

EXECUTIVE SUMMARY

In January 2008, the Lifeline Standards, Trainings and Practices Subcommittee (STPS) and Steering Committee approved the Lifeline Policy for Helping Callers at Imminent Risk of Suicide. This background paper details the underlying process, research and rationale that led to its development. Findings are presented from two independent federally-funded evaluations of network crisis centers that each indicate a need for consistent center practices for assisting callers at imminent risk of suicide. Current gaps in crisis center accreditation requirements are detailed, whereby certifying body guidelines for helping callers at imminent risk of suicide are non-existent or insufficient to address the needs noted in the evaluation findings.

The Policy for *Helping Callers at Imminent Risk of Suicide* emanates from an underlying set of values that are represented in this document. These core values of Lifeline's work with callers at imminent risk of suicide emphasize: 1) the need to take all actions necessary to prevent a caller from dying by suicide; 2) active collaboration with the caller to act to secure his/her own safety; and 3) collaboration with other community crisis and emergency services that are likely to aid the crisis center towards ensuring the safe, continuous care of the caller at imminent risk. This paper provides a definition for what constitutes a caller at "imminent risk of suicide," a definition that is informed by Lifeline's Suicide Risk Assessment Standards. In addition, Lifeline's process for determining the core values, definitions and components of the Policy for Helping Callers at Imminent Risk of Suicide is detailed in this paper.

The Policy for *Helping Callers at Imminent Risk of Suicide* can be understood in terms of the two central concepts of "active engagement" and "active rescue." Terms new to the field of suicide prevention, though familiar to crisis hotlines, these concepts are an integral part of any call center policy that would effectively address caller safety. The individual components that make up this policy can be summarized as follows:

- **Active Engagement:** This central component refers to the ability of the crisis center staff to not only adopt an "active listening" approach but requires that they actively engage the individual at risk in a discussion of their thoughts of suicide; supporting the individuals experience, exploring strengths and resources, building hope for recovery and empowering the caller to work towards securing their own safety. While crisis call centers typically seek to "engage" all callers, "active engagement" is distinctive to "actively seek collaboration" with a caller *at imminent risk of suicide* to prevent his/her suicide. This distinction is necessary, as evaluation findings provided in this section indicate that such active engagement with callers at imminent risk of suicide needs to be practiced with greater consistency. This paper provides additional research and rationale for the support of "active engagement."
- **Least Invasive Intervention:** Building on the use of active engagement, this component promotes the use of approaches that emphasize cooperation over coercion with callers at imminent risk to secure their safety, with the use of involuntary methods as a last resort. Through actively engaging the caller, the goal is to include the person's own wishes in any plan to reduce risk. Legal precedents, supportive research and specific "less invasive" interventions are reviewed in this section of the paper.
- **Active Rescue:** This component refers to the need for call center staff to initiate rescue with or without the caller's consent during circumstances in which, *despite all efforts at engagement*, the call center staff believe that the individual is at imminent risk and unable to participate in securing his/her own safety. "Active rescue"

is distinguished from “voluntary rescue” in a strict sense; voluntary rescue is predicated on helper-caller agreement. This component is specific to the helper needing to actively initiate rescue services because the caller is unwilling or unable to do so for him or herself, and without rescue services, the helper believes that the caller is likely to die by suicide. This paper addresses common concerns and beliefs that may prevent helpers from “actively rescuing” unwilling/unable callers at imminent risk of suicide. Legal precedents, research and common field practices are cited in the corresponding section of this paper to support the inclusion of this lifesaving guideline.

- **Initiation of Life Saving Services for Attempts in Progress:** An obvious component of active rescue, this guideline focuses on the need for all centers to *specifically address* the need to immediately initiate rescue when the caller has already taken action with the intent and potential to cause lethal self-harm. Findings from SAMHSA hotline evaluation studies summarized here underscore the need for Lifeline centers to pay special attention to callers in the act of killing themselves, and further compel the inclusion of a specific element that requires immediate efforts to initiate emergency rescue services in such cases. A definition for a caller’s “attempt in progress” is provided in this section of the paper.
- **Third Party Callers:** This guideline requires that crisis center staff actively engage the third party in determining the degree of risk and work collaboratively on how best to establish a direct connection with the person at risk. While it is recognized that a determination of imminent risk based on third party reports alone can be difficult, this paper provides guidance on assessment of the reliability of the third party caller as well as the issue of anonymity that may arise. In addition, recommendations on how to effectively collaborate with third party callers on pursuing the least invasive intervention are presented.
- **Supervisory Consultation:** This refers to the support necessary to effectively determine the need for, and initiate, an active rescue procedure. Call center staff must have *timely access* to supervisory guidance during all hours of crisis center operations. What constitutes a “supervisor” at a network center is clarified in this section. Recommendations regarding supervisory review of incidences of active rescue are also offered here.
- **Caller ID:** A second agency support element, this requires that call center staff have access to some method of identifying the caller’s phone number during the call. This issue is of primary importance when a caller at imminent risk is unwilling or unable to ensure his/her own safety. For centers unable to maintain caller ID, the Lifeline Real Time Call Trace system is available and must be written into the policy/guidelines for staff to follow.
- **Confirmation of Emergency Services Contact:** This refers to the need for network centers that initiate active rescue to confirm that the caller did in fact receive the emergency help they needed. Sample data from a New York-based crisis center is used to illustrate the need for this guideline, noting that nearly one third of callers were not seen or transported after the center initiated rescue services. In cases where rescue was initiated without the caller’s consent, the confirmation of contact may not always be straightforward. This paper discusses potential challenges to this guideline and suggests approaches for successfully addressing these challenges.
- **Procedures for Follow-Up when Emergency Services Contact is Unsuccessful:** If center staff learn that emergency rescue services did not make contact with the caller at imminent risk, what should they do next? When centers obtain information that efforts to link the caller with emergency services were unsuccessful, this guideline requires that centers develop a formal plan around following up with these callers. This section of the paper suggests potential follow up actions, which may include reconnecting with the caller or third party, dispatching a crisis team, or informing the local police to continue conducting wellness checks. As this policy element is interdependent with the previous one related to confirming emergency service contact, similar challenges and possible approaches towards assuring center adherence are discussed.

- ***Establishing and Maintaining Collaborative Relationships with Local Crisis and Emergency Services:***
Following from the Lifeline value of a shared responsibility for the safety of suicidal callers, this policy element requires that centers develop both formal and informal relationships with community services that can assist in the use of less invasive interventions and/or better ensure optimal continuity of care for callers at imminent risk of suicide. Potential areas for relationship building are suggested in this paper and existing crisis center models of collaboration presented.

Finally, the issue of ***confidentiality*** that arises within any information sharing situation is discussed. Confidentiality issues have been cited as a perceived barrier to active crisis center collaboration with other community crisis or emergency care services. A review of HIPAA regulations and legal precedents are provided here to assist crisis centers in re-assessing assumptions that may be currently inhibiting their collaborative efforts.

With the release of the Lifeline Policy for Helping Callers at Imminent Risk of Suicide, Lifeline hopes to provide a unified protocol for emergency intervention culled directly from the collective values and practices of participating centers. Just as the risk assessment guidelines encouraged a greater focus on the identification of those at risk, the implementation of this policy will, it is hoped, encourage better engagement, assessment and intervention practices that will work towards the common goal of ensuring caller safety. The effect of this policy on crisis center practice will be independently evaluated, which may lead to further related amendments or recommendations designed to improve network crisis center help for callers at imminent risk of suicide.