

A young girl with blonde hair is wearing large white headphones and looking intently at a laptop screen. Her hand is visible, pointing at the screen. The background is a soft, out-of-focus blue and white.

**mable**

# **Mable Therapy White Paper**

A literature review into the therapeutic benefits of online,  
play-based interventions for children and young people

**By Martha Currie and Helen Spiers**



# About Mable Therapy

---

Mable Therapy is the UK's leading online speech and language therapy and counselling provider. We have been delivering online therapy for over six years, first as a speech and language provider and, more recently, providing counselling for children and young people (CYP). We have an extensive network of specialist clinicians qualified to deliver bespoke therapeutic interventions to CYP with mental health, speech, language and communication needs. Mable Therapy is online, meaning we can recruit practitioners from all over the world, giving CYP access to the right specialists.

Our extensive experience and understanding of online therapy ensures we are the UK's leading experts. We provide flexible, engaging therapy via our custom-designed platform, with highly-qualified and experienced therapists leading the sessions. The online platform means Mable sessions can take place at home or school depending on the needs of the CYP, and our child-centred games and creative materials mean they are always engaged and motivated.

# Introduction

The 2020 global pandemic saw a considerable increase in demand for online interventions for both adults and children, with a seismic shift in attitudes towards the efficacy of online services<sup>1</sup>.

Telehealth is now seen as vital to offering high-quality care in a consistent and accessible way<sup>2</sup>.

Mable Therapy are pioneers in online interventions for children and young people (CYP), giving schools and parents access to specialist, child-centred support in a timely and cost-effective way. This white paper presents our rationale for Mable Therapy's online, creative, game-based approach to therapeutic interventions. We use current scientific research to prove that:

1. Online therapy is a more child-centred method of delivering interventions because it reduces anxiety and enhances engagement.
2. Creative and game-based interventions are more effective than standard interventions as they utilise the power of play, increase motivation and enhance the therapeutic experience.
3. Online therapy is an effective alternative to local services, as it increases access to specialists and reduces waiting time.

## 1. Is online therapy an effective alternative to in-person sessions?

Online therapy has seen a dramatic rise in use, with benefits including access to specialists, convenience, flexibility and accessibility<sup>3</sup>. In section one, we will outline why online therapy is effective in supporting CYP with mental health and speech and language needs, because it:

- Reduces anxiety
- Improves engagement

## Online therapy reduces anxiety

---

<sup>1</sup> Sage Growth/Black Book Research (2020) [online] Available at:

<[https://blackbookmarketresearch.com/administrator/img/0188\\_SGP\\_COVID-19%20Market%20Pulse\\_r2.pdf](https://blackbookmarketresearch.com/administrator/img/0188_SGP_COVID-19%20Market%20Pulse_r2.pdf)>

<sup>2</sup>Feijt, M., et al. (2020). Mental Health Care Goes Online: Practitioners' Experiences of Providing Mental Health Care During the COVID-19 Pandemic. *Cyberpsychology, Behavior, and Social Networking*, 23(12), pp.860-864.

<sup>3</sup> Feijt, M., et al. (2020). Mental Health Care Goes Online: Practitioners' Experiences of Providing Mental Health Care During the COVID-19 Pandemic. *Cyberpsychology, Behavior, and Social Networking*, 23(12), pp.860-864.

Anxiety is the most common psychiatric condition affecting CYP in all societies<sup>4</sup>, with research by Headley and Gamble<sup>5</sup> showing a direct correlation with:

- Lower academic achievement<sup>6</sup>
- Problems with peer and parental relationships<sup>7</sup>
- General impairments in social and psychological functioning<sup>8</sup>
- Excessive school absenteeism<sup>9</sup>
- Negative self-perception<sup>10</sup>
- Poor self-esteem<sup>11</sup>
- An increased likelihood of psychological disorders later in life<sup>12</sup>

Mable understands the profound and long term effect anxiety can have on the development of CYP, and we strive to reduce it. We do this by developing a strong 'therapeutic alliance' and engineering a low-anxiety environment, both of which facilitate the CYP's personal growth in a setting and context that promotes their psychological safety.

## The importance of the therapeutic alliance

Our practitioners are experts at building the 'therapeutic alliance', defined in counselling practice as the client's 'positive, need-gratifying relationship' with the therapist<sup>13</sup>. Extensive research suggests that the therapeutic alliance between the CYP and therapist is key to psychological change<sup>14</sup>. The

---

<sup>4</sup> Patel, V., et al., (2007). Mental health of young people: a global public-health challenge. *The Lancet*, 369(9569), pp.1302-1313.

<sup>5</sup> Headley, C.J. & Campbell, M.A., (2011). *Australian Journal of Educational & Developmental Psychology*. Vol 11, pp. 78 - 90

<sup>6</sup> Ialongo, N., Edlesohn, G., Werthamer-Larsson, L., Crockett, L., & Kellam, S. (1995). The significance of self-reported anxious symptoms in first grade children: Prediction to anxious symptoms and adaptive functioning in fifth grade. *Journal of Child Psychology and Psychiatry*, 3, 427-437. doi:10.1111/j.1469-7610.1995.tb01300.x Cited in: Headley, C.J., Campbell, M.A., 2011. *Australian Journal of Educational & Developmental Psychology*. Vol 11, pp. 78 - 90

<sup>7</sup> Ezpeleta, L., Keeler, G., Erkanli, A., Costello, E. J., & Angold, A. (2001). Epidemiology of psychiatric disability in childhood and adolescence. *Journal of Child Psychology and Psychiatry*, 42, 901-914. doi:10.1111/1469-7610.00786. Cited in: Headley, C.J., Campbell, M.A., 2011. *Australian Journal of Educational & Developmental Psychology*. Vol 11, pp. 78 - 90

<sup>8</sup> Messer, S. C., & Beidel, D. C. (1994). Psychosocial correlates of childhood anxiety disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 33, 975-983. doi:10.1097/00004583-199409000-00007, Cited in: Headley, C.J., Campbell, M.A., 2011. *Australian Journal of Educational & Developmental Psychology*. Vol 11, pp. 78 - 90

<sup>9</sup> Last, C. G., & Strauss, C. C. (1990). School refusal in anxiety-disordered children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 29, 31-35. doi:10.1097/00004583-199001000-00006. Cited in: Headley, C.J., Campbell, M.A., 2011. *Australian Journal of Educational & Developmental Psychology*. Vol 11, pp. 78 - 90

<sup>10</sup> Rubin, K. H. (1985). Socially withdrawn children: An "at-risk" population? In B. H. Schneider, K. H. Rubin, & J. E. Ledingham (Eds.), *Children's peer relations: Issues in assessment and intervention* (pp. 125-139). New York: Springer-Verlag. Cited in: Headley, C.J., Campbell, M.A., 2011. *Australian Journal of Educational & Developmental Psychology*. Vol 11, pp. 78 - 90

<sup>11</sup> Strauss, C.C. et al. (1987). Psychosocial impairment associated with anxiety in children. *Journal of Clinical Child Psychology*, 16, 235-239. doi:10.1207/s15374424jccp1603\_8. Cited in: Headley, C.J., Campbell, M.A., 2011. *Australian Journal of Educational & Developmental Psychology*. Vol 11, pp. 78 - 90

<sup>12</sup> Bittner, A., et al. (2007). What do childhood anxiety disorders predict? *Journal of Child Psychology and Psychiatry*, 48, 1174-1183. doi:10.1111/j.1469-7610.2007.01812.x Cited in: Headley, C.J., Campbell, M.A., 2011. *Australian Journal of Educational & Developmental Psychology*. Vol 11, pp. 78 - 90

<sup>13</sup> Horvath, A. & Luborsky, L., 1993. The role of the therapeutic alliance in psychotherapy. *Journal of Consulting and Clinical Psychology*, 61(4), pp.561-573.

<sup>14</sup> Lambert M.J. & Barley, D.E., (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy* 2001;38(4):357-361.

potential strength of this alliance in video therapy has proved to be particularly high<sup>15</sup> and is comparable to in-person therapies<sup>16</sup>, especially when rated by the client as opposed to the practitioner<sup>17</sup>.

According to their meta-analysis, based on the results of 24 studies, Horvath and Symonds found a reliable association between a good therapeutic alliance and positive therapeutic outcomes<sup>18</sup>. More recent meta-analyses of studies which examine the link between alliance and outcomes in both adult and CYP psychotherapy<sup>19 20 21</sup> have confirmed this association. In addition, they found that the quality of the alliance is more predictive of a positive outcome than the type of intervention.

## Achieving a strong therapeutic alliance

In order to develop a strong therapeutic alliance, Mable therapists combine three primary components:

- The development of a personal bond, achieved through mutual positive regard
- Agreement on the goals of the therapeutic work
- Agreement on the tasks used to achieve those goals

In short, the optimal therapeutic alliance is achieved when the CYP have a strong emotional connection with their therapist and shared beliefs about the goals of the sessions and the efficacy of the methods used to achieve them.<sup>22</sup>

## The therapeutic alliance in counselling

---

<sup>15</sup> Aafjes-van Doorn, K., et al. (2020). Grappling with our therapeutic relationship and professional self-doubt during COVID-19: will we use video therapy again?, *Counselling Psychology Quarterly*, DOI: 10.1080/09515070.2020.1773404

<sup>16</sup> Bouchard S, et al. (2004).. Delivering cognitive-behavior therapy for panic disorder with agoraphobia in videoconference. *Telemed J E Health*. 2004 Spring;10(1):13-25. doi: 10.1089/153056204773644535. PMID: 15104911.

<sup>17</sup> Ruwaard, J. et al. (2009). Standardized web-based cognitive behavioural therapy of mild to moderate depression: a randomized controlled trial with a long-term follow-up. *Cogn Behav Ther* 2009;38:206–21

<sup>18</sup> Horvath A. O., Symonds B. D. (1991). Relation between working alliance and outcome in psychotherapy: a meta-analysis. *J. Couns. Psychol.* 38, 139–149. doi:10.1037/0022-0167.38.2.139

<sup>19</sup> Martin D. J., et al. (2000). Relation of the therapeutic alliance with outcome and other variables: a meta-analytic review. *J. Consult. Clin. Psychol.* 68, 438–450. doi:10.1037/0022-006X.68.3.438

<sup>20</sup> Shirk S. R., et al. (2003). Prediction of treatment outcome from relationship variables in child and adolescent therapy: a meta-analytic review. *J. Consult. Clin. Psychol.* 71, 452–464. doi:10.1037/0022-006X.71.3.452

<sup>21</sup> Karver M. S., et al. (2006). Meta-analysis of therapeutic relationship variables in youth and family therapy: the evidence for different relationship variables in the child and adolescent treatment outcome literature. *Clin. Psychol. Rev.* 26, 50–65. doi:10.1016/j.cpr.2005.09.001

<sup>22</sup> Bordin E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy (Chic.)* 16, 252–260

When working with counselling clients, Mable's practitioners use a humanistic approach that emphasises looking at the whole person, celebrating their uniqueness and motivating them to achieve their potential. A cornerstone of this approach is the relationship between the counsellor and client, and in particular, the achievement of 'relational depth' in order to maximise psychological growth.

Our counsellors adhere to three 'core conditions'<sup>23</sup> to achieve this relational depth. These conditions are derived from person-centred counselling, a humanistic counselling approach which positions the client as the expert on their own psychological growth.

The core conditions are:

- *Empathy*: being able to imagine the world from the client's perspective
- *Congruence*: being authentic with the client
- *Unconditional positive regard*: being non-judgemental and respecting the client

The core conditions are key to building the therapeutic alliance, as well as being a facilitative condition of therapy. Mable's counsellors are skilled at using these conditions to support the alliance by apprehending the CYP's perspectives and goals, understanding their unique personality styles and preferences, and communicating with them in an appropriate way. By conveying the core conditions, counsellors build the CYP's trust. This enables them to drop their defences and makes them more willing to disclose and reflect, thus enabling psychological growth.<sup>24 25 26</sup>

## **The therapeutic alliance in speech and language therapy**

While we consider it vital to achieving effective outcomes, there is limited research into the power of the therapeutic alliance in speech and language therapy. We have therefore utilised our unique position as mental health and speech and language experts to apply counselling principles across both disciplines. By doing so, we lead the way in championing the importance of the therapeutic relationship in all interventions with children, not just counselling.

## **Creating a low-anxiety setting**

---

<sup>23</sup> Rogers, C. R. (1957). The necessary and sufficient conditions for therapeutic personality change. *Journal of Counseling Psychology*, 21, 95–103

<sup>24</sup> Forchuk, C., et al. (1998). Factors influencing movement of chronic psychiatric patients from the orientation to the working phase of the nurse–CYP relationship on an inpatient unit. *Perspectives in Psychiatric Care*, 34, 36–44.

<sup>25</sup> Greenberg, L. S., & Elliott, R. (1997). Varieties of empathic responding. In A. C. Bohart & L. S. Greenberg (Eds.), *Empathy reconsidered: New directions in psychotherapy* (pp. 167–186). Washington, DC: American Psychological Association.

<sup>26</sup> Horvath, A. O. (2001). The alliance. *Psychotherapy: Theory, Research, Practice, Training*, 38, 365–372.

Evidence shows most CYP prefer a familiar, non-clinical environment for interventions<sup>27</sup>, suggesting they prefer sessions to take place at home or in school. Some CYP are reluctant to engage with interventions even when they are in familiar settings for a number of reasons<sup>28</sup>. These include:

- Feeling awkward or shy in the room with the practitioner
- Feeling uncomfortable with long silences and the need for eye contact
- Worrying that the practitioner is a member of school staff and will discuss the sessions with school colleagues
- Worrying that the practitioner is meeting with parents to discuss the sessions
- Feeling like they're in the practitioner's space, heightening the power imbalance\*
- Feeling stigmatised and self-conscious when taken out of lessons
- Dislike missing certain lessons/break times/hobbies, etc.
- Feeling like they are doing additional 'work' compared with their peers
- Feeling pressured to speak about difficult issues

***Reducing the \*power imbalance***

*Counselling theory suggests that in order for therapeutic progress to take place, the relationship between CYP and their counsellors must be one with as little power imbalance as possible, where the two feel like equals.<sup>29</sup>. This can be particularly difficult for CYP, who are used to seeing adults as authority figures.*

At Mable Therapy, we have designed our service to minimise the causes of these anxieties. While many points are covered in more detail elsewhere in the white paper, here is an outline of the key points:

- Sessions are delivered online, which, for many CYP, is seen as less awkward than sharing one-to-one physical space with the adult<sup>30</sup>

---

<sup>27</sup> Cooper, M., 2021. *School-based Humanistic Counselling for Young People: Effectiveness, Cost-effectiveness and Processes of Change - Findings from a Large, Randomised Control Trial (ETHOS)*.

<sup>28</sup> Cooper, M., 2021. *School-based Humanistic Counselling for Young People: Effectiveness, Cost-effectiveness and Processes of Change - Findings from a Large, Randomised Control Trial (ETHOS)*.

<sup>29</sup> Wosket, V., (1999). *Therapeutic Use of Self*. New York: Routledge.

<sup>30</sup> Klein, B., et al. (2006). Efficacy of internet therapy for panic disorder. *Journal of Behavior Therapy and Experimental Psychiatry*, 37(3), pp.213-238.

- The shared online space reduces the power imbalance felt with in-person sessions<sup>31</sup> and reduces the fear of judgement and dismissal<sup>32</sup>
- The creative resources and visual aids provide a focus, reducing the need for sustained eye contact and making silences less awkward
- The remote sessions mean CYP are less likely to see the practitioner interacting with school staff/parents and therefore feel less anxious about confidentiality being broken
- The booking system ensures we work around the CYP's timetable/diary, reducing disruption and enabling maximum discretion
- The game-based, creative approach makes CYP less likely to see the sessions as 'work' and more likely to engage
- The digital platform enables work to be creative and play-based, which enables CYP to explore emotions from a psychologically safe distance

Mable Therapy's sessions are dedicated to reducing anxiety for CYP so they can make the most of their time with the specialist. We also strive to create a stress-free experience for the adults who are responsible for their care. Our user-friendly platform is designed to give easy access to information and reports and improve communications between stakeholders, reducing anxiety for all involved.

## Online therapy improves engagement

Many CYP feel less anxious in the 'digital world', which allows them to escape into a low pressure, judgement-free, creative space<sup>33</sup>. If this feeling of a psychological sanctuary can be achieved in the therapy sessions, it has the potential to optimise engagement and thus the CYP's progress. There is much evidence to suggest that CYP's attitudes to online interventions are positive and this psychological sanctuary *is* achievable, particularly when the therapists' attitudes to working therapeutically online matches the CYP's enthusiasm.<sup>34</sup>

## Working with the 'digital natives'

---

<sup>31</sup> Weitz, P., (2014). Presentation: *Online Therapy and the Balance of Power*. Available at: <<https://www.onlineevents.co.uk/online-therapy-and-the-balance-of-power-philippa-weitz/>>

<sup>32</sup> Young, L., (2021). *Are You Better Now? - The Thought Report*. [online] The Thought Report. Available at: <<https://www.thethoughtreport.com/are-you-better-now/>>

<sup>33</sup> Friedrich, J. et al, (2019). Incentive design and gamification for knowledge management. *Journal of Business Research*. 106. 10.1016/j.jbusres.2019.02.009

<sup>34</sup> Baird Thompson, R., (2016). *Psychology at a Distance: Examining the Efficacy of Online Therapy*. University Honors Theses. Paper 285. Available at: <<https://doi.org/10.15760/honors.292>>

While some practitioners may be reluctant to embrace delivering interventions online, current research suggests this hesitation is not shared by CYP<sup>35</sup> who - as 'digital natives'<sup>36</sup> - feel more comfortable navigating this familiar terrain than many adults.

Findings from Jeannette Hennigan's study into the effectiveness of school counselling<sup>37</sup> showed that while anxieties may arise for those counsellors who are not 'technically minded'<sup>38</sup>, online counselling has great appeal to CYP. She found that:

- Online therapy increases access<sup>39</sup> to a more diverse range of CYP<sup>40</sup>
- Online therapy feels less stigmatising and embarrassing for CYP<sup>41</sup>
- Young people (16-24) are twice as likely to choose online counselling than 'in-person' sessions<sup>42</sup>
- Many CYP engage with online counselling as a 'first step for support'<sup>43</sup> and would not have sought help had it been in person<sup>44</sup>

---

<sup>35</sup> Hennigan, J. (2018). Online counselling in schools as an additional option to face-to-face provision: exploration of pupils' experiences and comparison of effectiveness of working in different mediums. DProf thesis, Middlesex University / Metanoia Institute. [Thesis] Available at: <<https://eprints.mdx.ac.uk/26356/1/JHennigan%20thesis.pdf>>

<sup>36</sup> Prensky, M. (2001). Digital natives, digital immigrants part 1. On the Horizon – The Strategic Planning Resource for Educational Professionals, 9(5), pp. 1-6. Cited in: Hennigan, J. (2018) Online counselling in schools as an additional option to face-to-face provision: exploration of pupils' experiences and comparison of effectiveness of working in different mediums. DProf thesis, Middlesex University / Metanoia Institute. [Thesis] Available at: <<https://eprints.mdx.ac.uk/26356/1/JHennigan%20thesis.pdf>>

<sup>37</sup> Myrick, R. D. & Sabella, R. A. (1995). Cyberspace: New place for counselor supervision. Elementary School Guidance & Counseling, 30(1), pp. 35-44. Cited in: Hennigan, J. (2018) Online counselling in schools as an additional option to face-to-face provision: exploration of pupils' experiences and comparison of effectiveness of working in different mediums. DProf thesis, Middlesex University / Metanoia Institute. [Thesis] Available at: <<https://eprints.mdx.ac.uk/26356/1/JHennigan%20thesis.pdf>>

<sup>38</sup> Hennigan, J. (2018) Online counselling in schools as an additional option to face-to-face provision: exploration of pupils' experiences and comparison of effectiveness of working in different mediums. DProf thesis, Middlesex University / Metanoia Institute. [Thesis] Available at: <<https://eprints.mdx.ac.uk/26356/1/JHennigan%20thesis.pdf>>

<sup>39</sup> Fenichel, M., et al (2002). Myths and realities of online clinical work. Cyberpsychology and Behaviour, 5, pp. 481- 497. Hennigan, J. (2018) Online counselling in schools as an additional option to face-to-face provision: exploration of pupils' experiences and comparison of effectiveness of working in different mediums. DProf thesis, Middlesex University / Metanoia Institute. [Thesis] Available at: <<https://eprints.mdx.ac.uk/26356/1/JHennigan%20thesis.pdf>>

<sup>40</sup> Hill, A., et al. (2011). Evaluation of the Welsh school-based counselling strategy. Welsh Government Social Research: Cardiff - Cited in: Hennigan, J. (2018) Online counselling in schools as an additional option to face-to-face provision: exploration of pupils' experiences and comparison of effectiveness of working in different mediums. DProf thesis, Middlesex University / Metanoia Institute. [Thesis] Available at: <<https://eprints.mdx.ac.uk/26356/1/JHennigan%20thesis.pdf>>

<sup>41</sup> Lange, A., et al. (2001). Interapy: Treatment of Posttraumatic Stress through the Internet. A controlled trial. Journal of Behaviour Therapy and Experimental Psychiatry, 32, pp. 73-90. Cited in: Hennigan, J. (2018) Online counselling in schools as an additional option to face-to-face provision: exploration of pupils' experiences and comparison of effectiveness of working in different mediums. DProf thesis, Middlesex University / Metanoia Institute. [Thesis] Available at: <<https://eprints.mdx.ac.uk/26356/1/JHennigan%20thesis.pdf>>

<sup>42</sup> British Association for Counselling and Psychotherapy (2014). More people seek counselling. Therapy Today. Vol. 25(6). Cited in: Hennigan, J. (2018) Online counselling in schools as an additional option to face-to-face provision: exploration of pupils' experiences and comparison of effectiveness of working in different mediums. DProf thesis, Middlesex University / Metanoia Institute. [Thesis] Available at: <<https://eprints.mdx.ac.uk/26356/1/JHennigan%20thesis.pdf>>

<sup>43</sup> Rains, S. A., et al (2015). Communicating social support in computer-mediated contexts: A meta-analytic review of content analyses examining support messages shared online among individuals coping with illness. Communication Monographs, 82(4), pp. 403-430. Cited in: Hennigan, J. (2018) Online counselling in schools as an additional option to face-to-face provision: exploration of pupils' experiences and comparison of effectiveness of working in different mediums. DProf thesis, Middlesex University / Metanoia Institute. [Thesis] Available at: <<https://eprints.mdx.ac.uk/26356/1/JHennigan%20thesis.pdf>>

<sup>44</sup> Kids Help Line (2003). Online Counselling: Responding to young people's feedback. Newsletter, April, 5-6. Cited in: Hennigan, J. (2018) Online counselling in schools as an additional option to face-to-face provision: exploration of pupils' experiences and comparison of effectiveness of working in different mediums. DProf thesis, Middlesex University / Metanoia Institute. [Thesis] Available at: <<https://eprints.mdx.ac.uk/26356/1/JHennigan%20thesis.pdf>>

- The more psychological distress the CYP are feeling, the more likely they are to prefer online counselling over in-person<sup>45</sup>, improving the potential reach to those CYP who may not have sought help in a timely manner

Hennighan also found a wealth of research suggesting that rather than steering CYP away from technology through fears for their mental health, more should be done to support their digital literacy so they can navigate online life<sup>46</sup>. This is particularly prescient when considering their social and emotional development online. CYP's online lives and personas can have a huge impact on their self-perception and ability to relate to others, yet the exploration of this is often neglected when working with a practitioner in person.

## **2. Is a creative, game-based approach more effective in therapeutic interventions?**

Play and creativity is a basic human right for all children, enabling them to explore, grow, understand the world and develop their sense of identity within it. Mable Therapy has developed a creative, game-based digital platform in order to maximise CYP's engagement and progress. We believe our approach is effective because it:

- Utilises the power of play
- Uses the science of gamification

---

<sup>45</sup> Glasheen, K.J., et al. (2015) Online counselling in secondary schools: Would students seek help by this medium? British Journal of Guidance and Counselling. 44(1), pp.108-122. Cited in: Hennigan, J. (2018) Online counselling in schools as an additional option to face-to-face provision: exploration of pupils' experiences and comparison of effectiveness of working in different mediums. DProf thesis, Middlesex University / Metanoia Institute. [Thesis] Available at: <<https://eprints.mdx.ac.uk/26356/1/JHennigan%20thesis.pdf>>

<sup>46</sup> Afia, J., et al. (2017). Growing up Digital. A report from the growing up digital taskforce. Children's Commissioner for England: London. Cited in: Hennigan, J. (2018) Online counselling in schools as an additional option to face-to-face provision: exploration of pupils' experiences and comparison of effectiveness of working in different mediums. DProf thesis, Middlesex University / Metanoia Institute. [Thesis] Available at: <<https://eprints.mdx.ac.uk/26356/1/JHennigan%20thesis.pdf>>

## Utilises the power of play

Extensive research into child development has proven the vital impact of play. Early research by Vygotsky<sup>47</sup> found that play has a significantly positive impact on language development and the ability to self-regulate emotional and cognitive processes. Recent studies have found that not only are these language and self-regulation skills closely linked, but together: **they are the most powerful predictor of academic achievement and mental wellbeing**<sup>48</sup>.

While play is proven to improve problem-solving, higher-order cognitive thinking and social and emotional skills<sup>49</sup>, there are increasing concerns that the amount of time children are allowed to play is reducing; hindering the development of their independence, resourcefulness and other developmental skills<sup>50</sup>. It is essential that the status of play is elevated by those working with children, in order to improve their potential for academic success and good mental health.

## Utilising play and creativity in interventions

While using play in counselling is valuable in building rapport between CYP and their counsellor, it should not simply be regarded as a tool to strengthen the therapeutic relationship. When used by a skilled and qualified practitioner, the medium of play is the therapy, empowering the CYP to change their thoughts, feelings and behaviours<sup>51</sup>. The positive impact of play is far-reaching and when used in a therapeutic context it is proven to:

- Facilitate communication
- Foster emotional wellness
- Enhance personal relationships
- Improve personal strengths<sup>52</sup>

---

<sup>47</sup>Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes*. Cambridge, MA: Harvard University Press. Cited in Whitbread, D. (2012) The Importance of Play. Available at:

<<https://www.csap.cam.ac.uk/media/uploads/files/1/david-whitebread---importance-of-play-report.pdf>>

<sup>48</sup> Whitbread, D. (2012) The Importance of Play. Available at:

<<https://www.csap.cam.ac.uk/media/uploads/files/1/david-whitebread---importance-of-play-report.pdf>>

<sup>49</sup> Whitbread, D. (2012) The Importance of Play. Available at:

<<https://www.csap.cam.ac.uk/media/uploads/files/1/david-whitebread---importance-of-play-report.pdf>>

<sup>50</sup> Whitbread, D. (2012) The Importance of Play. Available at:

<<https://www.csap.cam.ac.uk/media/uploads/files/1/david-whitebread---importance-of-play-report.pdf>>

<sup>51</sup> Drewes, A. A., & Schaefer, C. E. (2016). *The therapeutic powers of play*. In K. J. O'Connor, C. E. Schaefer, & L. D. Braverman (Eds.), *Handbook of play therapy* (p. 35–60). John Wiley & Sons, Inc..

<sup>52</sup> Schaefer, C. & Drewes, A., (2011). *The Therapeutic Powers of Play and Play Therapy*. School-Based Play Therapy: Second Edition. 10.1002/9781118269701.ch1.

The importance of play becomes even more significant for those children who have suffered early trauma or Adverse Childhood Experiences (ACES). In these situations, the child is likely to have experienced less engagement with meaningful play. However, even for those whose early childhoods included appropriate levels of play, it can act as a means of processing difficult experiences and feelings in a psychologically safe way<sup>53</sup>.

Psychological distress is often caused by feelings of powerlessness, with the child unable to make meaningful decisions about their life. In section one, the importance of redressing the power imbalance in the therapeutic relationship was discussed, in order to enhance the potential for psychological growth. Play therapy is a powerful way to do this, by promoting autonomy and allowing the child to direct sessions. Drewes and Schaeffer cite the therapeutic benefits of 'empowerment play'; giving examples such as the child role-playing a character with extraordinary strength like a dinosaur or superhero, the child adopting a position of power such as a doctor or firefighter, or the child acting out aggressive stories with guns or swords<sup>54</sup>.

While role-playing superheroes may seem like the realms of early childhood, the therapeutic benefits of play therapy have been proven through adulthood into geriatric years<sup>55</sup>; with the distressed client able to regress to earlier developmental stages in order to work on unprocessed issues<sup>56</sup>. Use of play therapy is proven to be particularly effective with adolescents. Developmentally, the young person has moved beyond concrete concepts and is able to interpret the world abstractly<sup>57</sup>. This new awareness equips them to use story, metaphor and abstract objects to explore and represent their thoughts and feelings creatively.

Armed with this research, Mable Therapy designed its digital platform to maximise the potential for play and creativity. When designing the creative canvas we started with all the resources an in-person creative session would use: paper, pencils, paint, scissors, glue, etc. Then we added resources that only a digital platform could offer, eg: videos, gifs, image library, editable design software, which we

---

<sup>53</sup> Glover, G. and Landreth, G.L. (2015). Child-Centered Play Therapy. In Handbook of Play Therapy (eds K.J. O'Connor, C.E. Schaefer and L.D. Braverman). <https://doi.org/10.1002/9781119140467.ch5>

<sup>54</sup> Schaefer, C. & Drewes, A., (2011). The Therapeutic Powers of Play and Play Therapy. School-Based Play Therapy: Second Edition. 10.1002/9781118269701.ch1.

<sup>55</sup> Glover, G. and Landreth, G.L. (2015). Child-Centered Play Therapy. In Handbook of Play Therapy (eds K.J. O'Connor, C.E. Schaefer and L.D. Braverman). <https://doi.org/10.1002/9781119140467.ch5>

<sup>56</sup> Glover, G. & Landreth, G.. (2015). Child-Centered Play Therapy. 10.1002/9781119140467

<sup>57</sup> Geldard, K., & Geldard, D. (2010). Counselling adolescents: the proactive approach for young people. Los Angeles: SAGE.

knew would spark the imagination of CYP growing up in the digital age. In addition, we created games designed to engage, incentivise and reduce anxiety, through carefully considered design. Our aim is to use CYP's inherent love of technology in order to provide the best intervention possible.

## Utilising the science of gamification

Mable draws on the experience of speech and language therapists, counsellors and software developers to create an engaging therapeutic experience inspired by current scientific research. We combine the principles of motivation and gamification to immerse CYP in the therapeutic process, leading to better outcomes. Mable refers to Kapp's definition of gamification as 'using game-based mechanics, aesthetics, and game thinking, to engage, motivate action, promote learning and solve problems'<sup>58</sup>. Throughout Mable, the use of game elements is used to propel CYP through the learning content. We use points, badges, progress bars, feedback and challenges, in order to increase motivation<sup>59</sup>.

## Motivation

Motivation falls into two strands: intrinsic and extrinsic. The relationship between these two strands is critical to the concept of gamification. Intrinsic motivation is widely regarded as originating from within the individual, for example, trying to solve a puzzle purely for the self-gratification of completing the task. Extrinsic motivation is external to the individual and often involves rewards such as trophies, money, social recognition or praise. Mable resources are designed to maximise intrinsic motivation by allowing CYP to become immersed in their creative process, as well as optimising opportunities for external motivation, through embedded feedback and reward systems.

## Feedback

Feedback is an integral part of Mable's design and is incorporated into many levels of the therapeutic platform. It helps the CYP remain motivated throughout the session and in speech and language sessions, feedback is given immediately in response to their actions in a game or activity. Soon, they

---

<sup>58</sup> Fischer, H., Lehmann, C., & Heinz, M., (2020). Monsters in the Classroom? How to Promote Gamification Readiness of Educators. Conference: Proceedings of the 19th European Conference on e-LearningAt: University of Applied Sciences HTW Berlin, 28th to 30th.

<sup>59</sup> Sailer, M., Hense, J.U., Katharina, S., Heinz Mandl, M., (2017) How gamification motivates: An experimental study of the effects of specific game design elements on psychological need satisfaction. Computers in Human Behavior, Volume 69, Pages 371-380,

intuitively understand that every action causes a reaction, and they quickly learn the correct actions to achieve these extrinsic rewards.

Audio feedback is used to indicate when a correct or incorrect response has been chosen from the possibilities, with sound effects carefully chosen to optimise persistence. If the CYP answer in a way that is incorrect, the sound effect makes them more likely to stay engaged and try again. This immediate and continual feedback in each activity helps the CYP remain on task and motivated. Visual feedback is also given using universally recognised elements, such as green signalling for correct and red for incorrect. Mable utilises visual cues, such as progress bars within the targets to provide information about the CYP's progress through each therapy goal.

## **Rewards**

Mable's speech and language sessions reward performance and provide the opportunity for the CYP to see a tangible record of their achievements. Stars are awarded to the CYP and are collected throughout the session. These rewards are key indicators of success and are systematically awarded at the end of a target (group of games). Stars can also be awarded by the therapists manually as feedback to motivate the CYP to perform.

Rewards are also distributed through Mable's motivational games such as Balloon Blast <sup>™</sup> and Battle Monsters <sup>™</sup>, which the therapists use as rewards for completing larger or more challenging tasks. The knowledge of the games being available but not always visible is important, as it stimulates the CYP's curiosity and is extrinsically motivating<sup>60</sup>.

### **Feedback and rewards in the counselling sessions**

While feedback and extrinsic rewards can feature in Mable's counselling sessions (eg: when building the therapeutic alliance through the games), these sessions focus much more on intrinsic rewards. Our software never gives feedback or rewards for open-ended play or creative tasks, reinforcing that there is no right or wrong in counselling sessions.

## **Self-determination theory**

---

<sup>60</sup> Friedrich, J., Becker, M., Kramer, F., Wirth, M., & Schneider, M. (2019). Incentive design and gamification for knowledge management. *Journal of Business Research*. 106. 10.1016

Gamification is strongly related to social science and in particular, self-determination theory (SDT). SDT addresses how social and cultural factors facilitate CYP's sense of purpose and initiative, and how they relate to their well-being and their performance in tasks. It also considers factors that either facilitate or undermine motivation, both intrinsic and extrinsic<sup>61</sup>.

SDT describes three core needs that predict psychological well-being: *autonomy*, *competence* and *relatedness*. Mable's software has been designed specifically to meet these core needs to maximise motivation.

## **Autonomy**

Autonomy enables the CYP to determine their own actions and have a sense of freedom. With speech and language therapy, Mable enables autonomy by designing tasks pitched precisely at CYP's skill level and learning potential. The therapist works within their zone of development, presenting the CYP with challenging but achievable tasks which they can work on in their preferred way, thanks to the flexible design of the Mable Canvas <sup>TM</sup>.

With counselling, the CYP are given autonomy by choosing their own goals. How these counselling goals are achieved, as well as the direction of the sessions, is planned collaboratively, with the CYP holding the ultimate power on how to proceed. Mable counsellors communicate regularly to the CYP that accessing the sessions is their choice; they have the autonomy to end the therapeutic relationship at any point.

## **Competence**

Mable Therapy's creative games and resources are designed to build the CYP's feelings of competence, allowing them to acquire new skills in a low-anxiety way. Mable has designed the activities to follow familiar and predictable gaming structures, making them easy for the CYP to master. Therapists use their clinical understanding of the CYP's ability, tailoring activities and therapy stimulus to challenge them just the right amount. The knowledge-levels of CYP are determined at assessment and they continue to be monitored throughout the course of treatment. Mable therapists will also consider external factors like the amount of sleep their client had the previous night, their attention levels and any other significant incidents that may have happened that will affect

---

<sup>61</sup> Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development and well-being. *American Psychologist*, 55, 68–78

performance in the session. Therapists evaluate this to inform their activity selection. Within the platform, there is the opportunity for therapists to make tasks harder or easier depending on the CYP's presentation. This allows the CYP to maintain the same feeling of achievement and competence within every session.

## **Relatedness**

Relatedness is experienced when a person feels connected to other individuals and a sense of belonging. Mable therapists achieve this sense of relatedness by developing a solid therapeutic alliance with the CYP, facilitated by the software. Mable therapists choose therapy goals that are relevant and functional and select activities they know will appeal to each individual.

There are collaborative opportunities within the Mable Canvas <sup>™</sup>, where the CYP and therapists can work creatively together to strengthen the therapeutic relationship. Therapists will also ask the CYP for their input and feedback during the sessions and respond to feedback by adjusting tasks. This feedback loop helps create a feeling of reciprocity and improves the therapeutic bond.

## **3. Is online therapy preferable to using local in-person services?**

Increasing numbers are turning to online therapy as a way to address shortfalls in local services, which are often over-stretched and struggling to meet demand. We believe that our online service is a good alternative to using local services as it:

- Improves access to specialists
- Eliminates waiting times
- Achieves the same or better outcomes

# Improves access to specialists

## Proximity

Mable reduces the issue of proximity so children in all areas of the UK have access to highly-qualified therapists, eliminating the notion of a postcode lottery. Traditional services depend on access to local therapists, who can travel to and from the appointments. These therapists may specialise in a different discipline to what's needed but are selected based on their proximity to the school/family. Our online service means that Mable Therapy can recruit from anywhere in the UK and match the most appropriate specialist to meet the individual's needs.

## Flexibility

In a school setting, in-person appointment times are restricted by when the therapist is onsite. For example, if the school counsellor visits on Thursdays, all appointments must be booked in for that day. Depending on their timetable, this may lead to the student missing a crucial lesson or a favourite subject at the same time each week. Mable allows school staff to book appointments at a suitable time for the CYP and the staff supporting them, so they don't miss out on learning opportunities.

## Access to the right specialist

School-based services often appoint a single therapist to meet the needs of the entire school caseload. This can lead to CYP being seen by therapists who lack expertise in the clinical issue they're presenting with. Further delays will then ensue as an alternative specialist is appointed, or in some cases, they continue to be seen by the non-specialist therapist. Mable Therapy matches students to the right therapist based on their clinical presentation and case history. All of our therapists are fully trained and qualified to work with these presentations, so students will always be seen by a practitioner with the right expertise.

## Best practice in speech and language therapy

In the majority of cases, support for children's speech, language and communication needs is planned and funded based on the available resources, rather than what is needed. This leads to an

unacceptable level of variation across the country<sup>62</sup>. Despite significant evidence that interventions carried out by one-to-one qualified therapists are effective<sup>63</sup>; this model of service delivery is no longer the most common model in schools. In the UK, there is a lack of accessible speech therapy services available, with a recent enquiry showing that only 50% of local authorities were commissioning speech and language therapy services, despite the expectation that this is offered for all children with identified special educational needs<sup>64</sup>.

Further reviews of speech and language schools services<sup>65</sup> report that schools are required to scale back, and ration support in ways that are not evidence-based. Adding to that, many specialist services have been:

- Cut based on the therapeutic approach - only supporting CYP with the highest level of need
- Cut based on children not making progress - taking no account of the complex nature of some CYP's difficulties
- Cut according to age - with fewer services available as CYP get older

The lack of accessibility and adequate funding has resulted in the widespread emergence of indirect consultancy approaches, with intervention being delivered by school staff under the supervision of a therapist. Although extensive, this indirect approach is not suitable for children with severe and persistent speech and language needs.

Research shows that in the UK, even when CYP do meet the threshold to access specialist services they typically receive a total of six hours of intervention before being discharged. This dosage rarely produces significant outcomes for children and is identified as a constraint imposed by the 'package of care' model of service delivery, frequently used in NHS services<sup>66</sup>.

---

<sup>62</sup> ICAN/RCSLT. (2018). Bercow: Ten Years on an Independent Review of Provision for Children and Young People With Speech, Language and Communication Needs in England. London: ICAN/RCSLT. Available online at: <https://www.bercow10yearson.com/wp-content/uploads/2018/03/337644-ICAN-Bercow-Report-WEB.pdf>

<sup>63</sup> Ebbels S. (2014) Effectiveness of intervention for grammar in school-aged children with primary language impairments: A review of the evidence. *Child Language Teaching and Therapy*. 30 (1) p7-40.

<sup>64</sup> Children's Commissioner (2019) We need to talk: Access to speech and language therapy. Published Independently. Available at <https://www.childrenscommissioner.gov.uk/report/we-need-to-talk/>

<sup>65</sup> CAN/RCSLT. (2018). Bercow: Ten Years on an Independent Review of Provision for Children and Young People With Speech, Language and Communication Needs in England. London: ICAN/RCSLT. Available online at: <https://www.bercow10yearson.com/wp-content/uploads/2018/03/337644-ICAN-Bercow-Report-WEB.pdf>

<sup>66</sup> McCartney, E. (1999), 'Barriers To Collaboration: An Analysis Of Systemic Barriers To Collaboration Between Teachers And Speech And Language Therapists'. *International Journal of Language & Communication Disorders*, 34, 4, pp. 431–440.

Mable provides one-to-one therapy sessions with individual CYP. Each session involves twenty minutes of intensive therapy input, five minutes of facilitator feedback and ten minutes for the therapist evaluation and detailed report writing. Mable's speech therapy service complies with the high standards of conduct, performance, and ethics set by the Health Professionals Council. All interventions are firmly based on research.

Mable's speech and language therapists provide recommendations that can be supported by robust clinical reasoning. Therapy dosage depends on several factors which are established during the CYP's assessment period. These factors include:

- Speech, language and communication diagnosis
- Cognition and learning ability
- Impact of social-emotional and mental health difficulties
- Physical and sensory needs

## **Best practice in supporting mental health**

Accessibility to universal services has increased, with some schools appointing Educational Mental Health Care Practitioners (EMHCPs) to target CYP presenting with mild and moderate mental health difficulties. While we welcome this step, no guidance has been published on what good delivery looks like. There is limited publicly available information on the types of interventions EMHCPs will undertake, and how they will deliver these for different groups of CYP (eg: when supporting vulnerable groups such as refugees, looked after children or those with physical health needs). The current provision of EMHCPs lacks clarity, transparency and accountability, meaning support is fragmented and many CYP still face a postcode lottery of support.

For CYP that have severe or complex presentations, EMHCPs refer them to specialist provisions such as local Child and Adolescent Mental Health Services (CAMHS). However, long waiting lists mean many CYP struggle to access this support. 79% of CAMHS stated that they imposed restrictions and thresholds on CYP accessing their services, meaning unless their cases were sufficiently severe they were refused access to the service<sup>67</sup>. This leaves a significant group of CYP considered 'too severe' to access EMHCP support, but 'not severe enough' to access CAMHS. As there is no single agreed

---

<sup>67</sup> Children's Commissioner (2016) Lightning Review: Access to Child and Adolescent Mental Health Services. Published independently. Available online at: [www.childrenscommissioner.gov.uk/report/lightning-review-access-to-child-and-adolescent-mental-health-services](http://www.childrenscommissioner.gov.uk/report/lightning-review-access-to-child-and-adolescent-mental-health-services)

definition of a mild, moderate or severe mental health condition, judgements about the type of support required are subjective, leading to an even more confusing picture.

Mable Therapy believes it's important that CYP have access to a suitably trained, qualified and experienced counsellor to offer support as soon as they need it. All of our counsellors have the appropriate qualifications, training and experience that is required to support CYP's mental health. They also have mandatory clinical supervision to ensure high standards and accountability, in line with the British Association of Counselling and Psychotherapy (BACP)'s ethical framework. Our counsellors are able to assess and treat CYP with a whole range of mental health needs, including supporting those waiting to access CAMHS.

Crucially, Mable's counsellors and speech and language therapists are not subject to staffing or location restrictions, meaning that CYP get as much therapy as they need, not as much as is dictated.

## **Eliminates waiting times**

Schools and parents referring CYP for specialist support are encountering a variety of access issues and waiting times, depending largely on their postcode. Local authorities are struggling to meet demand and as a consequence, schools and parents are looking for ways to improve access to specialist services in a timely manner.

## **Referring to CAMHS**

Referring CYP to CAMHS is often reported as difficult and confusing, with studies showing that availability of specialist support, inflexibility, lack of information and complex administrative procedures are considered the main areas of frustration<sup>68</sup>. For those who make a referral, waiting time is then listed as a further issue.

---

<sup>68</sup> Anderson, J. K., et al. (2017). A scoping literature review of service-level barriers for access and engagement with mental health services for children and young people. *Children and Youth Services Review*, 77, 164–176. Available at: <<https://doi.org/10.1016/j.childyouth.2017.04.017>>

Research shows that waiting times for CAMHS vary greatly depending on the area. Median waiting times are recorded officially as anywhere from 14 to 200 days<sup>69</sup> although some parents and schools are reporting waiting times of over a year<sup>70</sup>. Many find that after long periods spent on waiting lists their application is rejected, with the most common reason being that the child's condition is unsuitable for treatment or does not meet the eligibility criteria<sup>71</sup>. Despite an additional £1.4billion dedicated to CAMHS in the last 5 years, rejection rates have not reduced and approximately 133,000 CYP were rejected in 2018-19<sup>72</sup>.

For those who do meet the criteria, access to treatment is inconsistent. Research shows that for many whose referral is successful, there's a longer wait for second contact to be made after the initial assessment<sup>73</sup>. In real terms, this equates to less than 25% of CYP in England with mental health issues receiving support from specialist health services<sup>74</sup>. A figure which reduces further still when looking at CYP from minority ethnic groups<sup>75</sup>.

## Referring to Mable

Mable Therapy addresses these issues with a simple referral procedure and instant access to specialist support. Our online referral process means CYP can be seen for a first session within 48 hours of referral and when ongoing sessions are recommended, there's no waiting time. We aim to support CAMHS' important work by supporting CYP whose mild to moderate mental health issues mean they are unlikely to meet the referral criteria. By supporting these CYP, the burden on CAMHS reduces, enabling them to offer more timely support to those with severe issues.

---

<sup>69</sup> Local.gov.uk. 2021. *CAMHS – facts and figures*. [online] Available at: <<https://www.local.gov.uk/about/campaigns/bright-futures/bright-futures-camhs/child-and-adolescent-mental-health-and>>

<sup>70</sup> Young Minds. (2021). [online] Available at: <<https://youngminds.org.uk/media/2620/a-new-era-for-young-peoples-mental-health.pdf>>

<sup>71</sup> Education Policy Institute. (2021). *Access to child and adolescent mental health services in 2019 - Education Policy Institute*. [online] Education Policy Institute. Available at: <<https://epi.org.uk/publications-and-research/access-to-child-and-adolescent-mental-health-services-in-2019/>>

<sup>72</sup> Education Policy Institute. (2021). *Access to child and adolescent mental health services in 2019 - Education Policy Institute*. [online] Education Policy Institute. Available at: <<https://epi.org.uk/publications-and-research/access-to-child-and-adolescent-mental-health-services-in-2019/>>

<sup>73</sup> Rocks, S., et al. Impact of transforming mental health services for young people in England on patient access, resource use and health: a quasi-experimental study *BMJ Open* 2020;**10**:e034067. doi: 10.1136/bmjopen-2019-034067

<sup>74</sup> Kessler, R.C., et al. Age of onset of mental disorders: a review of recent literature. *Curr Opin Psychiatry* 2007;**20**:359–64. doi:10.1097/YCO.0b013e32816ebc8c, cited in <https://bmjopen.bmj.com/content/10/1/e034067>

<sup>75</sup> Ayo, Y., et al. (2020). Delivering culturally competent services. In: Theodosiou L, Knightsmith P, Lavis P, Bailey S (eds) *Children and young people's mental health: early intervention, ongoing support and flexible evidence-based care* 2nd edn. Pavilion Publishing and Media Ltd, pp 57–67 cited in <https://link.springer.com/article/10.1007/s00787-020-01603-7>

Where appropriate, Mable offers 'holding' support to CYP with severe mental health issues while they wait for CAMHS. In a 2019 survey by Young Minds, 76% of parents reported that their child's mental health had worsened while waiting for CAMHS support, with the number rising to 85% when they'd waited longer than 6 months<sup>76</sup>. Further research shows that the longer CYP wait for mental health support, the lower the levels of engagement when the sessions begin<sup>77</sup>. By offering this holding support in the interim, we aim to stop this deterioration and improve their engagement - kick-starting their journey to improved mental health.

## Achieves the same or better outcomes

### With speech and language

The American Association of Speech and Hearing (ASHA) and Speech Pathology Australia (SPA) have agreed in their position statements that teletherapy is a viable option for therapy and it has been proven to support and even enhance the effectiveness of in-person specialist interventions<sup>78</sup>.

Telehealth has the potential to provide greater access to speech and language intervention services for children with communication impairments. A variety of clinical trials has found no significant differences between outcomes of online and in-person therapy<sup>79</sup>, with some concluding that online therapy performs 'somewhat better'<sup>80</sup>. In a 2019 systematic literature review into speech, language and hearing telehealth services, most studies concluded that the telehealth procedure had advantages over the non-telehealth alternative approach (85.5%).<sup>81</sup>

---

<sup>76</sup> Young Minds. (2021). [online] Available at: <<https://youngminds.org.uk/media/2620/a-new-era-for-young-peoples-mental-health.pdf>>

<sup>77</sup> Westin, A.M, et al. (2014). The effect of waiting time on youth engagement to evidence based treatments. *Community Ment Health J* 2014; 50: 221–8. Cited in: <https://www.cambridge.org/core/journals/bjpsych-open/article/problem-severity-and-waiting-times-for-young-people-accessing-mental-health-services/CE167FF2867225CC7C182E98747E59FA>

<sup>78</sup> Edwards, et al. (2012). Expanding Use of Telepractice in Speech-Language Pathology and Audiology. *Volta Review*. 112. 227-242. 10.17955/tvr.112.3.m.704.

<sup>79</sup> Grogan-Johnson, S. et al. (2013) 'A Comparison of Speech Sound Intervention Delivered by Telepractice and Side-by-Side Service Delivery Models', *Communication Disorders Quarterly*, 34(4), pp. 210–220. doi: 10.1177/1525740113484965.

<sup>80</sup> Sanchez, D. et al. (2019) 'Systematic Review of School Telehealth Evaluations', *The Journal of School Nursing*, 35(1), pp. 61–76. doi: 10.1177/1059840518817870.

<sup>81</sup> Molini-Avejonas, D.R. et al. (2015). A systematic review of the use of Telehealth in speech, language and hearing sciences. *J Telemed Telecare*. 2015 Oct;21(7):367-76. doi: 10.1177/1357633X15583215. Epub 2015 May 29. PMID: 26026181.

These studies become more interesting still when looking at specific diagnoses. There are a large number of studies demonstrating successful evidence of telehealth being used as a coaching tool for parents of children with Autism<sup>82 83 84 85 86</sup>. In a 2020 umbrella evaluation of systematic reviews, which investigated non-pharmacological interventions in children with autism, telehealth was reported to have a positive intervention effect on select child outcomes and caregiver outcomes<sup>87</sup>. Similarly, a comparative study into the effectiveness of telehealth when working with speech sounds found that the students using telehealth demonstrated greater mastery of their Individual Education Plan (IEP) goals.<sup>88</sup>

## With mental health

Research suggests that the success of counselling depends largely on the quality of the therapeutic alliance<sup>89</sup>. Therefore, to decide if online counselling is comparable to in-person, we must consider whether this alliance can be achieved via video sessions. Simpson and Reid's literature review<sup>90</sup> found that working online did not hinder the therapeutic alliance, while Kocsis and Yellowlees<sup>91</sup> found that CYP's relationships with their counsellors were actually enhanced when working online. This has been found to be the case across a number

---

<sup>82</sup> Baharav, E. & Reiser, C. (2010). Using Telehealth in parent training in early autism. *Telemed J E Health*. 2010 Jul-Aug;16(6):727-31. doi: 10.1089/tmj.2010.0029. PMID: 20583950.

<sup>83</sup> Suess, A., et al (2016). Preliminary Evidence on the use of Telehealth in an Outpatient Behavior Clinic. *Journal of Applied Behavior Analysis*. 49. n/a-n/a. 10.1002/jaba.305.

<sup>84</sup> Kenneth, A., et al. (2011). A Web-Based Tutorial for Parents of Young Children with Autism: Results from a Pilot Study *Telemedicine and e-Health* 17:10, 804-808

<sup>85</sup> Vismara, L.A., et al. (2013). Preliminary findings of a Teletherapy approach to parent training in autism. *J Autism Dev Disord*. 2013 Dec;43(12):2953-69. doi: 10.1007/s10803-013-1841-8. PMID: 23677382.

<sup>86</sup> Akemoglu, Y., et al. (2020). A Systematic and Quality Review of Parent-Implemented Language and Communication Interventions Conducted via Telepractice. *J Behav Educ* 29, 282-316 (2020). <https://doi.org/10.1007/s10864-019-09356-3>

<sup>87</sup> Whitehouse, A., et al. (2020). *Interventions for Children on the Autism Spectrum: A Synthesis of Research Evidence*. Brisbane (Australia): Autism CRC, 1-503.

<sup>88</sup> Grogan-Johnson, S., Gabel, R., Taylor, J., Rowan, L., & Alvares, R. (2011). A pilot investigation of speech sound disorder intervention delivered by telehealth to school-age children. *International Journal of Telerehabilitation*, 3, 31-41

<sup>89</sup> Ardito, R. B., & Rabellino, D. (2011). Therapeutic alliance and outcome of psychotherapy: historical excursus, measurements, and prospects for research. *Frontiers in psychology*, 2, 270. <https://doi.org/10.3389/fpsyg.2011.00270>

<sup>90</sup> Simpson, S.G. & Reid, C.L. (2014), Alliance in videoconferencing psychotherapy. *Aust J Rural Health*, 22: 280-299.

<https://doi.org/10.1111/ajr.12149>. Cited in: Berle, et al. (2014). Do Patients Prefer Face-to-Face or Internet-Based Therapy?. *Psychotherapy and psychosomatics*. 84. 61-62. 10.1159/000367944.

<sup>91</sup> Kocsis B.J & Yellowlees, P. Telepsychotherapy and the Therapeutic Relationship: Principles, Advantages, and Case Examples. *Telemed J E Health*. 2018 May;24(5):329-334. doi: 10.1089/tmj.2017.0088. Epub 2017 Aug 24. PMID: 28836902. Cited in: [researchgate.net/publication/270344043\\_Do\\_Patients\\_Prefer\\_Face-to-Face\\_or\\_Internet-Based\\_Therapy](https://researchgate.net/publication/270344043_Do_Patients_Prefer_Face-to-Face_or_Internet-Based_Therapy)

of studies researching a variety of presenting issues, such as depression, anxiety and PTSD<sup>92,93,94,95</sup>.

## Conclusion

Mable Therapy has been delivering teletherapy for six years, confident in the knowledge that online interventions are an effective way to ensure CYP have immediate access to the right specialist for them, and that the sessions will be child-centred, creative and fun!

The Mable Therapy White Paper has evidenced how our sessions reduce anxiety, by developing a platform which reduces the power imbalance and meets CYP in their digital homeland. We've shown how we engage CYP, through the combination of our creative, game-based technology and the development of the therapeutic alliance by our skilled and experienced therapists. Next, we collated research into play therapy and gamification. This research showed that regardless of age and the presenting issue, play, creativity and a combination of intrinsic and extrinsic rewards is a highly effective way of delivering interventions and achieving better outcomes for CYP. Finally, we presented research proving that online therapy is a viable alternative to local in-person services, giving improved access to specialists and reducing waiting times. Crucially, we found studies showing that not only are the outcomes of online therapy comparable to in-person, but in some cases achieve better results.

The combination of all this research has led to Mable Therapy's unique service. An online platform which gives schools and parents access to the right specialist at the click of a button, with no waiting time and no threshold to meet before CYP are assessed. A platform that has CYP at the centre of it; speaking to them at their level, in a language they understand. Our creative, game-based software allows CYP to work with their therapist in a safe, online space, designed to empower and promote their autonomy, enabling them to reach their potential and take on the world.

---

<sup>92</sup> Carlbring, P. et al., (2018) Internet-based vs. face-to-face cognitive behavior therapy for psychiatric and somatic disorders: an updated systematic review and meta-analysis, *Cognitive Behaviour Therapy*, 47:1, 1-18, DOI: [10.1080/16506073.2017.1401115](https://doi.org/10.1080/16506073.2017.1401115)

<sup>93</sup> Fletcher, T.L. et al. Recent Advances in Delivering Mental Health Treatment via Video to Home. *Curr Psychiatry Rep*. 2018 Jul 21;20(8):56. doi: 10.1007/s11920-018-0922-y. PMID: 30032337

<sup>94</sup> Varker, T., et al. (2019). Efficacy of synchronous telepsychology interventions for people with anxiety, depression, posttraumatic stress disorder, and adjustment disorder: A rapid evidence assessment. *Psychological Services*, 16(4), 621–635. <https://doi.org/10.1037/ser0000239>

<sup>95</sup> American Psychological Association. *A growing wave of online therapy*. [online] Available at: <https://www.apa.org/monitor/2017/02/online-therapy>