

Crisis Chat Transcript Abstraction Form – Coding Manual

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Introduction

The Crisis Chat Transcript Abstraction Form is divided into two parts. Part I, consisting of **Sections A through G**, examines chatter characteristics and chatter behavior over the course of the conversation. Part II, consisting of **Sections H through L**, examines counselor behaviors over the course of the conversation. In Part I, **Sections A through F** are designed to capture value-free descriptive information about the conversation, the chatter, the problems discussed, and the chatter’s risk status and behavior during the conversation. **Section G** asks the coder to assess changes in the chatter’s emotional state and risk status over the course of the conversation. In Part II, **Sections H through L** contain questions designed to capture the presence or absence of specific counselor behaviors.

Although you are asked to provide global ratings (i.e., ratings that apply to the conversation as a whole), it is advisable as a coding practice to consider the conversation line by line or turn by turn, and to use highlighting or margin notes to indicate the specific lines or turns where you see specific behaviors being implemented, or specific content being disclosed. In other words, your global codes should be backed up by evidence from your turn-by-turn reading of the transcript.

Please review the manual as often as needed, and be sure that for each question you are answering only the question that is being asked. Should you find yourself forming an overall positive or negative impression of a conversation or counselor (e.g., as a “good” conversation or a “bad” conversation), please carefully identify the specific behavior or interaction that is generating that impression so that your positive or negative evaluation can be coded in the appropriate place. Please avoid letting an overall positive or negative impression indiscriminately color all of your codes for the conversation in question.

A Note about Tone: Tone can be difficult to read in the written word. In assessing the chatter’s or counselor’s tone, try to imagine the statement said out loud in a range of tones of voice, to make sure that the meaning or attitude you are inferring is inherent in the words themselves (or in where they occur in the context of the conversation), and is not a by-product of the tone of voice you are imagining. Expressions of feeling (e.g., a chatter’s wish to be dead, or hope that something will help) should be taken at face value. Except in cases of obvious sarcasm, do not try to judge to what extent the chatter is truly suicidal, truly hopeful, etc.

A Note about Emoticons: In some cases, it may be appropriate to interpret emoticons typed by the chatter as clues to their emotional state. For example, a wink ;) ;-) may help you to determine that a chatter is being sarcastic; likewise, a happy :) :-) or unhappy :/ :(:-(: face may help you assess the tone of the sentence or turn it accompanies. However, please do not make a decision about a code using only an emoticon as evidence. Keep in mind that smiley faces, like actual smiles, may have many meanings. A chatter may “smile” to express gratitude toward the counselor, to encourage the counselor’s efforts, to be friendly, agreeable, or polite (especially in cases where the counselor may have “smiled” first), in wistful or bittersweet appreciation of a moment of humor or irony, etc. A “smile” does not necessarily mean that the chatter feels happy, or that the chatter feels better than they did earlier in

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the conversation. The same applies to acronyms such as “lol.” Therefore, be sure to base your codes on evidence from the chatter’s words.

A Note about Types of Chatters: Coding instructions vary depending on the chatter’s answers to the question about suicidal thoughts in the Lifeline’s Pre-Chat Survey. Conversations with third-party chatters are excluded in some circumstances, noted below.

- Suicidal Chatters: For chatters who endorse either current or recent suicidal thoughts on the Lifeline’s Pre-Chat Survey, and who are seeking help on their own behalf, **Sections A through L** (with the exception of **B8**) are to be coded. If a transcript with suicidal thoughts endorsed on the Pre-Chat Survey turns out to be a third-party conversation, where the chatter is concerned with someone else’s suicidal crisis instead of with their own, this conversation should be excluded from coding. However, if the chatter is concerned with someone else’s suicidal crisis *in addition to* their own, this conversation can be coded as usual. All questions apply to the chatter’s own crisis.
- Non-Suicidal Chatters: For chatters who deny suicidal thoughts on the Lifeline’s Pre-Chat Survey, only a subset of questions (**Part I: A1-A4, B1-B3, B6-B8, D1-D10; Part II: J1-J7**) are to be coded. Third-party conversations where suicidal thoughts are denied on the Pre-Chat Survey are to be coded as usual. All questions apply to the chatter themselves, regardless of whose crisis is being discussed.
- Other Exclusions: In addition to third-party conversations with suicidal thoughts endorsed on the Pre-Chat Survey, which are considered anomalous, conversations that are less than 10 turns long (not including automated turns) are excluded from coding.

Crisis Chat Transcript Abstraction Form, Section A

Section A is designed to provide basic information about the length and timing of the conversation.

A. Structural Overview

A1. Start Date (*mm/dd/yyyy*)

- Use “Chat Start” date (Sightmax) or “Call Date” (iCarol) provided in the transcript header.

A2. Start Time (*hh:mm*)

- Please use 24-hour time. In other words, enter 1:00 AM as 01:00, and 1:00 PM as 13:00.
- For SightMax, please drop the seconds; there is no need to round. In other words, enter 1:23:45 AM as 01:23.

A3. End Time (*hh:mm*)

- Use timestamp of last non-automated turn (not the “Chat End” time or “Chat Time” provided in the transcript header).
- Do not use timestamp of automated final turn (e.g., “[Chatter name or Counselor name] has ended the chat” Or “[Chatter name or Counselor name] has left the meeting.”) In SightMax, non-automated chatter and counselor turns are marked by codes 19 and 20, respectively, while the automated final turn is marked by code 24, 25 or 26.
- Please use 24-hour time. In other words, enter 1:00 AM as 01:00, and 1:00 PM as 13:00.
- For SightMax, please drop the seconds; there is no need to round.

A4. Length of Conversation in Turns (*numeric field*)

- Start with first non-automated turn, and end with last non-automated turn.
- Do not count turns repeated due to technical or user error (e.g., the user hit “send” twice). In other words, if the same turn is printed two or more times in a row, with identical content, count it only once. Depending upon the number of repeats and/or the delay between them, the timestamp of the duplicate turns may or may not be the same.
- Do not count automated introductory turns, such as “Welcome to [center/service name], [counselor name] will be right with you” or “The counselor has joined the conversation.” (In Sightmax, these turns are marked by author code 2.)
- Do not count automated final turns, such as “[Chatter name or Counselor name] has ended the chat” or “... has left the meeting,” or any other automated termination messages. (In Sightmax, these turns are marked by author code 24, 25 or 26.)
- Subject to the exceptions noted above, you should count every turn with its own timestamp, even if the speaker does not change (i.e., the counselor or the chatter takes multiple turns in a row).

Crisis Chat Transcript Abstraction Form, Section B

Section B is designed to capture demographic and other basic descriptive information about the chatter. Answers to the first three questions (**B1-B3**) are to be copied directly from the Pre-Chat Survey included on the crisis intervention transcript. Questions **B4-B6** are to be answered based on your reading of the body of the transcript (i.e., excluding the Pre-Chat Survey). In the common event that the conversation does not provide information about the chatter's sexual orientation or military status, or about the counselor's knowledge of the chatter from previous contacts with the center, check "DK" or "No evidence." Do not try to guess or infer. **B7** is an optional field that can be used to make a brief descriptive note about the chatter. **B8** applies only to conversations where **B1** is answered No.

B. Chatter Information

Code **B1, B2, & B3** based on the chatter's answers to the Pre-Chat Survey. (In iCarol, the Pre-Chat Survey follows the header "IM Demographics.") Please note that for conversations where **B1** (thoughts of suicide in the Pre-Chat Survey) is answered **Yes, currently** or **Yes, recent past**, **Sections A through L** (with the exception of **B8**) are to be coded. For conversations where **B1** is answered **No**, only a subset of items are to be coded, using a separate, truncated database for non-suicidal chatters.

B4. LGBTQ (answer options: **Yes/No/DK**)

- The default answer is **DK**.
- Code **Yes** for evidence of LGBTQ status that is derived from the body of the transcript. Do not code **Yes** solely on the basis of the chatter's identifying as "**Trans**" or "**Questioning**" on the Pre-Chat Survey. This information is already coded under question **B2**. However, you may refer to the chatter's gender on the Pre-Chat Survey in order to determine whether the chatter is in a same-sex intimate relationship, based on pronouns used in the body of the transcript.
- LGBTQ encompasses gender identity as well as sexual orientation. Code **Yes** for chatters who are transgender, transsexual, genderfluid, gender questioning, etc., as well as for chatters who are lesbian, gay, bisexual, queer.
- Code **Yes** for LGBTQ if gender pronouns indicate that chatter is in a same-sex intimate relationship, even if sexual orientation is not discussed.
- Do not infer **No** for LGBTQ if gender pronouns indicate that chatter is in an opposite-sex intimate relationship (because the chatter might still be bisexual or gender-blind, for example).

B5. Military Status (answer options: **Yes/No/DK**)

- The default answer is **DK**.
- Code **Yes** if the chatter is or has ever been a member of the U.S. armed forces (army, marines, navy, air force, or national guard), on either active duty or reserve status.
- Do not code **Yes** for the following:

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- participation in the Reserve Officer Training Corps (ROTC) during college or the Junior Reserve Officer Training Corps (JROTC) during high school in the absence of subsequent military service;
- service in the armed forces of a country other than the U.S.
- This question is designed to provide information not only on the chatter's military status, but also on whether military status was discussed or referenced during the conversation. Therefore, **Yes** or **No** should be coded only if military status comes up during the conversation. Do not infer **No** for military status from the chatter's age, gender, or lack of mention of military status during the conversation. If military status was not referenced or discussed during the conversation, code **DK**.

B5a. Type of Military Status (answer options: **Active Duty**, **Reserve**, **Veteran**, **Other**, **DK**)

- **B5a** is asked only if **B5** (military status) is answered **Yes**.
- If the chatter is currently serving in any branch of the U.S. armed forces, choose between **Active Duty** and **Reserve** status, if known. (If the type of current military service is not known, do not automatically check **DK**; see below for further instructions.)
- If the chatter was honorably discharged or released after serving on active duty in any branch of the U.S. armed forces, or if the chatter indicates they are a veteran, or if the chatter indicates they qualify for Veterans Administration (VA) services and benefits, choose **Veteran**.
- If **B5** is **Yes** but no details about the chatter's military service are available, choose **DK** for **B5a**. *However*, if any details about the chatter's military service are available, do not check **DK**. If the available information does not allow you to choose between **Active Duty**, **Reserve**, and **Veteran** status, rather than checking **DK**, check **Other** and provide details in the text field (for example, "currently serving in military – status unknown," "formerly served in military – status unknown," "retired from reserves, not eligible for benefits," "past military service, less than honorable discharge," etcetera).

B6. Counselor has prior knowledge of chatter due to prior contact between center and chatter?

(answer options: **Definitely confirmed**, **Suggested or implied**, **No evidence**)

- Code **definitely confirmed** if the counselor says something like "I can see that in your chat last Tuesday you talked about...", if the chatter says something like "I was just chatting with you and we got disconnected," or if the counselor uses a canned message that indicates the counselor recognizes this chatter as someone who has contacted their center repeatedly, e.g., "Our Center is glad that Chat has become a source of ongoing support and comfort for you. However, due to the large number of persons in crisis who wish to access our services, we ask that you limit your chat to 30 minutes today. Thank you for respecting the needs of others in crisis."
- Code **suggested or implied** if the counselor appears to be familiar with the chatter but it is not clear why, or the counselor appears to have information about the chatter that was not acquired during the current conversation, but there is no reference to prior contact between the chatter and the center that might clarify how the counselor got that information.
- Code **no evidence** if nothing comes up during the conversation to suggest that the counselor has prior information about the chatter. This includes cases where the counselor may become

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aware that the chatter has chatted, texted, or called the Lifeline before, but there is no evidence that the counselor has access to the content of the earlier conversation(s). As an exception to this, the canned messages referenced above can be taken as definite evidence of the counselor's pre-existing familiarity with the chatter and with their situation.

B7. Descriptive Note (*text field*)

- This is an optional text field provided for the coder's convenience. Use this field to note down a brief description of the chatter that will help you to remember this conversation upon subsequent review of this form.

B8. Type of Chatter (answer options: **Chatter chatting on their own behalf (e.g., chatter in suicidal or non-suicidal crisis); Third-party chatter (i.e., chatter concerned about someone else in crisis or at risk of suicide); Other (please specify)**) (*Check all that apply*)

- **B8** is asked only if **B1** (thoughts of suicide in the Pre-Chat Survey) is answered **No**.

Crisis Chat Transcript Abstraction Form, Section C

Section C is designed to capture the types of life stressors presented by users of crisis chat. Life stressors coded in **Section C** should include the events or situations which triggered the chatter's current crisis (if any are identified), and any other current or lifetime stressors which are revealed by the chatter and appear to contribute to their current vulnerability.

C. Life Stressors Present and Discussed During Conversation

All items in Section C are coded Yes/No.

Instructions: Do not infer; do not refer to Pre-Chat Survey. Check No if not present or not discussed.

- Both major and minor or contributing stressors should be coded **Yes** if present and discussed.
- The chatter's volunteering information about a particular life experience while using crisis chat is enough to indicate that the chatter considers it a stressor.

C1. Break-up of intimate relationship

- Refers to the end of a romantic relationship, with resulting loss of love and loss of connection
- The break-up does not have to be recent to be counted as a stressor. However, to be counted as a stressor, there should be some evidence that the chatter is currently upset about or adversely emotionally impacted by it. If the chatter mentions a past break-up or an ex- as contextual information when discussing some other stressor, or only in response to the counselor's questioning, use your judgment as to whether the chatter experiences the past break-up as a current source of stress.
- Conflict and instability in a romantic relationship, which has nonetheless not ended, should be coded as **C6** (other interpersonal/relationship problem), not as **C1** (break-up).

C2. Loneliness/Isolation

- Includes statements like "I'm so alone," which indicate the chatter's subjective sense of loneliness or isolation. Also includes statements like "no-one cares about me," and other indications that the chatter feels that close or sustaining relationships are missing from their life.
- Does not include statements like "my parents don't care about me," or other indications that the chatter experiences their relationships with specific people as impaired or conflicted. Existing but problematic relationships should be coded under **C6** (other interpersonal/relationship problem), rather than **C2** (loneliness/isolation).

C3. Sexual Abuse

- Includes references to molestation, rape, attempted rape, or other forms of sexual abuse or assault, regardless of the age at which they occurred.
- Does not include references to unspecified types or incidents of "abuse," which should be coded under **C5** (other abuse or violence).

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C4. Bullying

- Bullying is defined here as unwanted, aggressive behavior that is intentional and that involves a real or perceived imbalance of power or strength. Most often, the behavior is repeated over time.
- Bullying includes actions such as making threats, spreading rumors, attacking someone physically or verbally, and excluding someone from a group on purpose.
- Social rejection or dislike is not bullying unless it involves deliberate and repeated attempts to cause distress, exclude, or create dislike by others.
- Code **Yes** for bullying if the chatter describes experiencing behavior that meets the above description, or if the chatter states that they are being bullied or have been bullied in the past.
- The behavior does not have to be ongoing in order to count.
- Do not code **Yes** if the chatter is a perpetrator or witness, rather than the victim, of bullying. If this comes up it should be coded under **C18** (other).

C5. Other abuse or violence (including physical & emotional)

- Includes references to physical abuse, emotional abuse, and “abuse” which is not otherwise specified, regardless of the age at which they occurred. Also includes being a victim of violent crime.
- Does not include the following:
 - sexual abuse or rape, which should be coded under **C3** (sexual abuse);
 - being the perpetrator or witness (rather than the victim) of abuse or violence, which should be coded under **C18** (other).

C6. Other interpersonal/relationship problem

- Includes conflict and instability in a romantic relationship, friendship, family relationship, work relationship, or any other interpersonal interaction which is causing the chatter stress or suffering.
- Includes getting one’s feelings hurt by something someone did or said.
- Also includes relationship deficits (e.g., coldness or neglect) if mentioned in relation to a specific person. For example, a statement like “my parents don’t care about me” should be coded as **C6** (other interpersonal/relationship problem), insofar as this indicates an existing but problematic relationship. However, a statement like “no-one cares about me” should be coded as **C2** (isolation/loneliness), not as **C6**, insofar as this indicates that close or sustaining relationships are missing from the person’s life.

C7. Death of someone close to the chatter

- Includes references to the death of a relative, close friend, or other person with whom the chatter had a close personal relationship (e.g., “when my uncle died”).
- **C7** does not include deaths of people with whom the chatter was not close. However, deaths by suicide of people with whom the chatter was not close may be coded under **C8** (exposure to another’s suicide).
- If a relative or close friend of the chatter died by suicide, this should be coded under both **C7** (death of someone close) and **C8** (exposure to another’s suicide).

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C8. Exposure to another’s suicide or suicidal threats/behavior

- Includes references to another’s suicide attempt or death by suicide. Includes suicidal behavior on the part of a friend, relative or acquaintance (e.g., “my brother tried to kill himself”); direct exposure to anyone’s suicide attempt or death by suicide; and exposure to suicidal behavior in the media (e.g., publicized stories about a celebrity suicide), if this is referenced by the chatter.

C9. Financial problem/worries

- Includes financial problems in general, such as not having (or worrying about not having) enough money to meet base needs (not including mental health treatment). For example, if the chatter mentions struggling to pay rent or other bills, or not being able to afford college, code **C9**.
- However, if the chatter mentions not being able to afford mental health treatment (i.e., a hospital stay, a therapist, or more therapy sessions), code **C10** (financial barrier to mental health treatment access).
- Code both **C9** and **C10** only if both problems are mentioned, i.e., there is indication of both a financial barrier to mental health treatment access and other financial problems/financial stress.

C10. Financial barrier to mental health treatment access

- If the chatter mentions not being able to afford mental health treatment (including outpatient visits, inpatient hospitalization, and/or medications), or not being able to afford additional mental health treatment, code **C10**.
- Code both **C10** and **C9** (financial problems/worries) only if the chatter indicates having *both* a financial barrier to mental health treatment access *and* other/general financial problems.
- Code both **C11** and **C10** only if both problems are explicitly mentioned (e.g., “I can’t afford therapy because I don’t have insurance”). Do not infer **C10** on the basis of **C11**, or vice versa.

C11. Problem with health insurance

- Code **C11** for a lack of health insurance, inadequate health insurance, or health insurance mentioned as a barrier to treatment access (for any health concern, whether mental or physical).
- If the chatter mentions not being able to afford mental health treatment, and does not mention insurance, code **C10**, *not* **C11**; similarly, if the chatter mentions not being able to afford treatment for a physical ailment, and does not mention insurance, code **C9**, *not* **C11**. Code **C11** only if health insurance is specifically mentioned.
- Code both **C11** and **C10** only if both problems are explicitly mentioned (e.g., “I can’t afford therapy because I don’t have insurance”). Do not infer **C11** on the basis of **C10** or vice versa.

C12. Unemployed/Lost Job

- Code **C12** if the chatter’s current unemployment or past job loss are discussed as life stressors during the conversation.
- If the chatter is currently employed, but fears losing their job in future, code **C9** (financial problem/worries) and/or **C13** (job stress) rather than **C12**.

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C13. Job Stress (other than financial or interpersonal)

- Code **C13** if either the chatter's job responsibilities or the chatter's anxiety about being able to meet those responsibilities are identified as life stressors during the conversation.
- Before endorsing **C13**, be sure that what you are coding is not better captured by codes **C6** (interpersonal/relationship problem), **C9** (financial problem/worries), or **C12** (unemployed/lost job).

C14. Problem with School

- Code **C14** if the chatter's school participation or their anxiety about being able to perform at school are identified as life stressors during the conversation.
- Before endorsing **C14**, be sure that what you are coding is not better captured by codes **C4** (bullying), **C6** (other interpersonal/relationship problem), or **C9** (financial problem/worries).
- If the chatter is worried about being able to pay for school, code this under **C9** (financial problem) rather than **C14** (school problem). If the chatter is having relationship problems at school, code this under **C6** (other interpersonal/relationship problem). In other words, **C14** (school problem) should be used to code a particular type of problem, rather than the setting where a problem occurs.

C15. Problem Related to Sexuality or Gender Identity

- Includes references to anxiety or confusion about one's gender identity or sexuality, as well as to adverse social experiences related to one's gender identity or sexuality. For example, code **Yes** if the chatter describes being teased or misunderstood because they are gender non-conforming, or bisexual. However, do not code **Yes** for a chatter's LGBTQ status if this is not presented as a stressor in the chatter's life (for example, the chatter is a lesbian who is distressed about a recent break-up, or is having financial problems). LGBTQ status should be coded under **B4** (LGBTQ), regardless of whether gender identity/sexuality is presented as a life stressor.

C16. Physical Problem (e.g., pain, illness, disability)

- Includes references to physical disability (such as inability to walk or get around), physical pain (whether chronic or acute), and other physical health conditions, including weight problems (whether diagnosed or perceived).

C17. Current Homelessness

- Includes references to being homeless, to having been displaced from one's place of residence, and to having no current place of residence. The chatter can be considered currently homeless even if they are staying in temporary housing, such as a shelter, or are staying with someone else on a temporary basis. However, the chatter cannot be considered currently homeless on the basis of being uncomfortable with an ongoing living situation (e.g., the chatter is living with their parents and would like to move out but doesn't have anywhere else to go).

C18. Other

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- In the event that a life stressor discussed during the conversation does not fall under one of the categories above, please check **C18** (other). Please briefly describe this stressor in the text box provided. In particular, if the event or situation identified as precipitating or triggering the chatter's current crisis is not captured by **C1-C17** above, please check **C18** and write the trigger in.

Crisis Chat Transcript Abstraction Form, Section D

Section D is designed to capture the chatter’s suicide risk status at the time of the chat conversation. Questions **D1-D9** directly assess the chatter’s suicidal ideation and behavior. Questions **D10-D20** assess additional risk behaviors and protective factors which may impact the chatter’s level of risk. Answer these questions based on information available in the body of the transcript, and do not make assumptions based on the chatter’s answers to the Pre-Chat Survey. As a general rule, if information about a particular risk or protective factor is not provided during the conversation, code “DK” (Don’t Know). Do not code “Yes” or “No” on the basis of your feeling that a factor is likely or not likely to be present, despite its not being discussed. Specific cases where the answer to one question may be inferred from the answer to another question are detailed below in the instructions for each question.

Note on Timing: For the purposes of coding suicidal behavior and planning (specifically questions **D3-D8**), an attempt in progress at the time of the conversation should be understood as “current” suicidal behavior rather than as “past,” even though the initiation of the attempt (e.g., the chatter’s taking pills, cutting, etc.) may have taken place before the conversation began. Similarly, if the chatter contemplates, plans, or initiates some suicidal behavior right before initiating the crisis chat or earlier that day, and may possibly follow through on this either during or after the conversation (e.g., the chatter took out their pills in preparation for overdosing but then initiated a conversation instead), this planning and behavior should be understood as part of a “current” suicidal episode, rather than a “past” one. Furthermore, any suicidal ideation or behavior (e.g., preparatory behavior or an attempt) that takes place during the conversation counts as “current,” regardless of how long the conversation lasts or of subsequent events during the conversation. Nothing that happens during the conversation counts as “past.”

Note on Having a Suicide Plan: There is no one question on the form that captures whether or not the chatter has a suicide plan. Instead, information about the chatter’s planning is captured by a series of distinct questions concerning how, where, and how imminently the chatter might act on his or her suicidal thoughts: **D6** (method), **D7** (place), and **D2a** (imminent risk indicated during conversation). Question **D8** is designed to capture very limited information about whether the chatter explicitly talked about having or not having a “plan,” which may be useful in the event that no details of that plan were discussed during the conversation.

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D. Chatter's Suicide Risk Status at Time of Conversation (from body of transcript)

Items in **Section D** are coded **Yes/No/DK**; but see **D2a, D2b, D3, D6a, D8, D9a**, and **D20** for exceptions.

Instructions: Do not refer to Pre-Chat Survey. Refer only to information from the conversation itself.

D1-D2. Suicidal Ideation (Lifetime/Current)

- **D1 & D2** apply to all chatters.
- **D1 & D2** should be coded solely on the basis of information available in the body of the transcript. Do not refer to the Pre-Chat Survey in answering these questions.
- Notes on timing:
 - “Current” suicidal ideation is defined as suicidal ideation occurring during the conversation. If the chatter indicates having been suicidal earlier in the day of the conversation, but not during the conversation itself, **D2** (current suicidal ideation) should be coded **No**.
 - In conversations where there is little to no information indicating when the chatter was last suicidal, verb tenses used by the chatter – or used by the counselor and confirmed by the chatter – may help you to determine the timing of the chatter’s suicidal thoughts. For example:
 - if the chatter answers affirmatively a question such as “Are you feeling suicidal?”, “Are you having suicidal thoughts?”, or “Is this giving you thoughts of suicide?”, and no further specification is given about the timing of these thoughts, the use of the present continuous tense is enough to identify the thoughts as current (**D2=Yes**).
 - Use of the present perfect continuous may sometimes be enough to identify thoughts as current, but this depends on contextual information. For example, “I have been having suicidal thoughts for the past two weeks” suggests that these thoughts have continued up to the present (**D2=Yes**); however, a statement like “I have been feeling suicidal lately,” or “Yes” in response to “Has this been giving you suicidal thoughts?” does not in itself give enough information to determine whether the chatter is thinking/feelings that way now (**D2=DK**, unless the conversation gives further information about timing).
- Code **Yes** if any of the following are true for the timeframe in question:
 - the chatter indicates having thoughts of suicide (killing themselves, ending it all, executing a suicide plan, etc.)
 - the chatter expresses a wish or desire to kill themselves, to end it all
 - the chatter says they are or feel suicidal
 - the chatter indicates having suicidal urges or impulses
 - the chatter has engaged in suicidal behavior (as coded under **D3-D5 and D9**). Current or past preparatory behavior and current or past suicide attempts can be taken as indicators of lifetime suicidal ideation. An attempt in progress can be taken as an indicator of current suicidal ideation.

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- Do not code **Yes** for any of the following in the absence of any of the above:
 - feeling hopeless, helpless, trapped, or burdensome. Although these and similar items are included in Joiner’s “suicidal desire” category, and are good invitations to ask about suicidal thoughts, they don’t count for **D1** or **D2** in the absence of some more explicit thought or wish to kill oneself, or to end it all.
 - thoughts of self-harm, including a wish or desire to hurt (rather than kill) oneself. Generic references to self-harm may be non-suicidal and therefore do not count for **D1** or **D2**.
 - a wish or desire to die or to be dead, without clarification of whether the chatter has thought about taking action to bring about their death. Passive suicidal ideation (the wish to die) should be coded under **D2b**.
 - the chatter’s expressing a desire to escape their life (go to sleep, disappear, etc.), without clarification of whether the chatter has thought about taking action to bring about their death. These types of suggestive comments should be coded under **D2b**.
 - the chatter’s having thoughts of doing something to escape their pain, without clarification of whether this includes thoughts of suicide. These types of suggestive comments should also be coded under **D2b**.
- Code **No** if the following is true for the timeframe in question:
 - The chatter indicates not having (had) thoughts of suicide/of killing themselves
- Do not code **No** in the following situations:
 - The chatter says they think about killing themselves but would never do it, or have thoughts but do not currently intend to act on them. In this case **D1/D2** should be coded **Yes**. The presence of suicidal ideation should be coded regardless of the presence of intent to act.
 - The chatter says they want to kill themselves, but also don’t. In this case **D1/D2** should be coded **Yes**. The presence of suicidal ideation should be coded regardless of the presence of ambivalence about suicide.
- Code **DK** if there is not enough information to determine whether the chatter has ever had suicidal thoughts (**D1**) or is having suicidal thoughts at the time of the conversation (**D2**). This will include instances where suicide is not discussed during the conversation. It also includes instances where the chatter expresses passive (but not active) suicidal ideation (i.e., a wish to die, coded under **D2b**), or where the chatter makes comments suggestive of possible suicidal ideation, but these are not clarified. These types of inconclusive statements should also be coded under **D2b**.

D2a. Imminent Risk Indicated During Conversation? (answer options: **Yes, No**)

- **D2a** is asked only if **D2** (current suicidal ideation) is answered **Yes**.
- Code **Yes** if there are indications in the transcript that the chatter may attempt suicide on the day/night of the conversation (or may suffer the consequences of an already-initiated attempt), unless urgent action is taken to reduce this risk. Please note that the imminence of a chatter’s suicide risk may change over the course of the conversation. If there is indication of imminent

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suicide risk at any point during the conversation, code **Yes**, even if risk is reduced by the end of the conversation. Imminent risk is indicated when, for example,

- the chatter has already taken action to kill themselves at the time of the conversation (an attempt is in progress; **D3=Yes**); (However, please note that exceptions can be made for behavior which has suicidal intent but which does not appear to place the chatter in short-term danger, such as a decision to stop eating. These exceptions will be very rare, and should not be taken as a general invitation to the coder to assess the lethality of the chatter's suicidal behavior.)
 - the chatter has available suicide means and expresses a desire and/or intent to use them on the day/night of the conversation – or at an unspecified time broad enough to include the present moment (e.g., “the pills are in my hand... I just want to take them, then all the pain would end,” or “I just want to die... I can't stop crying and I have a bottle of sleeping pills”). (However, do not code **Yes** for the combination of means and desire if the chatter denies intent or capability (e.g., “I feel like jumping out my window, but I'm not going to do it”), or for the combination of means and intent if the chatter denies capability, e.g., Ch: “I plan to take a lot of pills.” Co: “Do you have access to pills tonight?” Ch: “Yes. But I have someone at home with me... so I can't do anything tonight”);
 - the chatter indicates they may act on thoughts of suicide on the day/night of the conversation (e.g., “I'm not going to make it through the night,” or Co: “It sounds like you were intending to hang yourself tonight” Ch: “I still intend to....”);
 - the chatter indicates they may act on thoughts of suicide at any moment (i.e., unpredictably: “I feel that at any point things can just switch from feeling safe to ending it all”); or
 - the chatter indicates they may not be able to stay safe on the day/night of the conversation (e.g., “I just worry right now for my safety because I have been impulsive in the past but I have no one here to help me stay safe”; also includes responses like “I don't know,” “I'm not sure,” “I don't think so” and “that's what I'm worried about” to questions about being able to stay safe on the day/night of the conversation). (However, statements about lack of safety should not be interpreted as indications of imminent suicide risk if the context of these responses indicates that the conversation is about the risk of engaging in unhealthy or risky behaviors that are non-suicidal (e.g., non-suicidal self-harm, disordered eating, or substance abuse).)
- Code **No** if the chatter does not indicate that they are in immediate danger or that they may act on suicidal thoughts on the day/night of the conversation. **D2a** may be coded **No** if, for example,
 - the chatter says they would *never* act on their thoughts of suicide,
 - the chatter indicates they will not act on thoughts of suicide on the day/night of the conversation (unless this is contradicted by an indication of imminent risk at another point in the conversation),
 - the chatter indicates they can stay safe on the day/night of the conversation (includes responses like “I think so” and “I will try” to questions about being able to stay safe,

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unless these are contradicted by indications of imminent risk at another point in the conversation),

- the conversation does not provide information about whether, or when, the chatter intends to act on their thoughts of suicide, or
- the conversation does not contain information about whether the chatter can stay safe on the day/night of the conversation – e.g., the counselor does not ask whether the chatter can stay safe after the conversation.

D2b. Passive or suggested suicidal ideation? (answer options: **Yes, No**)

- **D2b** is asked only if **D2** (current suicidal ideation) is answered **No** or **DK**.
- Code **Yes** for **D2b** if one or more of the following is true:
 - the chatter indicates having passive suicidal thoughts, such as a wish to die or to be dead;
 - the chatter indicates thinking about their death or about being dead (e.g., “death is the only way out”);
 - the chatter makes comments that suggest or allude to possible suicidal ideation. These are statements that should trigger clarifying questions from the counselor about whether the chatter is thinking about suicide. For example:
 - The chatter indicates a wish to escape their life (go to sleep, disappear, etc.)
 - The chatter indicates feeling that they can’t go on, or that they need their pain to stop
 - The chatter indicates wishing something would happen to end their pain, without specifying what that might be
 - The chatter indicates thinking about taking action to escape their situation or stop their pain, without specifying what they might do
 - The chatter indicates thinking about being gone (e.g., people would be better off without me, or “soon I won’t be here anymore”).
- Do not code **Yes** for **D2b** on the basis of more general expressions of hopelessness or negativity, or other indications of depressed mood, which may be associated with suicidality but which fall short of suggestively alluding to the presence of suicidal thoughts.
- Please note that expressions of active, explicit suicidal ideation anywhere in the transcript trump expressions of passive or suggested suicidal ideation. Passive or suggested suicidal ideation is coded only when it occurs in the absence of any indication of active suicidal ideation (i.e., the chatter’s thoughts of taking action to end their life/bring about their death, coded under items **D1/D2**). In the event that the chatter’s passive or suggested suicidal thoughts coexist with current, active suicidal thoughts, **D2** will be coded **Yes** and **D2b** will be skipped.
- Code **No** for **D2b** if the chatter does not indicate having passive suicidal thoughts, such as a wish to die or to be dead, and the chatter does not make any of the types of suggestive statements described above.

D3. Attempt in Progress indicated during conversation? (answer options: **Yes, No**)

- **D3** is asked only if **D1** (lifetime suicidal ideation) is answered **Yes**.

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- A suicide attempt is defined here as “a potentially self-injurious behavior, associated with at least some intent to die as a result of the act.” Unless it is specifically denied (e.g., in the case of non-suicidal self-injury), intent to die can be inferred from the chatter’s engagement in self-injurious behavior.
- Code **Yes** under the following circumstances:
 - if the chatter describes having engaged in behavior matching the above definition, due to which the chatter is currently at potential risk of harm. For example: the chatter has ingested poison or taken an overdose of pills anytime on the day/night of the conversation, or has cut self and is now bleeding profusely. (Please note that you are not asked to assess the seriousness or lethality of the chatter’s behavior, but only whether the risk of harm has or has not already been resolved, in order to distinguish between an attempt in progress (**D3**) and a past attempt (**D9**)); or
 - if the chatter indicates having engaged in suicidal behavior on the day of the conversation without describing that behavior (e.g., the chatter answers “Yes” to a question like “Have you done anything to kill yourself today?” but does not say what they have done), unless there is enough information provided to identify the behavior in question as preparatory behavior (see **D4 & D5** below) or as a prior attempt (see **D9** below).
- Note: If **D3** (attempt in progress) is coded **Yes**, questions **D6** (method chosen or considered), **D7** (place chosen or considered), and **D2a** (imminent risk indicated during conversation) will most likely also be coded **Yes** (with rare exceptions based on the particular situation described in the transcript). If applicable, **D6b** (means available) should also be coded **Yes**.
- Do not code **Yes** for the following:
 - if the chatter indicates an intent to engage in suicidal behavior in the future, including later on the day/night of the conversation (for instances of imminent risk, see **D2a**). For a **Yes** to **D3**, the potentially self-injurious suicidal behavior should already have been initiated; or
 - if the chatter took steps toward making a suicide attempt, but stopped themselves, or was stopped by someone else, before the potential for harm had begun. For example: the chatter had pills in their hand and was about to take them, but didn’t; held a knife to their wrist but didn’t cut; stood on a ledge but did not jump; or put a gun to their head but did not pull the trigger. Aborted or interrupted attempts should be coded as preparatory behavior (**D4** or **D5**); or
 - if the chatter engaged in suicidal behavior from which they are no longer at potential risk of harm. For example: at any point prior to the conversation (including earlier that same day), the chatter had run into traffic, attempted to hang themselves, etc., and there is no indication that the chatter is currently suffering injury or at risk of injury as a result of this behavior. Past (as opposed to current/ongoing) suicide attempts should be coded under **D9** (prior attempt(s)).
- Code **No** if there is no information in the transcript to indicate that the chatter is engaged in an attempt in progress. This includes both transcripts which indicate that the chatter is not

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engaged in a suicide attempt, and transcripts where there is not enough information to determine whether the chatter is engaged in an attempt.

Intro to D4 & D5. Preparatory Behavior

- Preparatory behavior is defined as acts or preparation towards making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one’s death by suicide (e.g., giving things away, writing a suicide note).” Instructions under **D4** (preparatory behavior toward a future attempt) describe this type of behavior in more detail.
- Preparatory behavior also includes instances where an “individual takes steps to injure him- or herself, but is stopped by self or others from starting the self-injurious act before the potential for harm has begun” (sometimes known as an “aborted” or “interrupted” attempt). Instructions under **D5** (preparatory behavior toward a past attempt) describe this type of behavior in more detail.
- Do not code **Yes** for **D4** or **D5** on the basis of an attempt in progress or a prior suicide attempt. If the chatter took steps toward making a suicide attempt and, instead of stopping, proceeded to make the attempt, this should be coded as either **D3** (attempt in progress) or **D9** (prior attempt), and not as preparatory behavior.
- For our purposes, activities such as researching suicide methods or participating in suicide chat rooms are subsumed under suicidal ideation, and should not be coded as preparatory behavior. However, taking steps to acquire the means to suicide does count as preparatory behavior, even if the chatter does not successfully obtain the means. In that case, since the attempt to acquire the means would have to be repeated in order for a suicide attempt to take place, the behavior should be coded under **D5** (preparatory behavior toward a past attempt).

D4. Preparatory Behavior toward a Future Attempt

- **D4** is asked only if **D1** (lifetime suicidal ideation) is answered **Yes**.
- See definition and instructions under **Intro to D4 & D5**, above.
- Code **Yes** if the chatter reports engaging in preparatory behavior toward a future suicide attempt, regardless of when this behavior took place. For example, code **Yes** if the chatter has taken steps to assemble a suicide method (e.g., the chatter has been stockpiling pills over a period of time, and still has the pills at the time of the conversation), steps to gain access to their means (e.g., the chatter has gone to a bridge to jump and is still there at the time of the conversation, or has taken their pills out of the cabinet to use them, and still has them out at the time of the conversation), or other steps to prepare for suicide (e.g., writing a suicide note, giving things away, or making arrangements for the care of a pet) that are still in effect at the time of the conversation. In other words, the preparatory behavior has increased the chatter’s current state of readiness to make an attempt, and will not have to be repeated for the attempt to take place.
- Do not code **Yes** for **D4**:
 - on the basis of an attempt in progress (**D3**). If at the time of the conversation the chatter has engaged in potentially self-injurious behavior (i.e., has initiated a suicide

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attempt, rather than preparing for one and then stopping), code this behavior under **D3** (attempt in progress), *not* **D4**. (Note that any preparatory behavior which led up to the current attempt in progress is considered to be encompassed by the attempt in progress, and should not be coded independently. In order to have a **Yes** to both **D3** and **D4**, the preparatory behavior in question would have to be preparatory to an aborted or not yet initiated attempt, which has the potential to be followed through on in future, and is distinct from the attempt coded under **D3**. For example, the chatter has placed an order for a helium suicide kit which is currently being shipped to them (**D4=Yes**), and in the meantime has taken an overdose of pills (**D3=Yes**). On the other hand, if the chatter indicated they had purchased a large quantity of pills for the purpose of attempting suicide, and at the time of the conversation had taken them, only **D3** (attempt in progress), *not* **D4**, preparatory behavior to a future attempt) would be coded **Yes**.)

- if the chatter says they were “about to” take action but didn’t, or “almost” took action but stopped themselves before any action was taken. For a code of **Yes** on **D4**, the chatter must have engaged in a behavior. Experiencing the impulse to engage in a behavior, without acting on it, is not enough for a **Yes**.
- on the basis of the chatter’s being in possession of means (e.g., a gun, a supply of pills, etc.) with which they are thinking of attempting suicide. Unless indicated in the transcript, it cannot be assumed that the chatter took steps to acquire these means for this purpose, or that the chatter has done anything with them to ready them for this use. Possession of available means (with or without associated preparatory behavior) should be coded under **D6b**.
- Code **No** under the following circumstances:
 - the chatter indicates they have never done anything to hurt themselves or to prepare for suicide,
 - the chatter says they would never engage in suicidal behavior, or
 - the chatter indicates they have not done anything to prepare for suicide that would be applicable to a future attempt (e.g., the chatter has engaged in suicidal behavior in the past, but any plans are now defunct, acquired means are no longer available, etc.).
 - Note: Denial of one type of preparatory behavior does not mean that the chatter has not engaged in another type. For a code of **No** to **D4**, the chatter should deny any/all preparatory behavior applicable to a future attempt, and not just a particular type (e.g., acquiring means).
- Do not code **No** on the basis of the chatter’s saying they have not done anything to kill themselves on the day of the conversation (i.e., **D3=No**). Unlike an attempt in progress, preparatory behavior may have taken place prior to the day of the conversation.
- Code **DK** if there is not enough information to determine whether or not the chatter has engaged in preparatory behavior toward a future suicide attempt (i.e., preparatory behavior that increases the chatter’s current readiness to make a suicide attempt).

D5. Preparatory Behavior toward a Past Attempt

- **D5** is asked only if **D1** (lifetime suicidal ideation) is answered **Yes**.

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- See definition and instructions under **Intro to D4 & D5**, above.
- Code **Yes** if the chatter reports engaging in preparatory behavior that would have to be done over again for the chatter to make a future attempt. This includes past “aborted” or “interrupted” suicide attempts, where the chatter took steps (beyond a verbalization or thought) toward killing themselves, but stopped themselves or was stopped by someone else before making the attempt. For example, if a chatter at some time in the past held a gun to their head then put it down without pulling the trigger, stood on a ledge ready to jump and then moved to safety without jumping, or put a noose around their neck and then removed it without hanging themselves, that would count as **D5** (preparatory behavior toward a past attempt). It would not count as **D4** (preparatory behavior to a future attempt), because the behavior would have to be repeated from the beginning in order for a new attempt to take place.
- Do not code **Yes** for **D5**:
 - on the basis of a prior attempt (**D9**). If the chatter has in the past engaged in potentially self-injurious behavior (i.e., has made a suicide attempt, rather than preparing for one and then stopping), code this behavior under **D9** (prior attempt), *not* **D5**. (Note that any preparatory behavior which led up to the prior attempt is considered to be encompassed by the prior attempt, and should not be coded independently. In order to have a **Yes** to both **D9 and D5**, the preparatory behavior in question would have to be preparatory to an aborted or never initiated attempt, distinct from the attempt coded under **D9**. For example, the chatter once drove to a bridge to jump but then drove away again without jumping (**D5=Yes**), and also once attempted suicide, by jumping, cutting, or any other means (**D9=Yes**). On the other hand, if the chatter indicated they had once driven to a bridge to jump, and then jumped, only **D9** (prior attempt), *not* **D5**, preparatory behavior to a past attempt) would be coded **Yes**.)
 - if the chatter says they were “about to” take action but didn’t, or “almost” took action but stopped themselves before any action was taken. For a code of **Yes** on **D5**, the chatter must have engaged in a behavior. Experiencing the impulse to engage in a behavior, without acting on it, is not enough for a **Yes**.
- Code **No** under the following circumstances:
 - if the chatter indicates they have never done anything to hurt themselves or to prepare for suicide, or
 - if the chatter says they would never engage in suicidal behavior.
- Code **DK** if there is not enough information to determine whether or not the chatter has engaged in preparatory behavior toward a past suicide attempt (i.e., preparatory behavior that does not increase the chatter’s current readiness to make a suicide attempt).

D6. Method Chosen or Considered

- **D6** is asked only if **D1** (lifetime suicidal ideation) is answered **Yes**.
- **D6** (method chosen or considered) should be coded independently of **D8** (said they had a plan). Do not code **Yes** for **D6** on the basis of a **Yes** for **D8**, or **No** for **D6** on the basis of a **No** for **D8**.

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- This is a question about the extent of the chatter’s suicide planning (whether the chatter has given thought to a method), not about whether you (the coder) know what method the chatter has in mind.
- Code **Yes** under the following circumstances:
 - an attempt is in progress (**D3=Yes**);
 - the chatter tells the counselor what method they would use, or are thinking about using;
 - the chatter indicates they have chosen/considered a suicide method, even if the chatter does not say what the method is;
 - the chatter indicates having given thought to how they would kill themselves, even if they do not have a definite plan; or
 - the chatter indicates having several different methods in mind, even if they have not yet decided between them.
- Do not code **Yes** solely based on the chatter’s past suicidal behavior. Code **Yes** for a method used in a prior attempt only if the chatter indicates that they would use this method again in a future attempt. Similarly, do not code **Yes** for the chatter’s past thoughts about a method if there is no indication that these thoughts are part of the chatter’s current thinking (e.g., I once thought of jumping off a bridge). However, if the chatter indicates they were considering a particular method earlier in the day of the conversation, that consideration counts as current, not past.
- Note: A method does not have to be available to be chosen/considered. For example, if a chatter indicates thinking about killing themselves with a gun, but has not been able to acquire one, **D6** (method chosen or considered) would be **Yes** but **D6b** (means available) would be **No**.
- Code **No** if the chatter indicates they have not thought about how they would kill themselves, or do not have a method in mind.
- Code **DK** if there is not enough information to determine whether or not the chatter has thought about how they would kill themselves, or whether they have a method in mind for a future attempt.

D6a. Specific Method(s) Chosen or Considered (choices: **Gun, Hanging, Pills/ poison/overdose, CO/gas poisoning, Drowning, Jumping from a height/bridge, Jumping in front of a moving object, Knife/Sharp object, Other, DK**)

- **D6a** is asked only if **D6** (method chosen or considered) is answered **Yes**.
- Check all suicide methods chosen/considered by the chatter for use in a current or future suicide attempt. Include a method used in a past attempt only if the chatter is considering using the method again, or was considering it as recently as the day of the conversation. Also, do not include methods the chatter has chosen/considered for use in non-suicidal self-injury (NSSI) only, rather than for suicide.
- If the chatter has chosen/considered a suicide method not listed among the answer options, check **Other** and write the method into the text field.
- Notes re overdose and poisoning:

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- If the chatter is considering overdosing on medication, illicit drugs, or another ingestible or injectable substance, or taking an ingestible or injectable poison, check **“Pills/poison/overdose.”** This includes both overdoses on ingestible or injectable substances, such as Tylenol, for which a safe dosage exists, and poisoning by ingestible or injectable substances, such as drain cleaner, for which there is no safe dosage.
- If the chatter is considering suicide by inhaling helium, carbon monoxide (e.g., from car exhaust, a gas generator, or charcoal burning), or some other inhalant or gas, check **“CO/gas poisoning.”**
- If **D6** (method chosen or considered) is **Yes** but the conversation does not give information about what the chosen/considered method is, please check **DK** for **D6a**.

D6b. Is this means readily available?

- **D6b** is asked only if **D6** (method chosen or considered) is answered **Yes**.
- If more than one method is endorsed under **D6a**, **D6b** will be asked separately for each one.
- Code **Yes** for the method in question under the following circumstances:
 - an attempt is in progress (**D3=Yes**); or
 - the chatter indicates having ready access to that means. The chatter may answer “Yes” to a counselor question about having access to the means, or may talk about using the means in a way that suggests the means are or will be at hand. If the chatter specifies the location of the means, use the following guidelines to determine what counts as readily available:
 - for gun; hanging; pills, poison, or other substance to be used in an overdose; carbon monoxide (CO) or other gas poisoning; knife or sharp object; or other: As a general rule of thumb, to count as available, the means should be located on the same premises where the chatter is located (i.e., as far away as another room, but not as far away as another house);
 - for drowning; jumping from a height or bridge; or jumping in front of a moving object (e.g., a car or train): The chatter should be present at the chosen site (e.g., at the lake, on the building or bridge, or at the train tracks).
- Code **No** for the method in question if the chatter indicates not having ready access to that means. This includes instances where the means has been acquired, but is currently not located in the vicinity of the chatter – i.e., the substance or implement is not located on the same premises where the chatter is located, or the location for jumping or drowning has been identified, but the chatter is not at that location.
- Code **DK** for the method in question if there is not enough information to determine whether or not the chatter’s identified suicide means are readily available to them.

D7. Place Chosen or Considered

- **D7** is asked only if **D1** (lifetime suicidal ideation) is answered **Yes**.
- **D7** (place chosen or considered) should be coded independently of **D8** (said they had a plan). Do not code **Yes** for **D7** on the basis of a **Yes** for **D8**, or **No** for **D7** on the basis of a **No** for **D8**.

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- This is a question about the extent of the chatter’s suicide planning (whether the chatter has given thought to a location), not about whether you (the coder) know what place the chatter has in mind. Therefore, do not answer this question based on whether or not you (the coder) have an idea about where the chatter’s suicidal behavior might take place. For example, do not code **Yes** based on an inference that the chatter will engage in suicidal behavior in the place where the chatter is having suicidal thoughts, or in the place where the means are located, simply because that seems plausible or likely.
- Code **Yes** under the following circumstances:
 - the chatter specifies where they are thinking of killing themselves, for example by describing a suicide plan which includes reference to a chosen place; or
 - the chatter indicates that they have chosen/considered a place, even if the chatter does not say where the place is; or
 - the chatter indicates having given thought to where they would kill themselves, even if they do not have a definite plan; or
 - an attempt is in progress (**D3=Yes**).
- Note that this should be a specific location, rather than a type of location. For example, if the chatter has thought of jumping from a bridge, but does not have a particular bridge in mind, **D6** (method chosen or considered) would be **Yes** but **D7** (place chosen or considered) would be **No**. The counselor does not have to know where the place is (e.g., the chatter’s kitchen) for **D7** to be coded **Yes**.
- Code **No** if the chatter indicates they have not thought about where they would kill themselves, or do not have a place in mind.
- Code **DK** if there is not enough information to determine whether or not the chatter has thought about where they would kill themselves, or whether they have a place in mind (for a current or future attempt).

D8. Did chatter literally say they had a suicide “plan”? (answer options: **Said yes**, **Said no**, **Didn’t say**)

- **D8** is asked only if **D1** (lifetime suicidal ideation) is answered **Yes**.
- Note: This question captures very limited information that will be most useful in the event that the conversation contains no other risk assessment information at all – i.e., questions **D2a-D7** have all been answered **DK**. The codes **Said yes** or **Said no** for **D8** should be used only if the chatter or counselor literally uses language like “a plan” or “my plan” to describe the chatter’s suicidal thoughts. Therefore, do not code **D8** based on the presence or absence of evidence in the transcript of something you, the coder, would consider to be a suicide plan. Other information regarding the chatter’s suicide plan, if available, will be coded elsewhere on the form, and should not be re-coded here. For example, if the chatter provides information about whether they have thought about how, where and/or when they would attempt suicide, code this information under questions **D6** (method chosen or considered), **D7** (place chosen or considered) and/or **D2a** (imminent risk indicated during conversation). Moreover, if the chatter talks about whether or not they are “planning to do it,” this information should be considered when coding **D1** and **D2** (lifetime/current suicidal ideation) and **D2a** (imminent risk indicated during conversation). In other words, question **D8** is not about whether the chatter has a suicide

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plan (according to the coder's definition), but about whether they explicitly identify themselves as having one (according to their own definition, whatever that is). In the absence of explicit statements about having or not having a suicide "plan," **D8** should be coded **Didn't say**.

- Code **Said yes** if the chatter either literally says that they have a suicide "plan" or answers in the affirmative when the counselor asks whether they have one. The word "plan" must be used by either the chatter or counselor to merit this code.
- Code **Said no** if the chatter literally says they do not have a suicide "plan" or answers in the negative when the counselor asks whether they have one. The word "plan" must be used by either the chatter or counselor to merit this code.
- Code **Didn't say** if the chatter did not literally say they had or didn't have a suicide "plan." As noted above, other information provided in the transcript about the extent of the chatter's suicide planning will be captured by questions other than this one.
- Question **D8** (said they had a "plan") should be coded independently of questions **D2a** (imminent risk indicated during conversation), **D6** (method chosen or considered), and **D7** (place chosen or considered), and vice versa.

D9. Prior Attempt(s)

- **D9** is asked only if **D1** (lifetime suicidal ideation) is answered **Yes**.
- A suicide attempt is defined here as "a potentially self-injurious behavior, associated with at least some intent to die as a result of the act." Unless it is specifically denied (e.g., in the case of non-suicidal self-injury), intent to die can be inferred from the chatter's engagement in self-injurious behavior.
- Code **Yes** under the following circumstances:
 - if the chatter describes having engaged in behavior matching the above definition at some point in the past. For example: the chatter had jumped from a height, had run into traffic, had held a gun to their head and pulled the trigger, had attempted to asphyxiate themselves, had taken an excessive number of pills, etc. For a **Yes** to **D9** (as opposed to **D3**), the chatter should no longer be at potential risk of harm from this behavior; or
 - if the chatter says they have attempted suicide in the past.
- Do not code **Yes** under the following circumstances:
 - if the chatter is currently at potential risk of harm due to their suicidal behavior. Current suicide attempts should be coded under question **D3** (attempt in progress).
 - if the chatter took steps toward making a suicide attempt, but stopped themselves or was stopped by someone else before the potential for harm had begun. For example: the chatter had pills in their hand and was about to take them, but didn't; held a knife to their wrist but didn't cut; stood on a ledge but did not jump; or put a gun to their head but did not pull the trigger). Aborted or interrupted attempts should be coded as preparatory behavior (**D4** or **D5**).
- Code **No** under the following circumstances:
 - if the chatter indicates they have never attempted suicide, or has never taken any action to kill themselves; or

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- if the chatter is in the midst of an attempt in progress (**D3=Yes**), but indicates they have never attempted suicide before (i.e., this is their first attempt).
- Code **DK** if there is not enough information to determine whether or not the chatter has made a prior suicide attempt.

D9a. Number of Prior Attempts (answer options: **More than one, One, DK**)

- **D9a** is asked only if **D9** (prior attempts) is coded **Yes**.
- Code **>1** if the conversation indicates that the chatter has attempted suicide multiple times in the past. This includes definite plural numbers of past attempts, such as “twice” or “four times,” as well as indefinite plural numbers of past attempts, such as “at least five times,” “many times,” or “more than once.”
- Code **1** if the conversation indicates that the chatter has attempted suicide a single time in the past.
- Code **DK** if there is not enough information in the transcript to determine whether the chatter has attempted suicide once in the past, or more than once. If you don’t know how many past suicide attempts the chatter has made, but you know it was more than one, code **>1**, *not DK*.

D10. Non-Suicidal Self-Injury (NSSI) (Ever)

- Non-suicidal self-injury (NSSI) is distinguished from suicidal self-injury on the basis of intent. If the chatter indicates harming themselves, but the conversation contains no information about their intent in doing so, please use the following rules:
 - If the chatter has engaged in cutting, and intent is not specified, code this behavior as NSSI (**D10**).
 - If the chatter has engaged in a self-harm behavior which is *highly unlikely* to be lethal (e.g., hitting or slapping themselves), and intent is not specified, code this behavior as NSSI (**D10**). (Note that this instruction does not apply to intentional overdose, regardless of the likely lethality of the dose.)
 - If the chatter has intentionally overdosed, and intent is not specified, code this behavior as suicidal (**D3** or **D9**), and not as NSSI.
 - For other types of self-harm, if intent is not specified, NSSI should be coded **DK**.
- Code **Yes** if the chatter indicates ever having engaged in cutting or other forms of self-harm or self-injury without suicidal intent.
- Code **No** if the chatter indicates never having engaged in cutting or any other form of self-harm or self-injury without suicidal intent.
- Code **DK** if no information about NSSI is present in the transcript, or if the intent of a self-harming behavior cannot be determined. However, please see above for certain exceptions.

D11. Substance Abuse (Ever)

- Substance abuse refers to the “harmful or hazardous use of psychoactive substances.”
- Code **Yes** if the chatter indicates current or prior problems with substance abuse, regardless of whether treatment was received. Includes excessive or otherwise maladaptive use of alcohol,

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any use of illicit drugs, and recreational use or other misuse of prescription drugs. Includes references to being “in recovery.”

- Do not code **Yes** for intentional overdose, which should be coded under **D3** or **D9** (current or prior suicide attempt). Do not code **Yes** for references to on-label use of prescription drugs, or to use of alcohol which is not characterized as hazardous or excessive.
- Code **No** if the chatter indicates never having had a substance abuse problem.
- Code **DK** if there is not enough information in the transcript to determine whether or not the chatter has ever had a substance abuse problem.

D12. Currently Intoxicated

- Code **Yes** if the chatter indicates being under the influence of alcohol or another psychoactive substance at the time of the conversation, and/or indicates that they have been drinking/taking drugs at the time of the conversation.
- Code **No** if the chatter denies being under the influence of alcohol or any other psychoactive substance at the time of the conversation, and/or denies that they have been drinking/taking drugs at the time of the conversation.
- Code **DK** if there is not enough information to determine whether or not the chatter is under the influence of alcohol or another psychoactive substance at the time of the conversation.

D13/D14. Substance Abuse Treatment (Ever/Current)

- Code **Yes** if the chatter indicates ever/currently participating in substance abuse treatment. Includes outpatient treatment, residential treatment, sober housing, peer support activities such as AA, use of medications such as methadone or naltrexone, and any substance-related “rehab” or “recovery” programs.
- Code **No** if the chatter denies ever/currently participating in substance abuse treatment.
- Code **DK** if there is not enough information to determine whether or not the chatter has participated or is participating in substance abuse treatment.

D15. Psychiatric Diagnosis (Ever) (other than NSSI or Substance Abuse)

- For a code of **Yes**, there should be evidence in the transcript that the chatter has been diagnosed by a health care provider as having a psychiatric disorder. The coder should not attempt to diagnose the chatter on the basis of their behavior during the conversation. Therefore, code **Yes** under the following circumstances:
 - the chatter mentions having a specific psychiatric diagnosis (e.g., Bipolar Disorder, Major Depressive Disorder, Panic Disorder, PTSD),
 - the chatter says they have or had a psychiatric diagnosis or “mental illness,” without specifying which one,
 - the chatter has been psychiatrically hospitalized (**D18=Yes**), or
 - the chatter mentions having or being on specific medications that would primarily be prescribed to someone with a psychiatric diagnosis (e.g., antipsychotic medication or antidepressants, but *not* anxiolytics or sleeping pills, which are more widely prescribed; use google to identify the purpose of medications you are unfamiliar with). If the chatter

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is in possession of a psychotropic medication it is acceptable to infer that it is theirs, and that they have it by prescription, in the absence of evidence to the contrary.

- Do **not** code **Yes** for any of the following:
 - references to psychiatric symptoms such as depression or anxiety, which may be present in the absence of a clinically significant disorder, without further evidence that the chatter has been diagnosed by a health care provider;
 - references to psychiatric constructs (e.g., panic attacks or social anxiety) which appear to be used casually or colloquially and may not be reflective of a professional diagnosis;
 - references to unspecified medications (which may be for physical ailments); or
 - references to therapy, counseling, or other outpatient mental health treatment (which does not necessarily indicate the presence of a psychiatric diagnosis). The presence of a psychiatric disorder should not be inferred from participation in outpatient treatment, unless additional information (i.e., a named diagnosis, a named medication, or reference to having a mental illness or psychiatric disorder) is also provided.
- Code **No** if the chatter indicates they have not been diagnosed by a health care provider as having a psychiatric disorder (even if the chatter appears to the coder to be symptomatic). Also code **No** if the chatter has never participated in outpatient or inpatient mental health treatment, including medication management by a primary care physician (i.e., **D16=No** and **D18=No**), and thus has not had the opportunity to be professionally diagnosed.
- Code **DK** if there is not enough information in the transcript to determine whether or not the chatter has been diagnosed by a health care provider as having a psychiatric disorder.

D16./D17. Outpatient Mental Health Treatment (Ever/Current)

- Code **Yes** if the chatter indicates ever/currently receiving outpatient mental health treatment (talk therapy, professionally moderated group therapy, medication management, etc.) Includes any of the following:
 - references to working with a mental health professional such as a therapist, counselor, psychologist, psychiatrist, school counselor, or case manager,
 - references to receiving a prescription for psychiatric medication from a mental health professional or other doctor (e.g., a primary care physician), or
 - less specific references to the chatter’s “seeing someone” or “speaking with a professional” with regard to their problems.
- Please note:
 - If the conversation makes reference generically either to mental health treatment or to a doctor responsible for the chatter’s mental health treatment, it can be assumed that this is/was outpatient treatment.
 - In the absence of direct statements about whether a chatter is currently in treatment, the chatter’s characterization of the treatment provider may be used to determine whether the chatter considers the treatment relationship to be ongoing. For example: “I spoke to a therapist” (without any other relevant information) would be coded **D16=Yes; D17=DK**, whereas “I spoke to my therapist” (without any other relevant information) would be coded **D16=Yes; D17=Yes**.

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- Do not code **Yes** for **D16/D17** on the basis of either of the following:
 - inpatient mental health treatment/psychiatric hospitalization, which is coded under **D18/D19**;
 - use of crisis services, including hotline services and mobile crisis teams;
 - use of peer support services, including online or face-to-face support groups not moderated by a mental health professional.
- Code **No** if the chatter denies ever/currently receiving outpatient mental health treatment.
 - For **D16** (outpatient mental health treatment – ever), this includes cases where the chatter says they “have never” or “would never” participate in outpatient mental health treatment.
 - Please note that the chatter does not have to individually deny using each type of mental health service listed above (under “Code **Yes**”). For example, if the counselor asks whether the chatter has ever spoken with a professional (counselor, therapist, etc.) or “seen anyone” about their problems, and the chatter answers “no”, then **D16 & D17** can be coded **No**.
- Code **DK** if there is not enough information in the transcript to determine whether or not the chatter has participated/ is participating in outpatient mental health treatment.

D18. Psychiatric Hospitalization (Ever)

- Code **Yes** if the chatter indicates having ever/recently received inpatient psychiatric treatment or been hospitalized for an emotional or behavioral problem. (Hospitalization refers to inpatient treatment and does not include emergency room visits.)
- Please note that if **D18** is coded **Yes**, **D15** (psychiatric diagnosis ever) should also be coded **Yes**.
- Code **No** for **D18** if the chatter denies having ever been hospitalized for an emotional or behavioral issue.
- Code **DK** for **D18** if there is not enough information in the transcript to determine whether or not the chatter has ever been psychiatrically hospitalized.

D19. Psychiatric Hospitalization (Recent Discharge)

- Code **Yes** if the chatter indicates having been discharged from a psychiatric hospitalization within the last 30 days. In the absence of a specified timeframe, **D19** can also be coded **Yes** if the chatter indicates that they were “recently” or “just” discharged. (Hospitalization refers to inpatient treatment and does not include emergency room visits.)
- Code **No** for **D19** if the chatter never received inpatient psychiatric treatment or their last inpatient discharge was not recent/was more than 30 days prior to the conversation.
- Code **DK** for **D19** if there is not enough information to determine whether or not the chatter has been psychiatrically hospitalized, or if the recency of the chatter’s last psychiatric hospitalization is unclear. If the chatter indicates having been psychiatrically hospitalized in the indefinite past (e.g., “once” or “before”), **D17a** should be coded **DK**.

D20. Did chatter identify Reasons for Living?

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- **D20** is asked only if **D1** (lifetime suicidal ideation) is answered **Yes** OR **D2b** (passive or suggested suicidal ideation) is answered **Yes**.
- Answer options: **RFL identified, RFL denied, Neither**
- Reasons for Living (RFL) include anything that motivates the chatter to stay alive or to postpone or abstain from suicidal behavior (see Linehan et al., 1983 and Jobes & Mann, 1999). Because such a wide range of different things – from social supports, to enjoyable activities, to plans for the future, to responsibility toward family, to fear of pain – can be identified as RFL, please be careful to familiarize yourself with each bulleted point under “**RFL identified**” below. In order to count toward **D20**, a Reason for Living must be *both* included on the list below, *and* explicitly identified by the chatter as a Reason for Living. The chatter may identify an RFL by completing a sentence like “I can’t kill myself because...”, “I won’t kill myself because...”, “The reason I haven’t done it is...” or “I want to kill myself, but...”; or by answering a counselor question like “What stops [or stopped] you from acting on your thoughts of suicide?”
- Please note the following:
 - Reasons for Living are not necessarily upbeat: for example, a fear of death, a fear of surviving a suicide attempt, or a sense of guilt or obligation can motivate the chatter to go on living.
 - Reasons for Living describe the chatter’s internal motivation to live or to refrain from suicidal behavior, and do not include external obstacles to attempting suicide (such as lack of access to the means to suicide, or lack of opportunity due to the presence of an observer).
- Code **RFL identified** if the chatter identifies one or more of the following protective factors as a Reason for Living:
 - Social supports/connectedness, including feelings of attachment to family, friends, significant others, or a wider community, or a sense of caring for or being cared for by others;
 - Note: the immediate presence of another person can count as an RFL if the chatter’s relationship with that person and/or their supportive presence provides the chatter with internal motivation to stay alive; however, if the person’s presence is merely experienced as a logistical obstacle impeding the chatter’s suicide plans, this does not count as an RFL.
 - A sense of responsibility toward others, such as parents, children, other family members or friends, or dependent pets; may include a desire to protect others from pain, or to continue to provide for them; may also include a more general sense of purpose, responsibility, duty or obligation to live up to a standard or complete a task;
 - A desire to see through plans for the future, whether long-term (e.g., life goals) or short-term (e.g., plans to complete a project). Along with specific plans and goals (e.g., “I want to finish school” or “I want to have children”), this may include more general investment in the future, e.g., “I have hope that things will improve,” “I am curious about what will happen in the future,” or “There’s much I still want/plan to do”;

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- Things or activities the chatter loves or enjoys, that may create or reflect an attraction or connection to living;
 - Values or beliefs that are anti-suicide or pro-survival. May include cultural, religious, or moral objections to suicide, or convictions regarding optimism or loyalty to oneself; or
 - A fear of suicide or of its consequences, including fear of pain, fear of death, fear that a method would fail, fear of social disapproval of suicide, or a fear of burdening those left behind.
- Code **RFL denied** if the chatter indicates there is nothing that motivates them to live or deters them from engaging in suicidal behavior. For example, the chatter might say something like “I have no reason to live,” “There’s nothing keeping me here,” or “I can’t think of a reason not to do it.” However, if the chatter’s denial of RFL is contradicted by the affirmation or identification of RFL elsewhere in the conversation, (e.g., “I have no reason to live, but I’m afraid to die”, code **RFL identified**. In other words, an identification of RFL trumps a denial.
 - Code **Neither** if the chatter neither identifies nor denies having Reasons for Living. This includes cases where potential reasons for living, such as loved ones or hopes for the future, are present, but are not identified by the chatter as RFL.
 - Note on timing: For the most part, any identified reason for living counts toward **D20**, regardless of timing. For example, if the chatter indicates having had reasons for living in the past, and does not explicitly indicate that this has changed, code **RFL identified**. However, if the chatter indicates that they had reasons for living in the past but these reasons now no longer apply, do not count them toward **D20**.

Crisis Chat Transcript Abstraction Form, Section E

Section E is designed to capture one type of outcome of the chat conversation: the intervention(s) implemented to reduce the chatter’s imminent risk (if any). **Section E** captures whether or not the chatter agreed to implement the intervention(s) the chatter and counselor discussed. If the chatter did not agree to take any steps to address their imminent risk (including in cases where no such steps were discussed because the chatter’s immediate safety was not at issue), check “none.”

E. Reduction of Imminent Risk

E1. Steps Agreed Upon by Chatter to Address Their Imminent Risk

Instructions: Check all steps the chatter agreed to by the end of the conversation for the purposes of addressing the chatter’s imminent risk. If no steps are checked, check None.

- **E1** is asked only if **D2a** (imminent risk indicated during conversation) is coded **Yes**.
- Steps coded in **E1** do not have to have been suggested by the counselor. For example, if the chatter decided on their own to take themselves immediately to the hospital, check “self- or 3rd party transport to hospital” under **E1** (even though you may not count this activity when assessing the counselor’s efforts to establish immediate safety).
- Please note the following:
 - Steps may be checked regardless of who came up with the idea, or of who initiates the action: the counselor, the chatter, or a third party. The important element is that the chatter has indicated their intention to engage in or cooperate with the action in question.
 - Steps should be checked only if the chatter has agreed to engage in them either while the conversation is ongoing or within a few hours after the end of the conversation. (A follow-up call may be checked if it is scheduled within 24 hours of the conversation.) Do not endorse the following:
 - steps or strategies the chatter agreed to use on an as-needed basis, or in the more distant future (e.g., the chatter agrees to go to the hospital if/when they feel worse), or
 - steps or strategies that were discussed during the conversation but that were rejected by the chatter by the end of the conversation. If the counselor proposed a possible step but it is not clear that the chatter agreed to it, do not check it.

Agreed-upon steps to address imminent risk:

- Center to send emergency services: Check if chatter agreed to have center send the police, an ambulance, or some other resource to the chatter’s location on an emergency basis. (A mobile crisis team would count if it is to be sent right away, but not if an appointment is made for some

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future date.) Also check if the chatter agreed to have the center send “help” of an unspecified nature.

- Self- or 3rd party rescue: Check if chatter agreed to transport themselves to the hospital, to be transported to the hospital by a third party, or to call 911 on their own behalf, either during or shortly after the conversation. Does not include the chatter’s agreement to go to the hospital in the indefinite future, if/when the need should arise. If a third party is involved, also check “Get others involved (now).”
- Get others involved (now): Check if chatter agreed to make immediate contact with a third party (a friend, family member, therapist, etc.) either face-to-face or by telephone, during the conversation or right after the conversation. (Does not include contact made exclusively by chat, text, or instant messenger, but does include use of these media to arrange an immediate face-to-face meeting or telephone call.) If the third-party involvement includes taking the chatter to the hospital, also check “Self- or 3rd party rescue.”
- Transition to phone (now): Check if chatter agreed to speak by telephone with someone at the crisis center while the conversation is going on, or if the chatter agreed to end the conversation in order to receive a call from the crisis center, or to place a call to the Lifeline or the center’s local line. Does not include the chatter’s agreeing to call or be called by the crisis center in the future, either for follow-up or on an as-needed basis.
- Remove means: Check if chatter agreed to place distance between themselves and their identified means, or otherwise to make them less accessible (e.g., leaving the room where the knives are located, putting the pills in another room, coming down from the height, unloading the gun, or giving the means to someone else for safekeeping).
- Receive follow-up call within 24 hours: Check if the chatter agreed to receive a follow-up call from the center within 24 hours of the conversation. This should involve the chatter’s providing their phone number to the counselor so that they can be reached at the agreed-upon time. Do not include follow-up calls scheduled more than 24 hours after the conversation, which are most likely intended to address longer-term rather than immediate safety.
- Other: Check and write in any other step the chatter agreed to engage in in order to secure their immediate safety. Do not include steps or strategies designed to be used on an as-needed basis, rather than immediately (during or right after the conversation). Also do not include coping strategies to be used on the day/night of the conversation for purposes other than addressing imminent risk. Coping strategies designed to be used immediately for the purpose of addressing imminent risk, e.g., to distract the chatter for a short time until some other help arrives, may be included.
- None: Check if the chatter did not agree to any of the above-listed or written-in steps to address their imminent risk. This may be because no steps for addressing imminent risk were discussed, or because the chatter did not agree to any of the steps that were discussed.

E2. Imminent Risk reduced by end of conversation without recourse to urgent action?

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- **E2** is asked only when **D2a** (Imminent Risk Indicated During Conversation?) is answered **Yes** and where none of the following urgent actions – center to send emergency rescue, self- or 3rd party-rescue, get others involved now, transition to phone now – is endorsed under **E1**.
- Code **Yes** if the chatter indicates that they are no longer at imminent risk (i.e., no longer have suicidal desire, no longer intend to act on suicidal thoughts, or can stay safe for the immediate future) by the end of the conversation.
- Code **No** under the following circumstances:
 - There are indications that the chatter continues to be at imminent risk at the end of the conversation.
 - There are no indications that the chatter’s imminent risk has been reduced over the course of the conversation.
 - There is not enough information to determine whether or not the chatter’s imminent risk has abated by the end of the conversation. (Please note that there is no **DK** answer option for this question. In the absence of any positive indication that the chatter is no longer at imminent risk at the end of the conversation, code **No**.)

Crisis Chat Transcript Abstraction Form, Section F

F. Chatter Behavior at/by End of Conversation

F1. At end of conversation (last 10 min. or 20 turns): Chatter expressed gratitude or appreciation for counselor/conversation

- Code **Yes** for statements that express appreciation of or gratitude for either the conversation intervention in general or a specific insight or suggestion made by the counselor (e.g., “thank you for listening,” or “I appreciate your taking the time to talk with me”). In order to distinguish expressions of gratitude or appreciation from words of thanks which may be merely formal or polite, to count toward **F1** statements should take the form of “thank you for [X]” or “I appreciate [X],” rather than simply “thank you” or “thanks.”
- Do not code **Yes** on the basis of the following:
 - statements that describe the chatter’s improved mood as a positive outcome of the conversation (e.g., “I feel much better now”); these statements should be coded under **F2**, not **F1**;
 - statements that indicate the chatter found the conversation to be helpful or to have a beneficial impact on them; these statements should also be coded under **F2**, not **F1**;
 - stand-alone “thank you”s or “thanks,” which may be merely pro forma or polite (e.g., the counselor says “have a good night” and the chatter says “thanks,” or the counselor says “feel free to chat again at any time” and the chatter says “okay, thank you.” This also includes statements like “I feel much better now, thanks,” or “Thank you. This has been helpful,” which count toward **F2** but not toward **F1**.)
 - expressions of thanks which belie the chatter’s clear dissatisfaction with the counselor and/or conversation, such as “I’m sorry for my rudeness but you have just made me feel worse... I have to go now. Thank you for your time.” If the context suggests that the chatter’s expression of thanks is more dismissive or sarcastic than genuinely grateful (along the lines of “thanks for nothing”), do not count this toward **F1**.
- Please note that if the chatter both expresses gratitude and expresses feeling better or that the conversation was helpful (e.g., “I appreciate your listening to me. I feel better after venting”), both **F1** and **F2** should be endorsed. However, remember not to code pro forma thanks under **F1**. For example, if the counselor says something like, “I hope you are feeling a little bit better,” and the chatter responds “I am, thanks,” the “I am” counts as an expression of feeling better (**F2**), but the “thanks” does not count toward **F1** because it could be considered merely polite (along the lines of “thanks for asking,” rather than “thanks for helping me.”)

F2. At end of conversation (last 10 min. or 20 turns): Chatter expressed feeling better or feeling helped (not just being safe or grateful)

- Code **Yes** for the following:
 - statements that describe or confirm an improvement in the chatter’s mood/well-being since the beginning of the conversation (e.g., “I’m nowhere near as stressed as I was,” or

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“I feel a little better after venting,” or “I am” in response to the counselor’s saying “I hope you are feeling a little bit better now.”)

- statements that indicate that the conversation was helpful or had some beneficial impact on the chatter (e.g., “this has been really helpful,” or “it has” in response to the counselor’s saying “I hope this has been helpful to you”).
- Do not code **Yes** on the basis of the following:
 - the chatter’s answering “yes” to the question “can you stay safe,” unless additional information about an improvement in mood is also given. The chatter can confirm their safety while still not feeling any better or feeling that the conversation has helped.
 - the chatter’s expressing gratitude or appreciation for the conversation or an aspect of the conversation (**F1=Yes**). The chatter can be appreciative of the counselor’s time and effort while still not feeling any better or feeling that the conversation has helped.
 - noncommittal responses from the chatter about whether they feel better or whether the conversation has helped (e.g., “Maybe,” or “I guess”); or
 - affirmative responses to questions about whether the chatter feels better or the conversation has helped that are so highly qualified as to seem noncommittal (e.g., that describe the help as superficial or transitory).
- Note: Feeling distracted does not count as feeling better or feeling helped.
- Please note that if the chatter both expresses gratitude and expresses feeling better or that the conversation was helpful (e.g., “I appreciate your listening to me. I feel better after venting”), both **F1** and **F2** should be endorsed.

F3. At any time during conversation*: Chatter endorsed/agreed to use a coping strategy or self-help resource

- The following types of activities count as coping strategies for the purpose of coding **F3**:
 - Internal coping strategies, defined as activities that help the chatter relax and/or provide a distraction from their problems/distress, and that the chatter can engage in on their own without going to someone else for help. Examples include listening to music, reading a book, watching a favorite show or movie, playing a video game, taking a shower or a bath, going for a walk or a hike, journaling, meditation, getting some sleep, drinking tea, etc.
 - Use of self-help resources such as MoodGym or <http://lifelineforattemptsurvivors.org/100-ways-to-get-through-the-next-5-minutes/>. If the counselor refers the chatter to a website and it is not clear from the context in the transcript whether the proposed use is self-help (**F3**) or access to professional mental health treatment (**F4**), please visit the website to find out what it is. The chatter’s agreement to access a self-help website counts for **F3**, regardless of whether the chatter further agrees to make use of any particular strategy/resource/activity described or housed on the site.
- The following types of activities do not count as coping strategies for the purpose of coding **F3**:

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- Maladaptive coping strategies such as cutting or other non-suicidal self-injury or self-harm; and substance use, to include any use of alcohol or illicit drugs or recreational use of prescription drugs.
- Use of informal social supports, such as confiding in a friend or relative.
- Practical steps the chatter may agree to take to address their problems, such as moving, job-hunting, taking legal action, making use of social services, or engaging in behavioral health treatment (for the latter, see instead **F4**).
- A note re timing: For the purpose of coding **F3**, the chatter may endorse a coping strategy/resource for use on the day/night of the conversation, and/or for future use. However, do not code Yes to **F3** on the basis of the chatter's describing having used coping strategies/resources habitually or in the past, including earlier in the day of the conversation. If the chatter was already in the process of using a coping strategy (e.g., drinking a cup of tea, or listening to music) at the time they initiated the chat conversation, do not count this toward **F3**. However, if the chatter initiates the coping strategy (e.g., makes themselves a cup of tea, or turns on music) while the conversation is ongoing, this counts toward **F3**.
- Code **Yes** under the following circumstances:
 - if the chatter accepts a coping strategy or self-help resource suggested by the counselor (e.g., by saying something like "I could do that," "I think I will try that," "that's a good idea," "I'll have to check that out," or "Yes" in response to "Do you think you can do that?"); or
 - if the chatter endorses a plan to engage in a coping strategy or use a self-help resource after the conversation, whether or not it was suggested by the counselor, (e.g., Co: "What are your plans for the rest of the night?" Ch: "I think I will take a bath and then watch some comedies on TV"); or
 - if the chatter volunteers a coping strategy/resource for use on the day/night of the conversation or for future use (e.g., Co: "What can you do tonight to help you relax?" Ch: "I can bake cookies that makes me happy").
- Do not code **Yes** on the basis of the following:
 - the chatter's describing having used a coping strategy or self-help resource habitually (usually, sometimes) or in the past, without any indication of whether they are disposed to use it again now or in the future; or
 - the chatter's endorsing a coping strategy/resource as a possibility/in principle, but rejecting it for their actual/own use, as in "I could do that... but I'm not going to," or "that's a good idea... but it's not going to work for me."
 - the counselor's suggesting a coping strategy or self-help resource if the chatter does not respond to the counselor's suggestion, rejects it, or makes only a noncommittal response (e.g., "maybe," "I will think about it," "thank you," or "I guess" in response to "Do you think you can do that?"), which indicates neither a positive disposition toward using the strategy/resource nor a positive affirmation of the value of the proposed idea.
 - Please note that while "I guess" by itself is not strong enough to count for a **Yes**, "I guess" as a modifier does not disqualify an otherwise positive

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statement. For example, in a statement like “I guess I can do that,” the “I can” counts as an endorsement regardless of the “I guess.”

- **A note re sleep:** If the chatter agrees to going to sleep as a coping strategy for general use or for later in the day/night of the conversation (e.g., Co: “So do you think you can watch the movie you told me about and then get some sleep?” Ch: “I’ll do that”), this counts toward **F3**. However, if at the end of the conversation the counselor says something like, “Get some rest and chat back if you need to,” and the chatter says something like “Okay,” this is not enough to count as an endorsement of sleep/rest as a coping strategy. If at the end of the conversation the chatter says they are sleepy/ready to go to bed, see **F5** (chatter said they were sleepy/wanted to go to sleep).

* This item was originally coded Yes only if the behavior took place in the last ten minutes or twenty turns of the conversation. It was later expanded to include the behavior in question regardless of when in the conversation it occurred.

F4. At any time during conversation*: Chatter agreed to engage in or pursue new behavioral health treatment

- **Definition:** For the purpose of coding **F4**, behavioral health treatment includes both outpatient mental health treatment as described under **D16/D17**, and substance abuse treatment, as described under **D13/D14**. The resource offered by the counselor can be either a referral to a specific behavioral health provider, the provision of a web address or phone number the chatter can use to locate behavioral health resources (e.g., 211 or psychologytoday.com), or other instructions for finding a behavioral health resource (e.g., “try your college counseling center”). Consistent with **D16/D17**, **F4** does not cover psychiatric hospitalization or other inpatient psychiatric treatment, or the use of crisis or emergency services.
- **A note re timing:** Do not code Yes for **F4** if the chatter was in ongoing outpatient mental health treatment at the time of the conversation (**D17=Yes**), or in other ongoing behavioral health treatment, and plans only to continue that treatment after the conversation. **F4** should indicate the chatter has endorsed pursuing a *new* resource, or taking steps to reconnect with a previously discontinued form of treatment.
- Code **Yes** under the following circumstances:
 - if the chatter accepts a treatment resource suggested by the counselor (e.g., by saying something like “I will look into that,” “I’ll call them”), or
 - if the chatter endorses a plan to engage in or pursue new behavioral health treatment after the conversation, whether or not this was suggested by the counselor. As noted above, “new” treatment can include either accessing a new resource or re-engaging with a previously discontinued treatment relationship.
- Do not code **Yes** under the following circumstances:
 - if the chatter rejects the counselor’s treatment recommendation, doesn’t respond to it, or responds only noncommittally (e.g., by saying something like “maybe,” “okay, thanks,” or “I will think about it”).

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* This item was originally coded Yes only if the behavior took place in the last ten minutes or twenty turns of the conversation. It was later expanded to include the behavior in question regardless of when in the conversation it occurred.

F5. At end of conversation (last 5 min. or 10 turns): **Chatter said they were sleepy/ready to go to sleep**

- Code **Yes** if the chatter indicates they are tired or sleepy or ready to go to sleep or to bed. The implication should be that the chatter feels ready to fall asleep and is ending the conversation in order to do so (e.g., “I just feel tired and wanna sleep now,” “I have to go because I really need to sleep,” or “I appreciate your listening to me, but I should get to bed now; I am barely staying awake”).
- Do not code **Yes** on the basis of the following:
 - if the chatter describes feeling tired in the sense of weary, worn out by depression, or tired of life, rather than in the sense of sleepy and ready to go to bed; or
 - if the chatter mentions going to sleep as a coping strategy, for example in response to a counselor question about the chatter’s plans for the rest of the night (e.g., Co: “What will you do to keep yourself safe tonight?” Ch: “I dunno, I will probably just go to sleep,” or Co: “In terms of tonight, what are some things you can do to help distract yourself a bit? Ch: “sleep”). In these instances, there is no indication that the chatter feels sleepy or is ready to go to sleep at the time the conversation is ending (however, for endorsement of sleep as a coping strategy, please see **F3**); or
 - if the chatter indicates they are tired or sleepy or need or want to go to sleep, but can’t or are prevented from doing so (e.g., by insomnia, by a work deadline that needs to be met, or by some other obstacle); or
 - if the chatter indicates that they will try to go to sleep, with the implication that falling asleep will be effortful and they may not succeed.
- Note: If the chatter says they need to end the conversation to go do something other than sleep, or for an unspecified reason, please see **F6** (chatter said they needed to go/needed to attend to something else).

F6. At end of conversation (last 5 min. or 10 turns): **Chatter said they needed to go/needed to attend to something else**

- Code **Yes** if the chatter says they need to end the conversation to attend to something else, which may or may not be specified (e.g., “I have to go now,” “I need to do my homework now,” or “I have to go because my mom is calling me.” However, see below for exclusions.
- Do not code **Yes** on the basis of the following:
 - the chatter’s ending the conversation without saying they need to go or needs to do something else (e.g., by saying “okay, bye”); or
 - the chatter’s saying they need to end the conversation in order to go to sleep (please see **F5**).

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F7. At end of conversation (last 5 min. or 10 turns): Chatter apologized/expressed feeling burdensome or unimportant to the counselor

- Includes apologies and other comments which suggest that the chatter feels like an unwelcome burden or imposition on the counselor (e.g., “I apologize for wasting your time,” “I don’t want to take up any more of your time,” or “Please save another person that needs it more than me”), or feels like they have done something wrong during the conversation (e.g., “I’m sorry that I couldn’t really explain much”).

F8. At end of conversation (last 5 min. or 10 turns): Chatter expressed dissatisfaction with counselor/conversation

- Includes expressions of dissatisfaction or of not feeling helped by the counselor or the conversation.
- Does not include objections to the conversation’s ending too soon, which should be coded under **F9**.

F9. At end of conversation (last 5 min. or 10 turns): Chatter expressed an objection to the conversation’s ending so soon

F10. Chatter abandoned conversation (i.e., disappeared suddenly without comment)

- Code **Yes** if the chatter leaves the conversation abruptly, without having said anything to signal an intention to end the conversation. A **Yes** to **F10** should indicate that the counselor was the last one to speak and the counselor’s last comment or question was left hanging in the air awaiting a reply.
- Note: For SightMax chats: If the conversation ends suddenly, refer to the final automated turn (“... has ended the chat”) to determine which party ended the conversation: Author Code 24 or 26 = chatter; Author Code 25 = counselor. Do not code **Yes** for **F10** if the author code indicates that the counselor ended the conversation.

Crisis Chat Transcript Abstraction Form, Section G

Section G is designed to capture to what extent the chatter's suicide risk and/or crisis state have been de-escalated by the time the conversation ends.

G. Chatter's Behavioral Changes by End of Conversation

Please Note:

- *In coding **G1-G3**, make sure to attend to the chatter's own statements or turns, and rely specifically on the chatter's subjective description of how they feel. Do not code **G1-G3** on the basis of how the counselor seems to feel, or on the basis of how you might feel in the chatter's situation. If the chatter does not provide any information relevant to changes in their emotional state, code **No**.*
- *For the purposes of coding **G1-G3**, chatter statements about being able to stay safe or about no longer wanting or intending to engage in suicidal behavior should not be interpreted as evidence that the chatter feels better. A chatter may reject suicide as a solution to problems (and may therefore be at substantially lower risk of suicide) even though they continue to experience distress and to feel overwhelmed, hopeless, and/or helpless. Additional information is needed to determine whether a reduction in distress has also taken place.*
- *Furthermore, for the purposes of coding items **G1-G3**, the chatter's expressing feeling helped by the conversation should not be interpreted as evidence that the chatter feels better (or, specifically, less overwhelmed, more hopeful, or more confident/in control). The help provided by the conversation may take some other form than an improvement in the chatter's emotional state. Therefore, although feeling better and feeling helped are combined in the coding of item **F2**, they are not combined with respect to the coding of **G1-G3**.*

G1. Less Overwhelmed

- Answer options: Yes, No
- Code **Yes** if the chatter appears calmer or less agitated by the end of the conversation. For a code of **Yes** to **G1**, there should be some indication that the chatter felt anxious, agitated, or overwhelmed at the beginning of the conversation, and then felt calmer, less stressed out, less overwhelmed, or generally better by the end.
- Code **No** under the following circumstances:
 - if the chatter remains agitated and overwhelmed at the end of the conversation,
 - if there was no indication that the chatter felt anxious, agitated or overwhelmed to begin with,
 - if there is not enough information in the transcript to determine whether a change has taken place, or
 - if the conversation indicates that the chatter's increased calmness appears in the context of a clarified resolve to attempt suicide.

G2. More Hopeful

- Answer options: Yes, No

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- Code **Yes** if the chatter's mood seems brighter or more positive by the end of the conversation. For a code of **Yes** to **G2**, there should be some indication that the chatter felt hopeless, depressed, burdensome, trapped, or stuck at the beginning of the conversation, and that the chatter's mood has shifted by the end. For example, the chatter may have shifted from talking about problems to talking about happy memories or hopes for the future, or the chatter may generally indicate they feel better.
- Note: Be particularly careful in coding **G2** to focus your attention on the chatter. Do not code **Yes** for **G2** on the basis of the *counselor's* shifting to more positive topics or suggesting there is hope for the future.
- Code **No** under the following circumstances:
 - if the chatter's mood remains hopeless or depressed at the end of the conversation,
 - if the chatter did not indicate feeling hopeless, depressed, etc. to begin with, or
 - if there is not enough information in the transcript to determine whether a change has taken place.

G3. More Confident/In Control

- Answer options: Yes, No
- Code **Yes** if the chatter appears to feel less helpless or at a loss by the end of the conversation. For a code of **Yes** to **G3**, there should be some indication that the chatter felt helpless, impulsive, out of control, frustrated, confused, or at a loss for how to proceed at the beginning of the conversation, and then felt more focused on an achievable plan (over and above continuing to use crisis chat or other crisis services as needed), or generally better, by the end.
- Code **No** under the following circumstances:
 - if the chatter remains helpless or at a loss at the end of the conversation,
 - if the chatter did not indicate feeling helpless, out of control, at a loss for what to do, etc. to begin with, or
 - if there is not enough information in the transcript to determine whether a change has taken place.

G4. Less at Risk of Suicide

- **G4** is asked only when **B1** (thoughts of suicide, from the Pre-Chat Survey) is answered **Yes**, **currently** or **Yes, recent past**, and/or **D2** (current suicidal ideation, from the conversation transcript) is answered **Yes**.
- Answer options: Not at all, A little, Moderately/A lot
- This is a global measure of decreased suicide risk, encompassing not only suicidal ideation, but also intent, capability, buffers, and other modifiable risk and protective factors. Reduction of suicide risk can be determined based on implementation of or agreement to an intervention designed to reduce risk; behavioral changes such as decreased agitation, increased hopefulness or sense of control; explicit chatter statements about feeling better, being less suicidal, or being more able to keep oneself safe; or other explicit comments by the chatter indicating that their thinking has changed over the course of the conversation. For conversations *without* an attempt in progress, being **less at risk of suicide** means that the chatter should be less likely to make a

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suicide attempt. For conversations *with* an attempt in progress, it means that the chatter should be more likely to survive the attempt.

- Code **Not at all** if the conditions for coding **A little** or **Moderately/A lot** (or comparable conditions that are not specifically listed) are not met.
- Code **A little** if the conditions for coding **Moderately/A lot** (or comparable conditions that are not specifically listed) are not met, AND one or more of the following is true for the chatter type in question:
 - For chatters with no indication of imminent risk during the conversation (**D2a=No**):
 - (*applies to all chatters*) if the chatter appears less overwhelmed, more hopeful, or more confident/in control by the end of the conversation (i.e., **G1, G2, or G3=Yes**);
 - (*applies to all chatters*) if the chatter indicates they felt better or felt helped by the conversation (i.e., **F2=Yes**);
 - (*applies to all chatters*) if the chatter takes action to reduce access to lethal means, but the means are still available (e.g., put the pills or the gun in another room); or the chatter agrees to remove access to lethal means, so that the means are no longer available (e.g., flush the pills down the toilet, or give the gun to someone else to keep), but these actions have not yet been taken;
 - (*applies to all chatters*) if the transcript indicates some other change in the chatter's circumstances or thinking which enhances their safety/reduces their risk. For example, the chatter has engaged with reasons for living they were not engaged with before, the chatter indicates feeling they can now think more clearly and constructively about their problems, etc. (however, if it appears that the chatter's clarity is defeatist or pro-suicide, do not count this as evidence of decreased suicide risk); or
 - (*unique to chatters with no indication of imminent risk*) if the chatter agrees to or engages in action to reduce risk, such as getting others involved (now), transitioning to the telephone (now), or scheduling a follow-up call w/in 24 hours.
 - For chatters at imminent risk at any point during the conversation (**D2a=Yes**):
 - (*applies to all chatters*) if the chatter appears less overwhelmed, more hopeful, or more confident/in control by the end of the conversation (i.e., **G1, G2, or G3=Yes**);
 - (*applies to all chatters*) if the chatter indicates they felt better or felt helped by the conversation (i.e., **F2=Yes**);
 - (*applies to all chatters*) if the chatter takes action to reduce access to lethal means, but the means are still available (e.g., put the pills or the gun in another room); or the chatter agrees to remove access to lethal means, so that the means are no longer available (e.g., flush the pills down the toilet, or give the gun to someone else to keep), but these actions have not yet been taken;
 - (*applies to all chatters*) if the transcript indicates some other change in the chatter's circumstances or thinking which enhances their safety/reduces their risk. For example, the chatter has engaged with reasons for living they were not engaged with before, the chatter indicates feeling they can now think more clearly and constructively about their problems, etc. (however, if it appears that the chatter's clarity is defeatist or pro-suicide, do not count this as evidence of decreased suicide risk); or

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- *(unique to chatters with imminent risk)* if the chatter agrees to self-rescue or to third-party rescue, or to getting others involved (now), but these actions have not yet been taken, and there are no safeguards (e.g., a follow-up call from the center) in place to ensure or verify they will be taken;
- Code **Moderately/A lot** if one or more of the following is true for the chatter type in question:
 - For chatters with no indication of imminent risk during the conversation (**D2a=No**):
 - *(applies to all chatters)* if the chatter explicitly states that there has been a reduction in their suicidal desire or intent (e.g., “I don’t feel like killing myself anymore” or “I’ll stay I guess”); or
 - *(applies to all chatters)* if the chatter agrees to remove access to lethal means, so that the means are no longer available (e.g., flush the pills down the toilet, or give the gun to someone else to keep), and there is evidence in the transcript that these actions have been taken;
 - For chatters at imminent risk at any point during the conversation (**D2a=Yes**):
 - *(applies to all chatters)* if the chatter explicitly states that there has been a reduction in their suicidal desire or intent (e.g., “I don’t feel like killing myself anymore” or “I’ll stay I guess”);
 - *(applies to all chatters)* if the chatter agrees to remove access to lethal means, so that the means are no longer available (e.g., flush the pills down the toilet, or give the gun to someone else to keep), and there is evidence in the transcript that these actions have been taken;
 - *(unique to chatters with imminent risk)* if the chatter agrees to have the center send emergency services, or to receive a telephone call from the center (now), and provides location/contact information to make this possible;
 - *(unique to chatters with imminent risk)* if the chatter agrees to self-rescue or to third-party rescue, or to getting others involved (now), and there is evidence in the transcript that these actions have been taken or safeguards (e.g., a follow-up call from the center) are in place to ensure or verify they will be taken; or
 - *(unique to chatters with imminent risk)* if the chatter indicates by the end of the conversation that they are able to keep themselves safe.
 - Please note that a code of **Moderately/A lot** does not necessarily imply that the chatter’s suicide risk has been eliminated.

Coding Instructions for Part II.

Steps for coding counselor behavior in crisis chat transcripts:

1. Before beginning to code, read through the entire conversation.
2. Next, read through the conversation again slowly, focusing on the counselor turns. For each counselor turn, assess whether that turn exemplifies one or more of the counselor behaviors described on this form (**Sections H through L**). If a behavior is present, endorse it by checking “Yes” to the relevant Yes/No question on the form.*
3. When you come to the end of the conversation, return to the beginning of the form. Consulting the transcript as needed, answer any Yes/No questions you have not yet answered.

* Please note: This form does not codify all possible counselor behaviors. Thus, there will be counselor turns which do not correspond to any behavior described on this form, and which do not enable you to answer any of our questions. You can simply skip these. Conversely, a single counselor turn may incorporate more than one of the behaviors we describe, and may enable you to answer more than one of our questions. When a turn receives more than one code, it will usually be because several counselor behaviors occurred in sequence, so that each code applies to a separate phrase or sentence within that turn. If something the counselor says seems to fall between the cracks of the behaviors we have defined, and you cannot determine which item it fits best, then skip it, rather than coding it in more than one place.

Crisis Chat Transcript Abstraction Form, Section H

Section H is designed to capture counselor behaviors that are conducive to the counselor's development of connection or rapport with the chatter. The positive behaviors described in this section facilitate the chatter's opening up to the counselor and enable them to feel welcomed, heard, understood, and accepted.

H. Counselor Behavior with regard to Rapport-Building

H1. Created a safe and welcoming environment / Affirmed chatter's current use of crisis chat

- Code Yes to **H1** for counselor statements that welcome the chatter and affirm the chatter's use of crisis chat to seek help, share feelings, and expose vulnerability. A code of Yes to **H1** indicates that the counselor let the chatter know that their current (and/or past) use of crisis chat was welcome, appropriate, and/or appreciated. Includes thanking the chatter for their disclosures and reassuring the chatter that the crisis service is a safe space and that the counselors are there for them.
- Do not code Yes to **H1** under the following circumstances:
 - on the basis of the pro forma opening phrase "Welcome to Lifeline Crisis Chat."
 - on the basis of the counselor's letting the chatter know that they are welcome to chat again in the future or as needed, and/or that the chat service will always be there for them. Examples of such future-oriented statements, which do not count for **H1**, are listed separately below.
 - on the basis of the counselor's thanking the chatter for complying with their requests (e.g., to promise to stay safe, or to reduce access to means), or
 - on the basis of the counselor's thanking the chatter for denying (rather than disclosing) suicide risk, which may potentially dissuade the chatter from future disclosures.
- Examples of **H1**:
 - I'm really glad that you got onto chat tonight.
 - I'm glad you reached out to us.
 - I am glad you came to talk to me tonight.
 - You did a great job reaching out to us tonight.
 - I just want to let you know that Chat is a safe space to share your feelings about what's been going on lately.
 - You can share as little or as much with me as you want to.
 - I want to reassure you that this Chat is not just for suicidal chatters and that we are an emotional support chat and are here for everyone and every kind of situation.
 - I hear that you are feeling hesitant to continue the conversation, but I want to let you know that this is a safe space to talk about anything.
 - Ch: I have bothered you enough. Co: You have not bothered me. I am happy to be here for you.
 - Ch: I appreciate you talking to me. Co: That is what we are here for.
 - That is what we're here for... to really be there for someone - no matter what is happening in their lives.
 - Ch: I went to a counselor a few months ago, but I felt too awkward and embarrassed to talk about the things I've told you. Co: Well I am really glad that you were able to talk with me about this.
 - Ch: This morning I was still feeling anxious and was thinking about overdosing. Co: Thank you for sharing that with me.

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- Ch: *[discloses presence of suicide risk, including for example details of past suicidal behavior or current suicide plan]* Co: Thank you for being open with me and letting me know that.
- Ch: *[discloses details of painful life situation underlying current crisis]* Co: Thanks again for being so open with me. I know it had to be hard to share your story with me.
- I appreciate your willingness to share all this with me.
- Thanks for logging on tonight.
- **Do not code Yes to H1 for the following (examples of letting the chatter know they are welcome to chat anytime/again/always/in future/as needed):**
 - *We're always here to listen to what's going on with you.*
 - *Please know that you can always talk to someone here if you are needing support.*
 - *Please reach out to us anytime you want to talk.*
 - *Come back to chat whenever you need.*
 - *Feel free to reach out to us anytime.*
 - *We are here 24/7 if you ever need to talk again.*
 - *Alright, you know we are here 24/7 so if you need to come back later to talk more or any other day, you're always welcome.*
 - *Feel free to log back on anytime you need anything or want to talk.*
 - *If you ever feel like this again can you come back on chat? We would love to talk to you about it.*
 - *Ch: I am so thankful there are services like this. Co: ... Keep reaching out.*
 - *Reach back out to us as you need. We are always here for you.*

H2. Exhibited empathy / Validated/normalized chatter's feelings

- **Code Yes to H2 for the following:**
 - counselor statements that suggest that the chatter is not alone or anomalous in their feelings, for example because anyone might feel the same way in the chatter's situation, or because people commonly feel the same way, or because the counselor can put themselves in the chatter's shoes. A prototypical empathic or normalizing statement might take the form, "I would feel the same way [or, anyone would feel the same way, or, it's normal to feel that way] in your situation."
 - In addition to confirming that a feeling or emotional reaction the chatter has described is normal, valid, or otherwise understandable, the counselor can convey empathy by confirming that a situation or experience the chatter has described in connection with their current crisis (and consequent use of crisis chat) sounds difficult, hard, overwhelming, frustrating, etc. – with the implication being that anyone would find that situation difficult, and that it is normal/understandable for the chatter to experience it that way. A prototype for this type of empathic statement might be "That's a difficult situation," with the implication being, "that situation would be stressful for anyone." An expression of empathy regarding the chatter's difficult situation/problem can count for **H2** regardless of whether the chatter has described the situation as difficult (overwhelming, frustrating, painful, stressful, etc.), insofar as this can be assumed from the chatter's describing the situation in the context of their current crisis. With the exception of the above, do not code Yes to **H2** for the counselor's validating things other than feelings or emotional responses the chatter has expressed.
 - **Note:** To count for **H2**, the counselor's comment should be reasonably in sync with what the chatter is currently talking about, and should be meaningfully connected to a feeling, experience, or situation the chatter has described. However, please keep in

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mind that due to the nature of online chat, where both parties can be typing at the same time, the counselor may be responding to something the chatter said one or two turns back, rather than to the chatter's more recent turn.

- Do not code Yes to **H2** for the following:
 - Sympathetic comments like “I’m sorry that happened to you,” or “I’m sorry you’re feeling that way,” which offer compassion but do not suggest that the counselor or anyone else can relate. Similarly, while statements like “I can imagine how hard that is for you” count for **H2**, statements like “I can’t imagine how hard that is for you” do not.
 - Reflective statements, where the counselor repeats back or paraphrases what the chatter has said, without validating or normalizing the chatter’s thoughts or feelings. Reflective statements are designed to show that the counselor is listening and to help the chatter feel heard. A prototypical reflective statement might take the form “If I’m understanding you correctly, you’re saying [x].” Reflective statements may (but don’t have to) take the form “I hear that…” or “It sounds like…” and may sometimes be punctuated with question marks, along the lines of “You’re saying [x], is that right?” or simply, “You’re saying [x]?” Examples of reflective statements, which do not count for **H2**, are provided in a separate section below. Note: Be careful with statements beginning “I understand,” which can be either expressions of empathy (e.g., “I understand why you feel [x]”), or simple reflections (e.g., “I understand that you feel [x].”) Reflections should not be coded under **H2**.
 - Empathetic comments that are made out of context, and that therefore don’t seem to validate or respond to what the chatter has actually said (e.g., Ch: I’m scared. What if it really hurts to die? Do you die quickly? All these thoughts are just racing through my head. Co: I know you have been going through so much). Again, when considering the relevance of the counselor’s comment, please keep in mind that due to the nature of online chat, where both parties can be typing at the same time, the counselor may be responding not to the chatter’s most recent turn but to something the chatter said one or two turns back, in which case the comment can still be considered relevant.
 - Other types of supportive comments. When coding items **H1-H3**, and particularly **H2**, keep in mind that the counselor may make many types of supportive comments in the course of active listening that do not fit under any of these codes.
- Examples of **H2**:
 - Ch: I was so upset, I couldn’t think straight at that point. Co: I bet you were. Totally understandable.
 - Ch: I feel so overwhelmed by everything that’s happened. Co: That’s understandable.
 - I can understand why this would be so upsetting.
 - I understand why you feel torn apart.
 - Ch: my best friend’s grandmother is currently dying and I feel horrible putting this on her. Co: I can understand not wanting to put bad feelings on people that we care about especially when they are going through their own tough situations.
 - Ch: I just need to cry for a while more. Co: And that’s ok. It’s normal to be sad and to cry after a breakup like this.

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- Ch: My siblings are always in my room and it's like I can't hear myself think. Sometimes I feel like I just need to be alone. Co: I think wanting time for yourself is normal.
- I can see why that was so triggering and re-traumatizing for you.
- I can definitely see why you'd be feeling stressed and overwhelmed.
- You have very valid reasons to be upset and concerned.
- So it was recent; I can see why you are still upset.
- I wouldn't want to be told that either.
- Ch: My husband always talks me out of committing suicide, but every time the depression comes back, I'm terrified I'll actually up and do it. Co: I can imagine that is really scary.
- Ch: I've told my friends about my preferred pronouns but they still don't get it. I'm so tired of having to explain myself. Co: It makes sense that you would feel uncomfortable having to explain things. Sometimes it gets very exhausting to have to explain and explain.
- With everything that's been happening, it makes sense that you have been feeling the way you have these past days.
- Ch: I found out my boyfriend is dating somebody else and I am just feeling all these emotions and my mind is racing and I can't sleep. Co: That must feel like a lot of betrayal and it makes sense that this is taking up a lot of your headspace.
- Ch: The only person who knows about this is my therapist. But she hasn't seen me for a month. She's been busy with the holidays. Co: That must be really frustrating to be trying to get help, but not being able to.
- Ch: My parents won't even listen when I try to tell them I need help. Co: That sounds like a hard situation to be in, to be asking for help and not feeling heard.
- Ch: One minute guys like me then the next they hate me and ignore me. Co: That has to be hard on you, being kept unsure what is going to happen day to day with the guys that you like.
- Ch: I'm in significant student loan debt, and even though I have a plan, I worry I may have ruined my life. Co: Loans and debt can be overwhelming to think about.
- Co: What is making you feel so badly about yourself? Ch: I can't even remember. Perhaps holding everything in. Co: It's definitely true that holding things in can contribute to feelings of depression.
- Ch: It is awful, no one understands, whenever I feel okay with myself my eating disorder comes back. Co: Having an eating disorder is a lot to deal with and must feel overwhelming.
- Ch: *[discloses painful experience]* Co: That would feel really awful.
- You are dealing with some really difficult feelings.
- Ch: *[discloses history of challenging life events]* Co: You really have been through a lot.
- **Do not code Yes to H2 for the following (examples of sympathy, opinions or judgments, general affirmations, or reassurances that everything will turn out alright):**
 - *I am sorry that you are hurting so much.*
 - *It's so unfortunate...*
 - *It's not fair...*
 - *Well she was wrong to say that to you.*
 - *That's his responsibility, not yours.*
 - *How awful.*
 - *That's terrible.*
 - *You deserve... / You don't deserve...*
 - *I agree with you.*
 - *Things will get better.*

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- *You have the right to be happy.*
- **Do not code Yes to H2 for the following (examples of reflective statements/paraphrases):**
 - *Ch: I'm nervous to tell my dad what happened. He's a nicer guy now, but when I was younger he was very strict, and I still try not to tell him my mistakes. So telling him about this is hard. Co: I'm hearing that you enjoy your relationship with your father, but at times, it can be difficult to approach him about certain issues and things that are going on.*
 - *Ch: He said if he feels I am a threat to myself, he will put me in a hospital. That would destroy me. Co: I'm hearing going into an inpatient setting would hurt you even more.*
 - *Ch: The thing is, I come from a large family, so getting away is hard sometimes. None of my siblings respect me or care about what I think. Co: I'm hearing your siblings can add to the stress in your life and it's difficult for you to just relax by yourself at times.*
 - *Ch: My mom and dad are getting a divorce and it's really hard on me and I just thought suicide would end my problems. It looks and sounds like the easy way out. I just want to get away from the whole divorce. Co: I hear that you feel suicide would be a quick and easy way to get away from the divorce.*
 - *Ch: I'm alone in my own black hole away from everyone. Co: I hear how lonely and separated you feel from everyone.*
 - *Ch: I really really want to die, but I look at the people around me and I've caused them enough pain already. I don't know what to do because I'm in a lot of pain and I'm stuck. Co: I hear you saying that you are feeling conflicted because you want to die, but you're afraid of hurting the people around you.*
 - *Ch: I don't really want to tell my mom it might upset her. Co: So you don't want to upset your mom. Ch: No. But I feel I need help. Co: I hear that you really need help, but talking to your mom is not something you want to do right now.*
 - *Ch: It's just that I'm afraid. Co: I hear how afraid you are.*
 - *Ch: I don't really have an explanation to why I'm sad. But I just have been. Co: So you are upset but you are not sure what is causing you to feel this way?*
 - *Ch: I see my therapist twice a week and we've grown really close. I was doing so well for a while and I think she's heartbroken herself over everything that has happened recently. I feel like if I reach out to her when I'm feeling like this it'll just upset her more. Co: You feel like you will upset your therapist?*
 - *Ch: I wanted to kill myself for penance. I tried to make things right before I ran out of time, but I failed. Co: It sounds like you feel guilty about something and think you deserve to be punished. ... Ch: I should have tried to save her but I was too scared to try. Co: So because you weren't able to do anything, it's made you feel guilty for not trying?*
 - *Ch: I'm worried about my parents and their future, and about my brother and that he is unhappy... I feel like I should be there for them. Co: I understand that family is important to you, and that you want to offer them support.*
 - *Ch: I get very sad whenever someone yells at me and tonight my mother yelled at me about school and how I'm getting d's. I go to an incredibly competitive school that only expects perfection which is not me. Co: Sounds like you are under a lot of pressure right now from school and from your mom.*
 - *Ch: My grandmother was my rock and she recently died as well so there's no point in living. Co: It sounds like your grandmother's passing has really had a huge impact on you.*
 - *Ch: I mean I try very hard. I stay up every night doing homework. But there's only so much I can do. Co: It sounds like you're putting in your best effort.*

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- *Ch: I have no friends and I feel like no one likes me at all. Co: It sounds like you feel really alone.*
- *Ch: I upset a friend today, and I'm not really sure why. Co: It seems like a lot has been going on lately, [chatter]. Specifically that you've upset a friend, and now you're feeling confused as to why it happened.*
- *Ch: I feel like the whole world has been against me for so long. Co: It sounds like you are feeling very alone.*
- *It sounds like you are feeling overwhelmed because of everything that has recently happened.*
- *You sound overwhelmed.*

H3. Affirmed chatter's strengths

- Code Yes to **H3** for counselor statements that highlight the chatter's strengths including their positive personal characteristics, attributes, and attitudes.
- Do not code Yes to **H3** for counselor statements which simply highlight a positive aspect of the chatter's situation or circumstances, without explicitly reflecting on the chatter's positive qualities or agency in bringing that situation about (e.g., "it's good that you have friends.") Also do not code Yes for the counselor's affirmation of the chatter's coping strategies or other specific steps taken or suggested by the chatter. The counselor's praising something positive the chatter is doing or has done does not count for **H3**, unless the counselor's comment links those actions to an inherent quality of the chatter, that could potentially continue to serve him or her going forward.
- Examples of **H3**:
 - *Wow, those are some great goals. It sounds like you are a very caring person.*
 - *You are very brave for reaching out.*
 - *Good for you, it sounds like you are being proactive in that.*
 - *You are very courageous.*
 - *I really admire your ability to stand up to those bullies.*
 - *It sounds like you are a very strong person.*
 - *I can see how considerate you are of other people's feelings and wanting to protect them.*
 - *It sounds like you have a caring heart with good intentions.*
 - *That's very insightful on your part.*
 - *Ch: I just have a mindset to prove people wrong, I mean, to prove that I can cope with my problems without giving up. Co: That is a good mindset to have. It'll take you far in life.*
- *Do not code Yes to **H3** for the following (examples of the counselor's affirming the chatter's coping strategies/solutions/something good the chatter is doing or has done, that is not explicitly linked to an inherent quality, attribute, or attitude of the chatter):*
 - *So, hiking is something you do to help yourself?*
 - *Well, lightening the load by dropping a class is a good move. I'm glad you were able to do that.*
 - *I think you have a good start with your plan to exercise.*
 - *Ch: I like taking walks. Co: That can be a great form of self care.*
 - *Ch: It's a bit silly, but what I usually do to de-stress is [x]. Co: That doesn't sound ridiculous at all. [X] has a way of changing our moods and helping us connect.*
 - *It sounds like you have some coping strategies that are helpful to you.*
 - *It's good that you've been able to talk with your sister about what's going on.*
 - *I'm glad you were able to send that email.*
 - *Those are good hobbies.*
 - *It's good that you got help.*
 - *It seems like you are doing a lot of positive things.*

Crisis Chat Transcript Abstraction Form, Section I

Section I is designed to capture counselor behaviors in the area of collaborative problem-solving. “Collaborative Problem-Solving” refers to the counselor’s working with the chatter to come up with a plan of action that works for them.

I. Counselor Behavior with regard to Collaborative Problem-Solving

I1. Explored what the chatter had tried to do to solve/cope with the problem / what has worked for the chatter in the past

- Code Yes to **I1** if the counselor checks in with the chatter regarding what they have tried to do so far to address their current crisis, or regarding coping strategies that have worked for them in the past or that usually work for them, including both internal coping strategies the chatter can use on their own and the chatter’s use of informal supports. Open-ended questions regarding what the chatter has tried and what works/has worked for them are generally better, but close-ended questions about whether the chatter has already taken specific steps or used specific strategies also count.
- Questions about the chatter’s past use of the types of resources described in **Section L** (Counselor Behavior with regard to Resources, Referrals, & Mental Health Treatment Promotion) (e.g., “Have you tried 211?”) should not be coded here. If the counselor goes on to describe/provide the resource to the chatter, that behavior may be coded under the appropriate item in **Section L**. Questions about the chatter’s past or current use of mental health services, for example, should be coded only under **L1** (explored chatter’s openness to/experience with mental health treatment), and should not be coded here. Questions about steps the chatter has already taken to address barriers to treatment access or treatment engagement are not currently coded on this form (see excluded examples under **L1 & L2**).
- Examples of **I1**:
 - What helped you in the past when you felt this way?
 - What do you usually do when you are feeling nervous and anxious?
 - What have you done to get through this so far?
 - When the thoughts have been most difficult, what have you done to take your mind off of them?
 - Can you tell me some of the things you usually try when you’ve been feeling triggered like this?
 - Is there anything that usually distracts you or relaxes you when you’re feeling like this?
 - In the past when you’ve wanted to self-harm, have you tried using less harmful methods? Such as holding an ice cube or snapping yourself with a rubber-band?
 - Have you tried journaling in the past?
 - Do you journal?
 - Do you have someone (friend/family) that you usually go to when you're feeling upset like tonight?
 - Do you have other family or friends that you usually talk with when you get this stressed out?
 - Has talking with this friend been helpful to you during these times?
 - Have you been able to talk with anyone else about how this is affecting you?
 - Have you been able to discuss your feelings with your mother tonight?
 - What’s been helping you get through this? (i.e., what coping skills/strategies have been effective)
- *Do not code Yes to **I1** for the following (examples of the counselor’s assessing/exploring buffers, reasons for living, social supports, immediate support (someone with them), or other resources*

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that could potentially be leveraged for coping purposes, without (or without yet) exploring their use as coping strategies):

- *What are some things that you do that you enjoy?*
- *What's your favorite color?*
- *What brings you joy?*
- *What do you hope for? What are some of your goals and dreams for the future?*
- *What gives you hope and keeps you going when you feel this down?*
- *What has kept you going until this point? (i.e., what has motivated you to go on living)*
- *Do you have anything in your life that you would want to live for?*
- *What would you be losing if you decided to take your life?*
- *Do you have any close friends in school?*
- *Is there anyone you feel close enough to talk to?*
- *Who do you have for support?*
- *Who else knows about how you have been feeling?*
- *Who knows about what you have been going through?*
- *Is anyone home with you now? [or, Are you alone?]*

I2. Asked what the chatter thought they might do to solve/cope with the problem

- Code Yes to **I2** for counselor comments that support the chatter in finding solutions to their problems, ways to keep themselves safe, and/or ways to cope with their distress, by encouraging the chatter to be an active participant in the brainstorming process. This frequently takes the form of the counselor's asking the chatter what they think they might do.
- Note: For chatters at higher risk of suicide, a formal safety plan (see **K1**) may be developed instead of or in addition to an action plan. Formal safety planning should be coded under **K1**. However, the counselor's soliciting the chatter's ideas about how to stay safe (in general), or about internal coping strategies that might work for them (which may be included as one of the steps on a formal safety plan) count for **I2**, regardless of your code for **K1**.
- Examples of **I2**:
 - What can you do tonight to feel a little better?
 - What can you do tonight to keep yourself safe?
 - I hear you're looking for some other options. You've mentioned suicide, reporting the abuse, and getting away. Have you thought of any other ways of getting some help?
 - You mentioned taking walks earlier, what are other things you like to do that you could engage in as a form of self care?
 - What other healthy activities could you turn to next time you want to cut?
 - Do you have any hobbies or anything you like to do that can help distract you so that you do not harm yourself?
 - What would be something you could do to relax after school?
 - Do you think that it would be better for you to get some sleep or to do your homework right now?
 - It does sound like a very hard decision. What do you think you will do?
 - What do you think you will do with regard to your sister?
 - What else can you do to distract yourself from how you're feeling?
 - Can you think of any other things you could do to help yourself tonight?
 - Are there any things you could do tonight that would help you stay safe?
 - What did you plan to do once you leave the Chat to help you relieve some of that stress?
 - What do you think you'll do when we get done talking?

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- Do not code Yes to **I2** for the following (examples of the counselor's helping the chatter to identify their desires or goals – as opposed to what steps they might take to actualize them – or helping clarify what type of help the chatter needs from others):
 - What do you think would be most helpful for you right now?
 - So what would be most helpful for you tonight, that would help you feel more hopeful about things, that would keep you going?
 - What do you think would help you keep going for now?
 - What do you think will make everything better?

I3. Offered specific suggestions for the chatter's consideration

- Code Yes to **I3** if the counselor makes themselves a partner in the collaborative problem-solving process by offering some options for what the chatter might do.
- Do not code Yes to **I3**:
 - on the basis of the counselor's telling the chatter what to do. To count for **I3**, the counselor should be helping the chatter find strategies/solutions that work for them, not taking responsibility for deciding on a plan or determining what strategy is best. For example, a statement like "What do you think about trying [x]?" would count for **I3**, while a statement like "I think [x] is the best plan for you" would not.
 - on the basis of the counselor's offering to collaborate with the chatter to come up with coping strategies and/or solutions. Generally, after making this offer, the counselor will go on to engage in one or more of the collaborative behaviors described under either **I1** (Explored what the chatter had tried to do to solve/cope with the problem / what has worked for the chatter in the past), **I2** (Asked what the chatter thought they might do to solve/cope with the problem), and/or **I3** (Offered specific suggestions for the chatter's consideration); however, the introductory offer to collaborate does not in itself count toward any code.
- Please note the following:
 - The counselor's eliciting solutions or strategies from the chatter is coded separately, under **I2** (asked the chatter what they thought they might do to solve/cope with their problems). However, if the counselor asks the chatter what they have tried in the past (**I1**) or what they can think of to try in future (**I2**), and then goes on to provide a list of examples or possibilities, the list of suggestions generated by the counselor can be coded under **I3**. For example: "Is there anything you do at home that ever seems to help? [**I1**] Listening to music, watching some tv, reading, playing games, anything like that? [**I3**]"
 - For chatters at higher risk of suicide, a formal safety plan (see **K1**) may be developed instead of or in addition to an action plan. Formal safety planning should be coded under **K1**. However, the counselor's offering suggestions for possible coping strategies or social supports to include on a safety plan count for **I3**, regardless of your code for **K1**.
 - The counselor's offering suggestions specific to the chatter's use of emergency services should be coded under **K4** (Suggested chatter call 911/go to hospital (now) / Offered to send help), rather than here. Similarly, suggestions specific to the chatter's use of mental health services or related resources (such as a self-help website or 211) should be coded in **Section L** (Counselor Behavior with regard to Resources, Referrals, & Mental Health Treatment Promotion), rather than here. Please note that some problem-solving behaviors related to mental health treatment access or engagement (e.g., resolving

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barriers to engagement with a current provider) are not coded anywhere on the current form (see excluded examples under **L1 & L2**).

- **Examples of I3:**
 - Would going for a walk, taking a bath, anything like that help?
 - Some people also find journaling or meditation to be helpful. What do you think about trying one of those?
 - Sometimes people do things like journal, exercise, and listen to music. Would any of those be an option for you?
 - Do you have any movies you can watch, or maybe a tv show, or a book that you find interesting?
 - How helpful would it be for you to make some tea tonight, maybe a hot shower, listening to some music, getting some fresh air, or maybe just getting some sleep? What do you think?
 - What about writing your thoughts on paper and then tearing it up?
 - Sometimes people will write down what is bothering them and then destroy the paper so that no one finds it.
 - Sometimes it helps to write things down on paper... a list of coping skills old and new so that one does not have to think of what they can do and only have to read from a list.
 - How would you feel about sharing these feelings with your friends?
 - How about hanging out with your friends tonight?
 - Maybe you could reach out to her again tomorrow. What do you think?
 - How would you feel about staying with some relatives?
 - Maybe you could try a different major you might be more passionate about.
 - Do you think you could call the office back and talk with a supervisor and share your frustration?
 - So it sounds like your options are [a], [b], or [c]. Or you might be able to [d]. How do you feel about those options?
 - How would you feel about trying [x]?
 - Another thing that works for some people is [x].
 - Have you thought about trying [x]?
- *Do not code Yes to I3 for the following (examples of the counselor's offering to collaborate/offering to help come up with strategies/solutions – but not yet offering any specific suggestions):*
 - *Would you like to come up with a few ways to help take your mind off your situation for a while?*
 - *Let's try to come up with some things you can do to take your mind off the pain*
 - *We can talk through what you are feeling and we can talk about some options for you and some things to make you feel better if you think that might help you.*
 - *I can give you a few coping ideas as well.*
- *Do not code Yes to I3 for the following (examples of the counselor's telling the chatter what to do):*
 - *I would suggest reaching out to this friend and telling her how you feel. I feel she may be more supportive than you give her credit for.*
 - *I think the best way to know is to have an open conversation with him.*
 - *I would suggest looking into a new group of friends when you can.*
 - *I would like you to explore YouTube for some other meditation techniques that might work for you.*
 - *Here is a list of coping strategies. You should try to go through this list.*

I4. Reviewed the action plan

- Code Yes to **I4** if the counselor lists or summarizes the steps the chatter is planning to take after the conversation, and which have been previously identified via problem-solving over the course of the conversation. This review is designed to reinforce in the chatter's mind the plan that they

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and the counselor have come up with, to put the steps and strategies into a usable order, and to confirm that the chatter in fact agrees with the plan.

- Do not code Yes to **I4** for the counselor's coming up with new action steps at the end of the conversation that have not previously been discussed and agreed upon, or for the counselor's reminding the chatter that they can chat again as needed if that is the only step in the plan.
- Note: For chatters at higher risk of suicide, a formal safety plan (see **K1**) may be developed instead of or in addition to an action plan. Do not code Yes to **I4** for the counselor's efforts to develop a safety plan with the chatter. Formal safety planning should be coded under **K1**. However, if *after* developing a safety plan with the chatter, the counselor goes on to review or summarize that plan, code Yes to **I4** regardless of your code for **K1**.
- Examples of **I4**:
 - So, you're going to play your game and talk to your mother about seeing a counselor. It seems like you have a plan.
 - Okay, so music and singing until mom gets home, then you will talk with her more tonight. I will print our notes and have someone call you at 9 to check on you, and if you need help before then you get back on chat or call 1-800-273-TALK (8255).
 - OK, so you are going to call your sister and tell her what's going on, and you are going to come back to chat or call us if that call doesn't help, and you are going to think about going to the hospital?
 - I'm going to let you go start the plan we came up with earlier where you watch your favorite show and relax. You also have that appointment with your doctor tomorrow, and you can express to him your feelings about medication. I also gave you the TALK suicide prevention line to call if you feel any more suicidal thoughts tonight or whenever. Does this sound good to you [Chatter]?
 - Ch: Well I guess I'll leave now so I can try one of those things [taking a shower, playing some games, or listening to music]. Co: Well I know we talked about those for tonight, and then that website I gave you has some coping styles if you would like to look into that. You also brought up talking to your therapist, and you can always come back on here to talk.

Crisis Chat Transcript Abstraction Form, Section J

Section J is designed to capture counselor behavior with respect to assessing the chatter's suicide risk status.

J. Counselor Behavior with regard to Suicide Risk Assessment

A Note on Exploratory and Non-Exploratory Comments: The instructions for each item in this section indicate that counselor “comments” as well as questions can be counted as risk assessment behaviors. In order for comments to count for **J1-J7**, they should be designed, like questions, to elicit information from the chatter. For example, if the counselor makes a reflective statement about an aspect of the chatter's suicide risk (e.g., “I see from your pre-chat survey you've been having suicidal thoughts.”), and then stops to allow the chatter to respond, this can be counted as an assessment behavior insofar as it is designed to prompt the chatter to confirm, deny, or expand on the counselor's description of their risk. This is true regardless of how or whether the chatter actually responds. By contrast, if the counselor makes a reflective statement about the chatter's suicide risk that is not designed to elicit confirmation from the chatter, but, for example, merely functions as a segue to another topic (e.g., “I see from your pre-chat survey you've been having suicidal thoughts. What's been going on that has you feeling so down?”), the statement should not be counted for **J1-J7**. Although such counselor statements acknowledge suicide risk-related information volunteered by the chatter, they are not designed to prompt confirmation or elicit additional risk-related information on the same topic.

J1. Asked: Are you thinking about suicide? / Explored current suicidal thoughts

- Code Yes to **J1** if the counselor asked the chatter about their current suicidal ideation. This includes direct questions, references to information the chatter provided on the Pre-Chat Survey, and follow-up comments/questions about information the chatter volunteers. In coding **J1**, please take into account each of the points listed below.
 - To count for **J1**, the timeframe of the question/comment must be the present. Questions about suicidal thoughts that are ambiguous as far as timing – such as for example, a question like “have you been having thoughts of suicide?”, which does not distinguish between (intermittent) past thoughts and (continuous) current thoughts – should be coded under **J2** (explored past/lifetime suicidal thoughts), not here.
 - In order for a counselor's question or comment to count for **J1**, suicide (or killing oneself) must be directly and explicitly referenced. If the counselor explores the chatter's passive wishes to die, or chatter statements which may be taken as indirectly or implicitly suicidal (e.g., “I just can't go on”), and the counselor does not explicitly link these thoughts or wishes to suicide, this counselor behavior should not be coded under **J1**.
 - To count for **J1**, follow-up questions/comments should be specific to the topic of the chatter's current suicidal ideation. Follow-up questions about other aspects of suicide risk which are described elsewhere in this section (e.g., past thoughts (**J2**), past or current suicidal behavior (**J3** or **J6**), thoughts about a method or plan (**J4**), or intent to act on thoughts/plans (**J7**)) should be coded under those items, not under **J1**.
 - Finally, please also note that questions about the *reasons* for (or causes of) the chatter's suicidal thoughts do not count for **J1**.

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- Examples of **J1**:
 - I was wondering if you were having thoughts of suicide tonight?
 - So you're having thoughts of suicide?
 - Are you thinking about killing yourself?
 - Ch: I'm thinking about hurting myself. Co: Are these thoughts about self-harm, or about ending your life?

J2. Asked: Have you had thoughts of suicide in the past/ever? / Explored past/lifetime suicidal thoughts

- Code Yes to **J2** if the counselor asked the chatter about their past or lifetime suicidal ideation. This includes direct questions, references to information the chatter provided on the Pre-Chat Survey, and follow-up comments/questions about information the chatter volunteers. Questions about whether the chatter has ever been suicidal, about whether they have been suicidal before, and about how long their suicidal thoughts have been going on all count for **J2**. In addition, code Yes to **J2** (not **J1**) for questions about suicidal thoughts that are ambiguous as far as timing. For example, the question "have you been having thoughts of suicide?", which does not distinguish between (intermittent) past thoughts and (continuous) current thoughts, should be coded here.
- Examples of **J2**:
 - Have you thought about suicide?
 - Have you ever thought about taking your own life?
 - Co: It sounds like suicide is something you've thought about before. Ch: Yeah.
 - Have you felt like this before tonight? [*in reference specifically to feeling suicidal*]
 - Have you ever had suicidal thoughts before now?
 - Do you have suicidal thoughts often?
 - How long have you been feeling that suicide is a way out for you?
 - Have you been having suicidal thoughts?
 - Has this been giving you thoughts of suicide?

J3. Asked: Have you ever attempted suicide? / Explored past suicidal behavior

- Code Yes to **J3** if the counselor asked the chatter about their history of suicide attempts. This includes direct questions and follow-up comments/questions about information the chatter volunteers. Follow-up questions that count for **J3** include the counselor's exploring the details of the chatter's past suicidal behavior, such as when it took place, what method was used, etc. Follow-up questions about the chatter's *reasons* for past suicidal behavior (like questions about reasons for suicidal ideation; see detailed note under **J1**) should be not be coded here.
- If the counselor asks whether the chatter has engaged in suicidal behavior on the day of the conversation, code this under **J6** (assessed whether an attempt was in progress), not here.
- Examples of **J3**:
 - I'm wondering if you have ever attempted suicide.
 - I'm wondering if you're referring to a suicidal attempt you may have had in the past?
 - Can you tell me about your attempts?
 - Is that what you took before when you tried killing yourself?
 - When you took those pills last year, was it your intent to end your life? (*i.e., was that behavior a suicide attempt?*)

J4. Assessed whether chatter had a suicide plan/had thought of a method / Explored suicide plan

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- Code Yes to **J4** if the counselor asked the chatter about whether their suicidal thinking involves thoughts about a plan or method. This includes direct questions and follow-up comments/questions about information the chatter volunteers. Follow-up questions that count for **J4** include the counselor's exploring the details of the chatter's suicide plan, if any, such as whether the chatter's suicide plan specifies a time and/or a place, whether more than one method is under consideration, etc. However please note that follow-up questions about aspects of suicide risk which are described elsewhere in this section (e.g., the availability of means, coded under **J5**, or intent to act on thoughts/plan, coded under **J7**) should be coded under those items only and not under **J4**.
- Please note that, especially in cases where the chatter has endorsed suicidality in the Pre-Chat Survey or has volunteered information about suicidal ideation without being asked, the counselor may ask a question about a suicide plan or method without otherwise asking about or exploring the chatter's current suicidal thoughts. In this case, despite the fact that having a suicide plan may seem to presume the existence of suicidal ideation (either current or otherwise), please code **J4** only, and not **J1**. In other words, a single risk assessment question should not count toward both items.
- Examples of **J4**:
 - Have you thought about how you would kill yourself?
 - Do you have a plan for how you would kill yourself?
 - When you have those thoughts, do you ever consider how you would act on them?
 - Do you have a plan for how you would end your life if you decided to do that?
 - Can you tell me the plan you have?
 - Do you think you could share your plan with me?
 - How would you kill yourself?
 - Is there a specific time you plan on doing this?
 - Is this something you are thinking of doing today?
 - Are you considering doing this tonight?
 - Ch: I have a plan to hurt myself. Co: Is this a plan to self-harm or a plan to try to end your life? (*i.e., is it a suicide plan?*)

J5. Assessed availability of means

- Code Yes to **J5** if the counselor asked the chatter about whether they have access to lethal means, and/or about how accessible the means are. This includes direct questions and follow-up comments/questions about information the chatter volunteers. If the chatter's suicide plan involves travel to a specific location (e.g., a bridge or tall building), **J5** includes assessment of how feasible this travel is, and/or of how far the chatter is from that location at the time of the conversation. Please note that assessment of the chatter's access to lethal means counts for **J5** regardless of whether the chatter has identified the means in question as part of an active suicide plan.
- Do not code Yes to **J5** for the counselor's asking the chatter to take steps to make their lethal means less accessible, which should be coded under **K2** (suggested chatter remove access to means / disable suicide plan).
- Examples of **J5**:
 - Do you have a knife?
 - Do you have the pills with you right now?
 - Where are the pills now?
 - Are they right in front of you?
 - Do you have a gun?
 - Do you have a way of getting one?

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- How far away is the bridge?
- Do you have a way of getting there?
- Where are you now? (*to assess the chatter's proximity to a means that involves a location, such as a bridge*) [or, Are you currently at the bridge?]

J6. Assessed whether an attempt was in progress / Explored attempt in progress

- Code Yes to **J6** if the counselor asked the chatter about whether they had already taken any action to kill themselves on the day of the conversation. This includes direct questions and follow-up comments/questions about information the chatter volunteers. Follow-up questions that count for **J6** include the counselor's exploring the details of the suicidal behavior the chatter had engaged earlier in the conversation or at any point earlier that same day.
- A note on timing: Counselor questions/comments that count for **J6** should assess suicidal behavior the chatter has already engaged in during the conversation or earlier that day. Counselor questions/comments that assess whether the chatter plans or intends to engage in suicidal behavior in the future (including later in the conversation, later that same day, or farther in the future), rather than whether they have already done so, should be coded under **J7** (explored suicidal intent).
- A note on preparatory behavior: Generic questions/comments about suicidal actions taken by the chatter on the day of the conversation (which could encompass preparatory behavior and/or an attempt in progress) should be coded under **J6**, even if the chatter's answer indicates that they have engaged in preparatory behavior, but is not in the midst of an attempt. However, if the counselor asks a question that pertains specifically to preparatory behavior, code this under **J7** (explored suicidal intent (other than attempt in progress / method known)), not here.
- Examples of **J6**:
 - Have you acted on your suicidal thoughts at all today?
 - Did you do anything today to try to end your life?
 - Have you made any attempts to end your life today?
 - Ch: I took some pills tonight. Co: Thank you for trusting me with that. Can you tell me how much you took and when? What did you take?
 - When you took those pills this morning, was it your intent to end your life? (*i.e., was today's behavior a suicide attempt?*)

J7. Explored Suicidal Intent (other than attempt in progress / method known)

- Code Yes to **J7** if the counselor explores with the chatter some aspect of suicidal intent other than what is coded under **J4** (assessed/explored suicide plan) and **J6** (assessed/explored attempt in progress). Components of Suicidal Intent coded here include: Preparatory behaviors, expressed intent to die, and expressed intent to act on thoughts of suicide. The assessment of intent is important because even people who desire suicide and are capable of acting on it may not necessarily intend to do so, for example due to the presence of buffers; moreover, intent to die may persist even after aspects of suicidal desire have been mitigated (see Joiner et al., 2007). Suicidal intent can be explicitly expressed, or can be demonstrated by engagement in suicidal behaviors, including preparatory behavior (the assessment of which should be coded here) or an attempt in progress (the assessment of which should be coded under **J6**).
- Notes on timing:
 - Preparatory behavior by definition refers to behavior in which the chatter has already engaged. Given that past/current engagement in preparatory behavior can be an

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indicator of the chatter's intent to engage in future suicidal behavior, the assessment of preparatory behavior should be coded under **J7** regardless of when the preparatory behavior took place.

- By contrast, the assessment of expressed suicidal intent (intent to act on suicidal thoughts/plans, or intent to die) refers specifically to the chatter's intent to engage in future suicidal behavior. Therefore, do not codes Yes to **J7** for questions about the expressed intent of past or current episodes of self-harm, which aim to distinguish past/current suicidal behavior from past/current NSSI (see instead examples under **J3** (explored past suicidal behavior) and **J6** (assessed whether an attempt was in progress)).
- Examples of **J7** (assessment of expressed intent to engage in suicidal behavior):
 - Do you intend on acting on those thoughts today?
 - Do you feel that you might act upon these thoughts?
 - Are these just thoughts right now, or are they something you are planning on acting on tonight?
 - If nothing changes, do you think you will kill yourself?
 - Are you going to end your life today?
 - If you do not go to the hospital today, are you going to end your life?
 - How likely would you say you are to act on your thoughts tonight?
 - On a scale from 1 to 5, how likely are you to go through with your plan of completing suicide?
- Examples of **J7** (assessment of past/current preparatory behavior):
 - Have you done anything to prepare for killing yourself?
 - When you drove to the bridge, were you planning to jump off?
 - Did you buy those pills with the intent of using them to end your life?
- *Do not code Yes to **J7** for the following (examples of assessment of buffers/protective factors, which may work to mitigate or counterbalance suicidal intent):*
 - *What keeps you from acting on your thoughts of suicide?*
 - *Is that what has been holding you back – your fear? Being afraid to die then, has been a reason to live.*

Crisis Chat Transcript Abstraction Form, Section K

Section K is designed to capture counselor behaviors with respect to establishing the chatter’s safety and mitigating their suicide risk. Please note that many of the specific behaviors coded here are most appropriate for use with chatters at higher levels of risk.

K. Counselor Behavior with regard to Establishing Safety & Mitigating Risk

K1. Helped chatter develop a formal safety plan

- Code Yes to **K1** if the counselor engages the chatter in developing a formal safety plan to be used in the event of a future suicidal crisis (not only on the day/night of the conversation). A safety plan elaborates the steps that will be taken to maintain the chatter’s safety, and is not the same as a promise to be safe (see Stanley & Brown, 2012). Safety planning presupposes that the chatter wants to try to stay safe, and is open to collaborating with the counselor to come up with a plan that will help make this possible. Safety planning would not be possible with a chatter who does not want to stay safe/currently intends to die. A sample format for a 6-step safety plan is provided below. The safety planning process may include discussing the use of means restriction, emergency services, mental health services, informal support systems, and coping strategies, and may include discussing whether the steps identified will be effective in keeping the chatter safe, and whether they will know when it is time to use them. Finally, the safety plan may be summarized after it has been developed. **K1** can be coded Yes without all steps being completed, e.g., if the conversation ends prematurely, interrupting the safety planning process, or if the chatter is unable to come up with any content for a particular step (e.g., a coping strategy they feel might be helpful, or a person they’d be comfortable asking for help). However, if a counselor offers to work on a “safety plan” with the chatter, and then seeks solely to come up with coping strategies for use on the night of the conversation, or to secure the chatter’s agreement to chat again as needed in future, this level of planning is insufficient to count for **K1**. To be counted under **K1**, the safety plan should identify multiple steps which ideally should be ordered or prioritized (i.e., if I’m at risk, I’ll try A; if A doesn’t work, I’ll try B, etc.), should be designed for use in any future suicidal crisis, not only the current one, and ideally should be written down or copied for ease of future use. In the event that the chatter already has a safety plan, **K1** can be coded Yes if the counselor reviews the steps of that plan with the chatter, and assesses whether any of them need to be updated or modified.
- Do not code Yes to **K1** on the basis of the following:
 - the counselor’s stating that they want to keep the chatter safe, and/or asking the chatter to agree to stay safe;
 - the counselor’s offering to work together with the chatter to come up with a formal plan for keeping the chatter safe (i.e., initiating the safety planning process), unless the chatter is willing and the counselor and chatter go on to begin to develop such a plan;
 - the counselor’s establishing that the chatter already has a safety plan, unless the chatter and counselor go on to review and/or update the plan together;

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- the counselor’s working with the chatter on elements which could form part of a safety plan (e.g., removing access to means (coded under **K2**), discussing the use of coping strategies, social supports, mental health services, and/or emergency services, or taking other steps to enhance the chatter’s safety) without explicitly identifying these as part of a unified “safe plan” or “safety plan,” to be used anytime the chatter feels they are at risk; or
- the counselor’s providing the chatter with a template or example of a safety plan, unless the chatter and counselor go on to customize the plan for the chatter’s use.
- Examples of initiating the process of safety planning (as noted above, merely initiating or introducing safety planning is insufficient to count for **K1**; however, phrases like these may alert you that formal safety planning is about to begin):
 - Would you be willing to make a safety plan with me?
 - Can we make a safety plan?
- Sample Safety Plan format:
 1. Warning signs that a crisis may be developing (how do I know when it’s time to use the plan)
 2. Internal coping strategies (things I can do to take my mind off my problems without contacting another person)
 3. People and social settings that provide distraction
 4. People to ask for help
 5. Professionals or agencies to contact during a crisis
 6. Making the environment safe
- More potential components of a Safe Plan or Safety Plan:
 - Disabling the suicide plan
 - Past survival skills (remembering things that have helped me in the past)
 - Safe or no use of alcohol/drugs
 - Making sure I am not alone
 - Contact information for informal, formal, & emergency resources
 - Events or situations that may trigger a new suicidal crisis

K2. Suggested chatter remove access to means / disable suicide plan

- Code Yes to **K2** if the counselor suggests that the chatter take steps to make their lethal means less accessible, or take other steps which decrease the chatter’s ability to act on their suicide plan. This includes either steps which reduce the availability of the means for the long term (e.g., giving a gun to a friend or relative to remove it from the house), or the short term (e.g., putting the means out of reach of the chatter for the duration of the conversation). Other steps could include things like making arrangements to have someone present at the time planned for the attempt, so that it cannot be carried out. As with **J5** (assessed availability of means), the counselor’s suggesting the chatter reduce their access to lethal means counts for **K2** regardless of whether the means in question have been identified as part of an active suicide plan.
- Examples of **K2**:
 - Would you mind putting the knives away while we talk?

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- Can I ask you to do me a favor and put the pills away? Or go to another room without the pills?
- Could you let me know when you put them away?
- Just so I can make sure you can be safe tonight, can you move the knife to another location, to a place where it is out of sight?
- Do you think that it would help you to put the scissors somewhere else where you couldn't see them or maybe where you couldn't access them?
- Could you move away from the ledge while we talk?

K3. Suggested chatter transition from chat to phone (now)

- Code Yes to **K3** if the counselor suggests that the conversation move from chat to phone right away, either by offering to have the chatter call the Lifeline or the crisis center's local line (immediately), by providing the Lifeline number or the center's local number for the chatter's immediate use, or by offering to take the chatter's phone number so someone from the crisis center can call them (immediately). The implication is that due to the chatter's mental state or risk level, the counselor feels voice-to-voice contact may be called for as a higher level of care.
- Do not code Yes to **K3** for the counselor's letting the chatter know that they have the option of speaking to a Lifeline counselor by phone as needed, rather than right away, or for the counselor's providing the Lifeline number or the center's local number for use as needed, rather than right away. Also do not code Yes for the counselor's offering to schedule a follow-up call to the chatter at a future point in time.
- Examples of **K3**:
 - I'm concerned about your safety since you said you took those pills. Would you be willing to talk to someone on the phone? Someone from the suicide hotline, just to check in and make sure you're feeling alright.
 - It sounds like there's a lot going on. I'd like to try to help you in the best way possible. Can we call you and talk more in detail about things?
 - Is there a phone number we can give you a call at now? That might be the best way to talk about this since you are so upset.

K4. Suggested chatter call 911/go to hospital (now) / Offered to send help

- Code Yes to **K4** for any of the following:
 - if the counselor discusses with the chatter the possibility of the chatter's calling 911, going to the hospital, or otherwise initiating linkage to an emergency service on their own behalf (now, not in future or as needed);
 - if the counselor discusses the possibility of the chatter's enlisting the help of a third party (other than the crisis center) who will call 911, take the chatter to the hospital, or otherwise initiate linkage to an emergency service (now, not in future or as needed); or
 - if the counselor offers to send "help," call 911, or otherwise dispatch emergency services to the chatter's location, or if the counselor expresses a desire to do so, states the intent to do so, or asks the chatter's permission to do so.
- Examples of **K4**:
 - I'm worried that you may act on your thoughts of suicide. Do you feel like you might need to go to the hospital?
 - I can send help right now – would you give me your permission?

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- Would you be willing to give me your address to send help to?
- Can we send an ambulance to you?
- Ch: I've gotten to a sort of breaking point. Co: Okay, do you need me to send help?

K5. Asked whether chatter could stay safe

- Code Yes to **K5** if the counselor checks to see whether the chatter feels they can stay safe. The check-in counts regardless of the timeframe of the question, and regardless of how or whether the chatter answers.
- In order for the question to count for **K5**, the counselor should not be requesting a particular answer, but should be open to whatever answer the chatter gives. Therefore, the following types of comments/requests are excluded:
 - Do not code Yes to **K5** for the counselor's asking the chatter to promise to stay safe (i.e., to commit to a no-harm contract or safety contract) (e.g., "Can you promise me that you will be safe as we chat?", "Can you at least promise me you won't harm yourself while we're talking?", "Promise me that you will not do anything to harm or kill yourself while on chat").
 - Do not code Yes to **K5** for the counselor's asking the chatter to agree to be safe (e.g., "Can you type to me that you won't kill yourself tonight?") or threatening the chatter with adverse consequences if they do not agree (e.g., "I won't call 911 as long as you can keep yourself safe while we chat. Can you do that? Keep yourself safe while we talk?").
 - Do not code Yes for the counselor's statement of desire to keep the chatter safe (e.g., "I'd like to make sure you can stay safe while we chat" or "My number one priority is to keep you safe for the night. Are we agreed that this is what we need to do?"), insofar as these comments/questions do not invite the chatter's frank assessment of their safety.
 - Do not code Yes to **K5** for the counselor's assessing whether the steps/strategies discussed during the conversation will be effective in keeping the chatter safe. These questions function to assess the effectiveness of the steps/strategies (and/or of the safety plan as a whole; see **K1**) more than to assess the risk status of the chatter.
 - Finally, do not code Yes to **K5** for the counselor's making plans with the chatter about what they will do in the event that they feel unsafe in future (e.g., "Can you come back to chat if you need more support later or cannot stay safe?" or "Will you come back to chat later if you are not able to stay safe?").
- Examples of **K5**:
 - Do you think you can keep yourself safe tonight?
 - Will you be okay tonight and not act on your suicidal thoughts?
 - Are you safe?
 - Are you going to be safe?
 - Are you feeling that you cannot keep yourself safe?

Crisis Chat Transcript Abstraction Form, Section L

Section L is designed to capture counselor behavior with regard to providing resources and referrals and promoting the chatter's engagement with professional mental health treatment.

L. Counselor Behavior with regard to Resources, Referrals, & Mental Health Treatment Promotion

L1. Explored chatter's openness to/experience with mental health treatment

- Code Yes to **L1** if the counselor explores the topic of mental health treatment with the chatter. Mental health treatment includes anything described as therapy, counseling, or seeing or working with a mental health professional such as a therapist, counselor, school counselor, or psychiatrist, or a primary care physician who prescribes psychotropic medications. Counselor behaviors included under **L1** fall into the following three general domains:
 - Questions about whether the chatter has thought about, whether they would think about, or how they feel about the idea of seeking mental health treatment.
 - Questions about whether the chatter is working or has ever worked with a mental health professional.
 - Exploration of the chatter's opinions/feelings about past or current treatment experiences, including positive and negative aspects of those experiences, and what uses the chatter has made of those relationships.
- Do not code Yes to **L1** for the following:
 - the counselor's providing referrals for mental health treatment providers (see instead **L3**), helping the chatter identify ways of finding a mental health treatment provider for themselves (see instead **L2**), or providing other types of resources (see instead **L4**);
 - the counselor's exploring the chatter's experience with medical treatment that is not specific to mental health (e.g., Ch: My energy levels have been really low lately. Some say it's because I don't get enough nutrition. Co: Have you consulted with a doctor?); or
 - counselor questions which are broad enough that they could encompass use of informal/social supports as well as use of professional mental health services (e.g., Ch: I'm suffering depression. Co: Have you talked to anyone about how you have been feeling?).
- Examples of **L1** (assessing openness to treatment):
 - Has therapy ever been something you considered?
 - Do you think it would be helpful if you started working with a therapist?
 - Do you think that is something a counselor or therapist might be able to help you with?
 - Have you ever thought about working with a professional?
 - Ch: I just feel depressed since the holidays and I can't seem to get back to myself. I've talked to my husband but sometimes I think he gets tired of listening to me. ... Co: Have you thought about talking to a medical professional or someone like that before?
 - What do you think about talking to a therapist about your relationship with your sister?
- Examples of **L1** (assessing current/lifetime use of mental health services):

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- I know sometimes our chatters here have counselors, therapists, or sometimes psychiatrists... have you ever been to any of these?
- Do you work with a therapist or take any medications for your anxiety?
- Have you ever been to a grief counselor?
- Have you spoken to a guidance counselor about how you've been feeling?
- Ch: I have complex PTSD and Aspergers. Co: So are you currently receiving any treatment?
- Ch: I'm struggling with severe depression. Co: Have you gotten any help for it?
- Are you getting any professional help for the depression now?
- Are you seeing someone for the PTSD?
- When did you see the psychologist?
- Examples of **L1** (exploring treatment engagement):
 - So the therapist that you work with, does that seem helpful at all?
 - How have things been going with your therapist?
 - How come you haven't seen your therapist in a month?
 - Does your therapist know that you are suicidal?
 - Were you honest with your therapist about your cutting?
 - Have you ever identified anything with a therapist or psychologist that gave you an "ah ha" moment? To where you got a little insight?
 - So there is something about this current therapist that you really do appreciate, at least you feel comfortable enough to open up to her.
 - Sounds like you want to tell your therapist about the abuse, but you're too scared to.
 - Ch: I tried but I never could get proper treatment. Co: Oh okay, so what causes the help to not be beneficial to you?
 - What do you think keeps you from being able to open up to professionals?
 - How would you feel about talking to your therapist about this?
- *Do not code Yes to **L1** for the following (example of problem-solving barriers to treatment access or treatment engagement, which are not coded anywhere on the current form):*
 - *Ch: My therapist is supposed to be the one trying to help but he's hurting me instead. Co: Have you thought about finding a new therapist?*
 - *Ch: I've tried opening up to him but he doesn't know how to help me. I've been on so many medications and nothing has worked. Co: Have you considered working with a different doctor, who might have new ideas for you?*
 - *Have you tried talking with your aunt about how your therapist is making you feel? Maybe she can convince your mom to let you try someone new.*

L2. Suggested/explored ways to find a new mental health service provider

- Code Yes to **L2** if the counselor brainstorms with the chatter about how they might be able to find a mental health treatment provider. This includes making suggestions about how the chatter might find a provider, offering to look up resources for the chatter, and asking the chatter about resources they may have access to. It includes providing phone numbers or website addresses for referral sources (such as 211 or local information & referral lines), but it does not include providing contact information for a specific treatment provider (such as a clinic or therapist), which should be coded under **L3** (made a referral to a specific, new mental health service provider). **L2** applies to ways to find a new or different mental health service provider for a chatter who may or may not have received mental health treatment before; however, it does not include exploring the option of the chatter's returning to their prior treatment provider.

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- For the purpose of this coding, mental health professionals include therapists, counselors (including specific types of counselors such as school counselors, grief counselors, etc.), psychologists, psychiatrists, primary care physicians who prescribe psychotropic medications, and so on. Crisis counselors are considered to belong to a separate category. Referrals to organizations which provide crisis counseling rather than professional mental health services (e.g., the Trevor Project, Crisis Text Line, RAINN) should be coded under **L4** (provided self-help or other resource(s)), not here. For services such as 211 which can provide referrals for both mental health providers and other social services, use the counselor's comments about the resource to determine what type of resource the counselor intends to provide. If the counselor mentions both types of resources, then both types can be coded (i.e., **L2 & L4**).
- Examples of **L2**:
 - Any ideas on how you could find a therapist?
 - Is there a counselor at your school you could talk to tomorrow?
 - Is talking to your mother about maybe seeing a counselor something you think you'd be up for?
 - Often colleges have counselors available to their students for free or at a reduced cost.
 - You can call [redacted], they might have referrals for counseling.
 - You could look on psychologytoday.com.
 - If you ever want help finding a counselor let us know and we will see what we have in our database.
 - Would you be interested in seeing if we have any organizations in your area for mental health?
 - We don't do counseling on here unfortunately. I may be able to give you some resources that could help you find some though if you're interested.
 - If you'd like, I can look up a support group or a counselor while we chat.
 - Co: Have you ever heard of [redacted]? Ch: No I haven't. Co: They do information and referral for human services, so they can tell you what services are available. Perhaps transportation services, job search assistance or low cost mental health treatment.
- *Do not code Yes to **L2** for the following (example of problem-solving barriers to treatment access or treatment engagement, which are not coded anywhere on the current form):*
 - *Ch: My therapist is supposed to be the one trying to help but he's hurting me instead. Co: Have you thought about finding a new therapist?*
 - *Ch: I've tried opening up to him but he doesn't know how to help me. I've been on so many medications and nothing has worked. Co: Have you considered working with a different doctor, who might have new ideas for you?*
 - *Have you tried talking with your aunt about how your therapist is making you feel? Maybe she can convince your mom to let you try someone new.*

L3. Made a referral to specific, new mental health service provider

- Code Yes to **L3** if the counselor provides the chatter with the name and contact information for a professional mental health provider or service (a therapist, a group practice, a clinic, a community mental health center, etc.). This includes websites (e.g., www.breakthrough.com or www.talkspace.com) where professional counselors are available to provide online therapy, and which in essence function as virtual clinics or virtual group practices.
- Do not code Yes for the counselor's providing contact information (e.g., a phone number or website url) for an information and referral line or other intermediary source which can in turn

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provide the chatter with a referral (e.g., 211 or psychologytoday.com). This secondary information should be coded under **L2** (suggested/explored ways to find a mental health service provider). Non-specific referrals such as “you may be able to see someone at your college’s counseling center” or “you could look at your insurance company’s website to find a provider” should also be coded under **L2**, not **L3**. Finally, referrals to online or telephone-based crisis counseling services offered by organizations other than the Lifeline should be coded under **L4** (provided self-help or other resource(s)), not **L3**.

- Example of **L3**:
 - Co: Do you mind giving me your zip code so I can look up some resources in your area? Ch: *[redacted zip code]* Co: Here is an organization in your area: *[redacted name, address, & phone number]*. They offer counseling on a sliding scale fee.

L4. Provided self-help or other resource(s)

- Code Yes to **L4** if the counselor provides the chatter with specific resources other than a referral to a specific mental health provider or service (coded under **L3**; see **L3** for what this includes), a website or referral line where the chatter can obtain a mental health service referral (coded under **L2**), or the phone number for the Lifeline or a local suicide hotline. Resources may be provided in the form of websites, phone numbers, or names (of people or organizations), and may include social services, legal resources, compendia of possible coping strategies, self-help websites such as moodgym or Ecouch, etc. If the counselor provides a url for a website you do not recognize, and the context does not make clear what it is, you may need to access the site to find out where it should be coded. For organizations that offer multiple types of resources (e.g., topic-focused crisis counseling (**L4**) *and* referrals to mental health providers (**L2**), or referrals to social service agencies (**L4**) *and* to mental health providers (**L2**), use the counselor’s comments about the resource to determine what type of resource the counselor intends to provide. If the counselor mentions both types of resources, then both types can be coded (i.e., **L2 & L4**).
- Examples of **L4**:
 - Have you heard of RAINN (Rape, Assault, Incest National Network)? They might be a good resource for you. Let me send you the link to their website: it’s www.rainn.org. You can call, chat or text with a crisis counselor there as well.
 - This link *[redacted]* may be helpful to you. It is a website for teens that has four different ways of reaching out through chat, email, text and the 24 hour hotline *[redacted]*. It also has a helpful tips page that describes different situations and possible ways to deal with them.
 - Here is a list of ideas that can help pass the time: <http://lifelineforattemptsurvivors.org/100-ways-to-get-through-the-next-5-minutes/>
 - One thing you might like to look into is this website is it called 99 coping styles. It can give you some ideas if you would like to try it out. Here is the link: *[redacted]*.
 - 211 is a free telephone program that specializes in human services. If you called them and explained to them what you were going through they could put you in touch with some programs in your community. You can call 211 if you’re within your county area to reach them and if you are outside your county, you can call *[redacted]*.
 - Co: Have you ever heard of *[redacted]* before? Ch: Yes. Co: Have you reached out to them for support? Ch: Yes, and I was finding it very helpful, but I’m no longer able to access the website.

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Co: You could also try reaching them via phone/text if you need their support. Phone: *[redacted]*
Text "*[redacted]*" to *[redacted]*.

- Co: Have you ever heard of *[redacted]*? Ch: No I haven't. Co: They do information and referral for human services, so they can tell you what services are available. Perhaps transportation services, job search assistance or low cost mental health treatment.