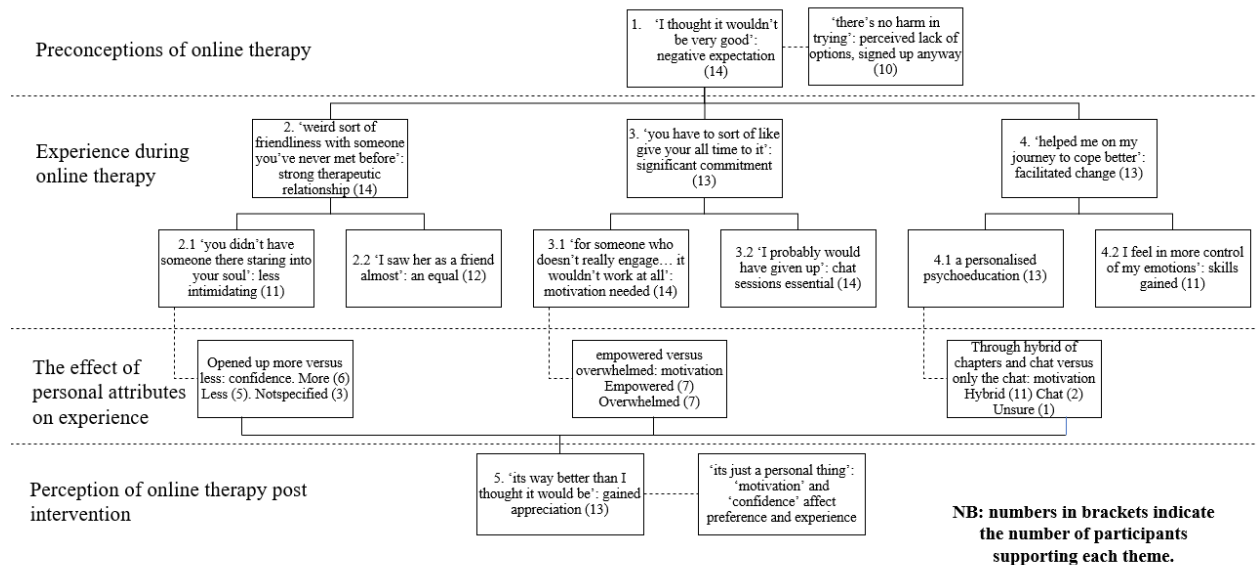
The interviews were stored securely whilst being transcribed, pseudonyms were used to conceal participants' identity, and any other identifiable information was removed or changed. Video/audio data was deleted after transcriptions were made and the transcripts were stored securely on password protected folders which only the research team had access to.

## Results

There were five overarching and interrelated themes in relation to the study aim. Figure 1 shows the thematic map. The first theme highlights adolescent's preconceptions. Themes two, three and four explore adolescent's experiences, alongside how their personal attributes affected this. Theme five encapsulates adolescents' perceptions following the intervention and draws together how personal attributes affected their journey. The letter P followed by a number in brackets (e.g. (PXX)) refers to individual participants' pseudonyms. Numbers range from 1-14 to include all participants who took part in this study.

**Figure 1**

### *Conceptual thematic map*



### **Theme 1: ‘I thought it wouldn’t be very good’: negative expectation**

Participants said they ‘*didn’t really know what to expect*’ (P13) from online therapy, but remained ‘*sceptical*’ (P2), due to a collective and preconceived notion of its inefficacy. As one young person put it, she ‘*thought it was quite like cheap and not really as good as talking to someone in real life*’ (P14). Nevertheless, a sense that ‘*nothing bad could come of it*’ (P12) led to participants feeling they ‘*might as well try*’ (P2). This openness was facilitated by the lack of other options they felt were available. Adolescents spoke about being on CAMHS waiting lists, having a lack of knowledge around other options, and disliking previously tried therapies. Given this, there was a sense that they should give I-PDT a go as it was ‘*easy to access, free*’ (P7) and available: ‘*there’s no harm in trying anything, even if it doesn’t work...*’ (P9).

### **Theme 2: ‘weird sort of friendliness with someone you’ve never met before’: strong therapeutic relationship**

This theme encapsulates the strong and supportive relationships adolescents developed with their TSW, describing them as ‘*really lovely*’ (P14), ‘*friendly*’ (P5), and ‘*very kind*’ (P1). This bond enabled them to share intimate feelings with the TSW:

*we had a chance to bond over like a few interests, which I found really soothing, that made me kind of wanna open up a bit more, even though it was over text which I found really nice. (P4)*

The strong therapeutic relationship surprised adolescents as they felt that the programme wouldn’t be very ‘*personal*’ (P3):

*I wasn't sure how effective it could be on a text chat with someone, whereas now that I've seen that I could really relate to someone (P1)*

Developing a strong bond with someone who they hadn't met felt 'weird' (P7) to some participants, who described how 'it's just really weird because it's someone that I'm never going to meet' (P7).

### **2.1 'you didn't have someone there staring into your soul': less intimidating**

Adolescents felt the relationship with the TSW was 'less intimidating' (P7) than face-to-face alternatives. They expressed how the conversations were 'less like a confrontation' (P5) and felt 'less pressure' and 'less overwhelming' (P12). This was partially enabled by the distance created between them and the TSW, due to the platform being online. They described how 'you don't have to worry about them in front of you...' (P13) which 'eliminated the fear' (P2) of meeting someone in-person and allowed them to stay 'anonymous' (P8), which many of them valued. Not seeing each other meant they didn't feel someone there, 'staring right at you into your soul' (P5), which led to them feeling less 'judged' (P5) and 'watched' (P2), allowing some adolescents to open up more than they were usually able to:

*it felt quite nice because like normally I don't really open up to people but I had no clue who this person was (P5)*

In contrast, whilst other adolescents acknowledged this relationship was less intimidating, they expressed how 'they were okay talking to people' (P12) or 'struggled to put some things into writing...' (P6). This meant that they would have valued the opportunity to get to know their TSW in person and would have opened up more if they had:

*I'm a lot more of a talky person, so I feel like for me, I probably said less than I would if I was talking to them (P10)*

## **2.2 'I saw her as a friend almost': TSW as an equal**

Several participants expressed finding a 'friend' (P8) in the TSW, suggesting a supportive relationship had been established. Experiencing the therapist as someone who 'genuinely...cared' (P7) and was able to 'support' (P13) and 'validate' (P6) their emotions was significant in developing this bond. Participants felt the TSW was going above and beyond what was expected:

*she genuinely seemed like she wanted to help people. It didn't seem like she was like getting paid to do this or whatever...she just felt like a friend almost. (P5)*

Describing the TSW as a 'friend' suggests that they saw them as an equal rather than someone superior. This helped several adolescents speak at ease, describing how they could 'say anything to her' (P7). The shift in power dynamic seemed to be enabled by the less intimidating nature of the chat sessions, alongside the 'time' (P11) adolescents felt they provided:

*I liked the chat sessions because it gave me more time to think' (P11)*

One young person described how this gained sense of ownership over the pacing 'helped me sort of process what I was saying' (P1) and gave them 'more time to think about what you're actually feeling' (P3). It also meant they could ensure their emotions were described accurately by giving them time to 'choose different words that would suit the situation better' (P11). This was compared to talking therapies where participants described 'having to respond on the spot, from just straight up' (P11), which meant that 'you just say things you haven't really thought through'

(P3). Therefore, the less overwhelming and more *'friendly'* (P1) nature of the relationship empowered adolescents to take their time and not feel rushed.

### **Theme 3: 'you have to sort of like give your all time to it': significant commitment**

This theme encompasses the significant commitment required when engaging with the weekly chapters. Adolescents described how the programme was *'a lot of work'* (P10), which was due to chapters being *'long'* and *'difficult to understand'* (P8).

#### **3.1 *'for someone who doesn't really engage... it wouldn't work at all': motivation needed***

As a result of the commitment required, alongside having other *'s\*\*t to focus on right now'* (P7), which included school examinations, motivation was essential, and seemed to be the factor determining continued engagement:

*sometimes I'd have to like push myself to do it, I'd think, you know I don't really wanna read a chapter...but in the end, like once I've done it I realized that it was helpful* (P13)

Here there is a sense that motivation kept P13 engaged. Participants who had this motivation felt empowered by the chapters and valued the fact that they would be *'learning things...and gaining skills'* (P2). They preferred this added component rather than *'just me talking, the whole time'* (P2) and felt they got more out of the therapy as a result:

*it's nice having like a focus for each week 'cause when I've had therapy before, they're just like talk about your feelings and then...you don't really get anywhere.*

(P3)



However, a smaller subset of participants were not able to complete the chapters each week, such as P4, who explained that *'I had less time and then I was becoming less interested in um... reading all of it'* (P4). These participants described how the emotional difficulties associated with depression meant they had less motivation to do daily tasks, and consequently there were weeks when they *'just couldn't'* (P9) do it, as they *'could barely bring themselves to do the bare minimum'* (P9). Adolescents expressed feeling *'lots of people being depressed and anxious during the programme were like that'* (P10).

These participants said the chapters *'were a chore'* (P4), *'felt like homework'* (P4), and described feeling overwhelmed rather than empowered by them:

*it's a wee bit overwhelming when you've got lots...to get through* (P6)

*at the beginning it was alright...but nearer the end it was kind of feeling...like quite a lot of extra effort.* (P9)

### ***3.2 'I probably would have given up': therapeutic relationship essential***

The commitment required meant the relationship with the TSW became essential to continued engagement:

*I probably wouldn't have like got through the whole thing if I hadn't been able to talk to her throughout.* (P6)

Some participants described how the TSW provided the motivation and validation they needed to continue to engage with the chapters, as they confirmed that they were *'doing the right thing'* (P3) and praised their efforts:

*she gave me lots of like positive reinforcement which was really nice...it helps you know that you're doing the right thing. (P3)*

The TSW would also signpost specific chapters to participants if they had not engaged with them, explaining the value behind it, which helped motivate them:

*if I had like missed a few chapters he'd say...like read this chapter I think it would...benefit you in particular, so I'd read specific ones... (P8)*

The relationship was central to the programme, and several participants said it was the ‘*main part*’ (P8) for them. Some participants said that ‘*if the chat sessions would have been a bit longer and they [chapters] weren't there it would have still been like alright, or the same for me*’ (P9). Most of these participants only engaged with the chapter content at the start.

#### **Theme 4: ‘helped me on my journey to cope better’: facilitated change**

This theme encapsulates the journey of self-discovery and development adolescents described the programme facilitating. There was a sense that more work needed to be done but that the programme had enabled adolescents to continue the ‘*journey*’ (P10) on their own beyond the end of treatment.

##### ***4.1 A personalised psychoeducation***

Establishing a strong understanding of the psychodynamic formulation of depression supported adolescents to recognise what preceded and maintained their own feelings and thoughts:

*it helped me learn about certain things like emotions, their causes and things that can lead to them being unhealthy, emotions (P11)*

The chapters provided a 'focus' (P3) for each week which many participants found 'useful' (P6), as 'the online material sort of help me get some tasks in mind to try and think about during the week' (P1). The chapters also provided an insight into how they were feeling and gave them the understanding they needed to discuss this with the TSW:

*the modules kind of helped straighten out my thoughts about a specific area of mental health. I found it a lot easier to then...explain things to my therapeutic worker*  
(P7)

Discussions with the TSW were then key in providing a space to reflect on this information. Adolescents described how they were 'helpful in sort of making it more specific to me and like my personal situations' (P1). There was also a sense that the TSW was able to deepen their understanding of the chapter content using their expert knowledge because they were 'really good at like connecting things that I wouldn't be able to myself' (P14). The participants valued the knowledge the therapist brought to this work. For example, when imagining how the programme would have been without the chat sessions, P4 said:

*I kind of think it would of not been useful just because you'll be reading something we wouldn't be able to like talk about it...kind of like put it into practice...I think it would just be in my head* (P4)

This highlights the importance of a hybrid format. However, the deepest insight into their difficulties seemed to be highlighted when describing conversations with the TSW.

*she just like pieced together like my main problems and why my brain has like breakdowns and stuff...it was mind-blowing* (P5)

#### **4.2 'I feel in more control of my emotions': skills gained**

Adolescents enhanced their ability to sit with difficult emotions, which enabled them to feel in more control:

*when I do get upset, like I'm better rather than just going on my phone like to distract myself I'll actually think about like what's going on, and like how it feels, and what I can do about it. (P3)*

With this the participants also learnt to control their emotions.

*I'd actively like um think about what the modules have been saying when I'm outside and then like as soon as I feel anxious or anything, I'd immediately be like, right OK, so this is what we spoke about, let's try this out (P7)*

### **Theme 5: 'It's way better than I thought it would be': gained appreciation**

Given adolescents' negative preconception of online therapy, they left '*surprised*' (P2) by the significant amount they had gained, describing how it had '*worked*' (P14) and '*helped a lot*' (P11). They left with a '*changed*' (P7) opinion, feeling it was '*a lot more helpful than I thought it would be*' (P7):

*I found it really useful and I guess at start I was a bit, sort of like, hmmm how good's this gonna be... (P10)*

Even those who felt I-PDT wasn't for them left with an improved opinion, identifying how it could be a valuable resource for others:

*now I understand it and I honestly see how like some people would prefer online therapy to real life therapy (P4)*

Participants highlighted how their preference for online or face-to-face support, and overall experience with I-PDT *'might just be a personal thing'* (P11). Within this 'motivation' and 'confidence' were identified as two key attributes. The impact of these attributes is summarised in Figure 2. Overall, participants who valued the opportunity to learn on their own via the chapters described themselves as 'motivated' individuals who had come into therapy with a desire to learn. These participants felt empowered by the chapters, as they gave them *'a chance to be the sort of therapist... and sort of learn'* (P10). They felt they got more out of therapy due to skills learnt via the chapters:

*the materials are actually really useful, since you know you can refer back to them and you kind of learn a lot through doing them* (P6)

In contrast, a smaller subset of individuals lacking motivation felt the chapters a *'chore'* (P4) and felt *'overwhelmed'* (P6). Some would have preferred the psychoeducation to be included within the chat sessions:

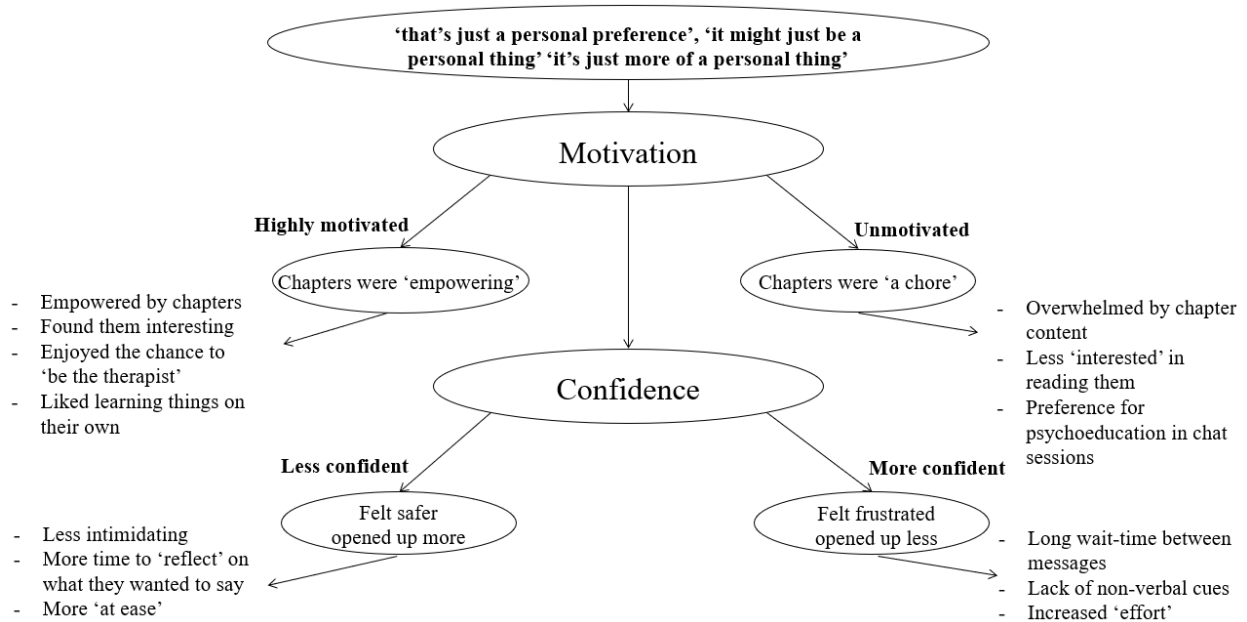
*You have like some sort of a mental health thing and that's already draining in itself. So, like I don't always just think I'm just going to read a really long chapter about my depression right now.* (P8)

In addition, the text-based nature of communication appeared to benefit less confident participants who said they open up more over this platform than in face-to-face alternatives, as *'when it is anonymous you can be like really honest'* (P2). In contrast adolescents who felt more confident during usual face-to-face interactions found the text-based nature of communication frustrating and some opened up less:

*there's so much time wasted on, waiting on messaging...and I'm relatively OK with people so I'd rather do talking (P12)*

**Figure 2**

*The effect of personal attributes on experience*



## Discussion

The study aimed to explore adolescents’ journey through a psychodynamic internet-based intervention for adolescents presenting with moderate to severe depression, including their experience of the online ‘chapters’ as well as the weekly, synchronous chat sessions with a

therapeutic support worker. A thematic analysis was performed on 14 semi-structured interviews which identified five interrelated themes; 'negative expectation', 'strong therapeutic relationship', 'significant commitment', 'facilitated change' and 'gained appreciation'. The themes are discussed in relation to four overarching insights that draw together or underscore these themes.

### **Shifting power dynamic within a strong therapeutic alliance**

A strong and unique relationship was established between adolescents and the TSW online, with several aspects similar to the way face-to-face therapeutic relationships have been described previously, alongside some distinct elements, such as a difference in perceived power dynamics (Gibson & Cartwright, 2014).

In line with face-to-face therapies a strong therapeutic relationship was established when the TSW was experienced as someone who genuinely cared about them alongside supporting them in understanding and coping with their difficulties through their psychological expertise (Hill, 2005). However, echoing previous research on adolescents experiences of TBOC, there was a notable shift in the power dynamic when compared to face-to-face therapeutic relationships, whereby adolescents felt a greater locus of control over the session content, its pacing and what they wanted to share due to feeling less judged and intimidated by the TSW than they imagined they would be by a therapist who they met in person (Callahan & Inkle, 2012; King et al., 2006; Gibson & Cartwright, 2014; Dhesi et al., 2022). This was especially true for those who had previously experienced face-to-face therapy. Therefore, online therapy seems to provide an important space for adolescents to renegotiate the inherent power dynamic present in face-to-face therapeutic relationships, providing them with a greater sense of control over the therapeutic process (Gibson & Cartwright, 2014).

The components creating the strong therapeutic relationship online fit Bordin's (1979) tripartite conceptualisation of face-to-face alliances as made up of 'bond', 'goals' and 'tasks'. In particular, the identification of the TSW as a friendly person who cared about them encapsulates many of Bordin's elements related to developing a 'bond'. Furthermore, the sense that adolescents could assert their own power in the relationship, alongside the TSW's valued ability to support adolescents in understanding their difficulties, highlights the importance adolescents placed on collaboratively working towards their 'goals' and 'tasks' within the alliance. This echoes findings from Mortimer et al. (2022), who examined the online relationship in IPDT using transcripts of the chat sessions from the adolescents in the D:OTS study (Mortimer et al., 2022), as well as other studies examining the online relationship among adolescents (Hanley, 2012). Together, these findings challenge views suggesting that Bordin's model does not fit online therapeutic relationships (Gomez-Penedo et al., 2020).

### **Critical importance of the alliance**

Previous studies of online therapy have reported quite high levels of attrition or dropout, but in the D:OTS study, engagement was generally very good (Midgley et al., 2021). Both theme two, 'significant commitment', and theme three, 'facilitated change', point to the central importance of the chat sessions with the TSW in maintaining engagement and facilitating change. The second theme encompassed the difficulty adolescents had in managing the workload of the programme alongside their other commitments, making the relationships with the TSW critical in providing a source of motivation and support for continued engagement. The reliance on a strong therapeutic relationship in maintaining engagement echoes research on face-to-face therapies with adolescents (Barret et al., 2008), as well as studies exploring individuals' experiences of online therapies (Lindgard et al., 2021), where ineffective relationships with



therapists led to adults dropping out of the programme or therapy (Lindgard et al., 2021; Barret et al., 2008).

Theme three described how the personalised psychoeducation adolescents received from the TSW's feedback empowered them to embark on a journey of self-discovery and development by providing them with skills needed to understand and manage their emotions. The finding fits with quantitative studies highlighting the programmes efficacy within the wider pilot project (Midgley et al., 2021), as well as the theoretical model of I-PDT, in which a capacity to manage emotions better is considered a core element of the psychodynamic model (Mechler et al., 2020). In offering insight into the mechanisms behind this change, results suggest the TSW was an integral component. There was a sense that the information in the chapters would have been less meaningful without their input, which fits with previous findings on adults (Lindgard et al., 2021; Walsh & Richards, 2017) where the omission of feedback from therapists led to a lack of identification with the chapter content and an inability to apply it to their own lives (Gerchards et al., 2011).

For adolescents unable to regularly engage with the chapters of the I-PDT programme due to a lack of motivation, chat sessions became the primary or only means by which they engaged with the programme, yet they still spoke highly of the insight gained and skills developed. This stands in contrast to adult populations where a higher degree of frustration and subsequent drop-out with guided self-help programmes has been reported (Patel et al., 2020). The differences may be due to the discrepancies in the nature of therapeutic support between internet-based therapies (Berger, 2017). This programme provided a higher degree of support than most, and therefore more opportunities to develop a strong alliance that can maintain engagement and deliver a form of psychoeducation (Berger, 2017). However, it may also be due

to the suggested stronger emphasis adolescents place on the ‘bond’ component of the alliance than adults (Bordin, 1979; Karver et al., 2008; Shirk & Saiz, 1992).

### **The impact of personal characteristics**

The influence of adolescent’s personal characteristics and working style on their journeys underscored all themes, and mirrors research on adults highlighting the importance of individual differences, meaning that online therapy is only suitable for some (Walsh & Richards, 2017).

Similar to findings among adults, motivation influenced participants’ engagement with the chapters whereby participants who were intrinsically motivated, who liked working independently, and who wanted to acquire practical skills and techniques to overcome their difficulties spoke more positively about their experience with the chapters, feeling empowered by them (Walsh & Richards, 2017; Richards & Timulak; 2013; Hanley & Wyatt, 2021). In contrast, adolescents who were unable to complete the chapters spoke of lacking motivation and expressed feeling overwhelmed and disempowered, standing in contrast to adult populations who speak of feeling frustrated (Walsh & Richards, 2017). In line with conclusions from Richards and Timulak (2013), the high level of support within this programme may have prevented negative emotions associated with not completing the chapters from prevailing. This would account for the positive experiences among most adolescents in this study, even when they had low motivation levels. The findings highlight the need to consider the degree of support carefully when developing internet-based therapies in the future, particularly given depression and low-mood often co-occur (Smith, 2013).

In addition, confidence affected adolescents’ experience of the online relationship, in line with previous studies on TBOC (Gibson & Cartwright, 2014; King et al., 2006). The less

intimidating nature of the relationship enabled them to open up about intimate feelings. In contrast, a subset of more confident individuals felt at ease talking to people and opened up less due to difficulties they had in communicating over this platform. Therefore, findings indicate that whilst text-based communication provides an important alternative for adolescents unable to open up during face-to-face communication by providing an option within their locus of control and emotional tolerance level, it is not suitable for all adolescents: Namely, more confident individuals who are possibly able to manage the power imbalance inherent among face-to-face therapies (Gibson & Cartwright, 2014). But overall, findings support claims advocating for a range of therapies to meet adolescents needs (Cohen & DeRubeis, 2018).

### **Changed perception**

Together, themes one and five encompass adolescents' change in perception following their journey through the programme. Adolescents started I-PDT with a negative preconception and lack of understanding around what it would entail. The findings mirror those from face-to-face therapies where adolescents asked about their expectations of therapy before starting conveyed a sense of not knowing (Midgley et al., 2014), as well as results from adults' preconceptions of internet-based therapies where they expressed feeling sceptical about its helpfulness and concerned about whether a therapeutic relationship could be established (Patel et al., 2020; Hanley & Wyatt, 2021). This might be because it is hard for people to imagine what the intervention would be like without prior experience. Importantly, negative expectations reduce treatment-seeking behaviours (Gonzalez et al., 2005) and a lack of understanding demotivates individuals (Hanley & Wyatt, 2021). Therefore, adolescent negative preconceptions and lack of understanding could explain the low up-take rates observed among internet-based therapies

(Waller & Gilbody, 2009) and highlights a need for therapists to inform, educate and raise awareness about online interventions.

### **Limitations**

Limitations of this research include the fact participants only include adolescents who self-referred to the study, engaged with the study, and were then willing to be interviewed. Therefore, findings only represent a proportion of individuals who may access internet-based interventions, stay engaged with the study and are willing to be interviewed. As several participants turned to internet-based therapy because they found it difficult to talk about intimate feelings face-to-face, the nature of the video interviews for this study may have resulted in participants not participating or avoiding talking about problems and issues with the programme, offering a more positive view instead (Gulliver et al., 2010).

### **Implication for clinical practice and future directions**

This was the first study to explore adolescents' experiences of an internet-based psychodynamic therapy for adolescent depression. The findings show adolescents valued and benefited from this type of therapy, with many of the themes echoing the experiences of adolescents who had engaged with face-to-face psychoanalytic psychotherapy (Bury et al., 2007). Moreover, it appeared that the chat-based sessions helped to address some of the issues raised in Bury et al.'s (2007) study, especially related to issues of the power dynamics in therapy for adolescents. If we reflect on what this means in practice, it suggests that some adolescents can access, develop an alliance, and develop strategies with the support of their TSW to support them with their emotional difficulties online, and that this way of working may offer a useful alternative (or a first stage of treatment) for some depressed young people. Findings therefore support

government policies to increase the availability of digitally enabled models of therapy for adolescents by highlighting their positive experiences with I-PDT (Department of Health and Department of Education, 2017), and suggest that psychodynamic models of internet-based therapy are an important option to be considered.

The study also highlights how integral personality characteristics and working styles are to adolescents' journeys. In practice this means that whilst some adolescents are able to benefit from online therapy, others find it harder and may need more support to stay motivated. Further research needs to examine how personality characteristics shape experiences to ensure more targeted, effective interventions, tailored to individual's needs, are developed (McGorry et al., 2013).

It is noted that this study only included participants who completed the study; and although drop-out rates were very low in the D:OTS study, future research should include participants who drop-out of programmes to see how they can be adapted to better engage them. Furthermore, future qualitative research could explore therapists' experiences of working with young people in an online format, including their experiences of forming a therapeutic alliance, and navigating rupture and repair.

## **Conclusion**

This study addressed a critical gap in the literature by exploring adolescents' experiences and expectations of an internet-based psychodynamic guided self-help programme for depression. Overall, participants had a positive experience of I-PDT, despite low initial expectations. Findings suggest that a strong therapeutic relationship can be formed through an

online intervention, at least when weekly, synchronous chat sessions are offered with a TSW alongside the online chapters, and that this relationship may be an important mechanism of change. The findings also highlight the influence of personal characteristics and working styles on adolescents' journey through online therapy; such insight may prove beneficial in directing adolescents to therapies most suited to their individual needs.

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The authors report there are no competing interests to declare

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## Appendix A: Glossary

**Affect-focused** - a psychodynamic treatment that draws especially on the work of Malan (1979) and focuses on supporting the expression and experience of affects, especially those that may be defensively warded off.

**Bottom-up approach** - a type of research that focuses on analysing the data in detail and using this to frame the ideas arising, in this case the codes and themes arising from the transcripts of data.

**Effect-size** - a statistical value measuring the strength of the relationship between two variables in a population or a sample.

**Exclusion criteria** - a set of criteria which determines which members of the target population are not able to participate in the study.

**Guided self-help** - where a patient works through a guided self-help workbook or computer course with the support of a therapist.

**Inclusion criteria** - a set of criteria which determine which members of the target population can participate in the study.

**Inductive** - a process of coding the data without trying to fit into a pre-existing coding frame or the researchers analytic preconceptions.

**Pilot study** - a small scale preliminary study that is conducted before any large-scale quantitative research would take place.

**Psychoeducational content** - this can include information given verbally or in a therapy session which educates a person on psychological concepts.

**Reflexive thematic analysis** - an approach to thematic analysis that values the researcher's subjective experience as the primary way to discern knowledge from data.

**Thematic analysis** - a method of analysing qualitative data. It is usually applied to texts or interview transcripts. The researcher reads through the text to identify common themes, ideas and patterns that come up in the datasets and use these to identify resulting themes discussed in the paper.