**“Hi! I Read your Post”: Therapeutic Relationships with At-Risk Youth Using Online Social Media**

1. **Introduction**

In recent years, online social media has become a major channel of communication for people around the world. Availability via technological devices has increased exponentially, especially since the advent of smartphones. This has led to the experience of essentially constant connectivity, with interpersonal communication possible anywhere and at all times, unlike traditional social and face-to-face social interactions. These far-reaching changes have created a new social space that shapes the characteristics and nature of interpersonal relationships. The attractiveness of interaction via online social media is due to both the increased availability and the wide variety of styles and formats (textual and visual) available on multiple platforms such as Facebook, WhatsApp, Instagram, and Snapchat.

Thus, it is no wonder that in recent years online social media has become an integral part of the forum in which children and adolescents make and maintain their social connections. An extensive body of research literature refers to positive dimensions of online activity, such as providing opportunities for learning and enrichment and for making new acquaintances and friends. This is especially relevant for users who, for various reasons, have trouble forming unmediated relationships. At the same time, users are consenting to participate in a forum with potential dangers, such as impersonation. The dangers of deception and the actual harm that may come to unsuspecting users arise from the nature of the mediation of this communication and the potential anonymity (partial or complete) enabled by online media. This duality has led to a need for supervision of online activity and for means of protecting children and youth communicating through these forums, as well as an understanding that the benefits of constant online connectivity for educational purposes, in identifying signs of distress, and in offering psychosocial support to children and youth who are at risk or in distress.

The purpose of the current study is to examine whether and how social media can be utilized for outreach and emotional support to at-risk or distressed children and youth. A key feature in the lives of at-risk children is their tendency to avoid sources of support such as their family, youth movements, and educational settings (at-risk youth includes those who have dropped out of school). They often wander around unsupervised, seeking social spaces that are unaffiliated with the community to which they belong. This separation offers them a sense of freedom and control, but makes it difficult for the adults in their lives, such as therapeutic professionals, to provide the support they need. Therapists face a distinctive challenge when asked to address the needs of youth living in small, isolated communities spread out over a large geographical area, making access to them difficult. In such cases, using social media to communicate with youth can be particularly effective. The current study analyzes and draws conclusions from the experiences of therapeutic professionals who use online social media in their work. It investigates their motives for using this tool, their strategies, and the advantages and disadvantages of working in online forums.

1. **Theoretical Background**
   1. **Educators and students using online networks**

The enormous popularity of social media and the variety of available options have led teachers and educators to utilize these channels for online communication with their students. This phenomenon raises discussions on wide-ranging issues related to education and teaching, technological advances, privacy, authority, and power relations. The feasibility of teacher-student relationships via online social media has opened a Pandora’s box of ethical and moral questions that pertain to parents, teachers, legal entities, and educational policymakers. Concerns have arisen about the potential violation of privacy for teachers and students and whether teachers’ status is being undermined in these contexts. There has been public outcry following the revelation of cases of inappropriate interactions and mutual damage. As a result, some countries have restricted or even prohibited such communication. However, over time, policymakers and educators in the field have begun to utilize online communication channels for a variety of educational purposes (Greenhow, Robelia, & Hughes, 2009; Hershkovitz, Abu Elhija, & Zedan, 2019; Asterhan & Rosenberg, 2015; Rosenberg & Asterhan, 2018).

Research illustrates the multiple purposes for which online communication between teachers and students is used. This includes meeting educational needs such as providing group and individual teaching, extending learning time beyond the school setting and school hours, and helping to manage class activities. It is used for psycho-pedagogical purposes, such as supervision and monitoring of online forums, identifying signs of personal distress, and assisting students in need. It is used for social purposes, such as deepening educators’ connection with students, understanding their social and cultural world, and enhancing personal relationships (Forkosh-Baruch, Hershkovitz, & Ang, 2015; Hershkovitz & Forkosh-Baruch, 2013; Rosenberg & Asterhan, 2018).

In addition to the general psycho-pedagogical benefits of daily online communication, there are also distinct benefits to online communication between teachers and students who are at-risk in distress. For example, a study conducted in the southern part of Israel during the 2014 Israel-Gaza war, “Operation Protective Edge,” found that over half of the surveyed youth interacted with their teachers through Facebook and WhatsApp groups. Students largely characterized this communication as providing emotional support by their teachers, and the study found that the students appreciated it and experienced the communication as effective and comforting (Ophir, Rosenberg, Asterhan, & Schwarz, 2016). Further research found that communication via online social media between teachers and students during times of hardship or in emergency situations has the potential to provide emotional support, monitor distress, and help youth develop and maintain a sense of resilience. This is due to both the content (encouragement, reassurance, expressions of identification, etc.), as well as the act of communication itself, which provides a sense of control and belonging that increases resilience among youth; this is especially true for those communicating via group platforms such as joint WhatsApp groups (Rosenberg, Ophir, & Asterhan, 2018).

Similar findings have emerged from experimental studies on the therapeutic role of online communication. For example, users suffering from feelings of depression who joined Facebook support groups showed a significant positive change, especially when one of the members of the treatment team was also a “Facebook friend” (Mota Pereira, 2014). Given that very few patients in this study actually contacted the therapist via Facebook, it seems that simply knowing they had access to professional medical assistance contributed to improving their mental well-being. These positive psychological emotions can be explained by analyzing the characteristics of the medium (in this case, social media) that shape the user experience (Schrock, 2015). Synchronous-textual communication via social media technologies (SNTs) and mobile instant messaging (MIM) applications enable a high level of mediation that promotes authentic discourse (Lapidot-Lefler & Barak, 2012), the sharing of personal content, and removal of barriers such as embarrassment, especially among adolescents (Bardi & Brady, 2010). These distinctive features give the user an accessible and convenient platform in which to vent negative emotions, and may provide the opportunity to achieve even greater emotional relief than is possible through face-to-face communication (Dolev-Cohen & Barak, 2013).

* 1. **Online support**

Youth need external assistance, more so than adults, to cope with various situations. However, in many cases, they are reluctant to seek such assistance, and instead choose tactics of avoidance and escape (Kaim & Romi, 2015). A primary difficulty in working with at-risk youth is to bring them to treatment services for support, counseling, and guidance. Therapists often find it difficult to form an ongoing therapeutic contract with adolescents; the lack of ongoing support results in increased school dropout rate. There are several possible reasons for this. Adolescents may be unaware of what services are available to them. They may be wary of the negative stigma associated with seeking help and fear damage to their image among their peers and others in their immediate environment (Ben Hur & Giorno, 2010). In the digital realm, however, the adolescent rather than the parent is the expert, and they can receive discreet support and assistance without social sanctions, either real or imagined (Friedman & Billig, 2018), which relieves stress and pressure (Barak & Dolev-Cohen, 2006; Dolev-Cohen, & Barak, 2013; Valkenburg & Peter, 2009). Reaching out for help online is done voluntarily, rather than being mandated by the adult world, so the adolescent is less likely to feel shame, discomfort, or dependence (Ben Hur & Giorno, 2010).

However, despite these numerous benefits, therapeutic interventions via social media have limitations and challenges precisely due to the characteristics of online communication. For example, the computer-mediated relationship requires clear behavioral procedures to avoid deviation from an appropriate therapist-patient relationship (Barak, Klein, & Proudfoot, 2009). In addition, the physical distance between the parties makes it difficult to establish a long-term commitment to treatment, or to provide immediate assistance in situations requiring physical access to the patient, such as cases of potential suicide (Amichai-Hamburger et al., 2014). As a result, researchers emphasize the need for professionals who provide treatment and intervention via social media to receive training on the opportunities and challenges inherent to these communication channels, in order to provide care that is as effective as possible (Barak, Klein, & Proudfoot, 2009).

Both the limitations and benefits of online therapy are a fruitful area of research, especially in light of recent research into the psychology of social media users. Thus, it is surprising that there has not yet been research into the potential benefits and limitations of online treatment by professionals working with at-risk youth, such as teachers, youth counselors, and social workers. This is despite the great need for these types of relationships with at-risk youth, and despite the inherent potential of online modes of communication in light of this population’s unique characteristics, as described in the next section.

* 1. **At-risk children and youth**

The term “at-risk” characterizes populations of children and adolescents who are or may be at risk of physical, mental, or emotional harm (Lahav, 2000). These individuals may suffer from a variety of problems, and experience a wide range of difficulties that endanger them and threaten their ability to function, currently or in the future (Schonert-Reichl, 2000). In 2006, the Schmid Commission published a widely-accepted definition of “at-risk children and adolescents.” According to this definition, the term refers to children and youth living in situations within their family or other immediate environments that pose a danger to them, and who, as a result, are limited in their ability to exercise their rights in a variety of areas: physical sustenance, health, development, family affiliation, learning and skills acquisition, well-being and emotional health, sense of belonging and social participation, protection from others, and protection from their own risky behaviors (Groper, Selkowski, & Romi, 2014). The study identified three groups of factors affecting the development of at-risk youth: (1) socio-demographic background traits such as gender, ethnic origin, parental education, socioeconomic status, and area of residence; (2) personality traits such as low adaptability, norm-exceeding behaviors, impaired mental well-being, low self-esteem, and poor attachment; (3) environmental factors such as family and social problems, family crises, and negative school experiences.

A common denominator among at-risk youth is a lack of belonging to the normative systems of anchoring in their peers’ lives and the exhibiting of behavioral and social symptoms such as vagrancy, delinquency, drug and alcohol use, violence, and vandalism (Kaim & Romi, 2014; Lahav, 2000). However, it is currently not considered acceptable to treat at-risk youth based on binding positivist criteria, but rather according to the type of framework in which they are being treated – usually professional frameworks such as the social welfare system’s youth development programs. It is predicted that alienated youth exhibiting traits of being at risk comprise the majority of the population treated in such programs (Romi, 2007). In many cases, youth treated in these programs still participate fully or partially in their peers’ educational and institutional settings, but in many ways, they consider themselves estranged from such settings. In a comprehensive survey conducted in Israel in 2017, approximately 16% of the total population of children and youth in the surveyed districts were defined as being at risk (Sabu-Lael, 2017). As of 2016, some 367,000 children and adolescents were listed in Israel’s regional social services departments.

**2.4 Relationships of at-risk youth with adults and treatment professionals**

The identity crises experienced by at-risk youth are fundamentally similar to those of their peers, but are often experienced at a higher intensity and accompanied by various aspects of risk and mistrust of society’s institutions and services (Resnik & Burt, 1996). Due to these conditions, this population often needs to broaden their circle of support and their base of resources. Indeed, research has shown that one of the key factors that helps at-risk youth successfully navigate the complex period of adolescence is the degree to which they utilize formal and informal sources of support (Gilat & Winter, 1998). The distinctive characteristics of this population apparently lead them to turn to sources of support in very different patterns than their peers (Grinstein-Weiss, Fishman & Eisikovits, 2005). For example, the role of parents and teachers as sources of support in distressing situations is lower among at-risk youth as compared to normative youth. However, the willingness of at-risk youth to contact counselors or social workers in the welfare system is high compared to their willingness to contact their parents or teachers, both among males and females (Kaim & Romi, 2014).

These and other studies that emphasize the importance of supportive relationships have exclusively addressed direct in-person relationships between at-risk youth and adult figures in formal and informal systems. To the best of our knowledge, no previous studies have examined online relationships between alienated youth and therapeutic professionals (counselors and social workers). The absence of a body of research on this subject is surprising for a number of reasons. First, many studies highlight the role and dominant role of new media channels, and especially online social media, in the world of at-risk youth (Wells & Mitchell, 2008). Second, use of online social media among alienated youth is characterized by more risky situations than that of normative young people, and the presence of educational-therapeutic figures in this area is of critical importance (Ben-Simon & Wazen-Sikron, 2017). Third, as mentioned above, these youth view counselors and therapists in informal settings as more positive figures than, for example, teachers and school counselors. In light of the numerous studies on communication between teachers and students in online social media, which examine the educational, pedagogic, emotional, and social aspects of how these relationships function, the lack of research in the specific context of at-risk youth is particularly surprising. It is possible that this gap in the research is due to the fact that the interface between therapeutic faculty, at-risk youth, and social media has “fallen between the cracks” in terms of academic disciplines. There is extensive research on media and education, as a sub-discipline of communication and education. However, the subject of at-risk youth is most often explored by researchers of social work and sociology, who have little involvement with the emerging field of research on new media. In this sense, the present study is pioneering in promoting a new interdisciplinary interface, which has significant theoretical and applied implications.

1. **The Current Study**

The primary purpose of this study is to examine how professionals in informal settings use social media to communicate with and provide therapy for alienated youth. Specifically, the study explores three broad research questions: (a) What are the usage patterns and goals of therapeutic professionals who interact with at-risk youth via online social media? (b) What are the differences and similarities between online communication and traditional face-to-face communication with at-risk youth? (c) What are the problems and challenges that arise from online communication practices?

The study is based on qualitative methodology, which is appropriate due to the nature of the research objectives and the lack of previous research on the topic. This approach is in line with the intention to provide rich information, which will offer initial insights into the phenomenon, and identify various perspectives, commonly used approaches, and factors that impact this phenomenon (Maxwell, 1996). The study included 17 in-depth interviews with therapeutic professionals in youth development programs and support centers, welfare departments, outreach programs, and boarding schools in a particular region in Israel (Judea, Benjamin and Samaria).

Participants were recruited in several ways: by contacting welfare departments in the research area, using the snowball method with the help of personal acquaintances, and posting messages on online social media to identify potential participants. After collecting the contact information of potential participants, a personal inquiry was sent to them, which included a description of the research topic and its objectives. From among those who agreed to participate, we made an effort to create a research group with as wide a range of faculty positions as possible.

The interviewees were: youth counselors and coordinators (N = 7), social workers (N = 7), a clinical psychologist (N = 1), a director of social welfare services (N = 1), and a senior coordinator responsible for the training of faculty (N = 1). For details of the interviewees, see the table in Appendix 1. Focusing on the perspective of the therapeutic professionals provides a broad perspective of the phenomenon, including therapeutic, institutional, and organizational aspects.

Data collection consisted of semi-structured in-depth interviews conducted with the purpose of exploring the personal perspectives and experience of the interviewees, through the presentation of their authentic voices regarding the phenomenon under investigation (Moustakas, 1994; see also Marwick & Boyd, 2014, on the use of interviews to reveal insights regarding new media functions in daily life).

Interviews were conducted in-person over the course of three months, with each interview lasting between one and one-and-a-half hours. Interviewees were asked a variety of questions about the content and characteristics of their online communication with at-risk youth, what considerations motivated them to choose online social media as an aspect of treatment, and how they perceived the advantages and disadvantages of online communication in this context. The interviews were recorded and transcribed. They were analyzed using the thematic organization approach, in which mappings are identified and key themes emerge from the data according to the research questions (Ryan & Bernard, 2003).

In the course of conducting the research and writing the results and analysis, special attention was given to ethical considerations, ensuring the privacy and anonymity of the interviewees as well as that of individuals mentioned in work-related stories that were told during the interviews. The names of the interviewees appearing in this article have been changed, while maintaining their gender and professional role. In some cases, technical and biographical details have been changed from the interview transcript (Allmark et al., 2009).

1. **Results**

The primary impression that emerges from the analysis of the interviews is that therapeutic staff members view online social media as an important and necessary tool in the treatment of at-risk youth. Many see great advantages in exploring and working within the online social media space. They define its use as a “necessary skill.”

However, with the exception of several interviewees who work in a dedicated online setting (detailed below), the majority noted that because the use of this media channel for therapeutic purposes is new, their workplace does not have clear guidelines about it. As Daniella, a social worker at a boarding school for at-risk youth said: “The staff doesn’t have agreed-upon rules, each person does what he wants to and chooses to do.” The therapists noted that they are given a “free hand” when it comes to online relationships. The issues that commonly arise are concerned with questions of privacy, authority, and boundaries (for more on these issues, see below). Analysis of the interviews revealed four distinct goals of online communication with alienated youth: (a) technical and organizational purposes; (b) familiarity and connection (c) monitoring potentially dangerous situations, and (d) therapeutic interventions.

* 1. **Technical and organizational purposes**

The technical and organizational aspect is particularly seen in the use of WhatsApp groups among the therapeutic staff, as well as WhatsApp groups that include both professionals and the youth they are treating. WhatsApp serves as an effective platform for messaging, updating, and scheduling meetings. The diverse functions of WhatsApp, such as the ability to create groups and mailing lists, and to switch between interpersonal and group communication, allow for increased control and management. For example, the ability to easily send information and updates to a large number of people frees up valuable time for professionals to engage in educational and therapeutic work. Some of the therapists noted the feature of WhatsApp that allows them to see whether the recipient has read the message (this is a default setting in the application). The feature has become an integral part of their decision-making process about whether it is worth investing additional efforts in an outreach project aimed at recruiting as many youth as possible.

* 1. **Familiarity and connection**

A core theme that arose from the interviews is the use of online social media for purposes of integration, deepening familiarity, and establishing therapeutic relationships with the youth. Analysis of the interviews revealed three types of goals and practices in this regard.

1. **Deepening contact with youth**. The new online channels of communication are seen as enabling closer and deeper contact with the youth. “In the early stages, those who don’t know us are distant and have some barriers. Communication with them via apps gives us another way to be open with them and develop relationships and trust,” (Einat, counselor at a non-residential youth center). However, the interviewees emphasized that communication via online social media does not merely serve as a replacement for face-to-face connection or other channels. It expresses to the youth that the staff members are willing to reach out to them in the forums where they already operate, and conveys a message of being flexible with their means of communication. Moreover, young people understand that the ability to use the distinctive language of the Internet, for example emojis and new phrases and terms, enables a conversation on equal terms, allowing them to express their feelings in their own language. This creates closeness and opportunities to build trust in their relationships. “I identify a kid who has an easier time expressing himself through messaging. It gives him the time and space to read my message and get back to me when its comfortable for him. It’s especially helpful to me especially in the early ‘courting’ stage of the relationship,” (Uri, social worker at a non-residential regional center for at-risk youth).

One interviewee noted a gender difference when it comes to social media communication: “With boys, let’s say, I see that it’s easier to communicate with them through WhatsApp than in person. For girls, it seems to me the opposite, because they are more verbal. For example, we had a male teen who had a really hard time communicating, but it was easier to talk to him through WhatsApp,” (Ella, coordinator at a youth outreach program).

Some of the interviewees highlighted specific features and characteristics of online social media, such as the availability, accessibility, and computer-mediation of the text that help deepen the relationship and create an open and honest conversation. “There is something about messaging. Hiding behind the message allows you to feel comfortable and open, without facial expressions that convey judgment” (Leah, media coordinator at the department for youth development). Another interviewee mentioned a phenomenon he commonly encounters, a situation in which there is no way to contact the youth, for technical reasons: “I have encountered situations in which youth have a problem with their cellphones, usually because they don’t have money to pay for the service, so they turn off their phones, and WhatsApp is the only way I have to communicate with them,” (David, social worker at a boarding school for at-risk youth). These descriptions recall the quote from Uri, about the way online communication helps in the early stages of the relationship. In contrast to classic psychological treatment, therapeutic professionals working with at-risk youth take an approach of gradually getting to know each patient. The characteristics of online communication facilitates this practice and help overcome barriers that may impede success.

1. **Maintaining relationships**. Social media enables staff members to keep in touch with youth whom they’ve worked with in the past. Facebook and Instagram, in particular, allow them follow the activities, personal lives, and achievements of ‘alumni’ months and even years after they stop communicating through the more intensive media outlets such as WhatsApp groups that were actively used as part of the treatment frameworks. At the same time, some of the interviewees noted that the WhatsApp groups they shared with the youth remained active for years after the formal treatment framework ended. “The group is still active from time to time. I find it moving that they make sure to send happy birthday notes when one of the youth or counselors has a birthday, to see how most of them send birthday blessings and reply to one other ... It’s nice to see that they care about each other and that they take a minute or two to send each other birthday wishes,” (Roni, social worker in the department of youth development).

The importance of this connection is twofold. On the part of the staff members, WhatsApp allows them to ‘stay in touch,’ but they indicated that it goes beyond that. They said that being able to follow how alumni are integrating into ordinary life allows them to receive feedback, which one interviewee described as “getting closure.” Seeing the results, the outcomes, helps reinforce their belief in the challenging work that they do. From the perspective of the youth, the online forum can serve as a mutual support network, and even as a possible opening for them to seek out advice and assistance as they navigate their paths.

“[The WhatsApp group] helps them keep in touch with the most meaningful group in their lives, that is, the people they were with when they went through a hard time at the very important age of 16 or 17. We see that even four years later, they’ll arrange to meet up, and they share a common language that stays very much alive. It’s mainly social, but it can certainly be a platform for therapeutic work like monitoring or ongoing assistance or referrals for help. Recently, a lot of the youth who finished [our program] had no framework to be in, and we found jobs for them, we were able to help them,” (Nurit, director of social welfare division for youth development).

1. **Understanding the (online and interpersonal) youth culture**. The therapeutic staff’s online presence helps them to get to know the personal world of the youth, bridging the gap between the adults (the therapeutic professionals) and the young people. The interviewees refer to two levels of acquaintance. The first concerns everyday ‘real’ life and what happens day-to-day. Posts, stories, statuses, videos, and pictures offer a glimpse into the personal world of the youth, beyond what is revealed during treatment hours and in face-to-face sessions.

I have an Instagram account. It’s not like I’m not forcing them to be my friends, but because of the openness in the [treatment] center, they *ask* for us to follow them. Instagram is a central part of their communication, where they reveal their world. If they invite me to be part of that world, they’re allowing me to see into their personal world. Because the framework is very inclusive and open, they feel open to invite us in as well. (Einat, counselor at a non-residential center for at-risk youth)

Every story reveals more things for us to pay attention to. Each shared or written post helps us understand their situation. (Orly, professional manager at a youth development program)

This further familiarity with the youth is particular to the online sphere. Caregivers see their presence on online social media as a way to better understand the online forums and to identify risks, such as bullying and inappropriate discourse. Sometimes they can even offer guidance in this new type of social space.

* 1. **Monitoring situations of distress**

Online social media offers a convenient platform for youth to share emotions and express their thoughts, feelings, and frustrations. Therefore, in addition to providing a forum for strengthening connections and becoming familiar with each other, the presence of therapy professionals in online forums has valuable potential for identifying signs of distress prevalent among at-risk youth. The interviewees cited numerous situations in which signs of distress were first exposed online.

There was one girl who always posted questions about sexual harassment. It was very worrying. After each such post, I would send her a private message: ‘Hi, I read your post. I would love to help you.’ It was a gentle kind of outreach, because she was already big, 17 years old, which is a stage when they tend to want to share less, when there’s a desire for independence. After a few times, she suddenly answered and we developed a connection, and it really helped. (Nurit, director of social welfare division for youth development).

Online communication venues seem to allow youth who are experiencing distress to express their feelings with greater ease, as compared to face-to-face meetings. The interviewees described a wide variety of online posts that drew their attention to the distress of those who wrote them, whether the post was about the pain of a breaking up with a boyfriend or girlfriend, or a crisis with their parents, a depressive episode, social isolation, or even suicidal thoughts.

There was a post in which someone expressed signs of distress. Naturally, we showed it the social worker, and a tragedy was avoided. The girl wanted to commit suicide, she wrote all kinds of things like “I want to die,” “I hate my life.” Because of Facebook, we were able to save her. (Ariella, coordinator at a youth outreach program).

Use of social media is relevant to therapeutic professionals tasked with identifying and reaching out to marginalized youth. In the digital age, this type of work has expanded from the traditional “street search” to a new practice of online searches. Indeed, some welfare departments have established media departments and teams that seek to leverage online forums and social media as tools for identifying distress, as means for outreach to at-risk youth, and even to help by providing an initial response, as described in this quote:

The media department of the youth development program in our district has existed for six years. At the basic level, it offers the option of contacting us through the website and communicating through the chat feature. The sense of anonymity helps them open up. There are patients who we eventually meet in person for individual psychological treatment and various other interventions, following a relationship that began online. Some of them contacted us but others just expressed signs of distress in different posts and we reached out to them. It is a major tool for organizational and therapeutic purposes, and therefore we place a lot of importance on all of this technological advancement. (Orly, professional manager of a youth development program).

Orly, who works in the media department of a youth development program, emphasizes the potential of this tool to reach youth who typically avoid exposing their distress or actively seeking mental health support.

We can identify situations of distress on social media by spreading posts that reach young people and invite them to contact us. It’s there that we see the ones whose pain is more internalized, who don’t necessarily look like the ones out in the streets. We’re also often approached with questions about sexual identity, which means we are expanding our target audience.

* 1. **Therapeutic interventions**

Using social media to meet the needs of youth and provide them with emotional support was also noted by the interviewees. “Online media helps us locate the youth. There are situations in which we were able to achieve deep therapeutic discourse solely through online correspondence... [the internet] provides us with a vast therapeutic space.” (Leah, media coordinator, department of youth development).

However, it is important to note that while there was considerable consensus among the interviewed professionals regarding the potential uses of online communication described above (technical and organizational purposes, making connections, and monitoring distress), the situation was different regarding its use in therapeutic interventions. Even those who to some extent supported such practices presented ambivalent positions, or at least qualified their statements. When Leah (quoted above) was asked to give an example of online therapy, she noted a practice that enables youth to sit in the same physical space as caregivers, but chat with them online:

Choosing to conduct therapy sessions through the chat feature is comfortable for the youth. They feel more secure and more open to talking. Meaning, we can actually meet with someone and sit in the same room but still be communicating through the chat. The main thing is to give them the feeling that they are safe and can trust us, and that we are here to help in any way that’s comfortable for them, at least in the beginning,” (Micky, counselor at a youth outreach program).

The interviewees indicated that providing treatment online is a topic of debate among professionals in the field. One interviewee mentioned a heated discussion among the professional team about whether the word “therapy” should be used to refer to online communication, or whether it is merely a “supportive aid” for therapy.

Leah stated that she sees an online chat as a first step in the therapeutic process, but not as a practice that can stand on its own. Similarly, other interviewees said they did not consider it a replacement for traditional in-person therapy.

The online connection does help by allowing anonymous communication. But the processes can go deeper in face-to-face meetings, where you see everything, facial expressions and emotions, which you can’t get through the Internet. You can’t really lie when everything is visible. [Online] someone can tell me everything is fine and then cry and I wouldn’t know. Face-to-face conversation is essential. (Ella, coordinator in a youth outreach program)

These statements indicate that, despite the potential for youth to open up via social media, there is also the possibility of concealment during technology-mediated communication. Such concealment harms the effectiveness of treatment, which requires a process of revelation between the patient and therapist. Interviewees who agreed that online communication is effective for youth who have difficulty opening up and expressing themselves to the therapist, do not see this type of communication as a replacement for traditional in-person treatment.

* 1. **Dilemmas and Limitations**

In discussions with the interviewees about their actual work in the field, we found almost complete consensus in favor of using online communication as part of their therapeutic work. However, deeper investigation into the issue indicates that they decided to use it both because of its benefits and despite its limitations. Many of the interviewees noted dilemmas and debates leading up to the decision to adopt online forums as part of their work and some grappled with these questions even while they use online communication. These dilemmas revolve mainly around two issues: the need to protect the privacy of caregivers and patients, and the difficulty of delineating the treatment time.

**4.5.1 Privacy of therapists and youth**

Some characteristics of online social media include personal exposure and sharing by its users. This is the key to its therapeutic potential, and also presents one of the main challenges facing therapists. Disclosing caregivers’ personal profiles to the youth they treat is seen as problematic. “My Facebook page includes family-related things. I don’t know if they need to know everything,” (Samuel, social worker at a youth support center). This concern also relates to the professionals’ opinions on current events: “I write a lot about politics on Facebook. Often, I didn’t feel it was right for them to be so aware of my opinions,” (David, social worker at a boarding school for at-risk youth).

The privacy dilemma also touches on the need to respect the privacy of the youth being treated. Monitoring youth online has ethical as well as therapeutic implications. “Keeping track of them and being exposed to the things they do is sometimes problematic, because it is an invasion of their privacy. We use it, but are very careful. Most of them have trust issues, so I don’t want them to think I’ve been following them [online] all day,” (Julia, social worker and therapist at a youth development program).

Various aspects of the privacy dilemma were mentioned multiple times by the interviewees. On the one hand, they expressed a desire to initiate discussions with youth about issues to which the therapist was exposed while viewing their posts on social media. On the other hand, they worry that raising issues the youth did not choose to share directly with the therapist could cause them to avoid treatment, or cause a crisis of trust. The significant therapeutic potential that is inherent in information the therapist sees online must be considered alongside the invasion of the youths’ privacy and the danger of violating the therapeutic contract. Most of the interviewees said they strive to find the proper balance.

On the issue of the online statuses to which we are exposed, there is a lot of information that can help us catch problems in time, such as suicide. We had a girl who showed all kinds of warning signs that she was suicidal, and we prevented it. This can be confusing, but also helpful. It is a question of whether to invade their privacy and whether they want us to do that, while the post is also be a call for help. It’s between invasion of privacy and offering help. As we catch up with the gaps in technology advancement, we have to think about how to use online media as an essential tool. (Leah, coordinator in the department for youth development)

**4.5.2 Defining the treatment time**

Another potential disadvantage of using online social media that bothered the interviewed professionals pertains to the question of defining the treatment time and place. The accessibility and ease of sending messages makes it possible for youth to contact therapists beyond working hours, at night or on weekends and holidays.

There is a disadvantage in the sense that, for example, they might send messages really late at night. It’s more difficult to set limits online, so you need to define the treatment time. I had a case with a girl who asked me ‘Why were you up at 4 in the morning?’ because she saw on WhatsApp that I was online. You have to understand that they are on their phones all the time, and they see and pay attention to everything. This has many benefits for adolescents, but you also have to pay attention to setting boundaries. (Ela, youth coordinator at an outreach program).

This issue of setting boundaries regarding communication times with patients is certainly not new, but in the age of smartphones and online social media, it is becoming critical. For example, one interviewee shared his concept of effective treatment as being based on the sense of ‘holding,’ a feeling that it is difficult to give the patient in only fifty minutes a week. Occasionally sending an emoji of a smiley face with sunglasses or “smiling poo” (according to the interviewee’s description) between weekly sessions can bridge the time between traditional therapy sessions. However, this perspective comes at a price. On the one hand, short messages via WhatsApp do not require much investment on the part of the therapist, while the youth receive a therapeutic message that the therapist is there for them and is thinking about them even when they are not meeting. One the other hand, if the patient needs the therapist at night or during hours when the caregiver is busy with other patients, he or she may be hurt by the caregiver’s lack of immediate reaction to a call of distress or the sharing of something emotional on WhatsApp. According to one interviewee, therapists who integrate online communication into their daily work need to define the boundaries of this mode of communication with the patient in advance.

I make a verbal contract with the patient ahead of time. I tell him that it is important for me to keep in touch with him outside our treatment time, but explain my limitations in response time and length. I make sure to convey a message that sensitive and deep issues need to receive my full attention in the treatment room. (Omer, clinical psychologist in a youth development program)

It is important to note that the interviewees who mentioned the difficulty in limiting the treatment time were not only relating to their personal experience of how their online presence required them to be available to the youth in their free time; the undefined time also potentially harms the youth. Being friends on Facebook and Instagram with the youth may allow them to deepen and improve their relationship, but it also raises questions about authority and how the relationship is perceived. There is a concern that the caregiver-patient or mentor-mentee relationship will be transformed, in the youth’s perspective, into a relationship similar to their other social relationships. This concern is heightened in the case of online contact between therapists and patients of the opposite sex (“If, with boys, I deliberate a few times, with girls I am a million times more cautious,” Omer, clinical psychologist at a youth development program).

In addressing this issue, some interviewees noted that defining the times during which they can be in contact conveys an important therapeutic message and improves patients’ ability to accept delayed gratification (despite their potential availability). This skill can be beneficial to the youth in many areas of life.

Before I told them until what time I’m available, there were situations when I would receive notifications at night as well. I had to make a separation between work and my personal life. It’s mostly for myself, but it’s also good for the youth, who know I am there for them, but not constantly. This parallels reality, in that they learn that not everything is always accessible to them, and that it may not be possible to help them as soon as they want it, and it’s from an empathic place, so they can understand what it’s like out there in the world. (Julia, social worker and caregiver at a youth development program)

Some of the interviewees emphasized that when defining their working hours with the youth, they clarified that these limits can be extended in urgent cases. “For example, I specify that I will answer until 6 p.m., and after that only if it is an emergency,” (Yifat, coordinator at the department of youth development). Discussions with the youth about what is and is not considered an emergency also serves as a therapeutic opportunity:

I had a case a few months ago of a boy calling me at 9 p.m. I sent him a message asking if it was urgent. It turned out that his bike had been stolen, and he was very worried about how his father would respond to the theft (...). That is why I think there are gray areas, and a need for shared thinking about everything. (Leah, media coordinator at the department for youth development).

Another work-related challenge concerns the nature of communication through text messaging. Interviewees gave examples of text messages that could be interpreted as more social and intimate than was their original intent. Added to this is the fact that such messages sent outside of working hours can diminish the status of the therapist as an authority figure and thus detract from the effectiveness of treatment: “The problem is that it turns into something social, and I am not sure I want to give the relationship that connotation,” (Menachem, senior coordinator at a youth development program).

It emerged that questions related to defining the treatment time are a significant concern to the therapeutic professionals. They repeatedly emphasized that because of the novelty of using online forums, they have no regular use pattern and no definitive answers. The interviewees reiterated that they lack formal guidelines from their workplace about providing treatment to youth online. (“In terms of any general definition or expectation for employees – there is nothing. Everyone decides on individual basis,” Julia, social worker and caregiver at a youth development program.) It is evident that they are eager to receive training on how to effectively and appropriately communicate with youth via social media. Instead, their online work activity is characterized by trial-and-error, intuitive decisions, retrospective considerations, and sharing their deliberations with their colleagues. “Basically, we are still discovering all the problems and advantages of this tool,” (Leah). Several interviewees mentioned the need to guide the youth regarding proper online communication with therapy professionals as well as a need to develop professional training for therapeutic staff who wish to work (also) through online technologies. This sentiment is summarized by Yifat, a coordinator in the department for youth development:

There is no doubt that today’s technological world is evolving and it is not really under our control. The youth are there, and so we must show our presence there as well. I think, and see, that there are many young people who can only be contacted through online networks. Despite the disadvantages communicating through screens, this is the situation, and it should be channeled towards good things. Through online networks, trust is also created. There is something very powerful about entering their world and about its ways of reaching them and treating them. Even if the relationship ends without them getting frontal treatment, I have been in situations where the communication helped and supported young people who were in distress.

1. **Discussion and Conclusions**

The growing predominance of online social media among adolescents encourages many professionals working with at-risk youth to adopt new tools for communicating with patients. This article presents the attitudes of therapeutic professionals towards the use of online communication channels, defines their goals for using them, and shows their diverse practices of utilizing online forums.

The interviews with these professionals indicate a generally positive outlook towards online communication channels. They see many benefits and recount therapeutic successes achieved through this new mode of treatment, noting that it contributes to maintaining reciprocal, continuous, meaningful, and long-term contact with patients. Features of online communication channels include: its mediating abilities, concealment, anonymity, and avoidance of direct face-to-face communication, which address the distinct characteristics and preferences of at-risk youth. Anonymity, even if it is only partial, encourages youth to share openly, and contributes to overcoming barriers. It encourages honesty and allows at-risk youth, who often have personal barriers, to express their “true selves” (Lapidot, Lefler, & Barak, 2012). The accessibility made possible in online forums allows for continuous interaction between caregivers and youth, and makes it easier for the youth to make an initial call for help. Another significant advantage is the way in which textual communication enables adolescents to express their feelings and thoughts in their own language (Barak, Klein, & Proudfoot, 2009). This helps build trust between the therapist and the young patient.

Analysis of the interviews reveals that, apart from organizational aspects, online communication enables and even improves the therapeutic capabilities of staff members in three key areas: (1) contacting the youth (and maintaining contact over time) and establishing a therapeutic contract with youth (2) identifying dangers and situations of distress and (3) intervening and providing psychosocial assistance. Alongside these advantages, concerns emerged about the integration of new technologies into the therapeutic practice and even reluctance to use the word “therapy” in the context of online communication with youth.

This reluctance may be related to how professionals perceive therapeutic practice as an intervention grounded in a specific theoretical approach (e.g., cognitive therapy, psychodynamic therapy, or systemic therapy), each of which has a coherent concept of psychopathology and a list of operative intervention strategies. At the same time, all approaches in psychotherapy have common therapeutic elements (Castonguay, 1993). Some of these elements emerge from the theory and some are more happenstance. For example, the mere fact of entry into a therapeutic process, regardless of the type of treatment, can increase patients’ expectations of receiving relief from their symptoms. These expectations, in turn, can create an atmosphere of hope and motivation for change (Arnkoff, Glass, & Shapiro, 2002). Initiating and establishing a relationship with youth is of therapeutic importance on its own, regardless of the specific theoretical approach.

Most importantly, all approaches emphasize the therapeutic contract between therapist and patient as an essential condition for the success of the treatment (Pilecki, Thoma, & McKay, 2015). The quality of the therapist-patient relationship is one of the most studied aspects of treatment, and has been shown to contribute to the effectiveness of the treatment, independent of the specific type of treatment being assessed (Norcross & Wampold, 2011). In light of this, reports by professionals that online communication contributes to the integration and establishment of a therapeutic contract with youth is of great significance, regardless of the approach being used. Some even stated that the therapeutic contract itself is the treatment.

Great significance was also granted to a second reported benefit of online communication: early detection of distress. Early detection can prevent worsening of the patient’s emotional state and mitigate his or her emotional burden (Halfin, 2007). Many adolescents choose not to share negative experiences, such as bullying or suicidal thoughts, with their parents or other adults in their lives (Rey & Bird, 1991; Velting et al., 1998). Social media has become an important source of information, offering rare glimpses into the minds of adolescents (Ophir, Asterhan, & Schwarz, 2019).

Finally, despite some reluctance regarding online treatment, there is ample evidence that online counseling has a significant impact on patients, comparable to that of face-to-face counseling (Andersson, 2016; Mallen, Vogel, Rochlen, & Day, 2005). This has been found to be true for treating depression (Kessler et al., 2009) or anxiety and stress (Barak, Hen, Boniel-Nissim, & Shapira, 2008). The reports by the interviewees in the present study confirm previous research that found that online counseling increases accessibility to treatment by, for example, reaching people with physical disabilities or those living in remote geographical areas. It also can improve the patients’ sense of comfort by reaching them in their natural social environment (Gilat, 2013; Gilat, Ezer, & Sagi, 2011). These two factors, accessibility and convenience, can be critical in working with youth, especially those who are defiant or rebellious.

Opponents argue that the lack of direct contact prevents the transmission and recognition of nonverbal communication and body language used by the therapist and patient, which are considered essential components of therapy (Barak, Hen, Boniel-Nissim, & Shapira, 2008; Suler, 2008). According to such opinions, online communication can create misunderstandings and ambiguity in interpreting messages between the therapist and the patient. In addition, expression of empathy, concern, and warmth are impaired by the computer-mediation, and cannot be felt as intensely as in face-to-face meetings. Accessibility to people living at a distance, mentioned above as a positive trait, may also make it difficult for patients to commit to the therapeutic process and allow them to stop treatment more easily (Amichai-Hamburger, et al., 2014). The findings of the present study show that therapeutic professions are well aware of these challenges. It indicates how they define and delineate the practices through which online social media enhance their therapeutic capabilities, while avoiding or minimizing practices perceived as being inappropriate for online social media.

Another important issue that emerges from the research findings deals with ethical and value-related questions about the boundaries of the therapist’s role and relationship with the patient. It seems that ideas prevalent in the postmodern age encourage processes that blur the boundaries in patient-therapist relationships. As a result, a primary challenge facing therapists who use online social media is the need to understand and define the physical and emotional boundaries of their contact with patients (Friedman & Billig, 2018; Haenfler, 2004; Nagata, 2001). For example, several interviewees noted difficulties in defining the boundaries of the therapeutic space, the duration of care, availability of therapist, and working hours; the distinction between individual versus group therapy; defining boundaries for maintaining and protecting the privacy of caregivers and patients during the therapeutic intervention; and patient confidentiality. It seems that, despite the benefits of therapy via online social media, the lacuna in accepted procedures and lack of appropriate training means that therapists must work through experimentation and trial-and-error. This creates significant concerns and leads some professionals to be adverse towards adopting this method. Thus, it is advisable to provide special training to counselors and professionals to help them bridge the gap between traditional practices and use of online social media when working with at-risk youth, and to provide as effective a treatment program as possible.

Communication technologies are bringing new opportunities to the therapeutic field. The initial findings presented here require a thorough, quantitative, and wide-ranging examination through further research. It is important to note that this study was based on interviews among therapeutic professionals. Further studies should address the perspectives of the youth themselves, and compare them with those of therapeutic staff. There is also a need to examine aspects that potentially influences interactions with at-risk youth, in particular those related to gender differences (Noguti, Singh, & Waller, 2019), generational differences (Hargittai, 2010), cultural contexts (Mesch & Talmud, 2008), and religious contexts (Rosenberg, Blondheim, & Katz, 2019). These factors may affect the legitimacy of the relationship, as well as the coping strategies of therapists and patients in addressing the challenges raised in this study.

**Key Points**

* The testimonials by the therapeutic professionals generally indicate positive perceptions of using online social media and successes they have achieved when using this tool in their work with at-risk youth.
* Online communication enhances therapeutic professionals’ capabilities in making initial contact, maintaining contact, establishing a therapeutic relationship, detecting distress, and providing immediate intervention in emergencies.
* Concerns were raised regarding the privacy of the therapist and the patient, blurring of authority and boundaries, and reluctance to use the word “therapy” in the context of online communication.
* The interviewees expressed the need to develop a training program for therapeutic professionals who wish to use online technologies in their work.

**Table 1: Study Participants**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Gender** | **Age** | **Role and place of work** |
| Nurit | Female | 36 | Director of youth outreach program,  Director of social welfare division for youth development |
| Ella | Female | 28 | Coordinator in the youth outreach program in the district welfare department |
| Uri | Male | 37 | Social worker at a non-residential center for at-risk youth |
| Julia | Female | 26 | Social worker and therapist at a youth development program |
| Daniella | Female | 26 | Social worker at the welfare board |
| David | Male | 38 | Social worker at a boarding school for at-risk youth |
| Leah | Female | 31 | Media coordinator in the department for youth development |
| Orly | Female | 37 | Professional manager of a youth development program |
| Shmuel | Male | 36 | Social worker at a youth support center |
| Micky | Male | 35 | Counselor at a youth outreach program |
| Roni | Male | 34 | Social worker in the department for youth development |
| Einat | Female | 32 | Counselor at a non-residential center for at-risk youth |
| Omer | Male | 40 | Clinical psychologist in a youth development program |
| Menachem | Male | 52 | Senior coordinator in a youth development program |
| Liat | Female | 40 | Social worker in the department for youth development |
| Ariella | Female | 28 | Coordinator in a youth detection program |
| Yifat | Female | 37 | Coordinator in the department for youth development |

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