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STRUCTURAL-LEVEL ANALYSIS OF THE EXPERIENCE OF ORGANIZATION OF CONSULTATIVE WORK WITH ADOLESCENTS

The article provides a structural-level analysis of the experience of organizing counseling work with adolescents. The features of psychological counseling of adolescents are revealed, taking into account the characteristics of a given age period of a child's life and the main social risks of our time. Systematization of scientifically based and ethical principles of psychological counseling of adolescents, accepted in the professional community, has been carried out. The main themes of the psychological experience of counseling adolescents are described based on the analysis of professional experience, in particular in the education system. The aim is to summarize the international experience of counseling with the help of telemedicine to identify opportunities and limitations in the use of these tools in practice, the availability of psychological assistance to adolescents living. in particular, in rural areas. Methods. The study uses methods of generalization and systematization of existing research (international experience) in the field of telemedicine. Results. Research shows that adolescents with psychological problems are usually negatively affected by the rural environment, while psychological assistance is less available for this social group. It was found that the restriction of such assistance is due primarily to the lack of anonymity, a developed culture of psychological self-help, increasing social stigma of mental illness. The study showed that the most appropriate institutional form of psychological counseling is access to such services through specialized counseling services organized within the educational environment of rural schools. In addition, based on the generalization of experience, it is shown that the most effective means of telemedicine is to offer standardized programs of psychological assistance, as well as improving the security of personal information through the involvement of specialists from regional centers. Conclusions. The use of telemedicine is a unique tool to support young people with psychological problems and mental disorders in rural areas. Psychological counseling through telemedicine in schools is an effective way for rural adolescents to access qualified care.

Key words: psychological counseling, adolescents, structural-level analysis.

Formulation of the problem. The problem of psychological counseling for adolescents is not new and is widely represented in the scientific and practical literature on developmental psychology and the psychology of counseling. But in today's rapidly changing society, scientists around the world note that multiple socioeconomic changes and technological progress have a major impact on the development and change in the psychology of modern adolescents. In this regard, the discussion of the topic of psychological counseling for adolescents is relevant and in demand by practical educational psychologists.

In the modern literature it was determined that there are significant difficulties in the availability of psychological assistance to adolescents in rural areas compared to urban areas.

Understanding these barriers in providing assistance to adolescents is a very significant scientific problem for Ukraine as well.

In addition, in our country, even for those living in urban areas, psychological assistance is provided by a very limited circle of specialists, mainly school psychologists and support services (helplines, etc.).

Support groups as an institutional form are undeveloped, as is psychotherapeutic assistance to the population.

At the same time, a significant number of studies have shown that it is in adolescence that the availability of psychological assistance is most significant for the formation of a personality. In addition, the lack of specialist help during this period can lead to very serious diseases (disorders) in the future.

Therefore, the formation of an effective institutional form of psychological counseling in the future should be one of the priorities for the development of education and health care in rural areas.

Despite the fact that adolescents prefer to receive psychological assistance from informal sources, in particular, such as support from friends and relatives, studies show that the main characteristics for a teenager are an open-minded attitude to his problems, understanding the problems of adolescence and accepting them as significant and significant, and, of course, the availability of such assistance services.

At the same time, the main limitations are the unavailability of psychological services or the high employment of a specialist.

Thus, the topic of the development of new institutional forms of psychological counseling of adolescents in rural areas is one of the important areas of research.

Analysis of recent research and publications. Research in the field of psychological counseling of adolescents can be divided into a number of thematic blocks:

- 1) research in the field of generalization of the practice of psychological counseling of adolescents (Boyd, Aisbett, Francis, Kelly, Newnham, Newnham, 2006; Coyne, 2015);
- 2) work in the field of institutional forms of psychological counseling for rural adolescents (Gulliver, Griffiths, Christensen, 2012; Hickie, Groom, 2002);
- 3) research on the effectiveness, opportunities and limitations in the provision of psychological counseling services through telemedicine (Francis, Boyd, Aisbett, Newnham, Newnham, 2006; Orlowski, 2016; Parr, Philo, 2003);
- 4) the formation of telemedicine services within the framework of school psychological counseling (Lindsey, Kalafat, 1998).

We used methods of generalizing the results of previous studies in the field of using telemedicine tools for psychological counseling of various groups of the population: rural schoolchildren, patients of depression clinics, post-traumatic syndrome and panic attacks in the EU countries.

We have also summarized the theoretical provisions of the implementation of telemedicine.

The purpose of the article is to conduct a structural-level analysis of the experience of organizing counseling work with adolescents.

Presentation of the main material and research results. In the process of psychological counseling for adolescents, it is important to observe the principles of professional ethics adopted in the professional community of educational psychologists.

Ethical principles are designed to protect the legal rights of adolescents seeking counseling and help to maintain trust between the psychologist and the client. Principles that are relevant in the process of counseling adolescents:

- the principle of confidentiality, which consists in the prohibition of disclosure to third parties of information obtained in the process of counseling, with the exception of information that threatens the life and health of the client or others, as well as information about an impending or committed crime;
- the principle of competence, which consists in observing the boundaries of professional competence by a specialist: if the client's problem goes beyond its scope, the psychologist must provide information about the possibility of obtaining qualified assistance on this issue in other institutions;
- the principle of responsibility, which implies personal responsibility for the choice of methods and techniques of counseling that do not harm the client;
- the principle of ethical and legal competence, guidance in professional activities with current legislation and professional requirements for the conduct of psychological activities;

- the principle of qualified propaganda of psychology, providing the client with only reliable scientific information that contributes to the improvement of psychological literacy and the development of psychological culture;
- the principle of the client's well-being, orientation towards the observance of the rights and interests of the child, observance of the "do no harm" principle, benevolent and invaluable attitude towards the client, non-discrimination (restrictions on constitutional rights and freedoms of the individual) based on social status, age, gender, nationality, religion, intelligence and any other differences both in relation to the client and to all the characters in the client's stories;
- the principle of professional cooperation, a ban on discussing with the client and evaluating the actions of colleagues (psychologists, teachers and other specialists about whom the teenager talks);
- the principle of informing the client about the goals and results of the survey used in the process of consultative meetings; informing the client about the goals and content of the psychological work carried out with him, the methods used and ways of obtaining information, so that the client can decide to participate in this work.

It is important to inform adolescents at the beginning of the consultation about the nature of the information obtained during the consultation process, which can be communicated to other interested persons and / or institutions.

The participation of adolescents in the process of psychological counseling should be conscious and voluntary.

In cases where the child has not reached the age of 16, consent to his participation in psychological procedures must be given by parents or persons replacing them.

In practical work, the school psychologist periodically encounters difficulties associated with the lack of consent to psychological support from the parents (legal representatives) of the teenager, but at the same time there is a request for psychological counseling from the teenager himself.

At the same time, the psychologist should work to explain the importance of obtaining consent from parents for the psychological support of the child, and if the child urgently needs psychological support, it should be provided to him.

To obtain the consent of a teenager and his parents (legal representatives) for psychological work with a teenager, the psychologist must use clear terminology and language that the client can understand.

In the process of professional activity (including psychological counseling), the psychologist expresses his own judgments and evaluates various aspects of the situation in a form that excludes the restriction of the client's freedom to make an independent decision.

In the course of work on the provision of psychological assistance, the principle of voluntariness on the part of the client must be strictly observed.

There are a number of features in counseling adolescents that are dictated by a difficult age of crisis, an expanding range of problems and new life tasks that a young person faces.

Most often, it is during this age period that a teenager can for the first time independently seek psychological help without informing his parents.

It is often difficult for a teenager to formulate a request for psychological work, sometimes he waits for an initiative from an adult. The reason for individual counseling is often a discussion of the results of diagnostic studies or questions that arise after the implementation of preventive educational activities.

One of the most effective ways to form motivation for psychological counseling in adolescents is to conduct psychology lessons that help students discover and understand their inner world, explain and accept their emotions, experiences, thoughts and needs, build their own line of self-development and self-improvement. Psychology lessons should not be in the nature of a psychotherapeutic group, the leader of such classes should not allow public discussion of the personal experiences of students, psychology lessons should not turn into group psychological counseling.

When counseling adolescents, it is important to establish a trusting relationship, the child must be sure that he can trust an adult.

At the same time, it is important to show the teenager the value of his interests and experiences at a given time.

The main difficulties in counseling this group of clients are the conduct and interpretation of the results of psychodiagnostics (increased likelihood of unreliable data) and the difficulty of reflecting the results of counseling by the adolescent himself.

Therefore, in counseling adolescents, a specially constructed conversation aimed at prevention and education is more preferable than deep psychotherapeutic work.

Another important feature of counseling adolescents is a longer period of establishing contact and formulating a request than with adult clients.

Adolescents are much more likely than adults to come to a consultation with a request that is not really true, they start the discussion with questions that are not important for them, and sometimes they cannot formulate a request to a psychologist at all.

The task of the psychologist-consultant during the conversation is to win over the teenager, help the teenager formulate a request and build a scheme of work on this request. Therefore, a teenager's initial consultation can take place in a

conversation about his interests, hobbies, emotional state, daily routine or games that he likes to play with friends or on the computer.

At the beginning of the conversation, one should not ask direct questions about the state of mind of the child and give a lot of diagnostic tasks - all this most often leads to increased anxiety or loss of interest in direct communication with specialists.

At the same time, I would like to note that the use of diagnostic techniques sometimes, on the contrary, helps to relieve situational anxiety, increase interest in the process of psychological counseling and allows you to somewhat postpone the discussion of acute problems and establish more trusting contact.

It is important for a specialist to focus on the current emotional state of a teenager during a consultative meeting and choose methods that are adequate to a particular situation. Another feature of psychological counseling for adolescents is related to the concealment by the teenager at the initial meeting of the "true client".

Quite often, teenagers come for a consultation and say that their friend (girlfriend) has some kind of story - a conflict with a teacher, parents beat, unhappy love, or even suicidal thoughts. In this case, the developmental psychologist-consultant should remember that, perhaps, this request refers to the teenager who came for psychological help, that it is he who is the client of the psychologist, but for various reasons is not yet ready to speak in the first person .

This way of asking for help protects a teenager from various negative feelings - shame, embarrassment, anxiety, distrust, fear. In the course of work, when a trusting relationship arises between a teenager and a psychologist, a teenager will be able to discover more information on the topic under discussion.

Psychological counseling is not only a discussion of the client's emotional state, but also assistance in analyzing the client's current life situation, in which he is currently experiencing discomfort and difficulty, and updating the process of value meaning formation.

At the same time, overcoming should be associated not only and not so much with the rejection of modern technologies, network communication, career growth, but with the development of a personal position that could subordinate more private interests and destroy dependence on external factors. The task of mental-activity pedagogy in working with the formation of meaning in adolescents is to help them build their position in mental activity. To realize this, it is necessary to fulfill the following requirements: work with the long-term goals of adolescents, create conditions for their openness to cultural content and help in overcoming anthropocentrism.

The implementation of these requirements is most effective in the course of an organizational and activity game using design technologies. This activity is a

pedagogical tool that allows a teenager to begin to respond to challenges through mastering his mind to carry out an action, defining himself in relation to the cultural and social content of life.

At the same time, this technology should not only ensure the emergence in a teenager of a sum of isolated abilities and competencies (freedom, autonomy, responsibility, awareness, awareness, etc.), but build a complete connection of thoughts, communication and actions, the deployment of which allows you to move on to adulthood.

The use of these principles is also appropriate in the psychological counseling of adolescents, as it helps to solve the problems of this age with relevant technologies and means.

The tools of psychological counseling through telemedicine generally include those technologies that are implemented through Internet technologies and allow for feedback between the patient and the psychologist in real time.

In particular, consulting can be carried out through direct communication using webcams, as well as through online chats, e-mail, various messengers.

The introduction of telemedicine technologies into the practice of psychological counseling, especially those based on Internet technologies using webcams, is the most controversial issue in science over the past 10 years.

The most obvious differences of opinion are in terms of the effectiveness of the use of this institutional form. But, despite some inconsistency of positions, the problem of telemedicine in psychological counseling is widely covered in modern research, while a number of works have already proved its effectiveness based on the analysis of such feedback forms as structured interviews and completed online survey forms (Tate, Zabinski, 2004; White, Jones, McGarry, 2000).

Part of the research is devoted to the comparison of telemedicine tools with the effectiveness of face-to-face psychological counseling.

At the same time, despite the "spread" of positions on this issue, telemedicine is a scientifically significant area of research on the features of psychological counseling and training.

A number of studies based on empirical data indicate a significant number of advantages of telemedicine in psychological counseling.

First, many researchers point out that this method of assistance significantly reduces the problem of the stigma of visiting appropriate clinics, providing services in dangerous or uncomfortable conditions, reduces the time of visiting a psychotherapist or psychologist, which has a positive effect on people suffering from depression (Gould, Munfakh, Lubell, Kleinman, Parker, 2002).

However, despite these advantages, the disadvantages of this method of organizing psychological counseling were also identified.

First of all, the problem area is ensuring the patient's safety in the presence of suicidal tendencies, administration of the service provision process, licensing of activities (Hickie, Groom, 2002).

Also, a number of studies have shown that psychologists are often unprepared for effective work in the conditions of telemedicine, which raises the question of the need for their professional retraining or even separate licensing of this activity of specialists.

However, despite these limitations, in general, studies based on the behavior of clients consulted for PTSD have shown their effectiveness and safety (Gros, Veronee, Strachan, Ruggiero, Acierno, 2011).

In international practice, there are also many cases when clinics refused to provide psychological counseling services through telemedicine tools.

In the same cases, when this type of assistance was applied and the clients were satisfied with it, the variability of the level of psychological problems with which the client applied was taken into account.

So, in the case of treating panic attacks, this method is more effective than in the treatment of depression and post-traumatic syndrome.

In addition, the results obtained are more relevant to adult patients, although the effectiveness of these methods in the process of counseling children and adolescents is also noted in separate works (Pesamaa, Ebeling, Kuusimaki, Winblad, Isohanni, Moilanen, 2004).

Generalization of the results of the study of the practice of psychological counseling with the help of telemedicine showed that in international practice, it is considered a proven fact that for a teenager with psychological problems, the rural social environment is more aggressive than the urban one.

The social structure of rural society is intolerant of the manifestation of psychological problems, including in adolescents.

Any manifestations of emotional problems are defined by society as a manifestation of weakness, are the cause of harassment by adults, meet fears and condemnation.

However, the severity of psychological problems is often exaggerated by others and can cause the appearance of social stigma, as well as lead to the formation of a stable pattern of delinquent behavior of a teenager (Boyd, Aisbett, Francis, Kelly, Newnham, Newnham, 2006).

In fact, all studies indicate that the use of psychological assistance services by adolescents living in rural areas is limited due to the lack of anonymity of its provision. A small social group of a separate settlement has much less opportunity to remain anonymous when receiving psychological help, so the use of telemedicine tools allows us to solve this problem.

Also, a significant limitation of receiving psychological assistance is the lack of information about the possibility of receiving such assistance.

Thus, adolescents living in rural areas are sometimes more in need of psychological assistance – counseling and rehabilitation, but it is less accessible to them.

Therefore, the provision of psychological assistance with the help of telemedicine services is the most adequate way to receive it, despite all possible restrictions.

In addition, rural adolescents often do not have access to modern means of communication, so the most acceptable form of institutional support is the provision of psychological assistance in a rural school, even in cases where the problems experienced by a teenager cannot be solved by a school psychologist as part of supportive therapy.

It should be noted that this approach can also be considered effective because teenagers often turn to help only if it is offered.

Therefore, international experience has developed a practice when school psychologists recommend rural adolescents to seek help from a specialized service that provides, based on the results of psychological preliminary consultation with a school psychologist, assistance through telemedicine services.

In addition, based on the generalization of experience, it was shown that the most effective means of telemedicine is to offer standardized programs of psychological assistance (Arthur, 2005), as well as to increase the security of personal information by attracting specialists from regional centers.

Conclusion. Psychological counseling for adolescents is one of the forms of psychological and pedagogical support of the educational process and should be carried out by specialists with special professional training in the field of psychological counseling. In a multidisciplinary psychological service, these functions may be performed by a developmental psychologist and/or counseling psychologist. Psychological counseling for adolescents is reflected in all areas (programs) of psychological support of the main educational program: psychological support for educational activities (advice on individualization, differentiation and profiling of education; assistance in self-knowledge, development of abilities, universal educational activities and meta-subject educational results; assistance in overcoming learning difficulties and anxiety in a situation of final certification); psychological support of the program of education and socialization (consulting on adaptation and socialization, prevention of social risks and various forms of deviant behavior;

preservation and strengthening of the psychological health of adolescents; development of psychological culture, value orientations and personal educational results); psychological support of correctional work (consulting children with disabilities). The use of telemedicine tools is a unique tool for supporting adolescents with psychological problems and mental disorders in rural areas. At the same time, psychological counseling with the help of telemedicine tools at school is an effective means of accessibility of adolescents in rural areas to qualified assistance. The model of providing psychological assistance to adolescents through telemedicine, which has been tested in international practice, as part of the process of upbringing, education and socialization carried out by rural schools, can be used in Ukraine in the formation of institutional forms of psychological support for Ukrainian schoolchildren.

References

- 1. Arthur A. (2005). Layered care: a proposal to develop better primary care mental health services. *Primary Care in Mental Health*, Vol. 3. P. 103-109. [in English].
- 2. Boyd C., Aisbett D., Francis K., Kelly M., Newnham K., Newnham K. (2006). Issues in rural adolescent mental health in Australia. *Rural Remote Health*, Vol. 6. P. 498-502. [in English].
- 3. Coyne I. (2015). Adolescents and parents' views of Child and Adolescent Mental Health Services (CAMHS) in Ireland. *Journal of psychiatric and mental health nursing*, Vol. 22, No. 8. P. 561-569. [in English].
- 4. Francis K., Boyd C., Aisbett D., Newnham K., Newnham K. (2006). Rural adolescents' perceptions of barriers to seeking help for mental health problems 2006. *Youth Studies Australia*, Vol. 25. P. 42-49. [in English].
- 5. Fuller J., Edwards J., Procter N., Moss J. (2000). How definition of mental health problems can influence help seeking in rural and remote communities. *Australian Journal of Rural Health*, Vol. 8. P. 148-153. [in English].
- 6. Gould M.S., Munfakh J.L.H., Lubell K., Kleinman M., Parker S. (2002). Seeking help from the Internet during adolescence. *Journal of the American Academy of Child and Adolescent Psychiatry*, Vol. 41. P. 1182-1189. [in English].
- 7. Gros D.F., Veronee K., Strachan M., Ruggiero K.J., Acierno R. (2011). Managing suicidality in home-based telehealth. *Journal of Telemedicine and Telecare*, Vol. 17(6). P. 332-335. [in English].
- 8. Gulliver A., Griffiths K.M., Christensen H. (2012). Barriers and facilitators to mental health help-seeking for young elite athletes: a qualitative study. *BioMed Central Psychiatry*, Vol. 12. P. 156-158. [in English].

- 9. Hickie I., Groom G. (2002). Primary care-led mental health service reform: an outline of the better outcomes in mental health care initiative. *Australas Psychiatry*, Vol. 10. P. 276-286. [in English].
- 10. Lindsey C., Kalafat J. (1998). Adolescents' views of preferred helper characteristics and barriers to seeking help from school-based adults. *Journal of Educational and Psychological Consultation*, Vol. 9. P. 171-193. [in English].
- 11. Morse J. (2000). Determining sample size. *Qualitative Health Research*, Vol. 10. P. 3-5. [in English].
- 12. Nabors L., Prodente C. (2002). Evaluation of outcomes for adolescents receiving school-based mental health services. *Child Service: Social Policy, Research and Practice*, Vol. 5. P. 105-112. [in English].
- 13. Nabors L., Wesit M., Reynolds M., Tashman N., Jackons C. (1999). Adolescent satisfaction with school-based mental health services. *Journal of Child Family Studies*, Vol. 8. P. 229-236. [in English].
- 14. Orlowski S. (2016). A Rural Youth Consumer Perspective of Technology to Enhance Face-toFace Mental Health Services. *Journal of Child and Family Studies*, Vol. 25, No. 10. P. 3066-3075. [in English].
- 15. Pesamaa L., Ebeling H., Kuusimaki M.L., Winblad I., Isohanni M., Moilanen I. (2004). Videoconferencing in child and adolescent telepsychiatry: a systematic review of the literature. [in English].
 - 16. Journal of Telemedicine and Telecare, Vol. 10 (4). P. 187-192.
- 17. Parr H., Philo C. (2003). Rural mental health and social geographies of caring. *Social and Cultural Geography*, Vol. 4. P. 471-488. [in English].
- 18. Southam-Gerow M., Kendall P. (2002). Cognitive-behavior therapy with youth: advances, challenges, and future directions. *Clinical Psychology and Psychotherapy*, Vol. 7. P. 343-366. [in English].
- 19. Spence S.H. et al. (2016). Internet-based therapies for child and adolescent emotional and behavioral problems. In: Lindefors, Nils, Andersson, Gerhard (eds.) Guided internet-based treatments in psychiatry. Cham (Switzerland): Springer International Publishing. [in English].
- 20. Steinhausen H.C., Rauss-Mason C., Serdel R. (1991). Follow up studies of anorexia nervosa: a review of four decades of outcome research. *Psychological Medicine*, Vol. 21. P. 447-451. [in English].
- 21. Sullivan K., Marhsall S.K., Schonert-Reichl K.A. (2002). Do expectancies influence choice of help-giver? Adolescents' criteria for selecting an informal helper. *Journal of Adolescent Research*, Vol. 17. P. 509-531. [in English].
- 22. Wrigley S., Jackson H., Judd F., Komiti A. (2005). Role of stigma and attitudes toward helpseeking from a general practitioner for mental health problems in

a rural town. *Australian and New Zealand journal of psychiatry*, Vol. 39(6). P. 514-521. [in English].

Гоян І.М., Федик О.В. СТРУКТУРНО-РІВНЕВИЙ АНАЛІЗ ДОСВІДУ ОРГАНІЗАЦІЇ КОНСУЛЬТАТИВНОЇ РОБОТИ З ПІДЛІТКАМИ

У статті проведено структурно-рівневий аналіз досвіду організації консультативної роботи 3 підлітками. Розкриваються психологічного консультування підлітків з урахуванням особливостей цього вікового періоду життя дитини та основних соціальних ризиків сучасності. Проведено систематизацію науково обґрунтованих та етичних принципів психологічного консультування підлітків, прийнятих у професійній спільноті. Описано основні теми психологічного досвіду консультування підлітків на основі аналізу професійного досвіду, зокрема у системі освіти. Метою ϵ узагальнення міжнародного досвіду консультування за допомогою засобів телемедицини для виявлення можливостей та обмежень використання цих інструментів на практиці, доступності психологічної допомоги підліткам, які зокрема, у сільській місцевості. Методи. У дослідженні використано методи узагальнення та систематизації існуючих досліджень (міжнародний досвід) у галузі засобів телемедицини. Результати. Дослідження показує, що на підлітків із психологічними проблемами сільське середовище, як правило, впливає негативно, тоді як саме для цієї соціальної групи психологічна допомога менш доступна. Виявлено, що обмеження такої допомоги пов'язано, насамперед, з відсутністю анонімності, розвиненою культурою психологічної самодопомоги, посиленням соціальної стигми психічних захворювань. В результаті проведеного дослідження показано, що найбільш доцільною інституційною формою психологічного консультування ϵ доступ до таких послуг через спеціалізовані консультаційні служби, організовані в рамках навчально-виховного середовища сільської школи. Крім того, на основі узагальнення досвіду показано, що найефективнішим засобом телемедицини є пропозиція стандартизованих програм психологічної допомоги, а також підвищення безпеки персональної інформації через залучення фахівців обласних Висновки. Використання засобів телемедицини ϵ унікальним інструментом підтримки молоді з психологічними проблемами та психічними розладами у сільській місиевості. Психологічні консультації за допомогою засобів телемедицини в школах є ефективним способом доступності сільських підлітків до кваліфікованої допомоги.

Ключові слова: психологічне консультування, підлітки, структурнорівневий аналіз.

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