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Part I: Chatter Characteristics & Behaviors

		Conversation #: Coder #:					
A.	Stru	uctural Overview					
	1.	Start Date: (mm/dd/yyy)					
	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)					
В.		tter Information n Pre-Chat Survey:					
	1.	Thoughts of suicide? ☐ Yes, currently ☐ Yes, recent past ☐ No					
	2.	Gender: □ Male □ Female □ Trans □ Questioning					
	3.	Age:					
	From	n 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)					
		\square 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:)					

Life Stressors Present and Discussed During Conversation C. Instructions: Do not infer; do not refer to Pre-Chat Survey. Check "No" if not present or not discussed. Breakup of intimate relationship? ☐ Yes □ No 1. 2. Isolation and/or loneliness? ☐ Yes □ No 3. Sexual abuse? ☐ Yes □ No 4. Bullying? ☐ Yes □ No ☐ Yes □ No 5. Other violence/abuse? (incl. physical & emotional) 6. Other interpersonal/relationship problem? ☐ Yes □ No □ No 7. Death of someone close to them? ☐ Yes 8. □ No Exposure to suicide or suicidal threats/behavior? ☐ Yes □ No 9. Financial problem/worries? ☐ Yes 10. Financial barrier to mental health treatment access? ☐ Yes □ No 11. Problem with health insurance? ☐ Yes □ No 12. Unemployed/lost job? ☐ Yes □ No Job stress (other than financial or interpersonal)? 13. ☐ Yes □ No Problem with school? □ No 14. ☐ Yes Problem related to sexuality/gender identity? ☐ Yes □ No 15. Physical problem (e.g., pain, illness, disability)? ☐ Yes □ No 16. 17. Current homelessness? ☐ Yes □ No □ No 18. Other (please specify): ☐ Yes Chatter's Suicide Risk Status at Time of Conversation (from body of transcript) D. Instructions: Do not refer to Pre-Chat Survey. 1. Lifetime suicidal ideation? ☐ Yes □ No \square DK 2. Current suicidal ideation (i.e., during conversation)? ☐ Yes □ No \square DK a) Imminent risk indicated during conversation? ☐ Yes □ No □ No b) Passive or suggested suicidal ideation? ☐ Yes 3. Attempt in progress indicated during conversation? ☐ Yes □ No 4. Preparatory behavior toward future attempt? ☐ Yes □ No \square DK 5. Preparatory behavior toward past attempt? ☐ Yes □ No \square DK \square DK 6. Method chosen or considered? ☐ Yes □ No

		a) Check all that apply: ☐ 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	
		b) Is this means readily available?	☐ Yes	□ No	□ DK	
	7.	Place chosen or considered?	☐ Yes	□ No	□ DK	
	8.	Did chatter <u>literally say</u> they had a suicide "plan"? ☐ Said yes	☐ Said no		Didn't say	
	9.	Prior attempt(s)?	☐ Yes	□ No	□ DK	
		a) How many?	□>1 □	1	□ DK	
	10.	Non-suicidal self-injury (NSSI) (ever)?	☐ Yes	□ No	□ DK	
	11.	Substance abuse (SA) (ever)?	☐ Yes	□ No	□ DK	
	12.	Currently intoxicated?	☐ Yes	□ No	□ DK	
	13.	Substance abuse treatment (ever)?	☐ Yes	□ No	□ DK	
	14.	Current substance abuse treatment?	☐ Yes	□ No	□ DK	
	15.	Psychiatric diagnosis (ever)? (not SA or NSSI)	☐ Yes	□ No	□ DK	
	16.	Outpatient mental health treatment (ever)?	☐ Yes	□ No	□ DK	
	17.	Current outpatient mental health treatment?	☐ Yes	□ No	□ DK	
	18.	Psychiatric hospitalization (ever)?	☐ Yes	□ No	□ DK	
	19.	Recent psychiatric discharge?	☐ Yes	□ No	□ DK	
	20.	Did chatter identify Reasons for Living? ☐ RFL identified	☐ RFL denie	1 □ b:	Neither	
E.	Red	uction of Imminent Risk				
	1. Steps agreed upon by chatter to address their Imminent Risk: Check all agreed upon steps: □ center to send emergency services □ self- or 3 rd party rescue □ get others involved (now) □ transition to phone (now) □ remove means					
	☐ receive follow-up call w/in 24 hrs ☐ other: ☐ none				□ none	
	2.	Imminent Risk reduced by end of conversation without recourse to	urgent action?	☐ Yes	□ No	
F.	Cha	tter Behavior at/by End of Conversation:				
	Last 10 minutes or 20 turns:					
	1.	Chatter expressed gratitude or appreciation		☐ Yes	□ No	
	2.	Chatter expressed feeling better or feeling helped		☐ Yes	□ No	
		ime during conversation:*		_		
	3.	Chatter accepted coping suggestion/agreed to use coping strategy		☐ Yes	□ No	

	4.	Chatter agreed to pursue/engage in new behavioral health treatment	⊔ Yes	⊔ No				
	Last 5	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 e	end:						
		Chatter abandoned conversation (i.e., disappeared suddenly without comment) nearlier version of this form, items F3 & F4 were coded Yes only if the behaviors des st 10 minutes or 20 turns of the conversation.	☐ Yes scribed app	□ No peared in				
G.	Chat	ter'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: ☐ Not at all ☐ A little ☐ Moderate	ly or A lot					
		Inselor Behavior ation #: Conversation Date: Coder #:						
Н.	Couns	elor Behavior with regard to Rapport-Building						
		ted a safe and welcoming environment / Affirmed chatter's current use of crisis cha	ıt □ Yes	□ No				
		bited empathy / Validated/normalized chatter's feelings	☐ Yes	□ No				
		med chatter's strengths	□ Yes	□ No				
I.	Couns	Counselor Behavior with regard to Collaborative Problem-Solving						
	1. Explo	ored what the chatter had tried to do to solve/cope with the problem / what has						
	work	ked for the chatter in the past	☐ Yes	□ No				
	2. Aske	d what the chatter thought they might do to solve/cope with the problem	☐ Yes	□ No				
	3. Offe	red specific suggestions for the chatter's consideration	☐ Yes	□ No				
	4. Revi	ewed the action plan	☐ Yes	□ No				

J.	Counselor Benavior with regard to Suicide Risk Assessment			
	1. Asked: Are you thinking about suicide? / Explored current suicidal thoughts	☐ Yes	□ No	
	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 Tr	eatment l	Promotio	r
	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	