Single session web-based counselling: A thematic analysis of content from the perspective of the client

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Despite the exponential growth of non-appointment based web counselling, there is limited information on what happens in a single session intervention. This exploratory study, involving a thematic analysis of 85 counselling transcripts of people seeking help for problem gambling, aimed to describe the presentation and content of online conversations. Observed from the perspective of the client, we found presentations were related to immediate help with a crisis and non-urgent assistance in developing strategies and skills. Almost all clients spent a great deal of time telling their story (i.e., the pattern, context, progression, and impact of the problem, motivation for continuing, and previous attempts to change) with less time spent exploring opportunities, readiness or self-efficacy related to change or relevant options and strategies. These findings provide important information that informs the application of traditional counselling approaches within web-based environments.

Keywords: brief intervention, online counselling, gambling, single session, client perspective

Email has been the most frequent type of computer mediated communication (Chester & Glass, 2006; Maheu & Gordon, 2000), however it is expected that within the next 12 months instant messaging will become more common than text messaging (Garratt & Poulter, 2014). Although web-based counselling has been offered to clients almost since the internet made it possible, research has largely focused on asynchronous email and the counselling of clients engaged in multi-session therapy (Richards & Viganó, 2013). Instant messaging (chat) is similar to traditional therapeutic modalities in that both client and counsellor engage in a real time conversation. While both email and chat deliver a range of counselling, information, education and support options (Barak, Hen, Boniel-Nissim, & Shapira, 2008; Chester & Glass, 2006; Finn & Barak, 2010; Richards & Viganó, 2013),

they differ in terms of their immediacy. Chat affords instant interactivity that is limited only by the speed of the internet service provider and that of the typist.

While chat is offered by appointment similar to face-to-face interventions, there has recently been a growth in services that provide access to chat that is brief in time and content. Single session chat, which is often provided by crisis and support services (Barak, 2007; Gilat & Shahar, 2007; King, Bickman, Shochet, McDermott, & Bor, 2010), is generally free, immediate, and with varying degrees of anonymity. When choosing single session web-based counselling over telephone or face-to-face services, research has found that clients report they prefer its potential for anonymity, discreteness, convenience, as well as a preference for writing over talking (King, Bambling, Lloyd, et al., 2006; Rodda, Lubman, Dowling, Bough & Jackson, 2013; Rodda, Lubman, Dowling & McCann, 2013). The type of service most frequently reported in the literature is in relation to relationship and family issues in addition to requests for assistance for depression and anxiety disorders (Barak et al., 2008; Chester & Glass, 2006; Leibert, Archer, Munson, & York, 2006). Furthermore, when examining specific presentations in a single session service for young people, King et al. (2010) found the most frequent presentation involved requests for assistance with managing emotional and behavioural responses. While there is limited knowledge of the reasons for accessing immediate single session services, research involving helpline callers found that having a neutral or other person to talk with was valued, as it helped relieve the pressure of a situation and develop alternate coping strategies (Urbis Keys and Young, 2003).

Although helpline and online research with children (King, Bambling, Reid, & Thomas, 2006; Williams, Bambling, King, & Abbott, 2009) provides some indication of how we might expect adults to present to online services, it tells us little of the character of sessions. We know that online sessions can create at least an equivalent perceived

therapeutic alliance as face-to-face or telephone modalities (Sucala et al., 2012), and that immediate online counselling can lead to improved well-being and a reduction in distress for young people and students (Dowling & Rickwood, 2013). In addition, it appears that translation of counselling skills (i.e., reflection, questioning, self-disclosure) from face-to-face modalities to online modalities commonly occurs (Mallen, Jenkins, Vogel, & Day, 2011), however there is limited evidence of whether therapeutic models (such as the Skilled Helper) are directly applicable within online settings (Egan, 2009). In an exploratory study of 85 online transcripts of synchronous chat with children, Williams et al. (2009) found single sessions were dominated by two main activities: building rapport and task accomplishment. Similarly, research by Chardon, Bagraith, and King (2011) found that online sessions with children were dominated by assessments, history taking and information gathering, with limited time spent exploring opportunities or developing strategies. Chardon and colleagues concluded this was due in part to significant reductions in time and relevant information that can be shared within an online context. Although research has indicated an hour of online therapy contains about half the number of words compared to an hour face-to-face session (Barak & Bloch, 2006), there has been limited focus on what is actually said by the client during that time.

The issue of typing over talking brings new opportunities to more easily observe the behaviour of clients as well as counsellors engaged in a therapeutic encounter. Instead of relying on clients to self-report their experiences of counselling, online delivery affords us an opportunity to directly observe the specific reasons for seeking help as well as identify the focus of a session. Knowing what clients want to talk about can assist services as well as clinicians to tailor their approach and determine what to cover in a brief single session. As such, the aim of the current exploratory study was to (1) describe the immediate concerns of clients presenting to a web-based counselling (chat) service, and (2)

describe the content of web-based counselling (chat) conversations from the perspective of the client.

Method

Sample Characteristics

The sample was extracted from a dataset of clients accessing chat for problem gambling between November 2010 and February 2012. Problem gambling is a significant public health issue internationally, and although government funded services are easily accessible and free, fewer than 10% of affected people in Australia seek help (Productivity Commission, 2010), similar to rates of help-seeking internationally (Suurvali, Cordingley, Hodgins, & Cunningham, 2009). In response to these low rates of help seeking, a range of internet-based therapies have been proposed as a means of overcoming the systematic and structural barriers reported by gamblers as a reason for not seeking help (Gainsbury & Blaszczynski, 2011; Griffiths & Cooper, 2003). In the current study, synchronous web-based counselling was provided free and immediately (no appointment) via a national Australian service (www.gamblinghelponline.org.au). The service provides confidential and discrete access to counselling, information and referral for anyone affected by problem gambling (Rodda & Lubman, 2014).

Ethics approval was granted from the University of Melbourne's Human Research Ethics Committee (ID: 1034028) and the Department of Justice's Human Research Ethics Committee (JHREC) (CF/10/17108). Transcripts represented a random sample of counselling sessions between November 2010 and February 2012 and were extracted from a subset of gamblers who had agreed to participate in a study involving post-session follow-up. To reduce the impact of individual counsellors on client responses, we extracted transcripts from 25 counsellors (range of 1 to 13 sessions each) over a 20-month period.

The sample included 85 clients, comprising 43 males (50.6%) and 42 females (49.4%), with 25 clients aged younger than 30 years of age (29.5%), 20 clients aged 30-39 years (23.5%), 18 clients aged 40-49 years (21.2%) and 22 clients older than 50 years (25.9%). Clients were more often involved in non-strategic gambling, such as electronic gaming machines (EGMs; also known as slot machines or fruit machines) (72.9%), than strategic gambling, such as wagering or sports betting (27.1%). Most identified as Australian (71.8%) and were new to counselling (62.4%). Most clients contacted the service outside traditional business hours (i.e., evenings and weekends) (74.1%).

Data analysis

Transcripts were extracted from a Microsoft Access database and imported into a qualitative analysis software package (NVivo, Version 10.0). Thematic analysis as described by Braun and Clarke (2006) was used for an inductive approach to data-driven coding. We aimed to extract a higher number of transcripts than is typically reported because we expected a larger sample would be required to reach data saturation due to the large number of counsellors involved. Transcripts were initially read and re-read to generate a broad understanding of the content of web-based counselling as stated by gamblers accessing the service. Data were then coded by two raters (SR and AC) into broad and sub-themes.

This first round coding generated a list of initial codes based on their latent content. It included consensus between the two raters on what client statements were relevant as well as determination of the unit of analysis. The unit of analysis was a thread of conversation thread spanning one statement (i.e., I'm here today as I want to stop gambling) through to multiple statements (e.g., an exploration of progression towards problematic gambling). Although counsellor statements were included in the data extraction and analysis, they were solely for the purpose of context and were not coded.

This meant that although the counsellor may have constructed a statement that the client agreed with (e.g., could you try managing your money differently), this data was not included unless explicitly stated by the client.

Two transcripts were initially discussed and coded by the wider research team. Coding was then clustered into sub-categories under the broad themes. This process also allowed clear definitions and names for each theme, with sections of transcripts subsequently re-reviewed and those not belonging to any category omitted. These sections were typically statements relating to acknowledgements (e.g., I agree, ok, alright), minimal response from the client (e.g., yes, mm, I don't know), or issues related to the counselling process (e.g., are you there). In-text quotes were extracted directly from transcripts, however they were altered to improve readability (i.e., capitalisation of pronouns, punctuation and correction of spelling errors).

Results

Presenting issues

All transcripts contained an opening statement indicating the reason for contacting the service. This typically related to a recent gambling episode that had caused a great deal of financial trouble (e.g., pursued by loan sharks, being unable to pay bills), relationship breakdown, theft from friend or employer, distress and/or suicidal ideation. Approximately half of clients were experiencing significant distress and requested immediate help (42/85, 49%).

> *I am in the grips of a gambling hangover and having thoughts of doing stupid things. I gambled too much yesterday and had a rough night and not so good day. I am managing and don't want to act on my thoughts but am having suicidal thoughts. (Female, 50-55 years)*

Those presenting in crisis used strong negative language within the opening phrases of their counselling session. This included negative emotions (embarrassed, desperate, depressed, agitated, scared, awful, hurt, extremely stressed and very low) and negative descriptions of themselves (feeling stupid, troubled). *I'm scared because I don't know how to tell my partner that I have been using money from his bank to gamble online.* Not all gamblers identifying as in crisis used strong emotional words and instead the distress was inferred from the information provided. For example one client stated *I've just lost a thousand dollars in online poker, I'm wondering if there's any way to get that back... lol.* Further reading identified high distress as well as significant financial consequences as a result of the gambling episode and this distress was sometimes not responded to by the counsellor.

In addition to requests for immediate crisis driven help, 43 of the 85 clients (51%) wanted help to develop strategies and skills to manage their problem. Typically, this was in the context of *spending too much and finding it difficult to leave the pokies* (EGMs) or *getting carried away sometimes on wagering and chasing it down.* Specifically, clients stated that they were seeking programs or books that would be helpful, tips to kick the habit, guidance or tips or insight, general rules to follow to reduce gambling, or options for cutting back. These clients were not presenting in crisis; rather they had reached a decision that they could no longer continue to engage in at least one type of gambling activity.

While some clients were confident that they would be able to manage their gambling, most presented with low confidence and beliefs that they were not able to stop: *I need to stop this habit, but don't believe that I can.* Other clients were using the service to manage urges as part of the program of recovery. In addition to strategies and skills for managing a gambling problem, gambling was viewed by some as a secondary issue to other mental health issues. This included those who were currently seeking assistance for

depression and anxiety and those who indicated that gambling was a means of escape and managing the other issue. For these clients, help was currently being sought from a gambling help service as the financial burden of gambling had increased and become a problem.

Main client conversations

Three main themes and 12 sub-themes emerged from transcripts including clients telling their story, thinking about future possibilities as well as strategies and options.

Telling their story

All clients told some version of their story and described the pattern of behaviour and context, progression of the problem and its major impacts, as well as motivations for continued involvement. In addition, clients talked about their previous attempts to change including professional and non-professional help-seeking.

Pattern of behaviour

Almost all transcripts contained a statement describing the typical pattern of behaviour (75/85, 88%). This included the type of games played, duration of gambling and gambling problems, the number of times played per week and the amount of time played during each episode of betting.

> *In the past month I have lost approximately $5000; 95% of that in a two day period. I am happy to gamble with whatever sum big or small available. Only yesterday I gambled with $40 over a 5 hour period. (Male, 35-40 years)*

Relevant environmental factors impacting on gambling behaviour were also discussed (e.g. *I fly in and out for work. I will go to the local club to de-stress. I will spend up to a grand in a weekend. (Female, 35-40)*

Context for gambling

Although not directly relevant to a gambling concern, 53 out of 85 participants mentioned issues of personal context at least once (62%). This was in reference to interpersonal relationships, work and study, financial issues, comorbid problems (including other addictive behaviours) and/or mental health issues (predominately depression), as well as living arrangements and housing that were not directly linked to the progression, impact or response to problem gambling. For example, employment issues were often raised, including the nature of employment and type of industry (e.g., sales, healthcare), issues at work (e.g., fatigue from shiftwork), as well as disclosing to employers the nature and impact of gambling (e.g., criminal record). In addition, clients spoke of the history, presence (or absence) and quality of interpersonal relationships with partners, family, friends as well as the wider community. The most frequently discussed issues within this context were disclosing the extent of gambling (without necessarily seeking support to change): *I feel sick in the stomach every time I have tried to tell him, he asked me if I had taken any money out of his bank account and I lied and said no, I don't know how to start the conversation (Female, 40-44 years).* In addition to issues within relationships, there were also discussions that related to the absence of relationships including partners, family and friends: *I don't have my friends close to me, geographically. And my wife has heard it all before, so I can't talk to her about it anymore (Male, 40-44 years).*

Progression of the problem

Most transcripts included reference to the historical progression of gambling from occasional to problematic use (70/85, 83%). Although often prompted by the interviewer (counsellor), some clients were also able to provide a detailed account of their gambling histories without prompting. When clients told their story, they typically commenced with

the first or early gambling experiences (i.e., the first big win), social factors (i.e., the role of others in commencing gambling) and mood at that time. Stories then typically included a turning point where the gambling behaviour started causing problems.

> *Got particularly bad in 2010 with online gambling on horseracing/dogs & trots... lost a lot of $$$ in May 2010 & Nov 2010 in 2 separate binges. Put me in bad financial shape & still paying off the debts today & will be for a while longer yet. Abstained from gambling for 10 months, but started betting again periodically around Spring Carnival time last year & also opened up an online account again (yes, I am crazy!). Have had a couple of binges, but was able to win back losses & make some profits. Yesterday lost $2K, was chasing losses. (Male, 30-35 years)*

More detailed accounts described waxing and waning gambling binges as well as associated behaviours such as chasing losses. Clients then usually included a statement that their gambling was either causing problems or that their behaviour was dissimilar to other people's (e.g., spending more on gambling than alcohol, staying at a venue longer than friends or family, returning the next day or gambling alone). Stories generally concluded with an initial list of impacts associated with increased time and money spent on gambling.

Impact of behaviour

Impacts were most often described in relation to the progression of the problem and were wide ranging (59/85, 69%). These involved significant disruption to finances, mental and physical health, work and study, as well as relationships. Clients also described impacts related to mental health (anxiety, depression, panic attacks) and physical health (malnourishment from lack of food, chest pain, increase or decrease in weight, high blood pressure, migraines) and co-occurring alcohol and drug problems (including those that had previously resolved).

> *Well I am not a stupid person I know what is going to happen and I know how I am going to feel and I know I am going to have to tell my kids because I will have no money for food or rent - and yet I walk right into the club with my cash and spend every last cent. (Female, 45-50 years)*

In many cases, there was discussion of anti-depressant use as well as their side effects, leading to a discussion of other existing or future help options. Clients also discussed impacts in terms of work and relationships and stated that gambling caused workplace problems, including difficulty concentrating at work (e.g., wanting to sleep following a night of gambling), or workplace issues. In addition, there were concerns raised related to loss of trust in relationships, extensive lying, hiding the problem and the extent of money spent on gambling, and missing out on time with family due to gambling. Recent arguments and disagreements were raised in the discussion, as were associated social isolation.

Motivations for continued behaviour

Motivations for continued harmful gambling were most often explored in the context of pros and cons, in reference to the impacts of gambling, or emerged in the retelling of the story (67/85, 78%). Descriptions of motivations for continued behaviour also occurred in relation to understanding triggers (multiple clients stated that there was often not *one* single reason for gambling episodes; rather there were a range of motivations). Each of these motivations individually triggered sessions and pay-offs from gambling (hope of winning, social engagement and escape/coping): *make quick money for the Christmas holidays because we are running low on funds (male, 35-40)*. For many clients, there was discussion of the social context of their behaviour (venues were described as a means of escaping isolation, providing stimulation or excitement that could relieve boredom) as well as exploring motivations to gamble related to coping (including escape and avoidance) and

regulating mood. Gambling was often discussed as a means of relieving sadness, depression, regret, anger, loneliness, disappointment, stress and distress: *I dunno, like sometimes I get really angry and when I play them it helps calm me down I suppose. (Male, 20-25 years).*

Previous attempts to change and seek help

While 51 sessions included a description of at least one previous attempt to change, only 21 out of 85 involved the assistance of a professional (18%) or support group (7%). This included a wide range of interactions with professional services (e.g., gambling and generalist counselling by face-to-face, telephone or online) as well as support groups such as Gamblers Anonymous (12-step group). In addition to professional help, 34 participants described attempts to change with self-help (e.g., keeping busy, reducing access to the supply of cash) and six described seeking the assistance of family and friends. These previous attempts to change were often discussed in terms of experiences of helpfulness and whether clients would consider this as an option in the future. A strong theme emerged in relation to previous ongoing counselling interactions, whereby they had a good initial impact on gambling which was not always sustained.

Exploring opportunities and readiness

Fewer than half of the single sessions contained some reference to future possibilities and opportunities or readiness to change their gambling behaviour (38/85, 45%).

Opportunities and solutions

Clients spent very little time talking about possibilities, solutions, or opportunities. While there were occasional sentences that included phrases of wanting a better life, only a few expanded on this initial statement. For three clients, imagining a life without gambling

meant a good relationship, job, and being able to go shopping. One client talked of pride in taking a stand with his gambling and registering for the online service.

Readiness to change

Readiness to stop or limit gambling was discussed, as well as the importance or need for behaviour change. While the desired outcome was most frequently abstinence, clients also reported other goals, including controlling urges, limiting time and money spent gambling, regaining control, and getting to day 2 of quitting (*I guess I want to not lose control, and if I can stop gambling altogether then that would be a plus (Male, 25-30 years).* When the importance of change was discussed, issues were raised about the need to change gambling for reasons related to finances (e.g., lose house, save money to travel), relationships (e.g., improve the life of those around me, show partner I'm serious about change) and family (e.g., keep children, wife pregnant, have family). In general, there was very little discussion of specific goals or planning, and beyond wanting or needing change to happen, discussion of commitment was absent. Although discussion of resources and timeframes were infrequently discussed in terms of goal setting, these were discussed in the context of strategies and options (see final section).

Self-efficacy

Although transcripts contained discussions of self-efficacy, it was most often described as a significant shortfall in resources needed to manage urges or meet treatment goals. Eight clients specifically said that they wanted to change but did not believe that they could. Their beliefs included a lack of self-control, not being able to do it alone, and an inability to stick to limits: *Yes I have tried to stop but I just can't do it. It is just really hard to stop if you have any strategies that could help me that would be great (male, 18-25 years).* In only

two cases did clients role play developing self-efficacy and this was in relation to disclosing the extent of the gambling problem to a parent or partner.

Strategies and options

Over three quarters of transcripts included a discussion of future strategies or options for change (73/85, 86.0%), including self-help strategies, support from family and friends, and professional help. Clients who did not engage in a discussion of strategies or options were typically distressed and in just a very few cases were not ready to discuss change strategies. Most of the 12 sessions in which strategies or options were not explored ended prematurely. Early termination was due to a range of factors, including technical issues, lack of time, and/or lack of rapport with the counsellor.

Self-help strategies

Self-help strategies were frequently discussed, with the most frequent of these being cash control (55/85, 65%). Cash control included methods to restrict access to cash (e.g., leaving cards at home) and handing over control of accounts or cash to others. These methods were often discussed in terms of what did not work in the past and impediments to current successful implementation. Often as an adjunct to cash control, clients discussed the use of self-monitoring strategies that were either behavioural (keeping a record or diary of spending, writing up a list of goals) or cognitive (recalling the negative consequences of gambling). These strategies were typically discussed in terms of regaining control and included exploration of previous successful and unsuccessful attempts to change their gambling. Clients also spent time discussing replacement activities for gambling, such as projects around the house, work or study activities, sports and exercise, and other pleasurable activities (including those with family and friends).

Support from family and friends

Only 13 clients explored engaging family and friends to support behaviour change. This most frequently involved assistance to source referral information, relieve financial pressure or help implement self-help strategies (e.g., manage access to cash). Discussion of engaging support typically involved how to ask for support as well as disclose the exact nature of their gambling to a family member or friend: *I have a very dear friend. I have not told her about my problems and she has no idea. I will find it very hard to tell her in fear that it will change her perception of me. I think I know in my mind that she will be supportive but I am still afraid of being judged by another person (Female, 45-49 years).* In addition, clients discussed barriers to accessing support which were typically associated with conflict, including perceived lack of support and feeling judged by important others.

Professional help

Almost two-thirds of clients discussed further professional help (47/85, 55%). This included face-to-face counselling (39/85, 45.8%), group meetings like Gamblers Anonymous (5/85, 9%), telephone support via a helpline (3/85, 3%) and online support via the same site (9/85, 11%). Face-to-face counselling was typically raised by clients when (1) they identified a lack of personal resources or a need for more counselling than was initially thought (e.g., gambling counselling in addition to financial or generalist counselling), (2) where a range of issues had been identified and the counsellor deemed the client to be more suitable for face-to-face problem gambling or financial counselling intervention, or (3) where the client believed that more help was better in the change process. Clients asked questions about face-to-face counselling, including the cost (whether it was free), time and location (clients assumed face-to-face was only available during business hours), and the amount of disclosure required (personal details, name and

address). There was also discussion on the type of treatment available (including possible strategies, urge management, therapy), medical options (pharmacotherapy), as well as people that might need to be involved or told of the treatment (such as partners). In addition, clients raised issues about the relationship with existing counsellors, including availability (e.g., counsellor moved or was on long term leave), lying about relapse (due to concerns about confidentiality) and not disclosing their gambling problem to financial or generalist counsellors. Multiple clients raised the issue of shame and embarrassment and described face-to-face problem gambling counselling as a last resort. Once the referral was provided, sessions typically moved to termination.

Discussion

In this exploratory study, we examined the presenting issues as well as focus of online counselling sessions from the perspective of clients with gambling-related problems. Specifically, the first aim of our study was to describe the concerns of clients presenting to an immediate web-based counselling service and we found that these were related to crisis and requests for immediate support, as well as help with strategies and skills to manage the problem. Secondly, we aimed to describe the content of web-based counselling conversations from the client perspective and identified three overlapping themes that included storytelling, considering the future, as well as exploring strategies and options. Each of these contained multiple sub-themes reflecting the typical progression and content of conversations from the perspective of the client.

We found around half of clients presented with an urgent request for immediate help related to a crisis. Such crises involved significant harms from a recent episode of gambling, suicidal ideation as well as emotional disturbance and distress. In addition, almost the same number presented for information, advice, guidance and support that was

reflected by indicators of high readiness to change but often coupled with low self-efficacy. These findings are similar to those of King et al. (2010), who also found a significant proportion of young people were seeking online support with decision making and problem solving. They are also consistent with another study by King, Bambling, Reid, et al. (2006) as well as Sefi and Hanley (2012), who found online counselling clients were often not only distressed but also more so than telephone counselling clients. In addition, similar to the Urbis Keys and Young (2003) survey of helpline callers as well as Maheu and Gordon (2000) review of services provided by online counsellors, we found that almost half of online clients wanted help with strategies and skills to manage their problem.

Consistent with research identifying counsellor activity in web-based counselling (Chardon et al., 2011), we found clients spent a great deal of time telling their story with less time spent considering future possibilities, or strategies or options for change. Previous research suggests telling one's story can be therapeutic and that it can be an online intervention in itself (Richards & Viganó, 2013). While counsellors may prompt storytelling in an attempt to adhere to organisational models of care , other research has shown counsellors offer fewer interpretations or guidance online than when there are physical or environmental cues (Mallen et al., 2011). This raises important questions as to whether clients can be supported to tell their story with greater efficiency. Indeed, the current results suggest that clients tell their stories in a similar way that involves patterns in progression, motivation and impact of behaviour.

The broad themes as well as sub-themes that emerged were similar to those described in the Skilled Helper framework (Egan, 2009). Developed primarily as a guide for clinicians involved in ongoing relationships, Chardon and colleagues (2011) found all of the components are not easily applied in a single session of web-based counselling due,

in part, to the constraints of this modality (particularly number of words communicated). The current study raises questions about the utility of the framework given clients appear to want to tell their story and tell it in a great deal of detail. Indeed, similar to our findings, Chardon et al. (2011) found transcripts with young people involved minimal goal setting and limited discussion of developing or implementing goals.

Critically, our study considers content from the perspective of the client who knows what they want and need for their own recovery. Indeed, as described by Bohart and Tallman (1999) as well as Egan (2009), if we work on the assumption that clients hold solutions to their problems then the role of the counsellor is to provide support, coaching, information, skill building and mentoring that also accounts for the context of the problem. While the therapist can assist in identifying the issue, developing solutions and exploring options, Bohart and Tallman (1999) suggest the therapist needs to adapt to the needs of the client. In this context, our study suggests a counsellor's assessment and response should be tailored to the client presentation (i.e., crisis versus strategies and support).

This study is the first to explore online conversations from the perspective of the client, but there are several limitations that should be taken into consideration. Although the current research accounted for counsellor questioning in the analysis, this was for the purposes of providing context and clarification for client statements. This novel approach attempts to observe client presentations in the natural environment but is limited in that clients typically respond to the counsellor. This should be expected given the counsellor's role of providing expertise and it is likely that types of questions posed have impacted the results of the current research. For example, further professional help most often involved discussions about face-to-face services even though the individual initiated contact online. Without further analysis of the exact nature of the exchange, we do not know if referral to land-based services reflects client or counsellor expectations or preferences or those related

to the funder or service model. Indeed, it may be that counsellors sought to assist clients in exploring face-to-face options as a preferred approach in all cases, rather than when presenting factors such as suicidal ideation indicates that online work may not be appropriate. Even with these limitations, themes that emerged often did so independently of counsellor questioning (e.g., clients very quickly identified patterns in behaviour even if the counsellor did not pose this question). Moreover, we attempted to overcome individual counsellor styles and preferences by sampling transcripts from a large number of counsellors.

Few studies have considered online counselling from the perspective of the client and these findings have important implications for online practice. First, approximately half the clients were experiencing significant distress that was often easily identified as indicated by strong negative language. However, nuanced language such as sarcasm or humour was more difficult to detect. While previous work with ongoing clients has identified the importance of noticing nuance in text and other cues, such as tempo and speed of typing (Barak & Bloch, 2006), this is much more difficult in single online sessions. This speaks to the importance of using standardised screening instruments to determine the presenting emotional and psychological state of the client. Second, while we report on the character of presentation and sessions for a national service offering crisis and support, it is in the context of problem gambling. Although we believe the themes identified in the current study may generalise to other addictive and mental health presentations to web-based services, this is still to be demonstrated. Third, crisis and support services are typically set up to help people seek further treatment or assistance, however half of our clients wanted help with strategies and skills to manage their behaviour. While there is a great deal of evidence that self-directed interventions can effectively deliver evidence-based treatment (Barak et al., 2008), there has been minimal

investigation of how this might be integrated into a session of web-based counselling. Fifth, when discussing previous attempts to change, few sessions identified online options, and indeed only one in ten discussed options for continuing treatment via this modality. This speaks to the importance of providing the client information outlining the full suite of online options including ongoing counselling by chat or email, self-directed treatments, as well as forums or groups that could be provided within or as a follow-up to the single session.

Lastly, the current study raises questions in relation to the application of traditional therapeutic approaches in online settings and in particular the use of traditional approaches in the delivery of a single session that is immediate and often anonymous. Our clients were a non-homogenous group, not in terms of process and broad presentations, but in terms of the range of presentations and issues discussed. To help counsellors provide what clients want, future research might consider exploring interventions aligned with presenting issue (i.e., crisis versus strategies) and the impact on client immediate or longer term outcomes.

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