

# Best Practices in 988 Crisis Intervention: Supporting Third-Party Contacts

October 21, 2024

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A presentation for: Advocates for Human Potential, Inc. (AHP)

# Agenda

1. “Third party” definition
2. Frequency of such situations in 988
3. Research base
4. Unique characteristics and special handling
  - Vibrant requirements
5. Didi Hirsch protocol example
6. Example scenarios
7. Wrap up and thanks

# I. “Third Party” Definition



## *Who are third-party contacts?*

Third-party contacts within the 988 Suicide and Crisis Lifeline network are those individuals reaching out to the 988 Lifeline *on behalf of* someone else who is in crisis—or *(more typically)* *because they are concerned about* someone else.

*A consideration regarding third-party calls potentially representing higher risk:*

According to the American Association of Suicidology (AAS), “In general, persons at risk of suicide who *don’t* contact a crisis center, are likely higher at-risk than someone who calls.” (AAS Organization Accreditation Standards Manual, 2019).



## 2. Frequency of Third-Party Contacts



From June through August 2024, Didi Hirsch answered:

- 38,296 calls. Of these, 2,183 (5.7 percent) were documented as third-party crisis calls.
- 4,408 California 988 texts. Of these, 241 (5.47 percent) were documented as third-party crisis texts.
- 1,427 California 988 chats. Of these, 62 (4.34 percent) were documented as third-party crisis chats.

Per statewide data from AHP for the same period, the 11 remaining California 988 Crisis Centers reported:

- 62,177 calls answered. Of these, 3,823 (6.14 percent) were documented as third-party crisis calls.
- 5,874 California 988 texts answered. Of these, 267 (4.55 percent) were documented as third-party crisis texts.
- 2,250 California 988 chats answered. Of these, 68 (3.02 percent) were documented as third-party crisis chats.



### 3. Research on Third-Party Transfers



Research by Madelyn Gould, Alison Lake, Marjorie Kleinman, Hanga Galfalvy and Richard McKeon (2022) :

- Studied the contents of 172 third-party calls\* at six Lifeline Crisis Centers.
  - \*These were calls where imminent risk was a factor.
- Most calls were about a family member (46.5 percent) or friend (40.7 percent).
- Based on data the counselors collected, the third-party callers were more likely to be female and older than the person-at-risk (1<sup>st</sup> party).
  - Youth are less likely to seek help as a third party.
- Emergency services were contacted on 58.1 percent of the calls.
- Counselors were able to collect information on risk and were almost always able to identify at least one strategy to help the person-at-risk.



### 3. Research on Third-Party Transfers (continued)

- Most (68.6 percent) of the contacts involved collaborative *action* with the counselor and third party.
- Involvement of mobile crisis (27.9 percent) and emergency services (26.2 percent) were the two most common outcomes. The third party agreed to take that action themselves one-third of the time.
- Friends were more willing to engage these services than family.
- Emergency services were less likely to be involved if the person at risk was older.

Be the lifeline.



Additional research by Mishara et al. (2005 Comparison of the Effects of Four Suicide Prevention Programs for Family and Friends of High-Risk Suicidal Men Who Do Not Seek Help Themselves)

- Those who do not call 988 on their own behalf are likely to be at higher risk for suicide, thus third-party contacts are likely to present higher acuity and complicated situations.
- A 1998 study by Charles Pinard of 321 third-party calls to Suicide Action Montreal indicated 75 percent of third-party callers were women, but over half of the calls were about males at risk (Pinard, 1998, as cited in Mishara et al. 2005)

## 4. Unique Characteristics and Special Handling of Third-Party Contacts



The primary goals when handling a 988 Lifeline third-party contact, according to Vibrant Emotional Health's 2021 [Guidelines For Working With Third Parties](#), are:

1. Provide support to the third party themselves and assess for suicidal thoughts.
  2. Assess the safety of the person of concern to the best of your ability.
  3. Educate the third party on how to support and increase safety for their loved one.
  4. Take necessary, least-invasive action to increase safety for the person of concern (or the third party).
- If the third party doesn't know the individual well and is concerned about a social media post, the counselor can direct them to the 988 Lifeline's Support on Social Media web page: [988 Lifeline website, Support on Social Media](#)
  - While the approach and language may change when working with a third party, the standard first-person Lifeline Safety Assessment Process and required questions **must still be utilized**.





## 4. Special Handling (continued)



1. Assess the safety of the third party **before** moving on to discuss and assess the risk of the individual they are concerned about.
2. In coaching the third party about how best to support the person at risk, provide **guidance on how to talk about suicide**, including:
  - Asking directly about thoughts of suicide and talking openly about it.
  - Being nonjudgmental during the conversation.
  - Listening to their story and reasons for wanting to die without dismissing their concerns.
  - Asking about their own reasons for living/not attempting, and not imposing the third party's own beliefs.
3. Counselors can point the third party to the five steps found at #BeThe1To ([Bethe1to website, How and Why the 5 Steps Can Help](#)).
4. 988 Counselors should guide the third party in basic steps of **safety planning** and **reducing access to lethal means** (while prioritizing the third party's safety).

There is hope.



**988** SUICIDE & CRISIS  
**LIFELINE**



## 4. Special Handling (continued)



5. It is important to emphasize the relationship and boundaries of the third party.

- Acknowledge: no universal approach for everyone/every situation.
- Assumptions about the relationship.
- Validate boundaries.
- Recruit the right person.
- Use “the Magic Formula.”
- Address the topic of manipulation.

6. 988 counselors can help focus on ***what is versus what-ifs***

7. Curiosity can be a strong driving force that can help **both** the 988 counselor during the intervention and the third party themselves when exploring options with the person at risk.

8. Validate the coping skills of the third party.

- **Calm and focused; scared but capable; triggered/activated**

9. Providing referral resources is an important step of the 988 intervention with third-party contacts.



## 4. Special Handling (continued)



10. If possible, see if the concerned third party and person of concern are willing to have a **three-way conversation** with the 988 counselor.
11. If imminent risk is of concern, engage with the third party about being transferred to or directly calling **mobile dispatch**—or, in extreme situations, 911.
12. In imminent-risk situations, gather as much information as possible from the third party about the person of concern (first party). This includes their disposition, location, risk level, and any situational concerns that the emergency services should know about (weapons, crowds, animals, first-party intoxication, etc.)
13. The core 988 principle of **“least invasive intervention”** remains essential.



- According to Vibrant, 988 counselors may **over-coach third parties to use 911**. When imminent risk is not a factor, it is more appropriate to coach the third party on how to be attuned to future signs of risk and/or to increase their skills in talking/asking about suicide and exploring reasons to live/die.
- Third-party situations create **very complicated confidentiality issues**. Centers should have policies on whether they will or won't initiate contact with the first party. Likely, this should be done only by a clinical supervisor.

## 5. Third-Party 988 Contact Protocol Example (Didi Hirsch Suicide Prevention Center [SPC])

### Key Terms

3P: Help-Seeker reaching out for support on our crisis line (person we're talking to).

1P: Person currently in crisis.

Step 1

### Assess 3rd Party's Immediate Safety

- Has the 3P had any thoughts of suicide in the past few days or today?
- Has the 3P taken any action to harm themselves today?

Step 2

### Assess 1st Party's Immediate Safety

- Is 1P currently experiencing thoughts of suicide?
- Do they have a plan for suicide?
- Have they already taken any action to harm themselves?
- Where are they now / Are they in a safe place?

Step 3

If YES to either (3P and/or 1P), continue safety assessment for 3P & 1P. If either is at imminent risk...

Suggest 3P engage mobile crisis or call 911 (depending on situation) or ask if they can safely get themselves or the 1P to a hospital. (Possible follow-up, if time.)

If NO (for 3P and 1P) or if 3P is unsure about 1P's safety...

What kind of support is the 3P looking for from SPC?  
Would they be comfortable reaching out to 1P?

If 3P *is not* comfortable talking to 1P...

If 3P *is* comfortable talking to the 1P...

## 5. Third-Party 988 Contact Protocol Example (Didi Hirsch Suicide Prevention Center [SPC])

### Step 4

If 3P *is not* comfortable talking to 1P...



**Address their expectations.**

**Dispel common myths.**

- An exact phrase will not fix or completely remove suicide thoughts but we can explore and talk about what options for support could be available depending on their situation.

**Explain SPC services and limitations.**

- We cannot do what is beyond the scope of the agency but we can coach them if interested.
- SPC cannot make outgoing cold calls.

**Explore boundaries.** The 3rd party may not want to get involved in order to protect themselves (i.e. harmful relationship, restraining orders, etc.).

**Recruit others if necessary or provide appropriate resources** if they are not open to coaching (i.e. websites for caregiver support, phone numbers to their local ACCESS or FIT).

If 3P *is* comfortable talking to the 1P...



**Tackle stigma, fears, and myths** if necessary.

**Ask each safety assessment question** and explain the significance of the answers as you go along.

**Explain how to seek emergency services** if they assess imminent risk.

**Validate** their efforts and willingness to help the 1st party!

**Check-in** on their emotional state.

**Safety planning** with a 3rd party = confirming what they will do regarding the 1st party and exploring how they can take care of themselves.

- *"You mentioned they're your [relationship to 3P], can you tell me a little more about your relationship with them?"*
- *"I can teach you how to talk about suicide and it will help you gauge their safety level. Would you be open to that?"*
- *"People sometimes fear talking about suicide because they're afraid of making it worse. It's a common fear, but research shows that talking about suicide directly can actually help alleviate the person's crisis so they are less likely to attempt suicide."*
- *"Asking if they have a suicide plan can help you get a better idea of how far their thoughts have gone. If they do have a specific plan (method, access to the means & timeline), you can now think of a way to dismantle that plan."*
- *"We've covered a lot of information and it can be overwhelming to take in when you're worried about them. How are you feeling?"*

### Key Terms

3P: Help-Seeker reaching out for support on our crisis line (person we're talking to).

1P: Person currently in crisis.

## 5. Third-Party 988 Contact Protocol Example (Didi Hirsch Suicide Prevention Center [SPC])

### Key Terms

3P: Help-Seeker reaching out for support on our crisis line (person we're talking to).

1P: Person currently in crisis.

If 3P *is not* comfortable talking to 1P...

**Address their expectations. Dispel common myths.**

- An exact phrase will not fix or completely remove suicide thoughts but we can explore and talk about what options for support could be available depending on their situation.

**Explain SPC services and limitations.**

- We cannot do what is beyond the scope of the agency but we can coach them if interested.
- SPC cannot make outgoing cold calls.

**Explore boundaries.** The 3rd party may not want to get involved in order to protect themselves (i.e. harmful relationship, restraining orders, etc.).

**Recruit others if necessary or provide appropriate resources** if they are not open to coaching (i.e. websites for caregiver support, phone numbers to their local ACCESS or FIT).

If 3P *is* comfortable talking to the 1P...

**Tackle stigma, fears, and myths if necessary.**

**Ask each safety assessment question** and explain the significance of the answers as you go along.

**Explain how to seek emergency services** if they assess imminent risk.

**Validate** their efforts and willingness to help the 1st party!

**Check-in** on their emotional state.

**Safety planning** with a 3rd party = confirming what they will do regarding the 1st party and exploring how they can take care of themselves.

- "You mentioned they're your [relationship to 3P], can you tell me a little more about your relationship with them?"
- "I can teach you how to talk about suicide and it will help you gauge their safety level. Would you be open to that?"
- "People sometimes fear talking about suicide because they're afraid of making it worse. It's a common fear, but research shows that talking about suicide directly can actually help alleviate the person's crisis so they are less likely to attempt suicide."
- "Asking if they have a suicide plan can help you get a better idea of how far their thoughts have gone. If they do have a specific plan (method, access to the means & timeline), you can now think of a way to dismantle that plan."
- "We've covered a lot of information and it can be overwhelming to take in when you're worried about them. How are you feeling?"

Step 5

### Resources/Next Steps:

- Options: Possible 3 way call with 3P and 1P; follow-up if appropriate.
- 3P can provide the 1P with the Lifeline number: 988. Either party can always reach out to us 24/7.
- We can provide the number to local mental health ACCESS, mobile crisis dispatch or other lines (ex: substance use disorder crisis).
- Always mention 911 or local emergency rooms are options if they believe the 1P is in imminent danger.
- [suicideispreventable.org](https://suicideispreventable.org) - Warning signs examples and tips on how to talk about suicide/safety assess for risk level
- [suicideisdifferent.org](https://suicideisdifferent.org) - Information and guide for caregivers.
- [mysafetyplan.org](https://mysafetyplan.org) - Guided process in creating safety plan (can be used for 3P or 1P)
- [988lifeline.org/help-someone-else/support-on-social-media](https://988lifeline.org/help-someone-else/support-on-social-media) - resources for individuals concerned about a social media posts
- [bethe1to.com/bethe1to-steps-evidence](https://bethe1to.com/bethe1to-steps-evidence) - 5 steps to help a person at risk for suicide.



## 6. Example Scenario I



- 3P is worried about their friend/coworker (1P) who just lost their best friend to suicide and was already struggling with severe depression.
- 3P noticed that 1P stopped showing up to work. This morning, the 3P received a text saying “I love you. I’m sorry.” 3P has sent a text to the 1P asking if they wanted to talk, and the 1P said they are willing to talk.
- 3P noticed that 1P has been drinking a lot recently.
- 3P has no thoughts of suicide and has not self-harmed.
- 3P’s emotions: Scared, helpless, panicked.



### Discussion Questions:

- **What about this relationship should the crisis counselor explore?**
- **What alternatives to coaching may the crisis counselor explore?**

## 6. Scenario I Discussion Focus



- What about this relationship should the crisis counselor explore?
  - 1P did message 3P, so there is a level of trust in the relationship.
    - 3P is aware of severe depression, 3P notices 1P not at work, 1P is willing to talk, and 3P noticed heavy drinking.
  - 3P has not disclosed prior history of non-suicidal self-injury or suicidal ideation (SI).
  - 3P is comfortable with coaching.
- What alternatives to coaching may the crisis counselor explore?
  - Recruiting others
  - Resources



## 6. Scenario I in Counselor Training



Ex: New 988 Counselor training objectives: This scenario can develop skills in:

- Asking demos about the person in crisis (1P).
- Coaching through having direct conversations about suicide.
- Offering concrete tools to the 3P (e.g., safety assessment questions).
- Checking in with the 3P if they've had SI and self-harm.
- Providing info about what to do if the person in crisis escalates (911, etc.).
- Helping the 3P not to assume the 1P's Self Rated Intent (SRI)—but rather, introducing how to ask about it.



## 6. Example Scenario 2

- 3P is worried about their 24-year-old son, who has been alluding to suicidal thoughts.
- 3P is afraid that talking about suicide will make him suicidal.
- 3P knows their son has been drinking heavily but son refuses to label it an addiction.
- 3P knows son broke up with his girlfriend recently, and he's been crying a lot.
- 3P has no thoughts of suicide and has not self-harmed.
- 3P's emotions: concerned, hesitant.



### Discussion Questions:

- **What about this relationship should the crisis counselor explore?**
- **What boundaries should the crisis counselor explore?**

## 6. Scenario 2 Discussion Focus



- What about this relationship should the crisis counselor explore?
  - Relationship between parent and child, challenging assumptions
  - Girlfriend and parent relationship
- What boundaries should the crisis counselor explore?
  - 1P boundary with parent, recruitment of another person
  - Resources

## 6. Scenario 2 in Counselor Training



Ex: New 988 Counselor training objectives: This scenario can develop skills in:

- Asking demos about the person in crisis (1P).
- Debunking myths about suicide to the 3P in a gentle manner.
- Offering concrete tools to the 3P (e.g., safety assessment questions).
- Checking in with 3P if they've had SI and self-harm.
- Remaining nonjudgmental and refraining from forcing labels.
- Learning to *not* ask the 3P what they think the 1P's SRI is, but rather introducing how to ask about it.
- Introducing safety planning.

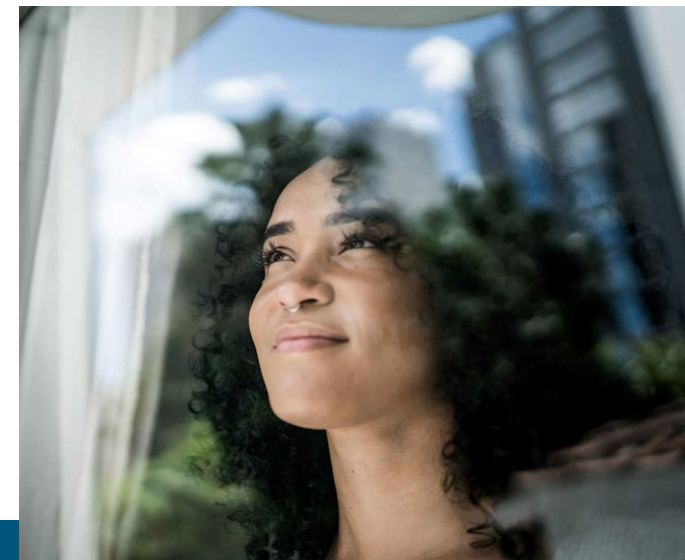


**Thank you.**

988 is transforming care for those in need,  
and the California 988 Network plays an essential role in  
this transformation.



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# References and Resources



#BeThe1To. (n.d.). *How and why the 5 steps can help.*

988 Lifeline. (n.d.). *Support on social media.*

The American Association of Suicidology. (2019). AAS Organization Accreditation Standards Manual.

Gould, M. S., Lake, A. M., Kleinman, M., Galfalvy, H., McKeon, R. (2022). Third-party callers to the national suicide prevention lifeline: Seeking assistance on behalf of people at imminent risk of suicide. *Suicide and Life-Threatening Behavior*, 52(1), 37–48.

Mishara, B.L., Houle, J., & Lavoie, B. (2005). Comparison of the effects of four suicide prevention programs for family and friends of high-risk suicidal men who do not seek help themselves. *Suicide and Life-Threatening Behavior*, 35(3), 329-342.

Vibrant Emotional Health. (2021). *Guidelines for Working with Third Parties.*