



Crisis Intervention Best Practices: Contact Flow and Strategies for Closing Contacts

Presented by
Rebecca Salvador, 988 Quality Improvement Manager
Emily Carter-Pfeifer, Program Coordinator

Special assistance appreciations to
Stephanie Corzo, SPC Compliance Specialist

Agenda

- Lifeline Safety Assessment Model Overview
- **Phase One:** Connection and Immediate Safety
- **Phase Two:** Listen, Clarify, Plan
- **Phase Three:** Follow-Up and Wrap Up
- Closing the Conversation
- Didi Hirsch Protocol
- Group Discussion
- Q&A



Research

- Examined **effectiveness** of Lifeline's online crisis chat service based on **13,130 linked pre- and post-chat surveys** from individuals in crisis.
- Significant reduction in distress: Chatters were substantially less distressed at the end of the chat compared to the beginning.
- **Engagement with counselors** was a key factor in positive outcomes, with chatters who felt more engaged reporting better results in terms of distress reduction and feeling heard.
- Counselors were less effective when chatters' main concerns involved **addictions, abuse, physical health problems, or eating disorders**. This indicates a need for additional training in these areas.
- The study provides evidence that Lifeline's online crisis chat service effectively **reduces emotional distress** and helps suicidal individuals. However, challenges remain, particularly in reaching and engaging men/boys and individuals with concerns such as addiction or abuse. The findings can inform improvements as the Lifeline transitions to the 988 national crisis hotline.

Gould, M. S., Chowdhury, S., Lake, A. M., Galfalvy, H., Kleinman, M., Kuchuk, M., & McKeon, R. (2021). [National Suicide Prevention Lifeline crisis chat interventions: Evaluation of chatters' perceptions of effectiveness](https://doi.org/10.1111/sltb.12795). *Suicide and Life-Threatening Behavior*, 51(6), 1126–1137. <https://doi.org/10.1111/sltb.12795>

Received: 2 April 2021 | Revised: 5 May 2021 | Accepted: 10 June 2021
DOI: 10.1111/sltb.12795

ORIGINAL ARTICLE



National Suicide Prevention Lifeline crisis chat interventions: Evaluation of chatters' perceptions of effectiveness

Madelyn S. Gould PhD, MPH^{1,2,3} | Saba Chowdhury MPH⁴ | Alison M. Lake MA⁴ | Hanga Galfalvy PhD^{5,6} | Marjorie Kleinman MS⁴ | Michelle Kuchuk MS⁷ | Richard McKeon PhD⁸

¹Division of Child and Adolescent Psychiatry, College of Physicians & Surgeons, Columbia University, New York, New York, USA

²Department of Epidemiology, School of Public Health, New York, New York, USA

³New York State Psychiatric Institute, New York, New York, USA

⁴Division of Child and Adolescent Psychiatry, New York State Psychiatric Institute, New York, New York, USA

⁵Department of Psychiatry, College of Physicians & Surgeons, New York, New York, USA

⁶Department of Biostatistics, School of Public Health, New York, New York, USA

⁷National Suicide Prevention Lifeline, New York, New York, USA

⁸Division of Prevention, Traumatic Stress, and Special Programs, Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration, Rockville, Maryland, USA

Correspondence

Madelyn S. Gould, Division of Child & Adolescent Psychiatry, NYSPI, 1051 Riverside Drive, Unit 72, New York, NY 10032, USA.
Email: madelyn.gould@nyspi.columbia.edu

Funding information

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) through a subcontract from ICF Macro, Inc

Abstract

Objective: As part of the National Suicide Prevention Lifeline's crisis response system, the Lifeline Crisis Chat Network (LCC) answers chats from hundreds of thousands of at-risk individuals yearly. The study's objective was to assess the effectiveness of these online crisis interventions.

Method: Data from 39,911 pre-chat surveys and 13,130 linked pre- and post-chat surveys completed by LCC chatters from October 2017–June 2018 were analyzed. The relationship of several effectiveness measures with chatter demographics, pre-chat distress, suicidal ideation, and chatters' perceptions of engagement with their counselors was examined using a series of logistic regression analyses.

Results: Chatters were significantly and substantially less distressed at the end of the chat intervention than at the beginning. By the end of the chat, two-thirds of suicidal chatters reported that the chat had been helpful, while just under half reported being less suicidal.

Conclusions: Our study offers empirical evidence for the Lifeline's online crisis chat services' effectiveness, but also highlights areas for improvement. This is of critical import in light of the recent designation of 988 as the nationwide number for the Lifeline beginning in 2022, which will increase the Lifeline's prominence in providing suicide prevention and mental health crisis interventions in the United States.

KEYWORDS

crisis chat, effectiveness, lifeline, suicide

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

© 2021 The Authors. *Suicide and Life-Threatening Behavior* published by Wiley Periodicals LLC on behalf of American Association of Suicidology.

1126 | wileyonlinelibrary.com/journal/sltb

Suicide Life Threat Behav. 2021;51:1126–1137.

Lifeline Safety Assessment Model Overview



Help Seeker Engagement and Assessment of Immediate Safety



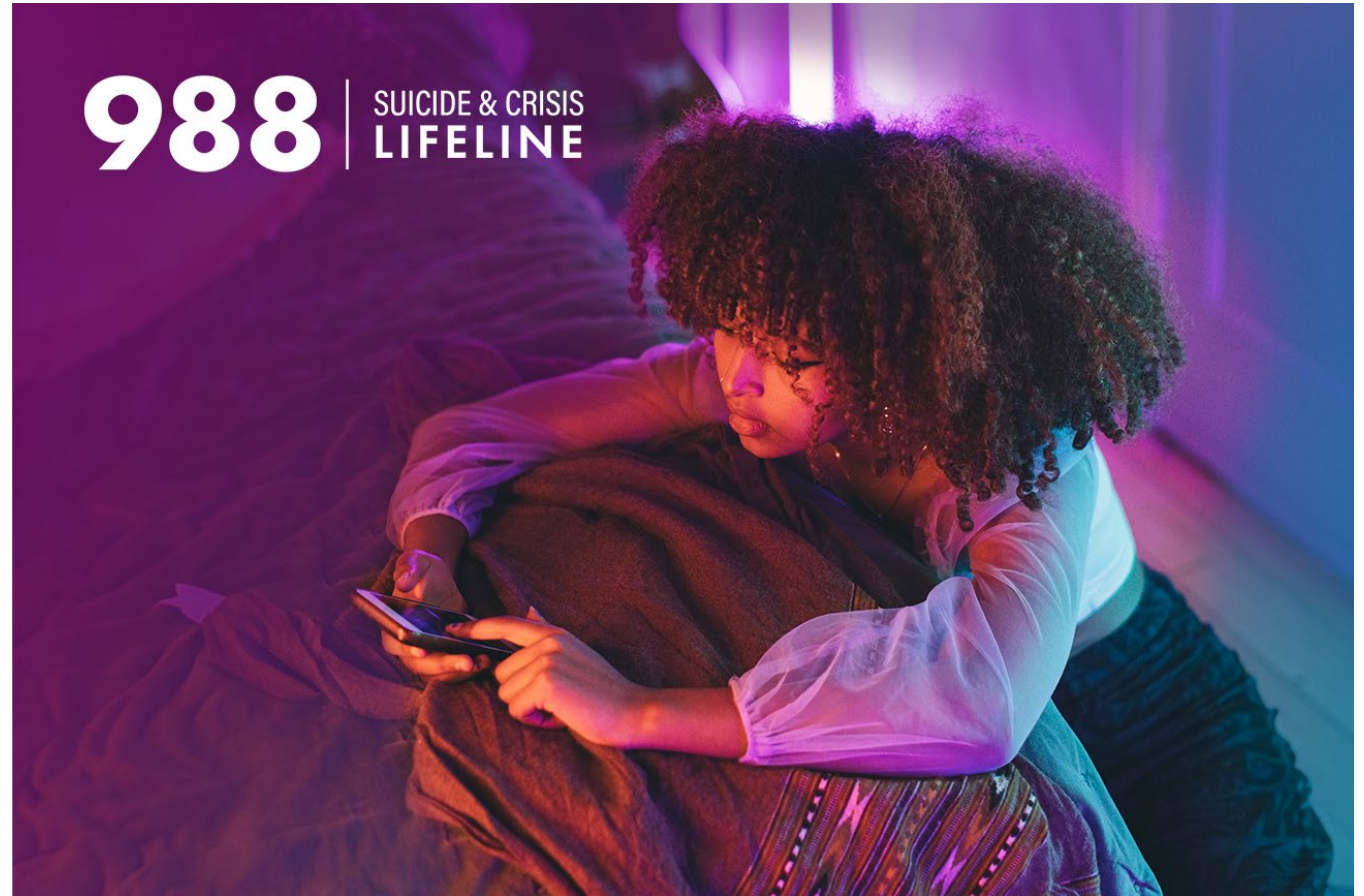
Collaboration with Help Seekers and Active Listening



Interviewing Skills



Prevention over Prediction



Four Core Principles

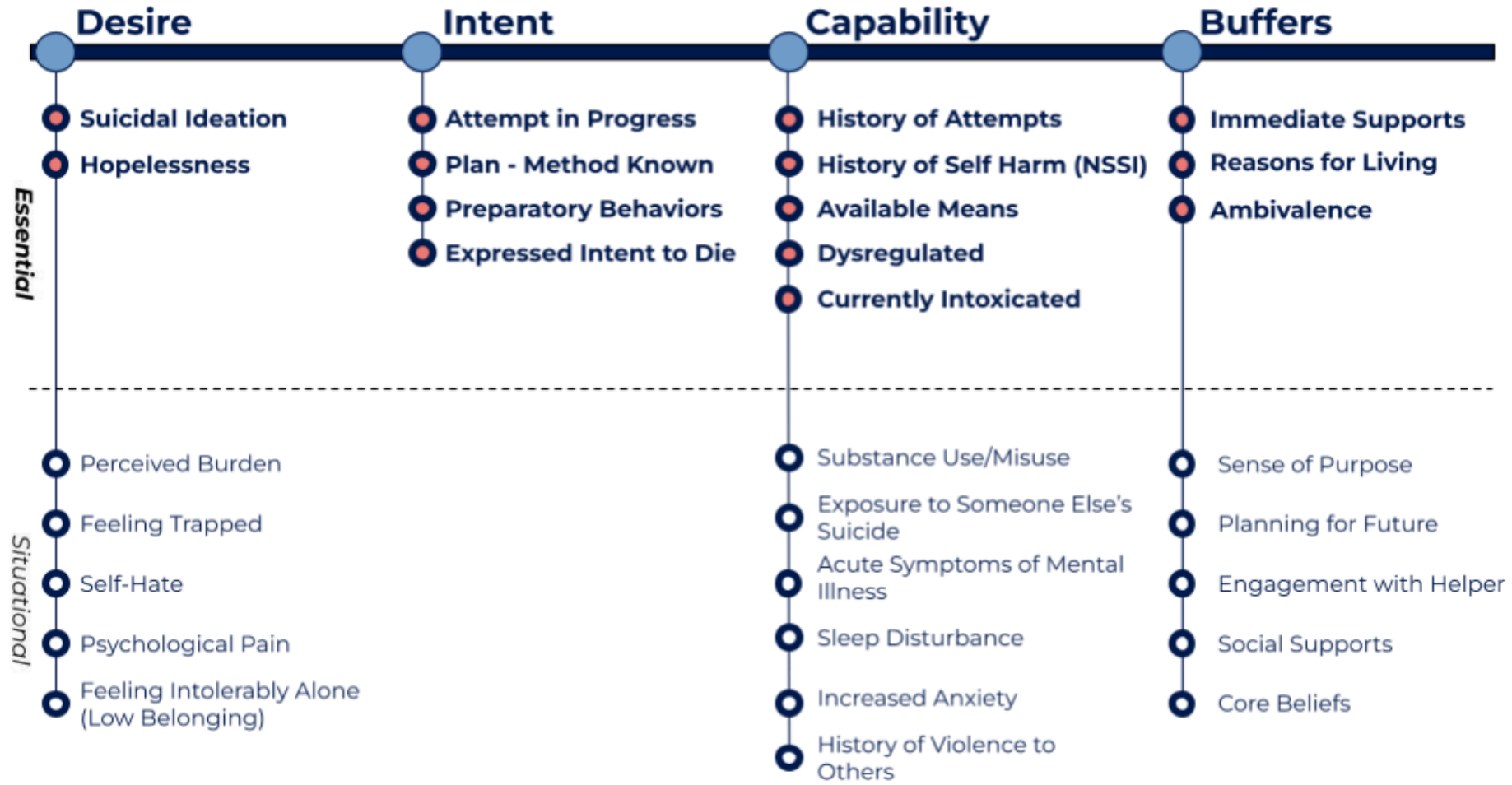
Desire

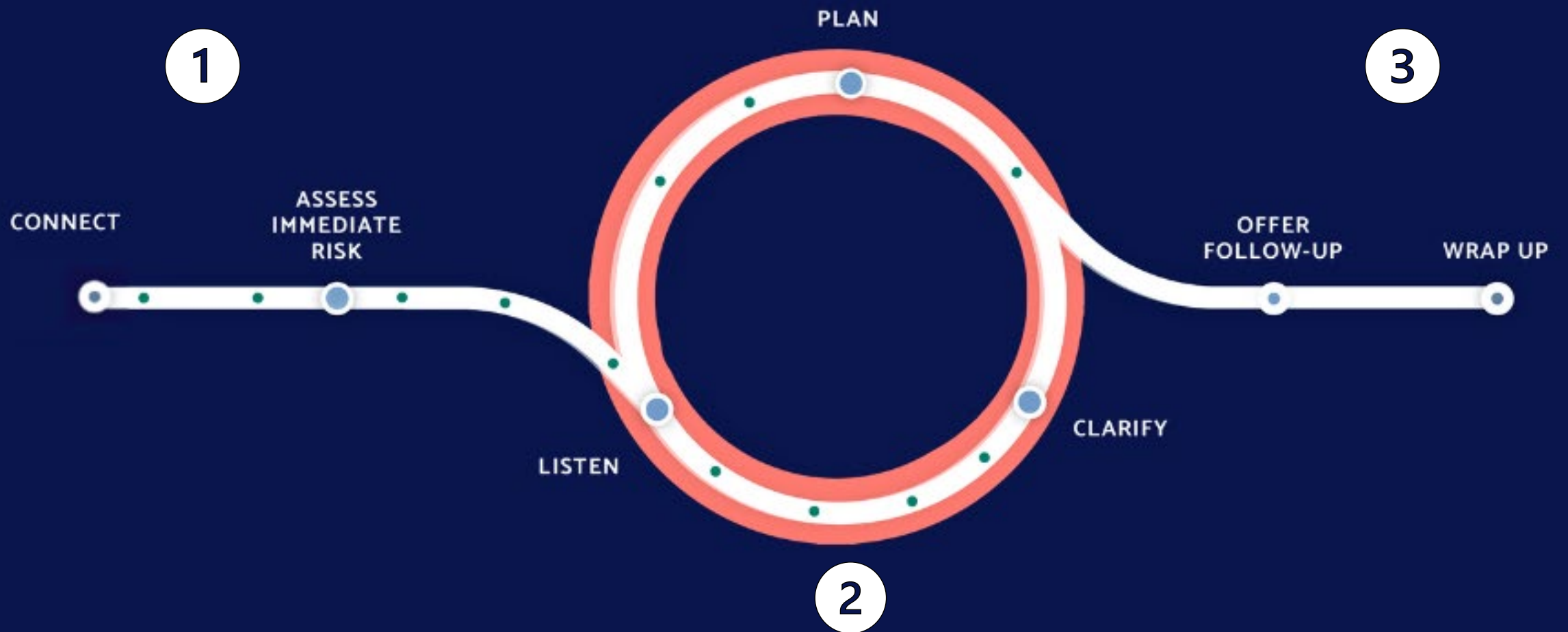
Intent

Capability

Buffers

Safety Assessment: Four Core Principles





Lifeline Safety Assessment Model

Phase One: Connection and Immediate Safety

CONNECT

ASSESS
IMMEDIATE
RISK



Actively Engage



Identify Reasons for
Contacting the
Crisis Line



Ask About Suicide –
including Self-Rated
Intent (SRI)



Assess if Attempt in
Progress



Engage Emergency
Service Intervention
if Needed

Phase One: Tips and Challenges

Connect

Challenge

Establishing trust quickly, especially with individuals who may be resistant to help or emotionally overwhelmed, can be difficult.

Tips

Use active listening and empathy.

Acknowledge and show genuine care.

"I'm here to listen and help you."

Don't be afraid to start over.

Assess Safety

Challenge

Individuals in crisis may have difficulty recognizing or articulating their immediate dangers or may be too overwhelmed to assess their current situation. At times, they may not know if they are having suicidal ideation.

Tips

Listen for invitations if SI is unclear.

"I just feel so tired all the time."

Explore and gently guide through the safety assessment.

Phase Two: Listen, Plan, Clarify



LISTEN

Desire
Intent
Capability
Buffers



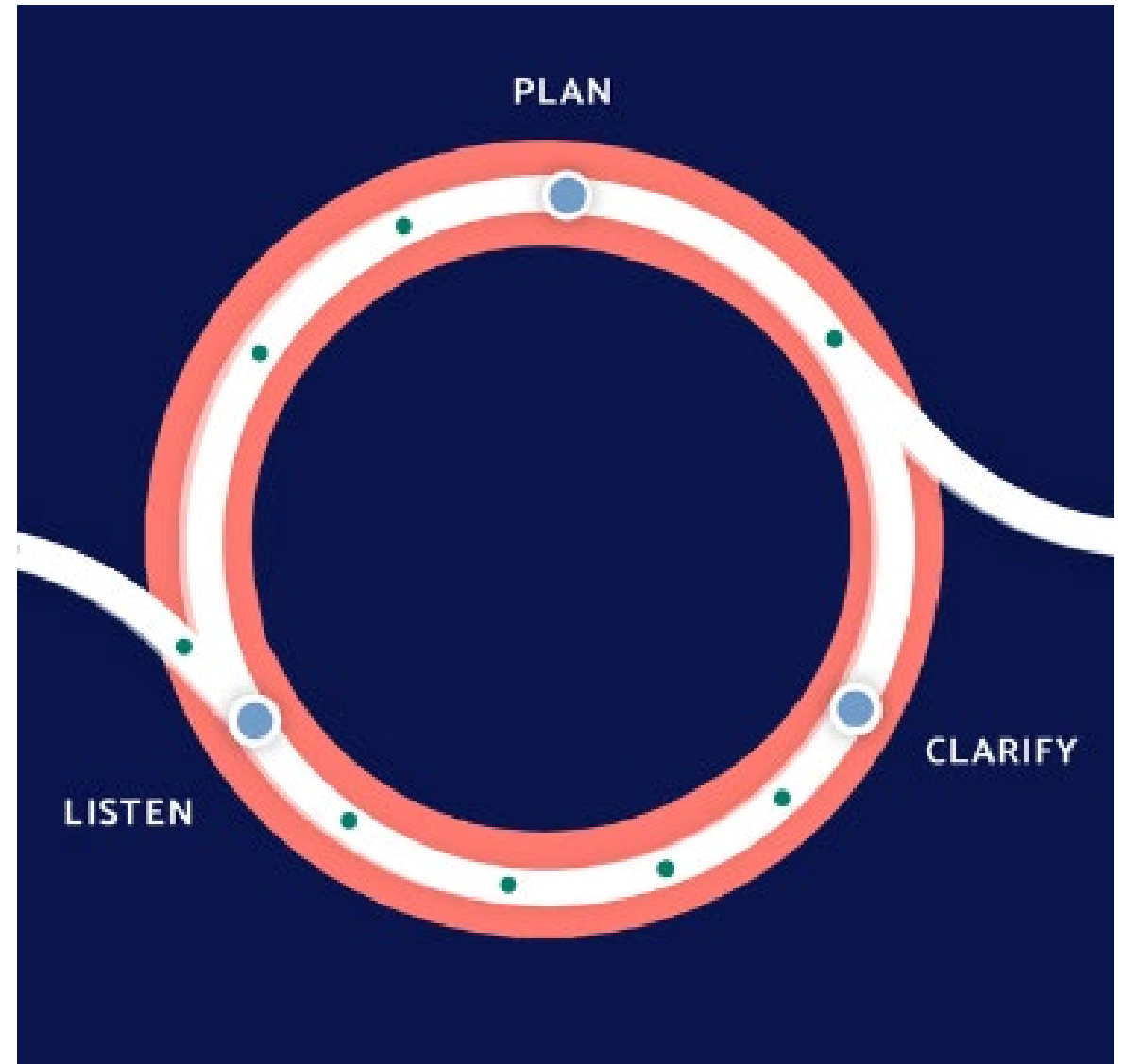
CLARIFY

Fill in the
Gaps



PLAN

Problem Solve
Develop Safety
Plan



Phase Two: Tips and Challenges

Listen

Challenge

The contact may be withdrawn or overwhelmed and might be hesitant to share their story.

Tips

Use empathetic listening.
"I hear how overwhelming this must feel for you."

Always validate feelings and reflect back.

Paraphrase and/or reframe the situation.

Maintain a calm and nonjudgmental tone.

Clarify

Challenge

Contacts might be vague or unsure of what they can and can't share. This can make things difficult for the crisis counselor to assess the situation.

Tips

Ask open-ended clarifying questions.
"Can you tell me more about what you're feeling right now (or more about the triggering situation)?"

Gather the necessary details to assess risk and provide appropriate support.

Plan

Challenge

Contacts may resist in engaging in a safety plan. There might also be times of not knowing when to begin a safety plan with the contact.

Tips

Look out for signs of de-escalation.

Collaboration is key.

Tailor a plan to their unique needs and empower them take ownership of their process.

Ask SRI as an optional temperature check if unclear when to begin a safety plan.

Phase Three: Follow-Up and Wrap Up

- Offer Follow-Up if Needed
- Summarize and Check In
- Validate
- Contextualize
- Empower and Encourage



Phase Three: Tips and Challenges

Follow-Up

Challenge

Some contacts may be hesitant to receive follow-up services. This reluctance can prevent them from accessing ongoing support, which is essential for their safety and well-being.

Tips

Review what to expect.

Reassure that a follow-up is important.
"It's really helpful to have someone check in with you after everything that we've spoken about today. We want to make sure you're safe."

A follow-up is part of their safety plan.

Wrap Up

Challenge

Sometimes, contacts may have unresolved concerns or feel that their issues haven't been fully addressed. There might be moments a contact may seem calm at the end, but overwhelming feelings could resurface. An interaction may be taking too long.

Tips

Validate any unresolved feelings.
"I know this isn't an easy situation, and it's okay to feel uncertain. We've made a plan, and you can always reach out if you need more support."

Empower the caller with next steps and coping strategies.

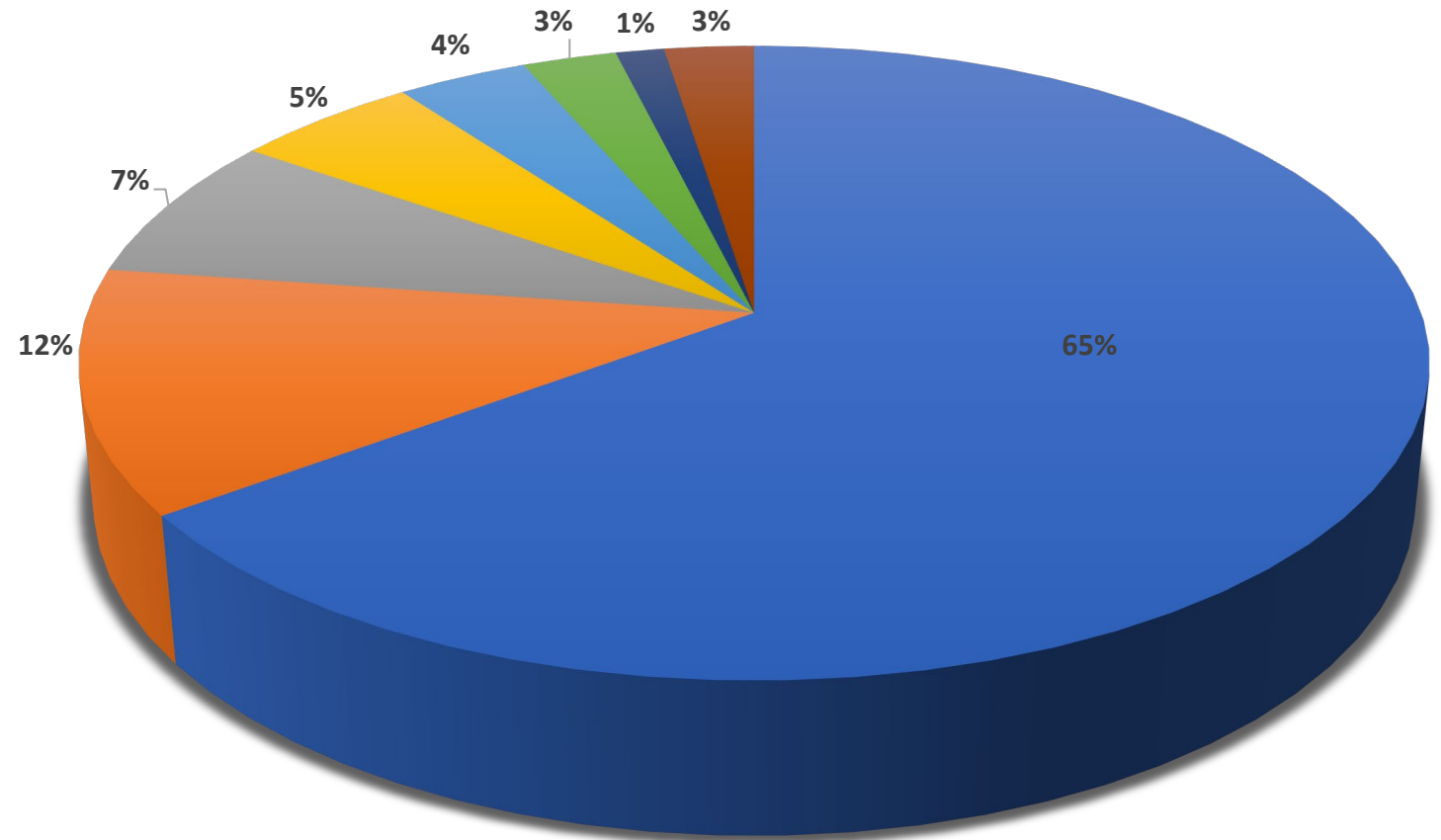
Group Discussion

Please provide examples of how your team handles conversations that are going “too long.”

Closing the Conversation

Didi Hirsch Data

English Lifeline Call Durations - November 2024



■ Less than 15 min	■ 15-20 min	■ 21-25 min	■ 26-30 min
■ 31-35 min	■ 36-40 min	■ 41-44 min	■ 45+ min



Vibrant Requirements

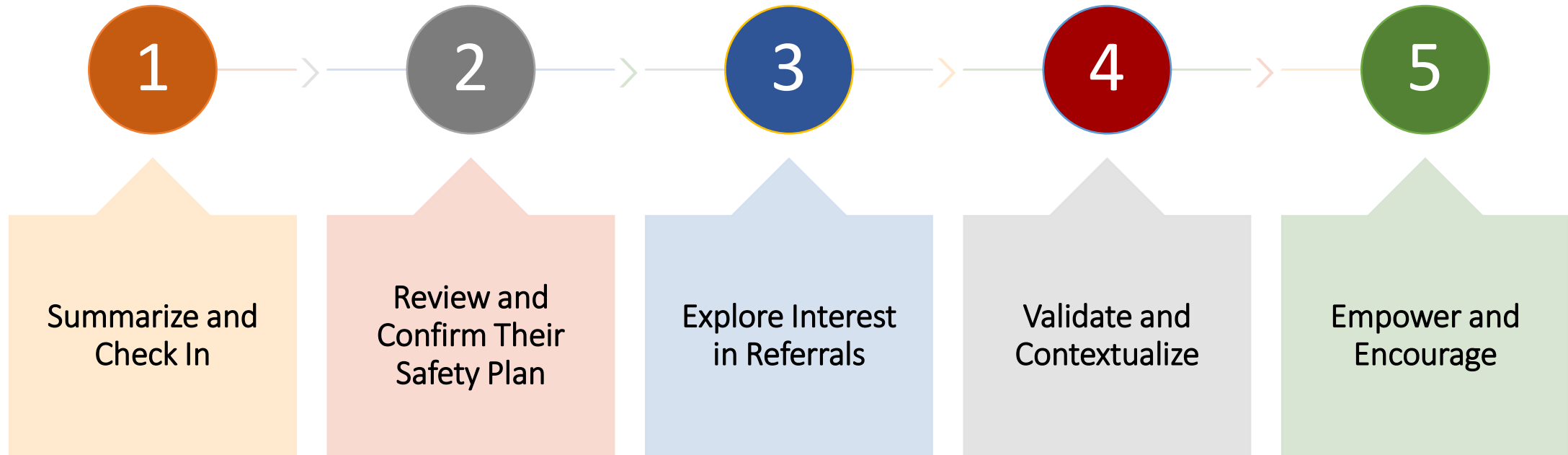
- No Fixed Time Limit
- Mental Check-in at 45-Minute Mark
- Assess Conversation Progress



Considerations Before Ending a Conversation

- De-escalating and Dysregulation
- Listening and Clarification of Immediate Concerns
- Safety Assessment
- Collaboration on Coping Strategies and a Safety Plan
- Agreement on Follow-up Communication

Wrapping Up a Conversation



Things to Consider if Imminent Risk Is Present

Extra Time

If imminent risk is assessed, it's okay to **extend the conversation** beyond usual time limits.

Review

When progress stalls but imminent risk remains, **review the conversation with a supervisor** and ensure all efforts have been made to help the individual overcome barriers to safety.

Closing the Conversation

If **no progress** is made and safety is still not achieved, **consider ending** the conversation.

Documentation

Document all efforts made and consultations with supervisors for future reference.

Debrief and Self-Care

After concluding the conversation, **debrief with a supervisor** or colleague.
Engage in self-care to process the emotional weight of ending a conversation with an individual still at risk.

Common Challenges

Avoid Rushing to Problem-Solving	Challenge the Expectation of Immediate Improvement	Don't Assume the Person Should End the Conversation	Prioritize the Person's Needs Over Personal Discomfort
<ul style="list-style-type: none">• Recognize the importance of listening and validating the person's story before offering solutions.• Rushing to problem-solving or offering referrals too early can disrupt the connection and hinder safety planning.	<ul style="list-style-type: none">• Not every conversation needs to result in an immediate resolution.• De-escalation and reassurance that the individual is not alone can often be enough for the moment.	<ul style="list-style-type: none">• While maintaining a person-centered approach, guide the conversation toward shared goals.• A longer conversation doesn't always equate to a more effective one; the crisis counselor may need to take the lead in ending the conversation.	<ul style="list-style-type: none">• Avoid ending a crisis conversation prematurely due to discomfort or convenience.• Effective crisis counseling requires navigating challenging topics and maintaining a professional, ethical approach to support the individual.

Indicators a Conversation Is Going “Too Long”

Safety Plan Creation Fails

No Intervention Despite Efforts

Emotional De-escalation Issues

Repetition of Story

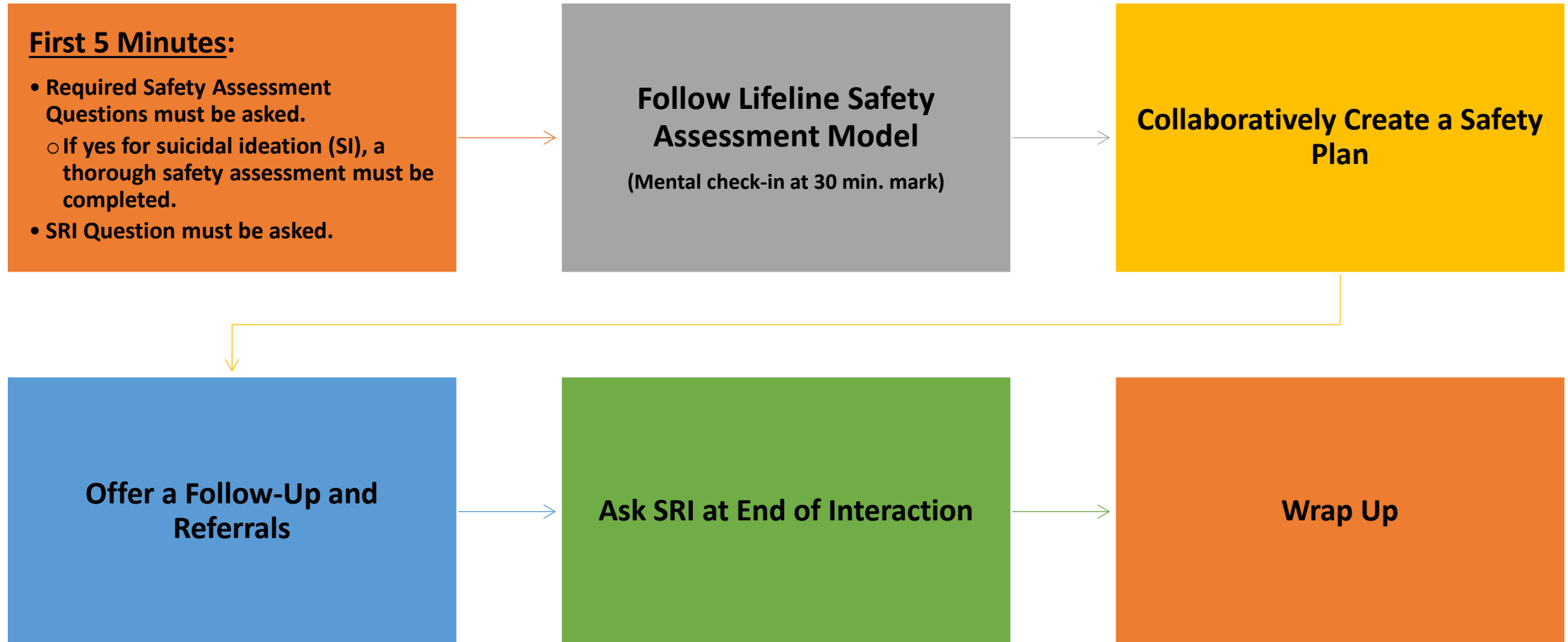
How to End an Interaction Going “Too Long”

Validate

Redirect

Empower and Encourage

Didi Hirsch Protocol



Group Discussion

Does your center have a specific guideline or timeframe for when crisis counselors should conduct a mental check-in to assess if it's time to begin wrapping up a call?

Resources

Lifeline Safety Assessment Model:

<https://networkresourcecenter.org/display/practiceguide/Lifeline+Safety+Assessment+Model>

Lifeline Safety Assessment Prompt Questions:

<https://networkresourcecenter.org/display/practiceguide/Lifeline+Safety+Assessment>

Conversation Endings:

<https://networkresourcecenter.org/display/practiceguide/Conversation+Endings>

Wrapping Up Phrase Bank:

<https://networkresourcecenter.org/display/CCT/Crisis+Counselor+Guidance?preview=/203915722/218464352/Wrapping%20Up%20Phrase%20Bank.pdf>

Questions?

Thank You

A cluster of approximately 10 yellow dots of varying sizes, arranged in a loose, organic pattern to the right of the 'Thank You' text.

Rebecca Salvador (rsalvador@didihirsch.org)
Emily Carter-Pfeifer (emilycarter-pfeifer@didihirsch.org)
Stephanie Corzo (scorzo@didihirsch.org)