

Original research
“Are You a Robot?” A Discourse Analysis of Rapport-Building in Online
Crisis Chats

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Submitted to SOL: November 1st, 2017; accepted: June 21st, 2018; published: December 12th, 2018

Abstract: Despite an increase in the use of online crisis counselling services, little research has been conducted on how the therapeutic relationship is negotiated online. The current study consisted of a discourse analysis of client-counsellor interactions in 24 online crisis chats. Chats were separated into three phases: Initial Contact, Suicide Assessment, and Termination. In the rapport-containing chats, the client-counsellor relationship in the Initial Contact phase was characterized by themes of informality and equality/mutual respect. Main relational themes in the Suicide Assessment phase were client/counsellor collaboration and counsellor authenticity. In the Termination phase, main relational themes included shared humour, counsellor self-disclosure, and client trust. In the non-rapport-containing chats, in the Initial Contact phase, the client-counsellor relationship was characterized by client frustration with respect to unmet needs for counsellor directiveness, authenticity, and self-disclosure. In the Suicide Assessment phase, three main relational themes were found: client-perceived circularity of the conversation, feeling misunderstood, and feeling unheard. In the Termination phase, chats were frequently ended abruptly by the client, and the predominant theme was one of client rejection of the counsellor. The results have important clinical implications for those working with suicidal individuals online, as they point to a need for online counsellors to use a more informal, genuine, and egalitarian communication style when conducting crisis counselling online.

Keywords: suicide, online counselling, crisis counselling, rapport, therapeutic relationship

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According to the World Health Organization (2017), about every 40 seconds, someone in the world dies by suicide.

Concerningly, those at highest risk of suicide are often least likely to reach out for help from mental health professionals (Wilson & Deane, 2010). Online counselling has emerged as an alternative to traditional face-to-face or telephonic crisis intervention and is being increasingly utilized (Martin & Stuart, 2011; Richards & Vigano, 2013). This increase has been attributed to numerous factors, including both the ease (Cook & Doyle, 2002;

& Everall, 2010), and anonymity (Lapidot-Lefler & Barak, 2015; Suler, 2005) of the provision of services online. Online counselling appears to have clinical outcomes comparable to those achieved in in-person counselling with respect to the development of rapport (Hanley, 2006; Martin & Stuart, 2011; Reynolds et al., 2011; Roy & Gillett, 2008); in fact, it appears that a positive working alliance can be established in a single session of online counselling (King et al., 2006; Roy & Gillet, 2008). Building rapport is a vitally important part of the counselling process (Anderson, Ogles & Patterson, 2009; Gelso, 2009; Hackney & Cormier, 2009; Mellado et al., 2016), and its importance is heightened when the client is suicidal. However, there are significant gaps in the research on how to best conduct online crisis counselling with suicidal individuals. Three specific

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gaps in knowledge led to the development of the current study. First, there is a lack of research on in-vivo therapeutic conversations with clients who are suicidal (as opposed to third-party reports, psychological ‘autopsies,’ or post-hoc questionnaires). Second, the frequently observed finding that those most in need of help do not seek it points to a need to examine other increasingly used modalities of helping, such as online counselling (Hanley, 2006). Lastly, the importance of the therapist-client relationship when working with suicidal individuals has been frequently cited as one of the most valuable contributors towards positive client outcomes in this population (Granello, 2010; Joiner, 2005; Shea, 2008; Shneidman, 1998). This study examined how rapport was built in crisis chats from an online suicide prevention service in Western Canada with the aim of addressing the gaps in knowledge described above. Two specific research questions were asked:

Q1: How is the client-counsellor relationship negotiated by the crisis counsellor in an online chat where the client is suicidal?

Q2: How is the client-counsellor relationship negotiated by the client in an online chat where the client is suicidal?

Method

The research questions asked in the field of suicidology often seem to call for a quantitative approach. For example, suicidology is often focused on identifying risk and protective factors (e.g. Witt, Gordon, Smith & Van Orden, 2012) and designing assessment tools (e.g. Silverman, 2007). For ethical reasons, suicide research has historically been conducted in simulated artificial environments or by conducting psychological ‘autopsies’ (Shneidman, 1998). However, when examining a new, nuanced, and complex phenomenon, an exploratory, in-depth examination is often recommended (Creswell, 2009; Grbich, 2013; White, 2012). Based on preliminary examination of the data as well as existing suicidology research, it was expected that the data obtained would be abundant, complex, deep in meaning, and possessing ambivalence, discrepancies, and dissonances. These characteristics were expected in part because of the ambivalence often expressed by those who are suicidal (Rudd, 2006; Shea, 2008), the stigma of suicide that may prevent direct expression of suicidality, and the

online nature of the interaction which can create greater potential for multiple interpretations of a given sentence (e.g., sarcasm mistaken for excitement). This prediction was supported by the characteristics found in the current data set and informed the decision to use discourse analysis (DA) as a method of examining it.

Discourses have been defined as “[...] specific ways of thinking and speaking about the world generated by social power” (Phelan, Wright & Gibson, 2014, p.2). Discourse analysis (DA) is based on several key assumptions: first, that language is context-dependent and action-oriented; it informs how people perform various social actions. Second, that discourses should therefore be critically examined as an indicator of social practices that are taken for granted and reinforced using language. Spong (2004) succinctly summarizes this process: “[...] the way we talk about things does not merely describe the world, but makes the world what it is (p. 68).”

Common practices when conducting DA include paying attention to positionality (how people place themselves and others in relation to a given social role or narrative), and looking for exceptions to common social discourses and their effect on the interaction.

Discourse analysis has been used to examine a wide variety of mental health concerns. For example, it has been used to explore how problem gamblers seek help online (Mudry & Strong, 2012), how ideas of schizophrenia are co-constructed by clients and counsellors (Larsson, Loewenthal, & Brooks, 2012), and how suicide is spoken about by clients and counsellors (Reeves et al., 2004). Most studies employing discourse analysis to examine suicidality have focused on interview and focus group data obtained from those who were previously suicidal (e.g. Roen et al., 2008). Some researchers have attempted to re-create the clinical situation by employing suicidal ‘client actors’ (e.g. Reeves et al., 2004). The study was designed with the aim to expand the transferability (Morrow, 2005) of the findings by examining actual transcripts of real conversations about suicide occurring between clients and crisis counsellors. Because the data sources in this study were archival in nature, use of actual crisis chat transcripts hoped to increase the trustworthiness of the findings by eliminating the interaction of the researcher with the data sources (clients and counsellors), which are described below.

Participants (Data Sources)

Data sources consisted of 24 chat transcripts obtained from a suicide prevention centre in Western Canada. Sixteen chats were classified as 'rapport-containing'; eight chats were classified as 'non-rapport-containing.' Attempts were made to include a diverse array of transcripts with respect to chatter age, gender, and other demographic variables, with the aim of providing "[...] complete coverage of the content domain" (Woolsey, 1986, p. 245). An additional consideration related to diversity was the requirement that no two chats from the same client (identified via IP address) or the same counsellor (identified via their alias) were included.

Tables 1 and 2 outline the demographic information obtained. It is notable that, as Tables 1 and 2 illustrate, of the 24 chats obtained, only 15 disclosed data collection site precluded the verification of demographic data.

Thus, the demographic information reported is solely based on self-report. As their gender, whereas all disclosed their age. It is further important to mention that the context of the detailed in Tables 1 and 2, client age ranged from 17 to 48, with a mean age of 23. Presenting concerns were diverse, with depression being the most commonly cited, followed by relationship concerns (bullying; peer conflict; family conflict; relationship conflict). Chatters identified as being from diverse geographic locations across Western Canada. Six chatters did not disclose their location. Chats were received from nine chatters who identified as female, seven as male, and nine who did not disclose their gender. Length of chats ranged from 17 minutes to 102 minutes with a mean time of 57.378 minutes in the rapport-containing category, and a mean of 38.625 minutes in the non-rapport containing category. Counsellor gender is not reported, as volunteer aliases at this crisis centre were gender-neutral.

Table 1. Demographic Information: Rapport-Containing Chats

Chat #	Client age*	Client gender*	Client location*	Chat length	Secondary issue(s)
Chat 1	20	Female	Vancouver	62 minutes	eating disorder
Chat 2	18	Female	Port McNeil	102 minutes	bullying
Chat 3	21	Male	Prince George	59 minutes	depression
Chat 4	30	Undisclosed	Undisclosed	71 minutes	panic attacks
Chat 5	48	Female	Haida Gwaii	52 minutes	depression
Chat 6	20	Male	Planet Earth	63 minutes	schizophrenia
Chat 7	18	Undisclosed	Surrey	48 minutes	family conflict
Chat 8	23	Female	BC	54 minutes	social anxiety
Chat 9	18	Female	Vancouver	62 minutes	depression
Chat 10	22	Undisclosed	Vancouver	47 minutes	depression
Chat 11	26	Male	North Island	45 minutes	peer conflict
Chat 12	19	Undisclosed	BC	61 minutes	social isolation
Chat 13	18	Female	Vernon	41 minutes	depression
Chat 14	18	Female	Vancouver	47 minutes	depression
Chat 15	35	Undisclosed	BC	51 minutes	trauma
Chat 16	23	Male	Undisclosed	53 minutes	depression

* chatter-identified

Table 2. Demographic information: Non-Rapport-Containing Chats

Chat #	Client age*	Client gender*	Location*	Chat length	Secondary issue(s)
Chat 17	18	Female	Smithers	33 minutes	depression
Chat 18	29	Undisclosed	Victoria	88 minutes	workplace stress
Chat 19	30	Female	Canada	40 minutes	suicide ideation
Chat 20	17	Male	BC	17 minutes	anxiety
Chat 21	29	Male	Undisclosed	24 minutes	depression/housing
Chat 22	19	Undisclosed	Undisclosed	32 minutes	relationship conflict
Chat 23	22	Undisclosed	Undisclosed	27 minutes	depression
Chat 24	22	Male	Undisclosed	48 minutes	self-harm

* chatter-identified

Rapport-Containing versus Non-Rapport-Containing Chats.

The important emotional connection between client and counsellor is often referred to as ‘rapport.’ Based on the existing literature on this construct (Bachelor, 1995; Gelso, 2009; Hackney & Cormier, 2009; Horvath, 2000; Mellado et al., 2016), rapport was defined as a strong, positive, reciprocal emotional connection between counsellor and client. Since the measures of rapport reviewed for this study either did not possess sufficient reliability and validity or were developed for in-person counselling and therefore did not possess sufficient ecological validity for evaluating online crisis counselling, multiple measures of rapport were used. Measures were selected with respect to their ability to measure key elements of rapport, their reliability and validity, and their utility for examining text-only communication. The measures used were the Working Alliance Inventory – Observer Form (WAI, Darchuck et al., 2000), the Kids Helpline Online Counselling Transcript Coding Instrument (KHLTCI, Williams et al., 2009), and a measure assessing the four client-expressed indicators of rapport in online counseling observed in this author’s previous research study (Timm, 2011; Timm, 2012). These client indicators of rapport were: (1) Expresses clear agreement with counsellor’s statements
 (2) Collaborates with risk assessment and safety planning
 (3) Openly discloses suicidality/sensitive information
 (4) Expresses liking of/connection with counsellor

The first measure, the WAI, was chosen because of its reliability and validity. A significant body of research attests to both the reliability and validity of this measure for in-person counselling. For example, Hanson, Curry, & Bandalos, (2002) found reliability estimates ranging from .72 to .97 with a modal estimate of .92. The WAI also possesses high construct validity (Tichenor & Hill, 1989) and predictive validity (Horvath et al., 2011). The second two measures, the KHLTCI and the four conditions found by Timm (2011; 2012), were chosen because of their high ecological validity for this data set as they had been developed solely for assessing rapport in online crisis chats.

Chats were considered ‘rapport-containing’ if they had a minimum score of 30 or higher on the KHLTCI (obtained by receiving a mean score of 5 on a seven-item 10-point Likert-type scale) and a score higher than 4 on the WAI (as per the developers of the WAI,

a score of 7 indicates an ‘ideal alliance’ and a score of 4 indicates an ‘average alliance’). Chats were considered ‘non-rapport-containing’ if they had a score of lower than 30 on the WAI and a score lower than 4 on the KHLTCI. In addition to rapport, which is a researcher-generated theoretical construct, whether or not the client expressed satisfaction with the encounter was an additional criterion for determining the presence of rapport, providing additional trustworthiness to the chat selection process. At the conclusion of each chat, crisis workers assess the client’s satisfaction with the encounter on a 5-point scale with 5 indicating the highest level of satisfaction and 1 indicating the lowest level of satisfaction. Chats rated 4 or 5 were considered rapport-containing; chats rated 1 or 2 were considered non-rapport-containing.

A research assistant was employed who rated chats independently. The number of ratings in agreement was calculated, as was the total number of ratings. This fraction was then expressed as a percentage. A minimum 75% agreement was considered sufficient as per established guidelines of inter-rater agreement with two raters using numerical data (Wongpakaran et al., 2013). An inter-rater agreement of 89% was initially found; discussions were held until consensus was reached on all measures of rapport. The scores on each instrument for the rapport-containing and non-rapport-containing chats are noted in Table 3.

Ethical Concerns

Informed Consent. The archival nature of the data precluded the ability to obtain informed consent in the traditional sense. This author addressed the difficulty of balancing ethical issues regarding informed consent with the objective of this study through consultation with the research committee, other researchers, and examination of similar studies, as outlined below. Battle (2010) notes that when accessing archival data online, “the transient nature of the Internet in combination with anonymity means that some users may be impossible to track down” (p. 32). She observes that in these cases, research procedures may need to be amended to reflect this fact. This was the case in the present study: due to the anonymous nature of the services, traditional informed consent was not possible. The crisis centre agreed to place a disclaimer on their website indicating to clients that

their (non-identifying) information may be used for research purposes. Only chats from received after this disclaimer was placed were included in the analysis. It should also be noted that as per the Tri-Council Policy Statement (TCPS-2; 2017), informed consent should be obtained when conducting research with secondary data when “information provided for secondary use in research can be linked to individuals, and when the possibility exists that individuals can be identified in published reports, or through data linkage.” Because of the blending of cases and elimination of clients’ personal information (see below), the study was considered in compliance with TCPS standards even without directly obtaining consent from clients or counsellors. However, since it was possible to obtain consent from counsellors (as they were not anonymous), it was considered prudent to do so.

Table 3. Rapport Measures

Chat number	WAI Score	KHLTCI score	Timm 4 conditions*
1	4.36	42	1,2,3,4,
2	4.52	43	2,3,4
3	5.80	55	1,2,3,4,
4	5.11	31	1,2,3,4
5	5.16	43	1,2,3,4
6	5.88	54	1,3,4
7	5.63	53	1,3,4
8	4.61	31	1,2,3,4
9	4.41	33	1,2,3
10	4.41	30	1,2,3
11	4.52	35	1,2,3
12	5.14	32	1,2,3
13	5.04	41	1,2,3,4
14	4.16	32	1,2,3
15	5.12	37	1,2,3,4
16	4.17	31	1,2,3
17	3.72	21	1,3
18	3.75	23	2,3,
19	2.05	2	3
20	2.38	6	3
21	2.13	0	3
22	2.44	1	None
23	3.36	23	1,3
24	2.60	2	3

*Condition 1: Expresses clear agreement with counsellor’s statements

Condition 2: Collaborates with risk assessment and safety planning

Condition 3: Openly discloses suicidality/sensitive information

Condition 4: Expresses liking of/connection with counsellor

Confidentiality. Chat transcripts with identifying information removed were provided by a representative of the crisis centre. Identifying

features were obscured in the reporting of the results by eliminating identifying details and by blending cases. It was recognized that that this blending of cases needed to be balanced with the value of providing the reader with ‘thick description’ or a detailed account of the unique features of chat transcripts to facilitate transferability of the findings (Morrow, 2005). Direct quotes were paraphrased and combined from different transcripts. Decisions on whether to include particular examples were directed to two research consultants with experience in discourse analysis.

Delineation of Phases

Each transcript was separated into three phases: Initial Contact, Suicide Assessment, and Termination. The delineation of these phases was meant to capture the temporal progression of client and counsellor tasks in the process of relationship-building. Based on the existing research on suicide assessment (e.g., Granello 2010; Shea, 2008), it was expected that each phase would involve distinct relational goals and needs for both counsellor and client. The Initial Contact phase was determined to start from the crisis centre volunteer greeting the client and to end with the disclosure of suicidality. The Suicide Assessment phase was determined to begin with the volunteer’s asking the question “are you feeling suicidal?” or its equivalent and to end with the client or volunteer indicating that the chat would end soon, for example by referring to activities to be done after the chat; the Termination phase was determined to begin at this point.

Data Analysis

A number of related text scrutiny techniques (Ryan & Bernard, 2003) were used. Client and counsellor responses were kept intact to avoid missing important information. Coding was done by ‘units of meaning’ (blocks of related content) rather than line-by-line, as this was considered more meaningful with respect to the nature of the data (DeCuir-Gunby, 2011). A meaning unit was considered as such if it was characterized by a clear, discrete idea and a transition in meaning from the previous meaning unit (as described by Wong et al., 2013). Meaning units were considered relevant if they related to the therapeutic relationship as per the discourse analysis ‘tools’ described below. Similar units were combined and themes were then extracted. Repetition of conceptually similar

content, and, conversely, lack of repetition or 'negative cases,' were noted. Rather than pure word frequency, researchers focused on category frequency (examining how often words that were conceptually related appeared in a given cluster of text). For example, one theme emerged in the Initial Contact phase of all non-rapport containing chats was initially labelled 'client requests for personal information.' This theme was characterized by frequent use of personal pronouns ("you, I") and references to counsellor feeling states or motives (for example, "do you get bored hearing this stuff over and over?" or "sorry to depress you with my stuff"). Transcripts were examined until saturation was reached. Saturation was defined as per Glaser and Strauss (1967) where new data did not contribute any further information to the data being studied. Data were collected until the next 10 chats in each category (rapport-containing and non-rapport-containing) did not contribute new categories because they were subsumable under the existing thematic categories. Saturation was reached more rapidly in the non-rapport-containing chats, likely due to their shorter duration – saturation was reached after eight chats were analyzed in this category.

Discourse Analysis: Tools Used

Four main 'tools' for conducting discourse analysis were implemented, as described by Gee (2011). Gee provides twenty-seven tools for use in discourse analysis, noting that all twenty-seven are overlapping and may all be simultaneously applied to a given portion of data. However, he acknowledges that "[...] for some data, some tools will yield more illuminating information than for other data" (p. x). Taking this guidance into account and considering the characteristics of the data, the following four tools were selected:

- a. The identities building tool
- b. The relationships building tool
- c. The activities-building tool
- d. The figured worlds tool

These tools and how they were applied to the segments identified to answer the research questions above are now described.

The Identities-Building Tool. This tool builds on the assumption that individuals construct different identities depending on their social context, and that their language use reflects this. For example, a

psychologist may use different vocabulary, grammar, and syntax when speaking with colleagues, with clients, and with the general public. Gee (2011) notes that this latter context, the general public domain, often requires what he refers to as the enactment of the "life world identity" (p. 107) in which an individual, while engaging in the linguistic and social norms of their culture, assumes the role of the 'everyday' person, separate from any professional or socially affiliated identity. This tool takes into account the observation that as individuals construct and express their own identity through language, they also co-create the identities of others with whom they relate through their interaction. For example, a client consistently using profanity in conversation with his counsellor may be positioning the counsellor as a friend or as someone on the same social level. Conversely, the counsellor's response to this (e.g., complicity or rejection) may solidify or change this identity.

In the online environment, the concept of identity is markedly more fluid – both participants in the discourse have more freedom to construct their identities independent of the constraints of physical presence, as noted by Mudry and Strong (2012) who examined how the identities of problem gamblers are constructed in an online support group. Thus, the identities-building tool was considered especially relevant given the online context of the interaction. Gee (2011) suggests that when using the identities-building tool, researchers should "[...] ask what socially recognizable identity or identities the speaker is trying to enact or get others to recognize. Also ask how the speaker's language treats other people's identities, what sorts of identities the speaker recognizes for others in relationship to his or her own" (p. 110). Therefore, the following questions were asked of each unit of meaning:

- Q 1. What type of identity is the client enacting, and what impact does this have on the counsellor?
- Q 2. What type of identity is the counsellor enacting, and what impact does this have on the client?
- Q 3. Are there any contradictions or tensions in how client and/or counsellor enact their respective identities?

The Relationships-Building Tool. The relationships-building tool is used with the assumption that language use impacts the way in which relationships are formed and maintained. Gee (2011) notes that while the relationships-building and identity-building tools are closely linked (our identities impact our

relationships and vice versa), they are not one and the same. Therefore, it was considered prudent to separate them in this analysis in order to more clearly examine how rapport was built. For example, the client using profanity in the example above might be constructing an identity of toughness and rebellion for himself. However, the relationship he is forging between himself and the counsellor could be described as one of complicity or solidarity. The relationships-building tool was implemented by asking the following questions:

Q 1. How do the enacted identities of client and counsellor impact their relationship?

Q 2. What kind of relationship is the client building through use of language?

Q 3. What kind of relationship is the counsellor building through use of language?

Q 4. Are there any tensions or contradictions in the ways in which client and counsellor are building or construing their relationship?

The Activities-Building Tool. As per Gee (2011), this tool is used to illuminate how communication facilitates or enacts particular activities. It is based on Foucault's (1973) observation that social discourse is inextricably linked to action. The conversation that takes place between a suicidal individual and a clinician has been viewed by action theorists as constructing a joint action, the details of which merit further exploration (Valach, Young & Michel, 2011). The delineation of phases (Initial Contact, Suicide Assessment, and Termination) illustrates the assumption of particular activities taking place in each phase. How these activities are spoken about and negotiated was therefore assumed to impact the client-counsellor relationship (the primary focus of this study); hence the activities-building tool was applied to the data set. The questions asked of each transcript using this tool were as follows:

Q1. What activity is this communication facilitating or enacting?

Q2. How is this activity related to the client-counsellor relationship?

Q3. Are there common themes across phases in terms of how activities are spoken about or facilitated?

The Figured Worlds Tool. The figured worlds tool assumes that social practices (in this case, modes of interaction in an online suicide prevention service)

constitute a set of assumptions about both the world at large and the current situational context. Part of undertaking a discourse analysis includes discovering the rules of the discourse (Grbich, 2013). For example, when examining how counsellors typically interact with clients in the general arena of mental health, several potential rules of discourse may be identified. In a traditional counselling setting, the client typically enters the counsellor's space (office), and the client assumes the counsellor possesses skills or knowledge that the client is lacking (a difference in social power). Because online counselling takes place within a shared space and the physical markers of difference or sameness are less present, exploring the set of assumptions governing a therapeutic conversation in this space seemed pertinent. For the purposes of this study, therefore, it was assumed that each conversation between counsellor and client reflected a set of assumptions about a) what a 'counselling session' was b) how the relationship between client and counsellor was built and maintained in the context of suicide prevention online. These assumptions led to the development of the following questions asked in the employment of the figured worlds tool:

Q 1. What must the speaker (client or counsellor) assume about the counselling relationship to have spoken in this way?

Q 2. What would the counselling relationship look like if one accepts the figured world expressed by the speaker? (adapted from Gee, 2011, p. 173).

Increasing Trustworthiness: Data Verification

A research assistant was used to ensure that the coding of content conformed to the actual transcripts. Agreement with respect to identification of themes was determined using the method suggested by DeCuir-Gunby et al. (2011): dividing the number of agreements on codes by the total number of agreements and disagreements. However, since the aim of qualitative research is not to seek results that are generalizable to a larger population but to offer a rich and nuanced picture of the phenomenon under investigation (Grbich, 2013), disagreements between raters are included and discussed. The inter-rater agreement was 82%, which was considered sufficient (Wongkapanan et al., 2013).

Results

In order to facilitate a multidimensional view of the data as per the aims of qualitative research (Denzin & Lincoln 1994; Grbich, 2013), the findings of this study are presented in numerous formats. First, the results of the application of each DA tool and salient examples thereof are presented in tabular form: see Tables 4 and Table 5, which demonstrate the themes

found in the rapport-containing and non-rapport-containing chats, respectively. Second, a written description of the main relational themes observed in each phase is provided. Third, detailed vignettes including examples of how the coding process was conducted are provided in order to facilitate transferability of the findings and hence increase the trustworthiness of the study (Morrow, 2005).

Table 4. Rapport-Containing Chats: Themes by Phase/DA Tool

Counsellor Identity (<i>Identities-Building Tool</i>)	Phase 1: Witness Phase 2: Witness; collaborative emotional first-aid responder Phase 3: Witness; collaborative emotional first-aid responder; friend/peer	Co: "Seems like it's just been a really rough road right now... and you've been dealing with this for what seems like ages" Co: "lets figure out how we can plan for the night to not suck as much"
Client Identity (<i>Identities-Building Tool</i>)	Phase 1: person needing help + beyond it; person with story to tell Phase 2: Conflicted individual: wanting to stay safe + doubting ability to do so Phase 3: Friend/peer (honesty; resignation; acceptance)	Ct: "I get mad when people say suicide is selfish...I think it's unfair for people to suffer I will continue to suffering the future and I am not allowed to say "stop.." Co: "Well I'm doing my best not to add to that burden right now." Ct: "Haha that's ok I understand your position."
What activity is this communication facilitating or enacting/How is this activity related to the client-counsellor relationship? (<i>Activities-Building Tool</i>)	Fluid counsellor movement between phases Longer duration of phases; less focus on risk assessment "Social conversation" phase at end of Termination phase in seven chats	Co: "If you like, we could even call you and check in? So that way all you'd have to do is answer, rather than it being really hard picking up the phone. it's not always easy to call when you feel so amped up and on edge"
What kind of relationship are client and counsellor building through language? (<i>Relationship-building tool</i>)	Phase 1: Informality; equality and respect Phase 2: Collaboration; counsellor genuineness Phase 3: Shared humour; client trust; counsellor self-disclosure	Co: "it seems like you feel just fed up and, frankly, pissed off with the way things have aligned themselves" Co: "Wow, never had anyone ask me that before. Let me think about that a sec" Ct: "I get it...my mind goes blank sometimes too :s:"
Tensions or contradictions?	Phase 1: Conflict between client needs and counsellor role resolved through humour and counsellor transparency Phase 2: Counsellor concern for client safety; client ambivalence Phase 3: Counsellor acceptance of client's choice of coping/ current emotional state	Ct: "I don't really want help I just want to go do what I need to do." Co: "I get that. You're not looking for a solution; you feel tired of it all."

Table 5. Non-rapport-containing Chats: Themes by Phase/DA Tool

Counsellor Identity (<i>Identities-Building Tool</i>)	Across Phases: Witness/Impersonal, "professional" helper/ "customer service" persona	Co: "seems like you're wanting something more personal like advice or encouragement. Unfortunately, that's beyond what we can do, simply because the service you'd get between volunteers would be different."
Client Identity (<i>Identities-Building Tool</i>)	Across Phases: Consumer; person wanting answers; person wanting to be heard; person wanting a reciprocal interaction	Ct: "this place is difficult as you are mostly telling me that you understand what i just said and how it must be hard. But that doesn't really help."

<p>What activity is this communication facilitating or enacting/How is this activity related to the client-counsellor relationship? (Activities-Building Tool)</p>	<p>Shorter duration of phases Sharper delineation of phases Counsellor main activity: assessment. Client main activity: help-seeking; support-seeking</p>	<p>Co: “We’ve been talking for a while now and it looks like you have a plan to stay safe. I’m going to have to log out shortly.”</p>
<p>What kind of relationship are client and counsellor building through language? (Relationship-building tool)</p>	<p>Phase 1: Criticism of counsellor communication style; requests for personal information Phase 2: Misunderstanding; client feeling unheard Phase 3: Client rejection of counsellor; client termination of chat</p>	<p>Ct: “I really want to kill myself. i guess im too afraid too. but i want help because i hate the way life is. i hate not knowing and i hate going through bumpy roads like how bad things happen then good stuff does then bad again. its so exhausting.” Co: “You’ve said a couple times that you want to kill yourself, is that something you’re planning to do tonight?”</p>
<p>Tensions or contradictions</p>	<p>Client’s positioned identity and counsellor’s appear incongruent: client appears to seek: guidance, structure, genuineness Client perceived conversation as circular; robotic; counselor inflexibility</p>	<p>Ct: “I feel like I am heard. I just don’t feel I am being listened to and thought about.” Ct: “What kind of robot response is that.”</p>

Rapport-Containing Chats: Initial Contact Phase

Theme 1: Informality. In this phase, the client-counsellor relationship was characterized by informality, as evidenced by use of abbreviations, profanity, and casual language, as well as an informal grammatical style abandoning typical punctuation and capitalization. The counsellor also modified their response style in response to the client’s grammar and syntax. For example, in Chat #8, the client stated, “I am just so fucking tired” – the first time profanity was introduced. The counsellor responded with “Yeah, I get it...you’re exhausted and frankly pissed off with the way things have aligned themselves.”

Theme 2: Egalitarian Relationship. The client-counsellor relationship in this phase was characterized as egalitarian, as evidenced by the counsellor’s use of tentative language (as opposed to making concrete statements, diagnostic implications, or suggestions – counsellor responses that might be expected in an in-person counselling context). For example, in Chat #4, the counsellor stated “correct me if I’m wrong, but I’m sensing a real conflict here...you want to be safe but these thoughts of suicide are tempting you...did I get that right?” The counsellor thus positioned themselves as a curious, respectful witness to the client’s emotional experience.

Rapport-Containing Chats: Suicide Assessment Phase

Theme 1: Client/Counsellor Collaboration. In this phase, the client/counsellor relationship was charact

erized by collaboration. For example, in Chat #4, the counsellor stated: “honestly, I’m still kinda worried about you since seems like these [suicidal] thoughts are pretty strong. Can we plan together how to keep you safe?” Use of the word “we” implies a shared goal; use of the word “plan” implies future shared actions, and use of the word “can” implies tentativeness and respect for the input of the client.

Theme 2: Counsellor Genuineness. This theme initially represented an area of disagreement between raters. It was initially coded as ‘counsellor vulnerability’ due to the comfort the counsellor seemed to have in disclosing information that rendered them vulnerable or unsure. For example, in response to a client’s request to “give me a reason to live” their counsellor responded: “to be honest, im not sure what to say to that. Give me a sec while I collect my thoughts...is that ok?” Rater discussions concluded with the agreement that ‘counsellor genuineness’ was a broader code that subsumed the expression of counsellor vulnerability. The theme of counsellor vulnerability encapsulated by counsellor genuineness is illustrated by an interaction in Chat #4. In response to a lengthy segment of text by the client, the counsellor stated: “sorry, i just gotta catch up reading and my eyes are stinging.” The client responded: “I can imagine, i bet you feel really tired having to stare at the screen for so long. I know it has that effect on me” to which the counsellor replied: “phew, thanks for waiting ...yeah, my eyes are a super high prescription so like my glasses give me headaches sometimes lol.” The client, in

response to the counsellor's expression of vulnerability, seemed to reverse the typical counselling process by showing empathy for the counsellor, even (perhaps humorously) using the "sounds like" tentative lead previously used by the counsellor in the earlier part of the transcript: "I am sorry to hear that. Sounds like they need better technology or you need newer glasses."

Rapport-Containing Chats: Termination Phase

Theme 1: Counsellor Self-Disclosure. Contrary to the traditionally neutral/impartial counsellor stance, the termination phase in the rapport-containing chats contained a number of instances of counsellor self-disclosure. These ranged from disclosures of experiencing depression in the past to more casual, informal disclosures. For example, when asked about self-care, a client stated: "Watch Netflix." Their counsellor responded: "Oh yeah, what? I'm currently on Episode 2 of Breaking Bad. Some moral ambiguity in that one huh." On a similar note, in response to the client's statement that he would read a particular novel to relax, the counsellor responded: "ah...started that one but couldn't finish it. L-o-v-e-d Mansfield Park though." This counsellor disclosure lengthened the conversation by about ten minutes, which seems to violate the dominant discourse of crisis counselling as a 'time-limited' or 'problem-focused' therapeutic encounter.

Theme 2: Shared Humour. The client-counsellor relationship in the final phase was punctuated by both dark humour (joking about death) and non-crisis related content (talking about shared interests). For example, in response to a client's expressed wish to have "aliens just take over this damn planet cause we're killing ourselves," their counsellor responded: "before we go further...would you want the aliens to be small and green, or exceptionally good looking?" This theme of humour seems to violate the dominant social discourse of 'counsellor as professional' and 'suicide as serious.' Additionally, it is notable that in the rapport-containing chats, the counsellor's language indicated less of a focus on time than in the non-rapport-containing chats, as evidenced by fewer linguistic markers indicating the passage of time, such as 'now,' 'soon,' and 'later.'

Theme 3: Client Trust. Client trust was not as apparent in the first two phases, which contained frequent instances of clients questioning counsellor competence, training, and trustworthiness: "How do

u know u won't call the cops on me if I tell u how I feel?" In this final phase, the client appeared to trust the counsellor enough to disclose fears and/or vulnerabilities: "To be honest, I'm not sure I can stay safe but I wanna try." Clients also explicitly expressed trust in their counsellor: "I feel I can tell u this but can't tell anyone else."

Non-Rapport-Containing Chats: Initial Contact Phase

Theme 1: Criticism of Counsellor Communication. In this phase, clients expressed dissatisfaction with two key aspects of the counsellor's communication style: their lack of directiveness and their repetition of client-expressed issues (counsellor responses were referred to as "scripted," "circular," "robotic" and "regurgitation" by four different clients). This theme appears related to the differing definitions of 'help' that impacted the identities each participant assumed, as well as the communication style of the counsellor. For example, in Chat #23, the client stated: "I don't like these scripted answers. I just wanted someone to talk to and help me out of this rut."

Theme 2: Client Requests for Personal Information. The client/counsellor relationship was also impacted by the client's desire to know more about the counsellor in Phase 1. This desire was manifested in varied ways, from asking slightly confrontational personal questions ("y are u doing this...getting sum credit on your resume?") to process-oriented ones ("are u bored with me yet...lol"). Questions about counsellor gender were asked in two chats, both requests framed with the intention of determining whether the counsellor would understand their situation ("no offense but if you're a dude i'm not sure you will get where I am coming from"). The counsellors in the non-rapport-containing chats responded to these direct questions evasively and neutrally; for example, "I would like to focus on you right now. What's happening for you?" This, in turn, often led to client-expressed frustration: "Are you even a human being???"

Non-Rapport-Containing Chats: Suicide Assessment Phase

Theme 1: Misunderstanding. The tension between client and counsellor in this phase seemed to partially stem from the client's perception that the counsellor had missed or misunderstood key parts of their story. For example, in one chat, the client stated "no that is NOT what I meant, I am not

stressed because of school I am stressed because I am LONELY!"

Theme 2: Feeling Unheard. In the non-rapport-containing chats, the client expressed the same dissatisfaction with the counsellor's repetition of their content that was expressed in Phase 1 (circularity); however, the reasons for this dissatisfaction were elaborated on. Clients implied a desire to feel, in one client's words, "not just heard but understood." For example, in Chat #7, the client stated:

I feel like I am heard. I just don't feel I am being listened to and thought about [...] in real life we use our ears to hear and our hearts to listen [...] what I feel you are doing now is only using your ears to hear and then regurgitating what you heard.

Further tension emerged when the counsellor reflected this back, and the client commented on the interpersonal process as an observer might, noting the irony of the exchange: "Even as you're saying you understand that I feel it's unhelpful, you are continuing to say 'what I hear you say is.'" Thus, the relationship between client and counsellor could be described as one of client-counsellor misunderstanding and rigidity within a particular identity on the part of the counsellor, resulting in the client feeling unheard on not just a literal but also an emotional level.

Non-Rapport-Containing Chats: Termination Phase

Theme 1: Client Rejection of Counsellor. The shortness of this phase in comparison to the first two phases may have contributed to the finding of only a single theme: client rejection of counsellor. A shift in social power related to this theme of client rejection was evidenced by the client's initiation of the end of the chat and the counsellor's attempts to maintain contact. For example, in one chat, the counsellor asked, "I'm still worried about you; can you stay a few more moments?" Further evidence of this shift in social power was evidenced by the client's adoption of the 'consumer' identity ("this was not what I was looking for, take care now" [logs off]). In this phase, the relationship's casual, time-limited nature was highlighted by the absence of typical social conventions indicating that a conversation or encounter is finished (e.g. the absence of statements such as "Goodbye," or "Take care").

The Figured Worlds Tool: Sample Coding

To illustrate both the themes observed and the process of data analysis, below is a sample transcript that appears to violate the 'counsellor as expert' dominant discourse. This sample segment was chosen to illustrate the coding process for two reasons: first, because it violates the dominant discourse about 'helpers' and 'helped' in the discourse of the counselling relationship; second, because these violations, rather than having a negative impact, appear to positively impact the working alliance. Consistent with a critical discourse analysis perspective, the coding scheme illustrated in the excerpts below takes into account "rules, norms, hierarchies that maintain power" (Grbich, 2013, p. 262). The highlighted portions represent themes of emancipation from the dominant discourse of 'traditional' in-person counselling. The identified themes were as follows:

Green: Acknowledgement of limits of knowledge (versus positioning as expert)

Purple: Informal language (versus formal 'professional' language)

Blue: Counsellor self-disclosure (versus deflection of personal questions)

Client1: how do you feel not knowing the person you're helping might not be alive in a couple weeks? hypothetically

Client1:..that escalated

Counsellor1: you know how you were saying how we can't know everything?

Counsellor1: I don't know, I honestly wouldn't be able to explain to you in words

Client1: shoot that got deep

Client 1: hey i got this.. i feel like your okay with oblivion, but expressing it is too hard did i do job your right?

Counsellor1: wow, haha, never had that happen before ...pretty accurate

In addition to the categories noted, which focus on the content of the client-counsellor conversation, the structure of the conversation illustrated in the excerpt above is noteworthy since it clearly violates the dominant social discourse: the client asks the counsellor about their experience and provides an empathic reflection of it. This is a direct reversal of the typical course of events in a counselling session. Another theme found across cases illustrated in the continuation of the transcript below is the use of humour. The informal banter between client and counsellor below seems unexpected in light of the

seriousness of the subject matter: the client's thoughts of suicide.

Yellow: Overt acknowledgement of dominant discourse

Light blue: Aligns with client; joins in humour

Client1: mhm and how does that make you feel

Counsellor1: now that's just a "counselling" stereotype isn't it?

Client1: but the way you guys say mhhmm is just solid truth

Counsellor1: you really did pick that up

Client1: mmmhmmmm

Counsellor1: that sounds convincing to me

In the preceding segment, the volunteer acknowledges the "counselling stereotype," speaking to how social norms can have an impact on how counsellors are perceived. "Isn't it" appears to open up the discourse for the client to respond. "That sounds convincing to me" implies collusion with the client against the dominant social discourse of "counsellor as expert." Further along in the transcript (see below), it becomes clear that a strong emotional connection has been established: the client specifically states that they will log in again, and (with humour) requests this specific volunteer, as seen below. An example of how the coding scheme for client responses was applied is as follows:

Green: reference to the present relationship/conversation

Yellow: Role reversal

Blue: Specific, personal reference to the volunteer
 Client1: this convo should go on Oprah or something

Client1 its like making my life.. like maybe ill give living a shot so i can laugh with some suicide robot dude

Counsellor1: i'm glad you found something here tonight

Client1: I counsel you you counsel me

Counsellor1: mm hmmm

Counsellor1: on another note, I do have to close up the system soon, because the chat's supposed to close at 1am, and I know the last time maybe didn't work so well for you, but you would log on and chat again if you want a robot to share it with?

Client1: can the robot be a good robot?

Counsellor1: I sure hope so....systems upgrade all the time

Client1: can it be you

In the segment above, the client humorously comments on the therapeutic process. It is interesting that the client references laughter, usually not considered an important component of a traditional therapeutic encounter, as a key part of the interaction ("so I can laugh with some suicide robot dude"), and jokes about the volunteer being a robot, which initially was a point of contention. The counsellor then extends the "robot" joke, responding "I sure hope so...systems upgrade all the timeee..." The client's final words "can it be you" (requesting to speak to that specific person at a future date in time) speak to both the strength of the established therapeutic connection and the mitigation of suicide risk (reference to future plans).

Discussion

Client/Counsellor Relationship

Discourse analysis found that a number of implicit rules of discourse about the client/counsellor relationship were repeatedly violated in the rapport-containing chats. Conversely, they appeared to be upheld in the non-rapport-containing chats, as noted in Tables 4 and 5. These violated rules are noted below, with the violations observed in the rapport-containing chats placed in parentheses:

- Counsellor possesses knowledge to impart (versus asking client's opinion/positioning self as co-investigator)
- Counsellor as expert and impartial (versus acknowledging limitations or vulnerabilities)
- Use of formal, scientific, or professional language (versus informal, colloquial language)
- Lack of or limited self-disclosure (versus openness about own experiences and/or sharing one's emotions)
- Interpretation of client humour as "distraction" or "defense mechanism" (versus joining client in humour)
- Setting: in traditional in-person counselling, client comes into counsellor's space (versus shared space)

These repeated violations of the dominant discourse of 'counsellor as expert' raise the following question: what is the impact of this shift in discourse on the client? It is possible that this role reversal paradoxically places the client in control of the interaction, providing a sense of agency that may be psychologically needed by suicidal clients who may

feel powerless (Joiner, 2005; Shneidman, 1998). Furthermore, certain rules of the dominant counselling discourse described above may either not translate into online counselling (the online setting for example, may require more informal communication); or may be perceived as distancing when dealing with the intensely personal subject of suicide.

The results seem to indicate that one of the key barriers to building rapport is client perception that the counsellor is a 'robot,' implying a need or desire for verification of the counsellor's humanity. This apparent need for counsellor genuineness, authenticity, and self-disclosure (as evidenced by client requests for it in the unsuccessful chats), and clients' positive responses to these counsellor qualities in the successful chats appears to reflect the importance of the 'real relationship' as defined by Gelso (2009). The real relationship is thought to be composed of two parts: genuineness and realism. Realism refers to the extent to which client and therapist experience each other in as distinct human beings independent of the context in which the interaction takes place; genuineness refers to the ability of both parties to be authentic in their interactions towards each other (Gelso, 2009). Gelso (2009) notes that the real relationship "[...] often transpires silently and is not the real focus of the [counselling] work" (p. 253). However, he acknowledges that it permeates and impacts everything that occurs between client and counsellor. Thus, it could be described as the relational core of the interpersonal process between therapist and client, the shaking of which has the potential to destabilize the relationship significantly. This can have life-threatening consequences when the client is suicidal. The findings of this study underscore the importance of the real relationship when conducting crisis counselling online. It may be of particular importance in the online environment due to the absence of cues present in in-person counselling.

It has been noted that the online relationship approaches a less professional model online, due in part to the lack of traditional indicators of social power in this context (Hanley, 2006; Wrzesien, 2014). This notion of a more informal relationship where the client is viewed as more of a collaborator or consultant seems to be upheld by the results of this study, as per the observation of increased informality, collaboration, and mutual respect in the

rapport-containing chats. Of interest, conversely, was the more 'professional' identity assumed by the counsellor in the non-rapport-containing chats. The word 'professional' tends to invoke a sense of expertise, neutrality, and formality. The informal, vulnerable, and self-disclosing identity enacted by the counsellor in the rapport-containing chats seems to directly contradict this image. It is possible that, in an online context when talking with those who are suicidal, the identity of the counsellor needs to shift in response to the context in which the interaction occurs. The discomfort with informality that the counsellors in the non-rapport-containing chats seemed to display is echoed by current research exploring this topic (e.g. Richard & Vigano, 2013). It seems that counselor comfort with communicating online can impact rapport: Hanley (2006) found that "netiquette" or skill level online was positive correlated with rapport in online counselling. The online disinhibition hypothesis (Lapidot-Lefler & Barak, 2015; Suler, 2005) dictates that people are more likely to be truthful in an online environment. The comments made by clients in the non-rapport-containing chats are therefore likely much more honest than they would have been in-person. In fact, it is possible that much of the negative feedback received in an online environment would never have been communicated in-person, due to the norms surrounding interpersonal communication in a professional environment in which one person (the counsellor) possesses greater social power. This speaks to the importance of the results of this study, as they provide a glimpse into therapeutic interactions that are not often accessible.

Clinical Implications

The results obtained point to a number of potential clinical applications; however, it is important to note that further research is needed and that the results cannot be generalized outside of the context studied. Therefore, the clinical applications in terms of potential counsellor behaviours discussed below are proposed tentatively. With that caveat in mind, a number of potential clinical applications are now discussed.

Counsellor Flexibility

Of note when considering clinical implications is the finding that counsellors in the non-rapport-containing chats appeared to display a lack of cognitive and affective flexibility. This was

manifested by often rigid adherence to suicide risk assessment questions at the expense of the therapeutic relationship and/or continuing to engage in a behaviour despite the client's request to cease it (e.g., using verbatim empathic reflections which clients perceived as robotic or scripted). This finding points to two potential solutions for crisis intervention stakeholders: either intervene at the level of training (encourage behavioural flexibility via strategies such as role-playing) or recruitment (screen for cognitive rigidity/black and white thinking).

Personality theories such as Costa and McCrae's (1992) five-factor model of personality could be applied in future research on this topic. Perhaps paradoxically, individuals high in the personality trait of conscientiousness might actually be 'worse' at engaging in relationship-building with individuals who are suicidal online, due to a concern about doing things 'wrong.' Those higher in the personality trait of openness to experience, conversely, may be more skilled at relationship-building in situations of complexity and ambiguity such as online crisis work.

Counsellor Transparency/Authenticity

Since many threats to rapport in this study consisted of client requests for information (mainly concrete solutions or personal information about the counsellor), providing opportunities for role-playing this issue in training may be helpful, as would providing examples of ways this was handled effectively. However, it must be acknowledged that encouraging crisis line volunteers to be authentic and direct comes with inherent risks. For example, volunteers may either inadvertently cause harm by doing so (by being too direct or evaluative), or may create a climate of dependence on the service in the case of providing direct advice. Therefore, perhaps the safest course of action would be to encourage crisis counsellors to strive for authenticity and clarity while clearly delineating the limits of their role. Below is a sample paraphrased excerpt from the data that demonstrates how this might be accomplished in practice.

Ct: "I just want... help... you know what I mean? Can you give me that?"

Co: "I totally get that you want answers. I'd want them too, in your shoes. It sucks that I can't give you that right now, but let's see what we can do to figure out some options."

Ct: "Haha no it's ok. I get u can't tell me what to do. Honestly if U did I'd probably not listen anyhow...guess I just want a space to vent."

Co: "thanks for getting that. yeah well you definitely came for the right place for that [venting]...sounds like there's a lot on your mind."

The finding that the concept of 'help' was often differentially understood by both parties in the non-rapport-containing chats points to a need for the crisis counsellor to demonstrate empathy and curiosity when exploring what 'help' means to a given client (as occurred in the rapport-containing chats). Professional or 'scripted' language should be used with caution in these instances; however, these suggestions are tentative based on the scope of the study, as outlined in detail below.

Limitations

It is recognized that the nature of the data (text transcripts) limits the inferences that can be made regarding the nature of the therapeutic relationship. Specifically, the inability to contact participants for further verification/clarification is an important limitation. The inability to use distal evaluation measures (follow-up with the clients), prevented researchers from obtaining potentially valuable information regarding any lasting therapeutic effects from the crisis chat. Additionally, as noted previously, demographic information collected was based on client self-report and may not be accurate. Similarly, the use of gender-neutral counsellor pseudonyms prevents any conclusions related to how counsellor gender impacts the establishment of rapport. It should also be reiterated that the use of an exploratory qualitative approach to data analysis precludes the generalizability of the findings to contexts beyond the one studied, which is consistent with the aims of qualitative research, which involves an in-depth exploration of a given phenomenon (Grbich, 2011).

Directions for Future Research

Current suicidology research emphasizes the importance of recruiting the perspectives of those struggling with suicide in order to better understand suicidality from 'within' (e.g. White, 2012). Future studies could thus employ a participatory action research method (PAR; Morrow et al., 2012), perhaps using focus groups with individuals who have used the crisis chat services in order to explore how the client/counsellor relationship is experienced

by the client. Similar investigations could be conducted exploring the perspectives of online crisis counsellors.

With respect to the non-rapport containing chats, it seems prudent to compare the feedback provided by clients in this study (e.g., that the counsellor was scripted, robotic, or disinterested) to previously suicidal clients who had received in-person counselling and determine whether these complaints were replicated in in-person sessions. This would help illuminate whether the online environment necessitates a particular stance or particular behaviours on the part of the counsellor in order to facilitate rapport. It is also important to acknowledge that those accessing online crisis counselling (especially those at high risk) may benefit from the increased safety and potential for emergency counsellor intervention provided by in-person or telephone counselling.

The question remains whether the relational themes observed would have been found in chats that did

not include suicide as a presenting concern. Further studies could expand the scope of investigation to include the 'secondary' concerns experienced by clients in the current study, such as depression, relationship conflicts, and anxiety. Since these concerns appeared to precipitate (in conjunction with other life events) the client's suicidal thoughts in a number of chats analyzed in this study, they seem worthy areas of further investigation in terms of how clients experiencing them can be helped online.

Crisis chat volunteers could also be provided with their transcripts and asked to walk researchers through their decision-making process in a given chat. However, it is recognized that this procedure has the potential to evoke fears of being negatively evaluated and/or defensiveness on the part of the volunteer, so such studies would have to be structured with caution.

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