



CrisisChat.org

Online Emotional Support

A Program of CONTACT USA

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CONTACT USA

- Member organization with 60+ centers (ranging in size, services, and crisis call volume)
- Accrediting crisis lines in the United States since the 1960s.
- Mission:
Providing leadership and support to centers that provide helpline services to people in crisis or need.

Online Emotional Support:

Definition and Rationale

Online Emotional Support Defined

- **Online Emotional Support is NOT:**
 - Counseling
 - Therapy

- **Online Emotional Support (OES) IS:**
 - Compassionate, non-judgmental listening
 - Exploration of thoughts and feelings
 - Suicide risk assessment
 - Exploration of positive next steps and options

- **Other terms used going forward:**
 - **Visitor:** the individual requesting OES services
 - **Chat Specialist:** the staff member/volunteer providing OES services

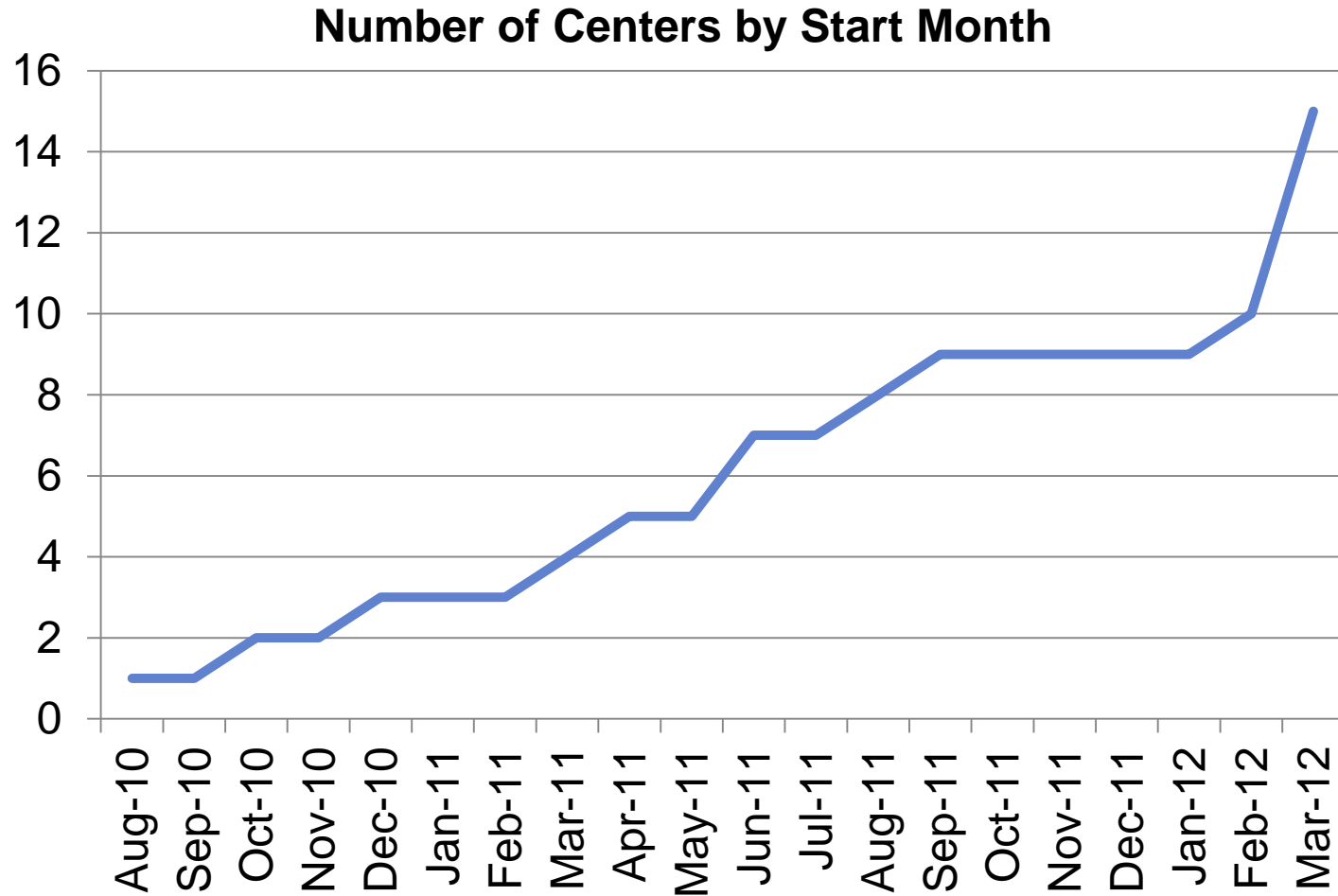
Internet Used as an Emotional Outlet

- **People in distress are reaching out online:** Facebook, Twitter, Craigslist postings, personal blogs, e-mails to crisis centers
- **Why?**
 - convenience
 - anonymity (awkward conversations that would be difficult to have in person)
 - stigma/shame of asking for help from a crisis center
 - lack of confidence and/or verbal acuity to express emotions and ask for help
 - “testing the waters” to see if anyone cares
- **“Online disinhibition effect”:** the tendency of people to open up more and say more about themselves online than they would over the phone or face-to-face

The OES Response

- OES services, such as Crisis Chat, provide a **safe** online venue where people can reach out for help.
- Engaging populations traditionally hard to engage in face-to-face mental health care:
 - teens, those who are homebound, people with social anxieties and phobias, and people with hearing impairments
- **OES services aim to:**
 - Provide people with tools to make better health/life decisions
 - Increase culturally relevant access to support for current and emerging generations
 - Decrease stigma associated with accessing mental health and support services

Growth of Crisis Chat Network



CHAT NOW



CrisisChat.org

Online Emotional Support

What is Crisis Chat?

It's a place to talk about problems and stress that may be difficult to talk about anywhere else... a place to find non-judgmental support and help through a difficult time. Crisis Chat is a place to find information on mental health problems and services. It's a confidential, secure, and anonymous way of reaching out for help when you don't know where else to turn.

Who is it for?

Crisis Chat is for anyone who is going through a hard time and just needs to talk, including people who are thinking about suicide. It's for anyone who may be experiencing depression, anxiety, relationship problems, family stressors, abuse, financial issues, and more. It's for anyone looking for a compassionate connection when they are feeling most alone.

CHAT NOW

Visitor Registration

Register Profile

☐ Chat AnonymouslyEmail: Name: Last Name:

Country: (select country) ▼ State: (select state/prov) ▼

City: Zip code: Email What are you concerned about today?
(select one) ▼Other, please specify
How upset are you today? [Scale of 1-5] *
(select one) ▼Age * Gender *
(select one) ▼How did you find out about Crisis Chat? *
(select one) ▼Other, please specify
Race – How do you identify yourself?
(select one) ▼Ethnicity
(select one) ▼

Optional: Create a username & password for future use.

User Name: (6 - 12 characters)Password: (6 - 12 characters)Confirm Password: ☐ I agree to the Terms and Conditions of this service [\(more\)](#)

Already Registered?

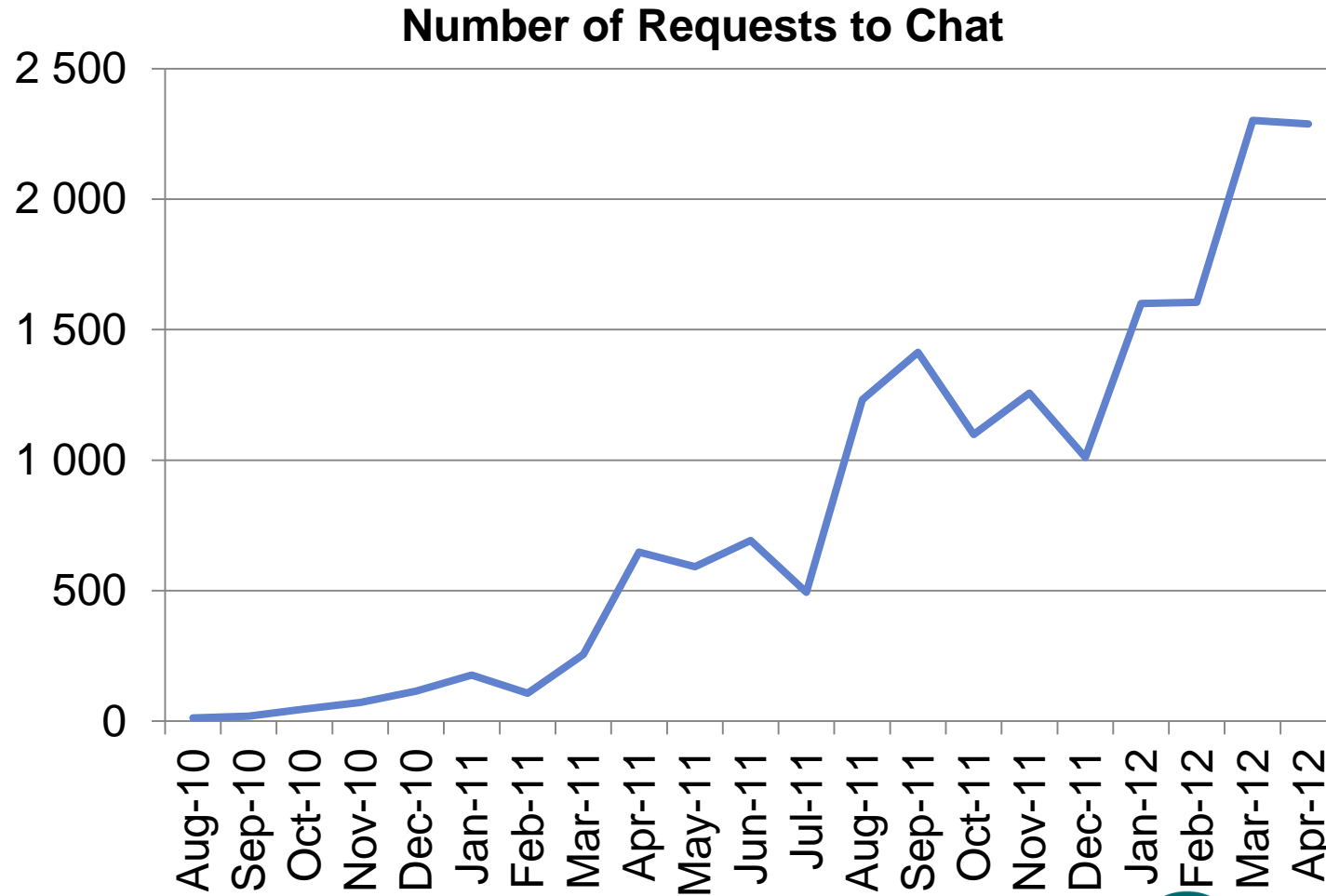
Just log in below:

User

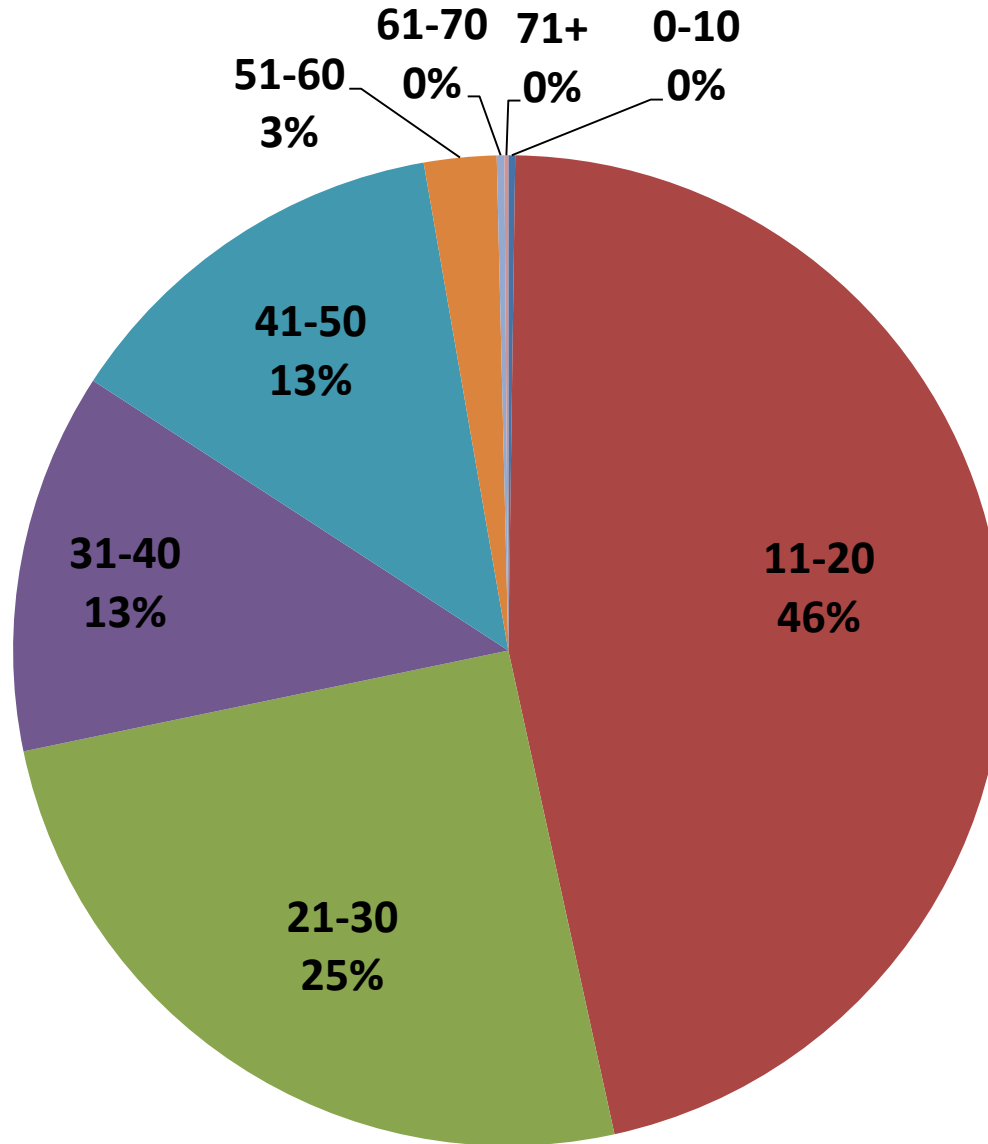
Name: Password: [Forgot Password](#)

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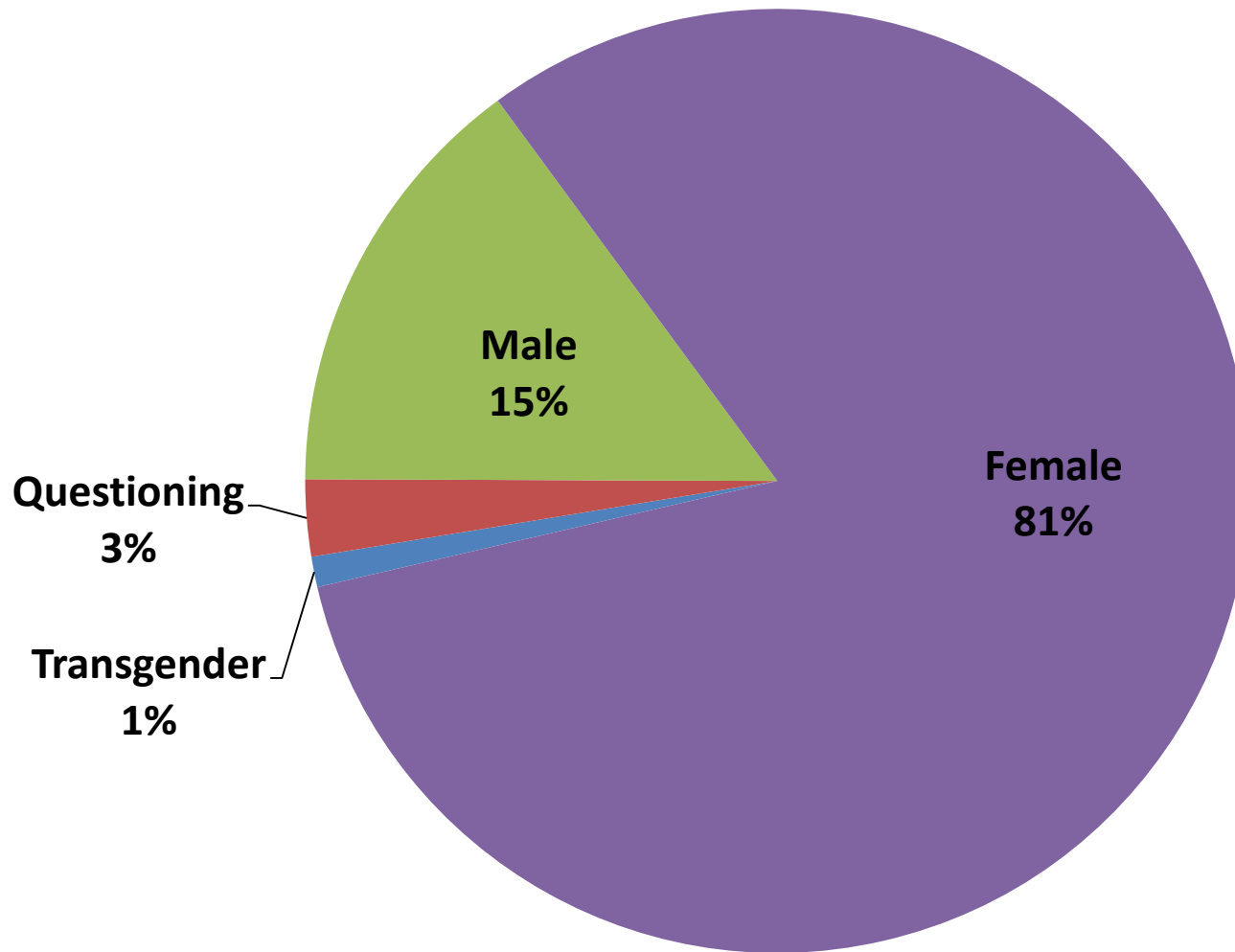
Service Demand Volume



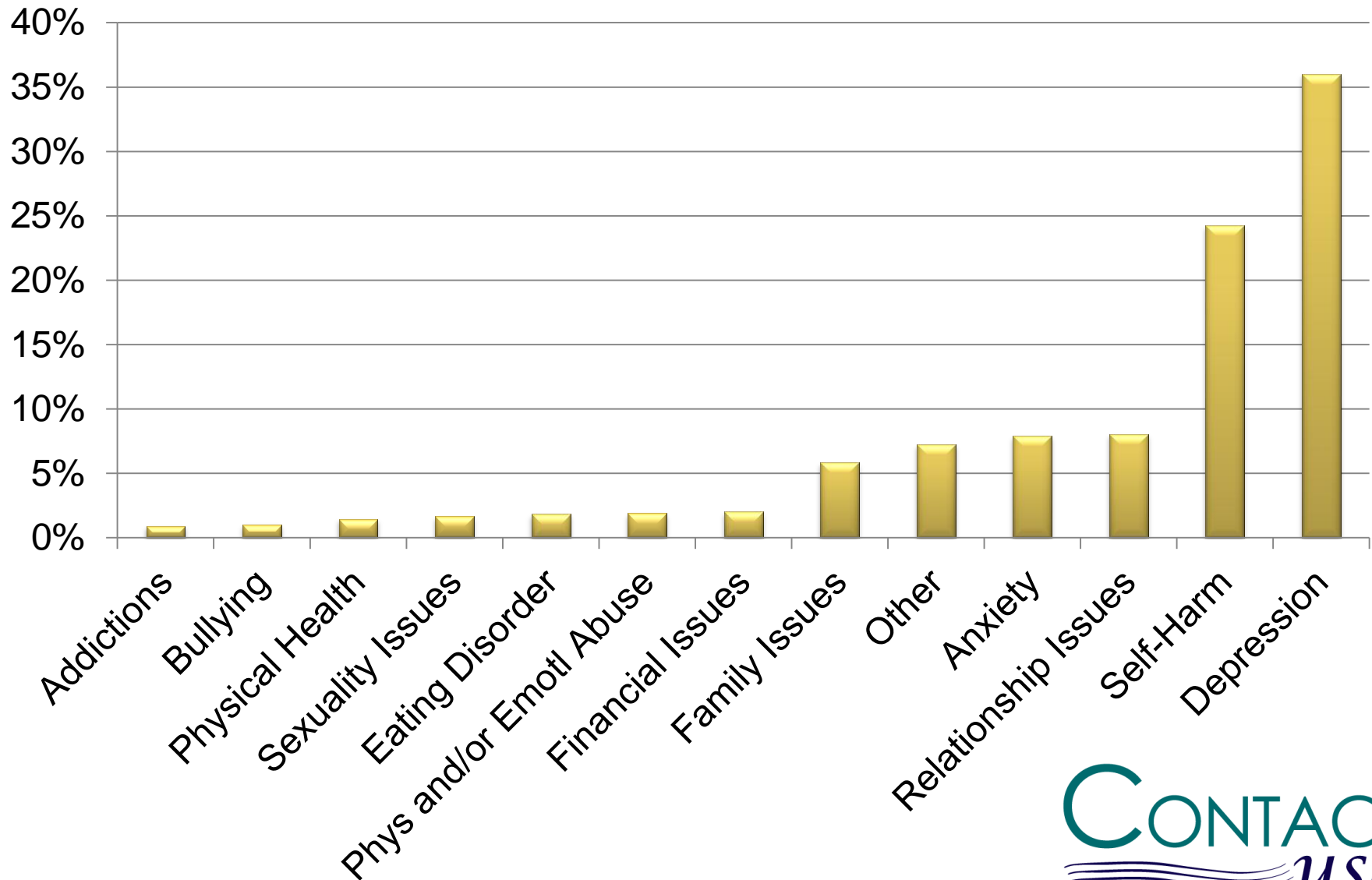
Visitor Age, 2011



Visitor Gender, 2011



Main Concern, Jan-Mar 2012



Engaging in Chat

Crisis Chat Greeting

- Use a welcoming greeting, something like:

“Welcome to Crisis Chat. What brings you to chat today?”

Example:

Specialist: *Welcome to Crisis Chat. What brings you to chat today?*

Visitor: *I hate my life*

Visitor: *seriously...I hate it.*

Specialist: *I'm sorry to hear that you are having a tough time... my name is Tess. When you say you hate your life, what do you mean?*

Chat Specialist & Visitor Expectations

Chat Specialist:

- The average chat lasts 45-60 minutes.
- High risk chats sometimes take 2 hours or more.

Visitor:

- Visitors are unfamiliar with the service and may not understand what it provides, but also its limitations.
- When necessary, provide the Visitor with information on chat format: discussion of issues and options for support.
- While you want to be patient and allow for conversations to unfold, it's also important to not allow the Visitor to cover every single issue they have; help them focus on their main concern.

Etiquette on Chat

1. Respond promptly to a Chat Visitor and expect the same from them.
2. Answer a request for chat as promptly as possible but not longer than two minutes.
3. Do not use slang in conversations; maintain professionalism (use emoticons sparingly).
4. Use correct punctuation and minimize spelling errors.
5. Refrain from joking with the Visitor. There is more chance for miscommunication in the absence of verbal tone, so it is more difficult for the visitor to tell if you are kidding, tongue-in-cheek, serious, sarcastic, etc.
6. Do not type in ALL CAPITALS – it is called “shouting” and is considered to be rude.

Emoticons

- An **emoticon** is a textual expression representing the face of a writer's mood or facial expression.

Emoticons are often used to alert a responder to the tenor or temper of a statement, and can change and improve interpretation of plain text.

- Limited emoticons may be used by a Chat Specialist to maintain rapport, but also maintain professionalism.

smile :) or sad :(

Net Speak/Net Slang

bbl	=	be back later
BF/GF	=	boyfriend/girlfriend
BFF	=	best friend forever
brb	=	be right back
HO, H/O	=	hold on
IMHO, IMO	=	in my humble opinion, in my opinion
J/K, JK	=	just kidding
LMAO	=	laughing my ass off
LOL	=	laughing out loud
neone, ne1	=	anyone
nething	=	anything
neway	=	anyway
nm	=	never mind
OMG	=	Oh my god
ROTFL	=	rolling on the floor laughing
TMI	=	too much information
Fml	=	F*#@ my life

idk
=
I don't know

Various Emoticons Visitors Might use

:)	:~)	=)	=	happy
:-D	:D	=D	=	very happy, big grin
:-(:(=(=	sad
:-*	:(:'(=	crying
>:(>:-(>:-O	=	angry
:-.	:-_		=	sleepy
>.>			=	Frustrated
:-P	:P	=P	=	sticking tongue out
X-(x_x		=	dead face
:-X	:X	=X	=	not talking
:-!	:!	=!	=	foot in mouth
;-)	;))		=	winking face
8-)	8)		=	cool
:-/	:/	=/	=	so-so, unsure
<3			=	heart, love
</3			=	broken heart

Communication Challenges

Chat Timing

■ **Jumping too far ahead:**

- A Specialist may use too many questions, or may move too quickly toward “problem solving” or the suicide risk assessment because they don’t know where else to go early in a chat.
- Using open-ended questions, validation and empathy at the beginning of a chat will allow the Visitor to express the issues that brought them to chat.

■ **Chat segments:**

- Not too short, but too long.
- Come to a happy medium with your “chat segments,” matching the Visitor’s style, if appropriate.

■ **Out of sync communication:** a Visitor’s response to a question may come after they’ve provided additional content.

- This is common in chat settings. It’s ok to clarify which answer corresponded to which question and other potentially confused meanings.

With Chat Comes Silence

- **Without auditory cues:**

- the Specialist cannot gather information from the visitor's voice tone or inflection
- the Specialist cannot show empathy and understanding via tone of voice either
- both factors may make rapport building more difficult and take Specialists out of their comfort zones

- **Filling the silence:**

- use of "hmmmm..." or "ohhhh..." or "I see" lets the Visitor know the Specialist is still present and engaged in the conversation.

Further Filling the Silence

- You can “**check in**” with the Visitor by asking:
 - “How are you doing with this chat? Are you still OK?”
 - “How are you feeling right now? Any changes we should talk about?”
 - “Am I giving you enough time to talk?”
 - “Am I hearing you right? Do you feel that we are on the same page?”
 - “How are you doing on time? Do you need to stop or can you still chat more?”

Long Pauses

How can you tell if a Visitor is composing their thoughts before typing, is multitasking, or is crying so hard they can't type?

You can't.

Confront, ask clarifying questions and be assertive when necessary:

- Tell the Visitor that you notice there are long pauses between responses and ask what is causing the delay in response.
- Since we cannot see or hear our Chat Visitors, it is always good to ask questions to find out more information.

High Levels of Disclosure

- Online disclosure is high and many topics are often disclosed at once.
 - Visitors may not answer questions because they are busy typing out more details.
 - There may be a very high need for the Visitor to “vent” for a long period of time.
- ***Assertiveness and Use of Repeating Questions:***
 - Be assertive in directing the flow of the chat at all times.
 - Help the Visitor focus on one issue at a time.
 - Repeat questions if the visitor does not answer the first time.

Lack of Insight/Negative Outlook

Examples:

- One-word or short responses.
- Providing a lot of idk (“I don’t know”) answers.
- Unable to discuss emotions with depth.
- Doesn’t have insight into what helps, i.e. “nothing helps” or, “I don’t have anyone to talk to.”
- Doesn’t want to work through positive next steps; resists referrals to community supports.

Lack of Insight/Negative Outlook

Re-Phrase, be Persistent and Creative

- Repeat questions and re-phrase them if necessary.
- Try these ways of reframing your questions if a Visitor cannot come up with a solution:
 - “What advice would you give a friend in this situation?”
 - “I know you don’t know what to do, but pretend you do, just make up an answer for me...,”
 - If all else fails, tell them you are not sure what they are looking for and ask how you can best help them.

Empower

- Focus on empowering Visitors to make their own decisions, even if they present as helpless.
- Help Visitor brainstorm self-soothing activities.
- Resist the temptation to tell Visitor what to do.

Ending the Chat

Do:

- “How are you feeling now compared with the beginning of the chat?”
- “I am going to have to start wrapping up the chat in another 5-10 minutes.” (summarize feelings, plan for moving forward)
- Provide national hotline (NSPL in U.S.) number as a 24/7 alternative.
- “Thank you for visiting Crisis Chat. Please come back to chat with us again.”

Don't:

- “I have to go now.”
- “Sorry I have to take a call, come back ltr.”
- “We have been chatting for quite a while, I think it is time to end the chat.”
- “We don't have any more time to chat now.”
- “I gotta go.”
- “Later” (or “L8R”)

Abrupt Endings on Chat

Transient and Unconnected Nature of Chat

- The flip side of the online disinhibition effect:
 - While it is easier for Visitors to disclose in an online environment, it is also much easier for them to disconnect (lower feeling of responsibility to the relationship/ easier to leave someone you cannot see).
- It can be hard to have a chat end without resolution especially as we have no way of “calling back” Visitors that have not given us contact information.

Risk Assessment, Safety Planning & Active Intervention

Suicide Risk Assessment

- Risk assessment takes longer on chat.
- Asking all the questions may need to be woven in many sections of the chat. If resistant at first, come back to them later.
- Preface with a leading statement in text-based communication.
- Stay focused on the questions you need to ask.
- Begin the risk assessment as soon as a comfortable rapport has been established, as chats can unexpectedly end at any time.

Example of High Suicide Risk and Online Disinhibition

CRISE - SUMMER INSTITUTE 2012 - MONTRÉAL

Effect – high disclosure up front: (1)

- Chat Specialist: Welcome to Crisis Chat. What brings you to chat today?
Anonymous: I'm very overwhelmed, I just wanna die.
Anonymous: I just got done having it out with my dad.
Chat Specialist: It sounds like you're feeling hurt by this.
Anonymous: Yes, I feel like no one understands me, even more so since I got out of the psych unit on Mon. I was there for a wk and half.
Anonymous: My depression is caused by such a broad spectrum that it seems no one believes I am truly depressed.
Chat Specialist: That's sounds very frustrating.
Anonymous: I'm supposed to die.
Anonymous: I can't do this anymore.
Chat Specialist: Why do you believe you are suppose to die?
Anonymous: Because I suffer so much, I was just put on this earth to suffer.
Anonymous: I've just given up.
Chat Specialist: Are you thinking of suicide today?
Anonymous: Yes, tonight
Anonymous: I'm gonna stab myself to death.
Anonymous: Cause I'm not afraid of pain.
Chat Specialist: Do you have the knife?
Anonymous: Not at the moment, but I will get it.
■ I know right where It is.

*Example – Need to repeat question because chat visitor is not answering.
Chat specialist more responsive but also assertive*

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Anonymous: I wanted to commit suicide but didn't

Chat Specialist: what happened to cause you to want to kill yourself ?

Anonymous: I feel like I'm not good enough for my mom she's constantly telling me I'm a failure

Chat Specialist: I'm sorry to hear that. That must hurt you a lot to hear such words. Was there something specific that caused you to want to kill yourself?

Anonymous: I try to do everything for her and help her out with my brother and sister but it's never good enough about 3 years ago I went into remission from leukemia and went through depression and now it's happening again

Anonymous: I just want to get out of this school. I want to get away

Chat Specialist: Of course, get away from all the stress there, it seems to be a very unsupportive place for you, at least socially. **are you thinking about cutting or about suicide right now?**

Anonymous: yes..

Chat Specialist: which one?

Anonymous: both

Chat Specialist: ok, well thank you for sharing with me

Chat Specialist: what is your plan for suicide - cutting?

Anonymous: well there's a knife across the room.. an entire workbench in the room next door... my prescription upstairs that's meant for cramps..

High/Imminent Risk on Chat

Chat Visitor Location

- For each visitor we have an Internet Protocol (IP) address, which is the unique virtual address for each computer.
- This is not always traceable back to a computer – for example, if it is part of a University or wi-fi network.

Chat to Phone

- Some centers have also been able to turn high risk chats into phone conversations. Centers have internal protocol on how and when to turn a chat into a phone call.

Example: Exploring Reasons to Live/Die and Risk Assessment.

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Chat Specialist: so is the bullying the main reason for wanting to die right now, just to escape it?

Anonymous: Like it's the rumors the nonsense. I can't take another day in this

Chat Specialist: so you feel like you can't escape it? I can imagine how badly it must feel to be bullied every day.

Anonymous: Right. And the problem is I don't know what's being said, but I have feeling i know what is said

Chat Specialist: so not knowing is really one of the worst parts, then of course you are imagining what is being said which must take up a lot of your mental energy

Anonymous: Yes

Chat Specialist: and you end up now thinking about dying

Chat Specialist: is there any reason you can think of to keep going?

Anonymous: Just some of the nice people around me, very few

Chat Specialist: yes, it sounds like you have some positive nice peers at school, is that what you are talking about?

Chat Specialist: or are you also talking about teachers/ family?

Anonymous: No just like a few nice friends and my family

Chat Specialist: ok, so your relationship with all of them is very important to you

Anonymous: yes

Chat Specialist: do you want to tell me more about those friends and family?

Anonymous: My family is very supportive of everything I do and my friends(That I do have) they joke around and just make the day better for a bit

Chat Specialist: so it sounds like they all might be a reason to stay alive?

Chat Specialist did you get my message?

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Example: Exploring Reasons to Live/Die and Risk Assessment (Cont'd)

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Anonymous: Yes

Chat Specialist: are they a reason to stay alive?

Anonymous: Maybe

Chat Specialist: ok... I know it is so hard to get through this.

Anonymous: Yeah

Chat Specialist: can you tell me a bit more about your thoughts of suicide? what have you been thinking about?

Anonymous: What do you mean as in thoughts?

Chat Specialist: Do you have a plan for how you would kill yourself?

Anonymous: I've attempted to mam

Chat Specialist: ok, what happened? what did you do? did anyone find out?

Anonymous: I tried to choke myself, to cut myself and no one found out

Chat Specialist: ok, well how did you feel after that happened?

Anonymous: I felt just like why didn't i die now? why

Chat Specialist: so you really want to die - when did that happen?

Anonymous: 4 weeks ago

Anonymous: I really do

Chat Specialist: so you really want to do it again now? Do you have something to kill yourself with?

Anonymous: A box cutter

Chat Specialist: ok, are you cutting yourself now?

Anonymous: No

Chat Specialist: ok... have you thought about when you want to cut yourself?

Example: Exploring Reasons to Live/Die and Risk Assessment (Cont'd)

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Anonymous: No i haven't done that for a while

Chat Specialist: so you don't want to cut yourself to die right now then?

Chat Specialist: you are just thinking about it?

Chat Specialist: so you are just thinking about cutting yourself now, but don't want to do it?

Anonymous: No, I'm thinking about choking myself

Chat Specialist: you mean hang yourself?

Chat Specialist: do you mean hang yourself?

Chat Specialist: are you thinking of hanging yourself?

Anonymous: I don't know how to

Anonymous: Possibly

Chat Specialist: ok, do you have something with you that you can hang yourself with?

Anonymous: probably not

Chat Specialist: what do you mean by probably?

Anonymous: I don't know how to

Chat Specialist: ok, I understand....

Chat Specialist: I understand... are you alone at your house right now?

Anonymous: Yes

Chat Specialist: ok... when do your parents return?

Anonymous: soon

Chat Specialist: ok. do you think you can make it until they return...

Anonymous: um i guess

Example: Exploring Reasons to Live/Die and Risk Assessment (Cont'd)

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- Chat Specialist: ok, when they are in the house do you still feel like you would try to kill yourself, or do you feel safer?
Anonymous: I would still try
- Chat Specialist: ok... do you agree with me that your life is at risk?
Anonymous: yes
Chat Specialist: ok, I hear that a part of you wants to die to escape these
- horrible rumors and a part of you wants to live.. because you have a supportive
- family and some nice friends too... is that true?
Anonymous: yes
Chat Specialist: do you want to talk through a plan with me to keep you more safe?
- Anonymous: yes

Safety Planning

- At end of a long chat – Visitors feel a little better and don't want to continue.
- Safety planning takes more time in an already long chat.
- Some Visitors will be unable, resistant, or just not ready to think proactively about positive next steps.
 - They may only be able to engage with us on a connecting level, receiving our positive support, but unable to work through a safety plan.

Safety Planning occurs only if the visitor is engaged in the process:

In most cases on chat, safety planning will only be partially completed, if at all.

Facilitating Active Intervention

- **“Active Intervention”** is much more difficult online without the cooperation of the Visitor.
- If risk of harm is suspected, attempt to collect identifying information:
 - full name
 - phone number
 - address
 - emergency contact
- Obtain the Visitor's IP address
- Contact local authorities when police intervention may be necessary.

Facilitating Active Intervention

Limitations:

- 9-1-1 Centers may not want to take extra step to contact ISP so the call center supervisor may need to spend extra time encouraging them to do so, being persistent and following up to ensure that the necessary connection was made.
- This process may take several hours to unfold so immediate rescue may not be possible.
- IP address does not always track back to a physical location or individual user because it is part of a larger University, apartment building complex or wi-fi network.

Active rescue based on IP address is hard, but possible!

CHATTING WITH:
Teenagers
Visitors with Mental Illness
Challenging Visitors

Chatting with Teenagers

- **Adults** often feel a responsibility to protect youth and keep them safe.
- **Teens** are used to getting advice and being told what to do.
- **“I don’t know” (idk)** responses from teens:
 - Some are quick to be helpless or may legitimately have difficulty coming up with answers to questions. Some become agitated when we won't give them advice.
 - Others hate being directly told what to do.
- Try to explore their options and get an idea of what they think *they* should do or what other people have suggested to them.
- A happy medium between providing general helpful suggestions and empowering them is best.

Communication Meltdown with Teens

■ Possible causes:

- Advice giving
- Belittling or using patronizing statements
- Devaluing their experiences
- Using jargon or that “counseling stuff”
- Using words like “children”, “kids”, etc.
- Pushing them to talk with their parents when they’ve already indicated significant distress in this relationship

Example: Teens have trouble finding a counselor they feel comfortable with and can trust.

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Chat Specialist: So I am glad to hear that you also call the Trevor line... its good to at least know where you can go when you feel very alone.

Anonymous: it definitely is. because that is prob one of the worst parts about everything, that i have had nowhere to turn.

Chat Specialist: well, there are always people that care out there and it sounds like you know how to find them. I know that it would be better to have someone in your real life to talk to though... its hard to feel alone. Do you live in a rural area?

Anonymous: yes. and i talked to a thearapist once and i didn't like it at all. she didn't even say hi she just stared at me.

Chat Specialist: wow, she sounds really cold and uncaring, it sounds like the two of you really didn't connect.

Anonymous: my mom wanted me to go see her again but i don't want to. and i felt baad too because it is really expensive and i dont think my parents have enough to send me to something that doesn't even do anything.

Chat Specialist: well, if it doesn't feel good, if you dont' connect with you, that you should trust yourself, bc its not going to be helpful unless you trust her and feel comfortable with her... it sounds like you don't is that true?

Chat Specialist: connect with her

Anonymous: i don't at all.

Anonymous: she told my mom a couple things that she promised she wouldn't

Chat Specialist: is there anyone else you feel you can talk to?



Example: Bullying and Suicidality.

Chat Specialist: Hello and Welcome to Crisis Chat, my name is Rachel, what brings you to chat today?

Anonymous: Well I have just been feeling very Suicidal

Chat Specialist: ok, well I am glad you are here, I am here to support you.

Anonymous: Thank you. Like the suicidalness has been going on for maybe 4 wks going on 5

Chat Specialist: ok, well what is it that makes you think about dying?

Anonymous: Part of it is rumors that are being spread about me to make boys not date me and none of them believe me. The other half I couldn't tell you cause I don't know why

Chat Specialist: ok... so part of it is because of mean things people are saying about you and part of it is something you can't explain, maybe just a really low feeling?

Anonymous: Yes mam

Chat Specialist: ok, so tell me more about the rumors... what is that about?

Anonymous: I am in SAB(Stand Against Bullying Club) and there is a Freshman who actually started the whole club from her being bullied previously and another girl that is in the club is helping me also and trying to tell me to do like positive things. Well I have tried though and they are helping me in every way possible, but every day, it's just the same feeling all the time.

Chat Specialist: well good for you for finding support and getting help from some positive peers, bullying can be horrible, it must feel horrible being the brunt of it.

Anonymous: Yes mam

Chat Specialist: so is the bullying the main reason for wanting
to die right now, just to escape it?

Anonymous: Like it's the rumors, the nonsense. I can't take it.

Example: GLBT Coming Out Issues are very painful and intense for young people.

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- Chat Specialist: ok I believe you mentioned before you were thinking about suicide...
Anonymous: I have been for a long time.
Chat Specialist: ok, so what kinds of stressors are you dealing with right now?
Anonymous: i don't know. i like girls, and recently told my mom. but i wish i hadn't.
Anonymous: and i just don;t have anything. i dont have friends grades i am to self concious to play sports. before i could just cry and sleep all the time and be okay, but now for some reason i can't cry and i haven't been able to sleep like i could before.
Chat Specialist: ok, so that must be a big stressor for you, how did your mom react?
Anonymous: she cried
Chat Specialist: how did that make you feel?
Anonymous: really bad. and she told me how when i grow up im going to have all these problems like i willl have to live in certain areas and stuff because people won't like me. it was almost like she was trying to talk me out of it. even though she cant

Visitors with Mental Illness

- **DO NOT** try to diagnose a mental illness on chat.
- Use **same words** the Visitor is using (sad, down, depressed, anxious).
- **Normalize** their feelings and **de-stigmatize** help seeking:
 - “I can understand how reaching out for help can be difficult. I want you to know that many people suffer with feelings like yours and some of them are able to get better after they ask for help.”
- **Ask questions** regarding their history with their mental illness and comfort level with seeing a counselor.
- **Educate and encourage** towards mental health treatment:
 - “Many people who are suffering from periods of feeling very up and then very down such as you are, get help by seeing a counselor. Is that something you might be interested in?”

Example: Mental Illness and Treatment

Anonymous: I've tried multiple interventions, now recently I've been acting like I've given up

Anonymous: or I have

Chat Specialist: It sounds like you are either disappointed with the interventions or exhausted, or both.

Anonymous: well both

Chat Specialist: That's understandable. Would you tell me more about how the interventions disappointed you? It seems that maybe they didn't give you the results you were looking for.

Anonymous: I think that maybe they were good interventions but I'm sort of a lost cause and of course its one thing to have interventions but be in a relatively stable environment but I've sort of had trauma after trauma hit me in the meantime

Anonymous: or perhaps its entirely that I'm a lost cause

Chat Specialist: What makes you say that... Is it because you haven't seen the results you would like? Or because you are depressed possibly?

Anonymous: there is no doubt that I'm depressed

Chat Specialist: That would be a very normal response to everything you have been through. It also sounds to me as if your life hasn't had a chance to find a sense of stability that would you offer you the opportunity to process everything that has happened.

Anonymous: no it has not

Chat Specialist: Tell me more about feeling like a lost cause? What makes you feel that way?

Anonymous: well nothing has worked for me, people have given up on me

Anonymous: I contribute nothing to anyone

Chat Specialist 7:46 PM: Mmm...it must be hard to have the energy to contribute to friends, work, etc. when you are facing violence, loss, chaos and pain. It's like you are just in self survival mode all the time.

Anonymous: that is very true

Anonymous: you expressed that sentiment clearly

Working with Challenging Visitors

- Visitor uses **multiple hours of chat time** every day and consistently presents at very high suicide risk.
- Visitor comes on chat and provides **different stories** each time he/she comes on (chat visitor identified by IP address).
- Visitor wants to talk about a **sexual problem** in an explicit manner and it's difficult to determine if it is an inappropriate chat Visitor or not.
- Visitor only wants to speak to a **certain Chat Specialist**.
- **Multi-tasking Visitor:** be assertive in that you need to be able to communicate at a faster rate; encourage the Visitor to return when they can focus more on the chat.

Example: Sexually inappropriate chat visitor – chat specialist is clear with boundaries and ends chat.

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- Chat Specialist: ok, I just want to make it clear that we are not here as a sexual outlet.
Anonymous: I am not asking you to participate... just to talk...
Anonymous: please.
Chat Specialist: I cannot talk with you without assurance that you are not masturbating. That is not the purpose of our service.
Anonymous: you need assurance? how?
Chat Specialist: well, honestly I am already feeling uncomfortable with the conversation. I am sorry but you will have to come back to chat another time."
Anonymous: may i just ask one question? please?
Chat Specialist: ok
Anonymous: what kind of shoes did you wear to work today? heels? flats? that's all I want to know, and then I will leave.
Chat Specialist: I am sorry, I need to end this chat now.

Chat Example:

You have been on a chat with a man who is severely depressed, has not left his apartment in one week, has law school debt of \$150,000 and has no job and doesn't like his chosen career, doesn't see his children much, thinks he is a terrible father, and thinks everyone (including himself) would be better off if he were dead. You have been talking with him for 2 hours already on chat... he has not de-escalated his wish to die (but has no plan or means or time set) and also seems very intent on continuing the conversation with you.

What do you do?

Pauses between Segments

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Chat Example:

You have been on a chat with a visitor who states she was raped two days ago and also has a history of childhood sexual abuse, she just can't take the pain anymore and she wants to kill herself. She seems to be in great pain but she is taking an average of 2-3 minutes to respond to you each time you respond to her. You are early on in the chat interaction, discussing "reasons for dying"/ the difficult emotional content.

What do you do?

High Levels of Disclosure

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Chat Example:

You are chatting with a 15 year old girl who has disclosed that she has an incurable disease that will affect her for the rest of her life. It makes her smaller than other girls and she walks with a limp. She seems to be very distressed and when you begin your suicide risk assessment, she says she wants to die, but seems to ignore your other questions regarding previous attempts and past thoughts of suicidality. She has a lot to say and is expressing her anger and hopelessness to you.

What do you do?



Chat Example:

Anonymous9043 5:30 PM: i have tried to kill myself before.

Chat Specialist 5:30 PM: ok, and what happened?

Anonymous9043 5:30 PM: but i am not seriously thinking about it at this moment.

Anonymous9043 5:30 PM: nothing, i woke up the next morning.

As the Chat Specialist, what would you say next?

Chat Example:

A woman is chatting with you about her husband who has been missing for five days, she suspects on a drug binge. She says she is worried for his life and worried about providing food for her children in his absence.

What possible emotional states might she be in?

How can you determine this?

Lack of insight/"Idk"/ Negative Outlook

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Chat Example:

You are talking with a young woman tried to kill herself two months ago with pills but survived and never told anyone. She has disclosed for the very first time on chat that she thinks about suicide frequently and she is afraid for her life. You start to encourage her to reach out to an adult in her life, but she says she won't tell anyone. You talk to her about positive coping strategies, but she says nothing works.

What do you do?

Chat Example:

You are speaking with a man who has not slept in three days and is considering suicide but is not at immediate risk. You have been chatting for 90 minutes and as you try to move him towards safety planning, he gives you many one word answers and you feel as if you are carrying the conversation.

What do you do?

Chat Example:

You are chatting with a teenage girl who is being bullied in school because she is a lesbian. She has no friends and she feels very alone. You ask her if she is thinking about suicide today and she says yes, and then she talks about all the reasons she has for not wanting to go on anymore.

What do you do next?

Chat Example:

You are talking with a woman that wants to jump off the Golden Gate bridge. She has already bought a one-way ticket to San Francisco for two days from now and after talking with her for two hours she says she still is going to do it and then ends the chat. She has not consented to follow up and has not given you identifying information.

What do you do?

Chat Example:

You have been chatting with a teenage girl who is resisting the urge to cut as she doesn't feel pretty or wanted, her boyfriend broke up with her last week. You have asked her if she can put the razor down while she is talking to you when she says she has to go and leaves the chat.

What will you do?

Supervisory Challenges on Chat

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Chat Example:

Your Chat Specialist has been talking with a girl for 75 minutes who has been extremely upset because she is not doing well in school and is being picked on by peers. The Specialist is very worried about her. The Visitor expresses high amounts of distress and hopelessness and says she thinks about dying a lot. She suddenly leaves the chat saying, “thanks! 😊, I’ve got to go to basketball practice, my mom is calling me.” Your specialist is exhausted and ends up feeling confused, almost used.

As a supervisor, how do you support your specialist?



Supervisory Challenges on Chat

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Chat Example:

One of your Specialists just finished a very difficult chat with a woman who was displaying manic symptoms (both in reported behavior and her communication style). She seemed intent on killing herself and abruptly ended the chat. The Specialist has no way of contacting her and the IP address information does not match the demographic information she provided.

What are some possible ways you can support your Specialist at this point?

Staffing and Supervision

Staffing Considerations

Chat Specialists excel in written communications:

- Verbal communication and written communication are very different skills.
- In general, people who are good with writing and written communications will do better on chat than people who struggle with communicating in text-based mediums.
- Some staff or volunteers who may have struggled to become good hotline volunteers may do better as Chat Specialists.
- Chat allows for more time to form thoughts and think carefully through responses before they are given.

Staffing Considerations

It doesn't work for some people:

- Some people excel at verbal communications and rely on verbal tone of voice to a large extent to connect with a caller. These people may find chat to be tedious or not as rewarding as work on the phones.
- Some have trouble “hearing” tone of voice on chat.
- Some people do not adequately manage the conversation to comply with the call model (poor assertiveness).
- Some people may find working with teenagers (and younger populations) frustrating or difficult.

Supervisory Challenges on Chat

Intensity of Chat Medium

- High risk nature of interactions.
- Teenagers tend to express in a more emotionally dramatic manner, making the chat seem more intense.
- High volume of service requests, many of which cannot be answered.
- Chat Specialists usually have no break between chat requests on a shift.

Considerations for the Chat Specialist

- Chats can end without resolution.
- Specialists report a high degree of concern for the safety of the Visitors as well as feeling physically and emotionally exhausted after a shift ends.
- Intensity is heightened if Specialists take on two or more chats at a time.
- It can be stressful for Specialists when they are not able to respond to all chats in the queue.
- With any new communication medium, timely and detailed feedback is vital.

Supportive Supervisory Techniques

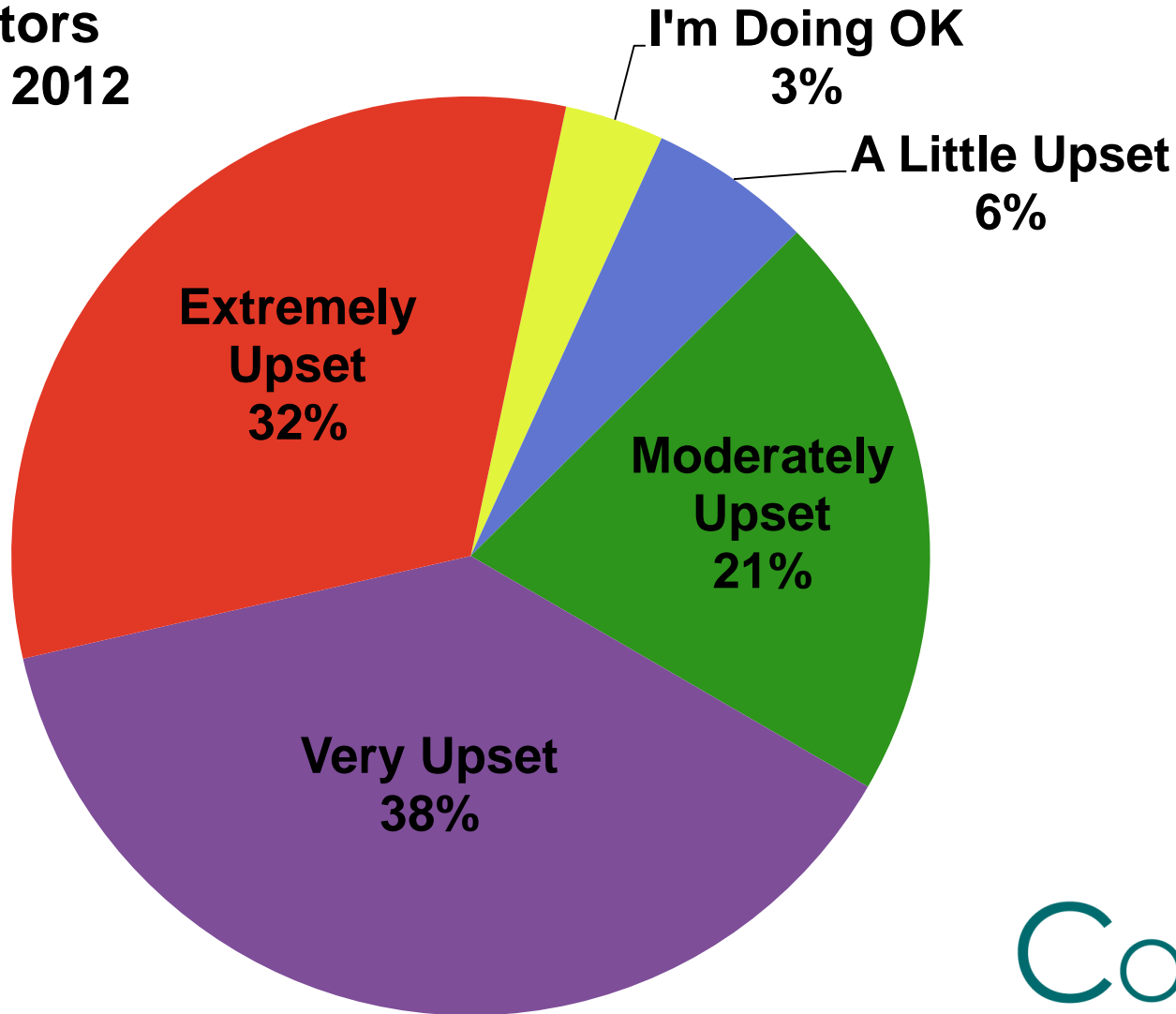
Structural Supports (to prevent burn-out):

- Schedule shorter shifts for chat and schedule chat shifts only every so often (rotate with phone shifts).
- For volunteers: provide stipends if you can and don't schedule for shifts that end late at night.
- Provide in-person supervisory support when you can.
- Supervisor can "barge" into chats to provide live feedback and when needed, feed lines to Specialist.
- Assume a chat (seamlessly from the Chat Specialists account) when possible.

**Providing online chat services
sounds too intense and
challenging of an endeavor to
undertake, why do it?**

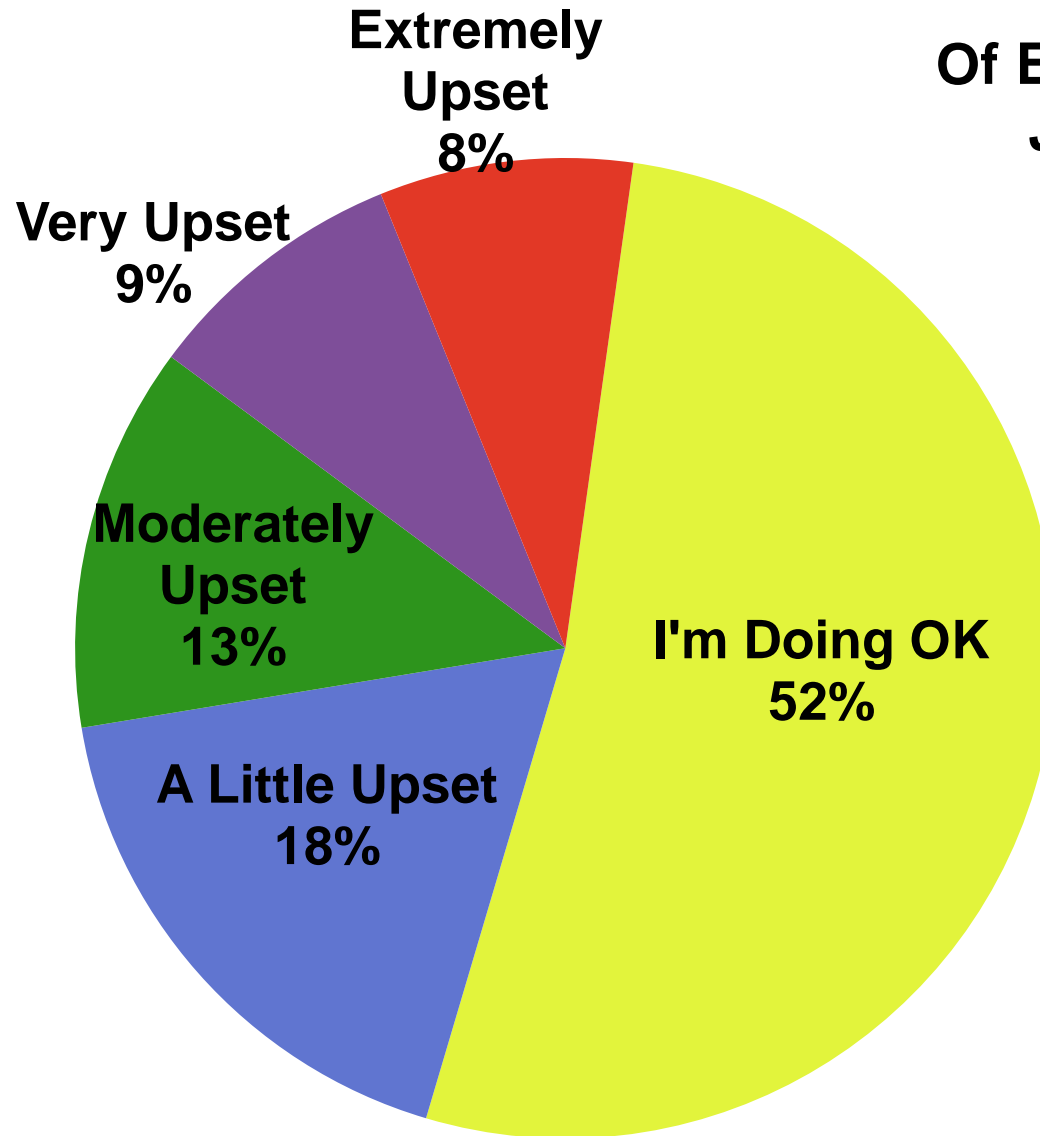
Visitor Level of Distress, Registration

**All Visitors
Jan-Mar 2012**



Visitor Level of Distress, Post-Chat Survey

**Of Engaged Visitors
Jan-Mar 2012**



Visitor Feedback

- “I have gotten a lot of support here. I would go as far as to say they have saved my life.”
- “This service has been a great help to me. It is a great alternative when you can't or don't feel comfortable talking on a phone. I know I've tried to call the suicide hotline three times, but panicked each time, so this is perfect for me.”
- “Being in my current situation I have no support, it was nice to have or feel as though someone was on my side.”
- “I was really relieved to see this service existed cause I hate talking on the phone.”
- “I think this is an incredible service and resource for those of us who are suffering and just need someone to listen to us.”

Collaboration & Next Steps

National Suicide Prevention Lifeline – Chat Pilot:

- CONTACT USA is providing training, consultation, and accreditation for centers participating in NSPL's national chat pilot.

Next Steps:

- Continued growth of network
- Service hour expansion
- Partnership with the National Suicide Prevention Lifeline to build one large network.



For questions and more information:

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