United Way of Greater Cleveland 2-1-1

PROTOCOL FOR CRISIS INTERVENTION and SUICIDAL CALLERS

Revised December 2025

GOALS:

1. To assess the situation to determine any immediate danger;
2. To listen and attempt to diffuse the current emotional trauma;
3. To connect the caller through a warm transfer or conference with the appropriate crisis hotline.
4. To debrief by talking with a supervisor or a colleague about the call.
5. Annually review crisis protocols

FOR INFORMATION ON ENGAGING 9-1-1, SEE TIP SHEET – ENGAGING POLICE & EMS

1. IDENTIFYING SUICIDAL CALLERS:

A routine contact can escalate into a crisis when underlying issues surface causing the inquirer to experience emotions that lead to suicidal ideation. This is when the focus shifts from giving resources to providing crisis support and ensuring safety.

Suicidal callers present themselves in a variety of ways. These range from expressions of hopelessness, allusions to death, suicidal plans, verbal threats or in-progress calls. If the caller is ambiguous but shares anything that gives the impression they are considering suicide, ask them directly if they are thinking about suicide (e.g. Are you feeling so bad you are thinking of suicide?"). To help facilitate and structure this conversation, there is a full Lethality Assessment available in two locations in Navigate: the Marker Tab and the Data Form Tab. It is very important to be direct and use the word "suicide" when asking this question.

2. GENERAL GUIDELINES FOR TALKING WITH SUICIDAL CALLERS

Give your name and ask for theirs. Be honest, direct and nonjudgmental in your communication. Remain calm, use an empathetic tone and don't appear to rush the caller. The fact that they called means they are reaching out and at least part of them wants to live. Many contemplate suicide because they are in so much emotional pain that they think the only way to make that pain stop is to end their life. Don't attempt to give advice or problem solve, focus on listening.

3. SUICIDE IN PROGRESS (Refer to PROTOCOL FOR ENGAGING POLICE/EMS Policy found in the Marker Tab in Navigate)

If the person has already embarked on their plan to die by suicide (e.g. swallowing pills, injuring themselves, etc.), try to find out exactly where they are located (address if possible), and note the caller's telephone number from caller ID. Ask the person's permission to conference and then warm transfer to Emergency Medical Services. **Example: "I am really concerned about you and I want to send someone over to make sure that you are OK. Would that be alright?"**

If the caller does not give their permission, but you feel they are still in danger, it is better to err on the side of potentially saving someone. A person loses their right to confidentiality if there is a serious risk of harm to themselves or another person.

4. SUICIDE RISK (NOT IN PROGRESS)

If a caller has made mention of suicide, confirmed they are thinking of suicide, or is hopeless/depressed and needs to talk with someone, engage them in conversation long enough to make an elegant conference warm transfer to the appropriate crisis line (i.e., don't appear to rush the caller). It is acceptable to talk to a suicidal person about their plan, means, timeframe, and feelings. If they have the means, it is okay to request that they put the means aside to talk with you for a while. Don't ignore or avoid the topic of plan, means, timeframe, etc. Talking about it does not make the person any more likely to commit suicide.

5. **BY CONTACT TYPE**
    a. **WHEN THE CONTACT IS A PHONE CALL Steps in Initiating a Conference Call to Suicide Hotline:**
        1. Note the caller's telephone number from caller ID. If it is restricted, it is okay to ask the caller for the phone number so that you can call them back in the event of disconnection.
        2. Ask the caller's permission to conference and warm transfer. Let the caller know that you would like them to have the direct number in the event of an accidental disconnection. Provide 9-8-8 ensuring they will reach their local crisis hotline.
        3. Let the caller know that they may experience a very brief hold.
        4. When connected with the Hotline and the caller is on hold, provide the caller's name, phone number and situation (be very brief - the caller may change their mind if there is a long pause). Advise the counselor that you would like to connect the caller with them.
        5. When conferencing all parties, announce that everyone is on the line and ask permission from the caller to disconnect.
        6. If a suicidal caller is out of our 211 service area or their location can't be determined, offer to conference and warm transfer to the National Suicide Hotline using the full 10 digit number. This service also has an online chat or text option.

    b. **WHEN THE CONTACT IS A CHAT**

Tell the client you would like to connect them to a mental health hotline. Preferably this would be their local hotline, however if they are outside of our 211 service area, use the national **988 Suicide and Crisis Hotline**. *It is mandatory that you make this offer. The caller may decline, and that is okay, but you must offer them the choice.

1. Let them know that you can either call them and then connect them to the appropriate hotline or you can provide them with a link that they can click to reach the appropriate hotline.
2. If they would prefer for you to call:
    a. Let them know you will have to disconnect the chat in order to make an outbound call. Tell them their caller ID will display (216) 436-2000.
    b. Once you have the client on the line, proceed with steps 2-5 above.
3. If they would prefer to chat:
    a. provide them with the appropriate link in the chat.
    b. Tell the client you will wait with them until they confirm someone from the hotline has begun chatting with them.
    c. Obtain the client's permission before disconnecting the chat.

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6. DEBRIEFING

It is suggested that you contact your supervisor or speak with a colleague after the call to debrief. It is important to discuss your feelings and have an opportunity to talk about the call with someone else.

7. ANNUAL EDUCATION

ADP will prompt staff to read, review and sign off on this crisis policy to promote successful handing of crisis contacts.

Annual training on how a "normal" contact can escalate to a crisis and crisis intervention is required for all staff coming through various communication channels. Passing the post training quiz/assessments is part of the mandatory annual education.

8. LETHALITY ASSESSMENT

Lethality Assessment

DANGER TO SELF (i.e., Suicidal, Psych Emergency)

1. Sometimes when people are stressed or feeling down they think about suicide. Have you ever thought about suicide?

☐ No ☐ Yes ☐ Other/Unsure

2. Are you currently thinking about suicide?

☐ Yes ☐ No ☐ Other/Unsure

3. Do you have a specific plan?

☐ Yes ☐ No ☐ Other/Unsure

4. Do you have the _____ (gun, pills, etc. described in plan) to carry out the plan?

☐ Has initiated plan ☐ About to initiate plan ☐ Not immediately implementing plan ☐ Suicidal ideation only

** If caller has begun to hurt self, or is planning to and has the means, initiate rescue procedure **

DANGER FROM OTHERS (i.e., Domestic Violence, Other Violence, etc.)

1. Are you in danger right now?

☐ No ☐ Yes ☐ Other/Unsure

2. Is your assailent still there?

☐ No ☐ Yes ☐ Other/Unsure

3. Do you need emergency medical treatment?

☐ No ☐ Yes ☐ Other/Unsure

** If caller is in danger or needs medical treatment, initiate rescue procedure **

DANGER TO OTHERS (i.e., Homicidal)

1. Are you planning to hurt someone?

☐ No ☐ Yes ☐ Other/Unsure

2. Do you have a specific plan?

☐ No ☐ Yes ☐ Other/Unsure

3. Do you have the _____(gun, knife, etc. described in the plan)?

☐ No ☐ Yes ☐ Other/Unsure

** If caller has already begun to hurt someone, or is planning to and has the means, initiate rescue procedure **

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