

# Crisis Chat Transcript Abstraction Form

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## Part I: Chatter Characteristics & Behaviors

Conversation #: \_\_\_\_\_

Coder #: \_\_\_\_\_

### A. Structural Overview

1. Start Date: \_\_\_\_\_ (mm/dd/yyyy)
2. Start Time: \_\_\_\_\_ (hh:mm) (use timestamp of first non-automated turn)
3. End Time: \_\_\_\_\_ (hh:mm) (use timestamp of last non-automated turn)
4. Length of Conversation in Turns: \_\_\_\_\_ (do not count duplicate turns, w/identical content)

### B. Chatter Information

From Pre-Chat Survey:

1. Thoughts of suicide?  Yes, currently  Yes, recent past  No
2. Gender:  Male  Female  Trans  Questioning
3. Age: \_\_\_\_\_

From body of transcript:

4. LGBTQ? (do not infer "No")  Yes  No  DK
5. Military Status: (do not infer "No")  Yes  No  DK

a) If yes:  Active Duty  Reserve  Veteran  Other: \_\_\_\_\_  DK

6. Counselor has prior knowledge of chatter due to prior contact between center and chatter?  
 Definitely confirmed  Suggested or implied  No evidence

7. Descriptive note: \_\_\_\_\_

8. If B1=No: Type of Chatter (Check all that apply)  
 Chatter chatting on their own behalf (e.g., chatter in suicidal or non-suicidal crisis)  
 Third-party chatter (e.g., chatter concerned about someone else in crisis or at risk of suicide)  
 Other (please specify: \_\_\_\_\_)

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### C. Life Stressors Present and Discussed During Conversation

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

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Breakup of intimate relationship?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Isolation and/or loneliness?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Sexual abuse?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Bullying?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Other violence/abuse? (incl. physical & emotional)    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Other interpersonal/relationship problem?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Death of someone close to them?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Exposure to suicide or suicidal threats/behavior?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Financial problem/worries?                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Financial barrier to mental health treatment access? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Problem with health insurance?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Unemployed/lost job?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Job stress (other than financial or interpersonal)?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Problem with school?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Problem related to sexuality/gender identity?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Physical problem (e.g., pain, illness, disability)?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Current homelessness?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Other (please specify): _____                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

*Instructions: Do not refer to Pre-Chat Survey.*

- |   |                              |                             |                             |
|---|------------------------------|-----------------------------|-----------------------------|
| 1. Lifetime suicidal ideation?                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| 2. Current suicidal ideation (i.e., during conversation)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| a) Imminent risk indicated during conversation?           |                              |                             |                             |
|   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                             |
| b) Passive or suggested suicidal ideation?                |                              |                             |                             |
|   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                             |
| 3. Attempt in progress indicated during conversation?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                             |
| 4. Preparatory behavior toward future attempt?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| 5. Preparatory behavior toward past attempt?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| 6. Method chosen or considered?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |



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4. Chatter agreed to pursue/engage in new behavioral health treatment  Yes  No

*Last 5 minutes or 10 turns:*

5. Chatter said they were sleepy/ready to go to sleep  Yes  No

6. Chatter said they needed to go/needed to attend to something else  Yes  No

7. Chatter apologized/expressed feeling burdensome or unimportant  Yes  No

8. Chatter expressed dissatisfaction with counselor/conversation  Yes  No

9. Chatter expressed an objection to the conversation's ending so soon  Yes  No

*Very end:*

10. Chatter abandoned conversation (i.e., disappeared suddenly without comment)  Yes  No

\*In an earlier version of this form, items F3 & F4 were coded Yes only if the behaviors described appeared in the last 10 minutes or 20 turns of the conversation.

### G. Chatter's Behavioral Changes by End of Conversation

1. Less overwhelmed:  Yes  No

2. More hopeful:  Yes  No

3. More confident/in control:  Yes  No

4. Less at risk of suicide:	<input type="checkbox"/> Not at all	<input type="checkbox"/> A little	<input type="checkbox"/> Moderately or A lot
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## Part II: Counselor Behavior

Conversation #: \_\_\_\_\_

Conversation Date: \_\_\_\_\_

Coder #: \_\_\_\_\_

### H. Counselor Behavior with regard to Rapport-Building

1. Created a safe and welcoming environment / Affirmed chatter's current use of crisis chat  Yes  No

2. Exhibited empathy / Validated/normalized chatter's feelings  Yes  No

3. Affirmed chatter's strengths  Yes  No

### I. Counselor Behavior with regard to Collaborative Problem-Solving

1. Explored what the chatter had tried to do to solve/cope with the problem / what has worked for the chatter in the past  Yes  No

2. Asked what the chatter thought they might do to solve/cope with the problem  Yes  No

3. Offered specific suggestions for the chatter's consideration  Yes  No

4. Reviewed the action plan  Yes  No

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### J. Counselor Behavior with regard to Suicide Risk Assessment

1. Asked: Are you thinking about suicide? / Explored current suicidal thoughts  Yes  No
2. Asked: Have you had thoughts of suicide in the past/ever? / Explored past/lifetime suicidal thoughts  Yes  No
3. Asked: Have you ever attempted suicide? / Explored past suicidal behavior  Yes  No
4. Assessed whether chatter had a suicide plan/had thought of a method / Explored suicide plan  Yes  No
5. Assessed availability of means  Yes  No
6. Assessed whether an attempt was in progress / Explored attempt in progress  Yes  No
7. Explored Suicidal Intent (other than attempt in progress / method known)  Yes  No

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

1. Helped chatter develop a formal safety plan  Yes  No
2. Suggested chatter remove access to means / disable suicide plan  Yes  No
3. Suggested chatter transition from chat to phone (now)  Yes  No
4. Suggested chatter call 911/go to hospital (now) / Offered to send help  Yes  No
5. Asked whether chatter could stay safe  Yes  No

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

1. Explored chatter's openness to/experience with mental health treatment  Yes  No
2. Suggested/explored ways to find a new mental health service provider  Yes  No
3. Made a referral to specific, new mental health service provider  Yes  No
4. Provided self-help or other resource(s)  Yes  No