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Negotiating in the skies of Hong Kong: The efficacy of the Behavioral Influence Stairway Model (BISM) in suicidal crisis situations

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ABSTRACT

Law enforcement agencies often deal with difficult, dangerous, and disordered individuals by applying the theory and practice of tactical negotiation, which is composed of a unique application of communication techniques aimed at obtaining voluntary compliance. Known as hostage or crisis negotiation, law enforcement tactical negotiation (LETN) has shown to be an effective technique for resolving barricaded hostage and crisis situations, kidnappings, and suicidal incidents. Over the years, there have been several models of LETN, however; most of them are based on the assumption that the 1) subject is rational and 2) the subject views the officer as credible; however, in situations where people are in crisis, emotions control their actions rather than reason. Therefore, being successful requires the officer to return the subject to a rational state of mind and establish trust (credibility). If either of these, elements are missing, then traditional negotiation will most likely fail in gaining voluntary compliance in a timely manner. This is especially true with suicidal persons who have exceeded their ability to cope with their situation and believe that no one will help them. The Behavioral Influence Stairway Model (BISM) operates on the premise that a state of personal crisis occurs when coping and social support mechanisms fail and that to end the crisis, at least one of these elements must be restored. In these situations, the BISM provides a method by which the officer can re-establish social support through effectively dealing with emotions (thus returning the individual to a rational state of mind) and demonstrating empathy (thus obtaining trust).

In Hong Kong, the Police Negotiation Cadre (PNC) routinely deals with a unique form of suicide where persons in crisis frequently choose jumping off high-rise buildings as their preferred means of suicide. Unlike in the United States, where a significant number of suicides involve barricaded individuals with firearms, most LETN in Hong Kong is accomplished face-to-face, since officer safety relating to firearms is atypical. Despite these differences in structure, culture, and language, the BISM is routinely used to successfully resolve suicidal situations in Hong Kong, based on the theory that emotions and relationship needs are universal and not contingent on context. Therefore, this article will present an updated version of the BISM and extend the principles of the BISM cross-culturally by providing evidence of its efficacy in negotiating with suicidal persons who threaten to jump from multi-story buildings in Hong Kong, as well as its proactive application to non-police intervenors.

1. Introduction

Suicide is an intentional self-inflicted death that has many psychological, sociological, and biological aspects. Suicide is a form of behavior that is designed to deal with a problem (Vecchi, 2019, 2009c). It is a goal oriented coping method, a way to take control, and it can be the ultimate form of revenge from the standpoint of the subject. Once a person decides to kill themselves, there is usually very little a negotiator can do to stop it; however, most suicide-related incidents involve people who are looking for help and who have not made the final decision to kill themselves. This window of opportunity is where negotiation can be effective (Doering, 2016).

Suicide can be the result of change, choice, control, self-punishment, punishment of others, or mental illness. Suicidal feelings,

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thoughts, and behavior are almost always associated with symptoms of depression, anxiety, or the result of medical problems involving a chemical imbalance (Connor, 2002; Strentz, 2013, 2018). Negotiators should always be concerned and relay compassion when the possibility of suicide is raised, and it is important to take immediate steps to address it.

Suicide is an international problem. Globally, there are approximately 800,000 people who complete suicide on an annual basis (AFSP, 2019; Wong, Chan, Lau, Morgan, & Yip, 2009). Suicide is the tenth leading cause of death in the United States, resulting in approximately 129 suicides per day (AFSP, 2019). Between 1999 and 2014, there was a 45% increase (Strentz, 2013, 2018). In 2017, there were 47,173 completed suicides and an estimated 1,400,000 attempted suicides in the United States (AFSP, 2019). The age-adjusted rate of suicide was 14 per 100,000 people (AFSP, 2019). Men kill themselves 3.54 times more than women. White males make up the largest portion of suicides (69.67%) and most are middle-aged. Just over half (50.57%) of suicides are completed using firearms (AFSP, 2019). According to the Federal Bureau of Investigation (FBI) Hostage Barricade Database System (FBI, 2002), nearly 30% of all law enforcement hostage/barricade incidents in the United States involve suicidal situations.

Asian countries account for approximately 60% of all suicides. Unfortunately, there is a great mismatch in the region between the scale of the problem and the resources available for suicide prevention and intervention. Specifically, the limited availability of health professionals has resulted in law enforcement officers playing a significant role in suicide prevention and intervention in the community. Moreover, the existence of easy access to lethal means in Asia (e.g., pesticide poisoning and jumping) and acute life stressors (e.g., family conflicts, employment, and financial security issues, etc.) in this region contribute to many impulsive suicidal behaviors (Wong, Caine, Lee, Beautrais, & Yip, 2014; Wong, Chan, Lau, Morgan, & Yip, 2009; Wong, Kwok, Michel, & Wong, 2017).

This article explains and illustrates how the Police Negotiation Cadre (PNC) of the Hong Kong Police Force has played a significant role in suicidal intervention within Hong Kong using the revised Behavioral Influence Stairway Model (BISM). The BISM is a structural-based negotiation model that has been used successfully in the United States. The efficacy of the BISM lies in its unique methodology and application of active listening skills, empathy, rapport-trust, and influence on persons in crisis that has proved to work interculturally both in the Eastern and Western worlds.

2. A unique way to kill oneself – suicide-by-jumping

Jumping from heights is the most common method of suicide in Hong Kong, where more than 90% of residents live in high-rise buildings. The method is particularly common among older citizens because it is easily accessible, lethality is assured, and it is technically simple to complete for physically fragile older adults residing in tall buildings. Moreover, jumping from residential buildings has also become common with youths whose suicides are impulsive.

Hong Kong is one of the world's most populated cities with a population density of 6540 persons per square kilometer (4065 persons per square mile) (Emporis, 2012). Inevitably, more than 90% of the region's 7.3 million residents live in multi-story buildings (CSD-HKSAR, 2011). Unofficial figures find that Hong Kong ranks first in the world in numbers of both skyscrapers and tall multi-story buildings with more than 7832 existing buildings (Lo, Lam, Yuen, & Fang, 2000).

There are about 850 suicides (11.5 per 100,000 in 2017) in Hong Kong per year; jumping from a height is the most common method for suicide, due to easy access to high-rise buildings. Wong, Caine, Lee, Beautrais, & Yip (2014) examined suicide-by-jumping in Hong Kong that occurred between January 1, 2002 and December 31, 2007 using Coroner's Court death files and found that the Coroner recorded 6125 suicides with known ages and places of death. Jumping accounted for 2964 deaths (48.4%); other methods included hanging, strangulation, and suffocation (N = 1323; 21.6%); exposure to gases (mainly carbon monoxide) and vapors (N = 1323, 21.6%). The vast majority (2521 or 85%) of suicide-by-jumping in Hong Kong occurred at residential locations: 1501 (50.6%) occurred from within the decedent's apartment, 292 (9.9%) from the same floor, and 552 (18.6%) from the same building or housing estate. Only a small percentage involved jumping from heights in public areas (5.3%): hospitals (1.1%) and holiday houses (1.6%) (Wong et al., 2014). The very high proportion of suicide-by-jumping occurred from decedents' apartment or nearby residential settings is consistent with other research findings where high-rise buildings are prevalent (Chen, Gunnell, & Lu, 2009; Fisher, Constock, Monk, & Sencer, 1993; Reisch, Schuster, & Michel, 2008).

Unlike in Hong Kong, less than 12% of all attempted suicides and 5% of all completed suicides in the United States in 1998 were jumpers (Dalfonzo, 1998; Dalfonzo & Flood, 2002; FBI, 2002). The following characteristics relate to suicidal jumpers: 1) 74% of jumpers are between the ages of 33 and 52, 2) 58% are Caucasian, 24% are Hispanic, and 12% are Black, 3) 82% are male, 4) 49% stage their jumps on bridges or overpasses, 5) 75% of the subjects who jumped used a drug (alcohol, methamphetamine, antidepressant), average duration of the incident is 3–4 hours, 6) 79% were negotiated down, and 7) 80% were willing to talk (Dalfonzo, 1998; Dalfonzo & Flood, 2002; FBI, 2002).

3. Suicide-by-jumping: is it preventable?

There is significant evidence that *means restriction* is a highly effective method of suicide prevention (Chen et al., 2009). A recent meta-analytic study found that structural interventions at suicide “hotspots” can avert jumping suicides at these sites (Marzuk et al., 1992). It is documented around the world that erecting physical barriers in public areas, such as bridges and railways can reduce the number of highly public (“iconic”) suicidal deaths occurring at those sites (Fisher et al., 1993; Law et al., 2009; Wong, Chan, Lau, Morgan, & Yip, 2009). Conversely, with regard to reducing the overall suicide rate in Hong Kong, suicide-by-jumping should be considered as an entirely different phenomenon than jumping suicides at public places because most suicides in Hong Kong are ecologically driven and occur at the residence of the deceased. This phenomenon, along with the ubiquity of high-rise residential buildings in Hong Kong, highlights the inability of implementing *means restriction* as an effective suicide prevention strategy for residential suicide-by-jumping incidents. Moreover, the close proximity of residential high-rise buildings often thwarts the effective use of suicide prevention equipment such as the use of air mattresses to catch the suicidal jumper.

A particular characteristic of residential suicide-by-jumping incidents in Hong Kong is high visibility, as most suicidal persons typically climb out of a window from his or her residence or go to the roof of the building to jump, where they are easily seen from the ground and other buildings (Wong, Caine, Lee, Beautrais, & Yip, 2014; Wong, Chan, Lau, Morgan, & Yip, 2009). Most of these incidences occur as a result of interpersonal crises and oftentimes the suicidal person has not yet decided to jump. This hesitation makes it even easier to be noticed by others and reported, hence creating an opportunity for police negotiators to engage the suicidal person by using crisis intervention communication techniques in efforts to negotiate with the “voice of death”. As a result, police negotiators can play a significant role in suicide prevention during the window of opportunity presented by the suicidal subject's indecision and dilemma on whether to live or die.

4. The Police Negotiation Cadre of the Hong Kong Police Force

Law Enforcement Tactical Negotiation Teams (LETNs) are the structure in which suicide intervention techniques are operationalized (Noesner, 1999). In Hong Kong, the PNC provides round the clock response services to resolve crisis situations through negotiation. The unit

is composed of specially trained police officers from many areas within the Hong Kong Police Force (HKPF) who voluntarily assemble to resolve crisis situations through negotiation. The PNC was established in 1975, originally as a segment of the HKPF counterterrorism response mechanism, making it the second oldest police negotiation team in the world; only the New York Police Department has an older police negotiation team (Hong Kong Police Force, 2019).

The PNC conducts recruitment campaigns every two years. Interested police officers must go through a one-day selection process that includes the ability to listen, participating in impromptu communication, and resolving simulated crisis situations, such as suicide and barricaded incidents. Candidates are then assessed on their performance and they must pass a psychological examination. Successful candidates undergo a comprehensive and intensive two-week training program that emphasizes the ability to perform under stress and fatigue. The training involves over 120 hours of lecture, skills practice, and role-playing with special emphasis on crisis and suicide intervention. Upon successful completion of the training, each new member participates in callouts under the direction of an experienced negotiator (Hong Kong Police Force, 2019).

The PNC continually conducts in-house training for their negotiators using specialists from other overseas crisis negotiation teams such as the United States FBI, the United Kingdom Metropolitan Police, Scotland Police, Australian Federal Police, and the Singapore Police. PNC members also attend overseas crisis negotiation courses organized by their counterparts (Hong Kong Police Force, 2019).

The PNC responds to over 100 callouts per year; nearly 95% of the callouts are suicide-related, of which 80% arise from the threat of jumping (Hong Kong Police Force, 2019). From June 2012 – December 2014, the PNC responded to 241 cases, of which 231 were attempted suicides. Of those cases, the PNC intervened in 118 of the suicide cases, resulting in 81 (69%) suicides aborted after negotiations with the PNC. Among the 81 cases, the main reasons for suicide attempts were emotional instability, relationship problems, and work issues (Wong et al., 2017). The PNC has increased its negotiation success rate to 90% which also includes assistance from their tactical team and fire services department (Hong Kong Police Force, 2019). A key component of PNC's success in obtaining peaceful resolutions is their training and experience in understanding individuals in crisis and their application of the Behavioral Influence Stairway Model, which provides a robust framework for police negotiators to understand the mindset of the subject both at a conscious and subconscious level (Hong Kong Police Force, 2019).

5. Crisis state

The common denominator among most emotional and suicidal situations is the crisis state. A crisis is the result of a conflict gone awry. Caplan (1961) and Carkhuff & Berenson (1977) described a crisis as that which a person perceives as presenting insurmountable obstacles to achieving desired goals or outcomes. Greenstone & Leviton (2002) and James & Gilliland (2001) further stated that in a crisis there is the sense that these impediments cannot be managed through the usual problem-solving methods.

A crisis is a situation where a person perceives insurmountable obstacles to important life needs that cannot be handled effectively through customary methods of problem-solving. McMains and Lanceley (2003) provide a comprehensive definition of crisis:

> A crisis generally involves a hazardous threat to instinctual need, a symbolic reminder of an earlier threat to the same needs, and the potential failure of the person's ability to cope with the threat (p. 5).

Crisis situations are characterized by expressive behavior that is irrational from the standpoint that emotions drive behavior, rather than reason (Noesner, 2010; Rogan, 1997). When a person is in an instrumental or rational mindset, behavior is controlled through cognitive processes; however, when a person is in crisis, emotions drive behavior instead (Rogan, 1997). The Teeter-Totter (FBI, 2002) illustrates this concept (Fig. 1).

Moreover, the person in crisis oftentimes perceives a loss or fears the imminent loss of something of value (a need) and the blame for that loss is usually placed on a person, group, or organization. Common perceptions relating to loss are feelings of grievance and injustice, rejection from significant others, loss of employment, a decline in health status, financial reversal, or loss of freedom (Goergen, 2018; Greenstone, 2005; King, McDonald, Howard, & Johnson, 2016; Lanceley, 2003; McMains & Mullins, 2014; Slatkin, 2005; Vecchi, 2019). Two or more losses within a short period of time (often referred to by police crisis negotiators as a "double whammy") are often the "final straw" or antecedent that sends a person into crisis (Dalfonzo & Flood, 2002; McMains & Mullins, 2014).

A crisis state has the following general characteristics: (1) the subject behaves at an intense emotional and irrational level (rather than at a rational/thinking level) in response to a situation that is perceived as overwhelming, (2) the situation has usually occurred within the past 24 to 48 hours, and (3) the event is seen as a threat to one's psychological, emotional, and/or physical well-being (Rogan, 1997; Vecchi, Van Hasselt, & Romano, 2005).

Whether or not a situation becomes a crisis depends on the perception and experience of the individual (Goergen, 2018; Greenstone, 2005; King et al., 2016; Lanceley, 2003; McMains & Mullins, 2014; Slatkin, 2005; Vecchi, 2019). The crisis state is frequently the result of confronting situations previously never encountered; feelings of helplessness, hopelessness, and powerlessness; perceived absence of social support; and the inability to cope that results in highly negative emotional arousal (Noesner, 2010; Rogan, 1997). The last two elements are worthy of consideration for negotiators: the perceived absence of social support and the inability to cope (Vecchi, 2019). During an impending personal crisis, a person will oftentimes seek out help in order to cope, which oftentimes is the result of a perceived threat to important needs, as well as a lack of experience or knowledge to effectively deal with the situation (Vecchi, 2019). If no one is willing or able to assist in finding a way to cope, then the person goes into crisis.

Once coping and social support mechanisms fail, the person falls into a crisis state where normal functioning is disrupted (Fig. 2). What is normally resolved at a rational or cognitive level (as in intense conflict situations) is now dealt with on an emotional or affective level

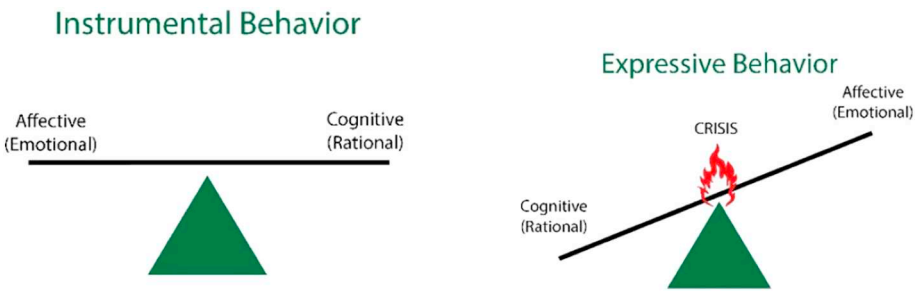

Fig. 1. Instrumental and Expressive Behavior.

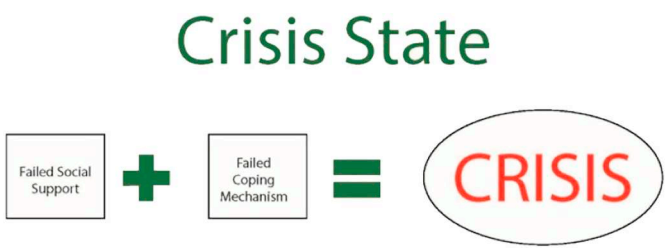

Fig. 2. Crisis State.

which further enhances the volatility of the crisis, much in the same manner as throwing fuel on a fire (Vecchi et al., 2005). Therefore, restoring the ability of a person to cope through the re-establishment of baseline functioning levels is the primary purpose of crisis intervention (Hendricks & Byers, 2002; James & Gilliland, 2001; Roberts, 2000; Vecchi, 2019; Wiger & Harowski, 2003).

6. Crisis intervention

For a crisis to exist, the subject must perceive that he or she cannot cope with the situation and that no one can or will help them with their problems (Vecchi, 2019). This shift in mindset from instrumental to expressive results in moving from a future-oriented, flexible, and positive attitude to one that is now-oriented, rigid, and negative (Hogan, 2011). Crisis intervention is the process of assisting the subject in returning to his or her normal functioning level through a specialized process that involves the venting of emotions and building credibility between the negotiator and the subject to a point where the negotiator can gently guide the subject back to instrumental behavior to end the crisis (Dattilio & Freeman, 2000; Rogan, 1997). Crisis intervention should be used when the negotiator has assessed that the subject is exhibiting irrational or expressive behavior and/or there is a lack of credibility (trust) between the negotiator and the subject.

A crisis always poses a perceived danger to a subject's physical, psychological, and/or emotional well-being. This perception provides the negotiator with the opportunity to resolve the crisis, as the goal of crisis intervention is the restoration of the subject's ability cope through the establishment of normal functioning levels. This approach provides an opportunity for the negotiator to become the “social support” for the subject. This is the key to effective crisis intervention, and it explains why LETN negotiation works in the law enforcement context because of the ability of the negotiator to build credibility with the subject and becoming the only person in their life who seems to care at the moment.

7. The Behavioral Influence Stairway Model (revised)

The Behavioral Influence Stairway Model (BISM) was inspired by the original FBI Behavioral Change Stairway Model (BCSM) developed by the FBI Crisis Negotiation Unit (Voss, 2016). The BISM improved upon the BCSM with respect to reorienting active listening as the foundation of the stairway (rather than just the first step), focusing on negotiator influence rather than subject behavioral change, and emphasizing the development of a relationship between the negotiator and the subject as the basis for generating instrumental behavior on the part of the subject (Dattilio & Freeman, 2000; Ireland & Vecchi, 2009; Patterson, Grenny, McMillan, & Switzler, 2012; Vecchi et al., 2005). The revised BISM (Vecchi, 2019) further refined the original BISM by making a distinction between rapport and trust as the transition point between moving from the subject's frame of reference to the negotiator's frame (Malhotra, 2016). Another improvement was changing “relationship” to “credibility” as a better descriptor of the subject's perception of negotiator expertise and trust (Hogan, 2011). The revised BISM (Vecchi, 2019) graphically depicts and explains the process of influencing instrumental or rational behavior on the part of the subject

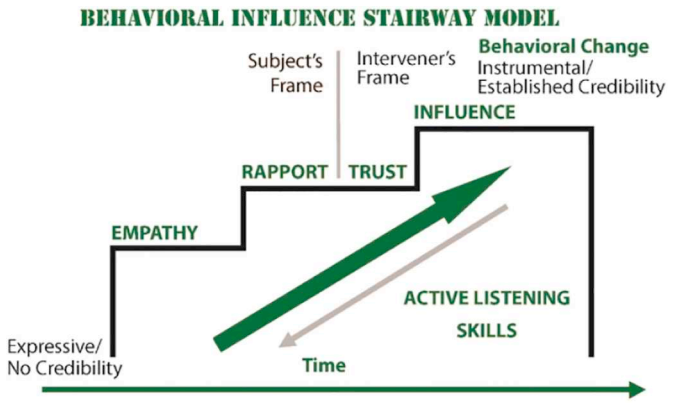

Fig. 3. Behavioral Influence Stairway Model (BISM) (revised).

and building credibility on the part of the negotiator in an effort to establish an environment where the subject voluntarily accepts and acts upon the suggestions and directions of the negotiator. Law enforcement negotiators have honed this process over the past 40 years to be effective even in the most volatile of situations and this model has proven to be highly effective in resolving crises without injury and within a relatively short period of time (Vecchi et al., 2005).

The BISM is comprised of four stages that lead to behavioral change (Fig. 3). These stages occur in a specified order: 1) Active Listening, 2) Empathy, 3) Rapport-Trust, and 4) Influence (Ireland & Vecchi, 2009; Vecchi, 2009b, 2009c; Vecchi et al., 2005). It is important to note that these stages occur in sequence and one stage cannot be skipped in order to get to the next stage faster. For example, a negotiator cannot skip from Stage 1 (active listening) to Stage 4 (influence) without first having developed empathy and rapport-trust (Stage 2 and Stage 3) with the subject (Vecchi, 2009b, 2019). It is critical for the negotiator to remember to return to the foundation (active listening) if no progress is being made working through the later stages. The negotiator should stay focused on the process of developing credibility with the subject rather than on expedient resolution. Another critical aspect of the BISM is the importance of frame of reference (Malhotra, 2016; Roberts, 2000; Vecchi, 2019). In this context, the negotiator must be aware of when to stay in the subject's frame and when to transition to the negotiator's frame (Malhotra, 2016). During the active listening and empathy stages, the negotiator should remain in the subject's frame and avoid using pronouns such as “I”, “me”, or “my”. It is only during the establishment of rapport that the negotiator should plan to move to his or her own frame of reference (Vecchi, 2019). Only when rapport between the negotiator and the subject has moved to the point where the subject trusts the negotiator should the negotiator attempt to transition to his or her frame of reference because without trust, the negotiator can have no influence. Time is also a critical component of the BISM, and it should not be rushed; rushing can make the subject feel he or she is not being heard (Voss, 2016). Time provides the negotiator with the opportunity to diffuse emotions and build trust with the subject; it also allows the subject to vent and rethink his or her situation (Noesner, 2010).

7.1. Stage 1: Active listening

People in crisis have a universal need to be heard and understood and they all have their own unique story to tell (Caplan, 1961; Carkhuff & Berenson, 1977; Roberts, 2000; Thompson & Jenkins, 2013; Vecchi, 2019). Active listening attends to these needs from the standpoint of the subject Active listening is the first step in diffusing intense negative emotions and developing negotiator credibility that will ultimately lead to behavioral change and an end to the crisis (Roberts, 2000; Rogan, 1997; Vecchi, 2003, 2004).

Active listening encourages the subject to vent emotions, and it provides a safe environment for the subject to discuss the underlying events that resulted in the crisis. Information from the active listening phase provides the foundation for influencing the subject to voluntarily comply with the suggestions and directions of the negotiator (Doering, 2016; Patterson et al., 2012; Vecchi, 2019). It is the responsibility of the negotiator to determine the needs and concerns of the subject from his or her perspective and empathetically echo those needs and concerns back to the subject in their frame of reference (Thompson & Jenkins, 2013). The ability of the negotiator to "step out of the conversation" while remaining in the subjects' frame creates a perception of safety while mutual purpose and mutual respect are developed (Patterson et al., 2012).

In order to root out the core needs and concerns of the subject, the negotiator must "draw" out these elements without directly asking (Doering, 2016). This amounts to staying in the person's frame of reference and ensuring that it is "all about the subject" and not about the negotiator (Vecchi, 2009b). For example, if the negotiator simply states: "I know you're hurt because your wife left you," the response from the subject may be something like: "You don't know anything about me, just go away." In this example, the negotiator left the frame of the person and spoke from his own point of view, which is an obstacle to negotiation. If, for example, the negotiator had said: "you sound really hurt about your wife leaving you," then this keeps the negotiation in the subject's frame of reference; thus, the subject may reply: "I am hurt, because I really love her." In this example, the negotiator stayed in the subject's frame, which demonstrated empathy and further credibility on the part of the negotiator (Doering, 2016; Ireland & Vecchi, 2009; Vecchi, 2009b, 2009c; Vecchi et al., 2005).

Active listening skills (ALS) form the bedrock of the BISM and are comprised of core and supplemental groupings. The core group comprises the elements of Mirroring, Paraphrasing, Emotion Labeling, and Summarizing (Strentz, 2013, 2018; Thompson & Jenkins, 2013; Vecchi, 2019, 2009b, 2009a, 2003, 2004). The supplemental group consists of Minimal Encouragers, Open-Ended Questions, Effective Pauses (silence), and "I" Statements (Strentz, 2013, 2018; Vecchi, 2019, 2009a, 2009b, 2003, 2004). Although there are no hard or fast rules, supplemental ALS should be used when necessary to enhance the effectiveness of the core ALS towards influencing behavioral change (Ireland & Vecchi, 2009; Vecchi, 2003, 2004, 2009b, 2009c; Vecchi et al., 2005).

7.2. Stage 2: Empathy

Empathy is a natural by-product of effective active listening. Empathy implies an identification with and understanding of another's situation, feelings, and motives (Ireland & Vecchi, 2009; Vecchi, 2009b, 2009c; Vecchi et al., 2005). The negotiator uses empathy to see through the eyes of the subject and to absorb tension (Doering, 2016; Thompson & Jenkins, 2013). Being right is not the issue; making the attempt to get it right on the part of the negotiator should be the goal. An example of an empathetic statement would be: "It is understandable how you would be angry over that."

Empathy should not be confused with sympathy, which indicates pity. In crisis intervention, the goal is not to feel sorry for the subject, but to establish credibility through effective communication whereby positive steps can be taken towards resolving the crisis in a collaborative fashion (Thompson & Jenkins, 2013). A subject will not care about what the negotiator has to say until the subject is convinced that the negotiator cares (Hogan, 2011).

An important consideration with regard to developing empathy is the importance of tone (Vecchi, 2019). Tone indicates attitude and genuineness through inflection and pitch. Tone can express emotion, demeanor, and sincerity. Tone influences how the subject perceives the meaning of what the negotiator is saying. It is this perception of meaning that counts the most in effective crisis intervention, whether or not the perception is based in reality; therefore, all strategies and tactics must be based on their impact upon the subject. The way a negotiator says something is far more important than the content alone. Empathy seeks to first understand and then to be understood on the part of the negotiator, which form the building blocks of rapport and trust (Doering, 2016; Ireland & Vecchi, 2009; Thompson & Jenkins, 2013; Vecchi, 2009b, 2009c; Vecchi et al., 2005).

7.3. Stage 3: Rapport-trust

Rapport and trust can be built simultaneously; however, there are important differences for negotiation. Rapport focuses on establishing a bond or connection between the negotiator and the subject that is characterized by smooth, in-sync communication, mutual affinity, and respect (Hogan, 2011). Rapport requires the negotiator to remain in the subject's frame of reference, as most people enjoy talking about themselves, especially with respect to their values, feelings, and thoughts (Hogan, 2011; Malhotra, 2016). Good rapport is characterized by the ability of the negotiator to make the subject comfortable in talking about his or her concerns and needs through proper pacing (Hogan, 2011). Pacing is the process of matching the subject in conversation. For example, if the subject is exhibiting anger, the negotiator should also become angry (but only briefly) in order to sync with the subject, thus allowing the negotiator to lead the subject out of his or her negative frame (Hogan, 2011; Malhotra, 2016). Another aspect of pacing is matching the rate of speech, as people speak at a rate that is consistent with their thought processes and internal representations (Hogan, 2011). Subjects in crisis process information through feelings and emotions and tend to speak slower than normal, therefore it is important for the negotiator to match the subject's rate of speech to be more effective in gaining rapport (Hogan, 2011; Roberts, 2000; Rogan, 1997). As rapport increases, it transitions into trust, where the subject believes that the negotiator is reliable, truthful, and will act on what he or she says. As trust is established, the negotiator necessarily transitions into his or her own frame of reference in order to guide the subject to an acceptable resolution (Doering, 2016; Malhotra, 2016). Once trust has been developed, the subject is poised and more ready to listen to what the negotiator suggests and, as a result, the subject is ready to be influenced by the negotiator to act. Trust leads to subject compliance provided it has been established before the request is made (Cialdini, 2007, 2016).

7.4. Stage 4: Influence

Once the negotiator has demonstrated interest and an understanding of the subject's problems (active listening and empathy), as well as mutual affinity and confidence with the subject (rapport and trust), then the negotiator has established influence (Ireland & Vecchi, 2009; Vecchi, 2003, 2004, 2009b, 2009c; Vecchi et al., 2005). Influence is the act or power of producing an effect without apparent force or direct authority; that is, the negotiator is now able to lead the negotiation (Hogan, 2011). Influence can be affected by the negotiator through careful applications of positive affirmations, a cooperating and helpful attitude, and reciprocation (Cialdini, 2007: Hogan, 2011). Positive affirmations are non-patronizing or non-placating compliments based on facts that the negotiator makes known to the subject in order to demonstrate respect. For example, if the subject is a father and indicated that he loved his children, then the negotiator could comment "Bob, it seems that you really love your kids and that makes you a good man." Being cooperative and helpful is the basis of why negotiation works because this element allows the negotiator to end the crisis by becoming the subject's "social support" or consummate "helper." The negotiator should use key words such as "we" and "us" when referring to helping the subject. Reciprocity breeds influence because of the human tendency to return favors. This quid pro quo obligation develops when the negotiator is kind and understanding and it is cemented once the subject trusts the negotiator. The very fact that the negotiator is

trying to help the subject is oftentimes enough to compel reciprocation, as it is challenging to remain difficult with someone who is trying to help (Cialdini, 2007; Doering, 2016).

At this stage in the BISM, the subject is in a rational state of mind and the negotiator has established credibility with the subject to the point where the subject is ready to accept the suggestions and act upon the directions of the negotiator as a prelude to behavioral change (Doering, 2016; Ireland & Vecchi, 2009; Vecchi, 2009b, 2009c; Vecchi et al., 2005). In other words, the negotiator has earned the right to suggest a course of action to the subject and they work together to identify solutions and alternatives that are mutually acceptable. Once influence is established, the negotiator builds themes, defense mechanisms, minimizations, or blending concepts that serve as precursors to ending the crisis (Goergen, 2018; Greenstone, 2005; King et al., 2016; Lanceley, 2003; McMains & Mullins, 2014; Roberts, 2000; Slatkin, 2005; Vecchi, 2019). Themes comprise reasons that would explain, justify, mitigate, or excuse the crisis and it addressed distorted thinking by putting a "different spin" on the situation. Defense mechanisms use rationalization and projection of blame to reduce volatile emotions, whereas minimization downplays any negative behavior exhibited by the subject. Blending is where the negotiator and subject agree where they can without conceding, reduce real or perceived differences, and find common ground.

8. Core active listening skills

The core active listening skills of mirroring, paraphrasing, emotion labeling, and summarizing should be used in a specified order to maximize the subject's perception that the negotiator is in the subject's frame and trying to understand the situation from the subject's perspective (Malhotra, 2016; Vecchi, 2019, 2009b; Vecchi et al., 2005). Upon making first contact, the negotiator does not know the concerns and needs from the perspective of the subject, so the negotiator must employ active listening in order to "draw out" the concerns and needs of the subject to make an informed assessment for eventually introducing problem resolution strategies that are acceptable to the subject.

Mirroring is the first core active listening skill employed because it demonstrates attentiveness on the part of the negotiator, and it "draws" out elements of what is important to the subject. These elements can then be used to determine the most important concerns and needs of the subject (Ireland & Vecchi, 2009; Vecchi, 2009b, 2009c; Vecchi et al., 2005). Mirroring refers to repeating the last few words or gist of what the subject says. By repeating the last few words of the subject, the negotiator encourages the subject to keep on talking, which results in drawing out "new" material for the negotiator to work with that is relevant to the subject. Mirroring ensures that the discussion content is provided solely by the subject rather than by the negotiator, thereby keeping the conversation in the subject's frame of reference, thus furthering the negotiation (Malhotra, 2016). Here is an example of a mirroring exchange between the subject (S) and the negotiator (N):

S: "They just don't care."

N: They don't care."

S: "Yeah, that's why I got fired."

N: "You were fired."

S: "Yeah, I got fired because management doesn't care about me and wanted to hire Robert."

Paraphrasing is a process where the negotiator restates what has been said in his or her own words back to the subject (Voss, 2016). Paraphrasing is used by the negotiator to restate the content of what the subject said during the mirroring process to ensure that the negotiator understands the information from the perspective of the subject (Thompson & Jenkins, 2013). The goal is to demonstrate to the subject that the negotiator is trying to understand his or her specific situation from a cognitive or content perspective. When a negotiator paraphrases what the subject said in his or her own words, it is intended to be perceived as empathy by the subject and demonstrates that the negotiator is engaged, cares, and is listening (Ireland & Vecchi, 2009; Vecchi, 2009b, 2009c; Vecchi et al., 2005). Here is an example of paraphrasing: "You were fired because Jim decided to let you go because they wanted to hire Robert."

Emotion labeling is the key to re-establishing a sense of rationality to the subject, which must be present before problem resolution can occur (Ireland & Vecchi, 2009; Vecchi, 2009b, 2009c; Vecchi et al., 2005). Emotion labeling refers to the negotiator identifying the emotion (s) that the subject is feeling and simply relaying it back to the subject (Voss, 2016). This gets at the heart of what the subject is experiencing because most content issues are surrounded by emotion(s). Labeling the subject's fear diffuses his or her power and it interrupts the part of the subject's brain that generates fear, the amygdala, which provides the opportunity to generate feelings of safety and well-being (Voss, 2016). Even if the negotiator misidentifies the emotion, it still demonstrates to the subject that the negotiator is trying to understand the situation, which tends to de-escalate highly volatile emotions. Here is an example of emotion labeling: "You sound angry," "You seem frustrated," or "I hear disgust in your voice."

Summarizing combines the content of the paraphrase with the feeling identified by emotion labeling into the negotiator's own words (Voss, 2016). This process is a final clarification by the negotiator of what the subject is experiencing, and it assures the subject that the negotiator understands the situation from the perspective of the subject (Ireland & Vecchi, 2009; Thompson & Jenkins, 2013; Vecchi, 2009b, 2009c; Vecchi et al., 2005). An example of summarizing would be: "Let me make sure I understand what you're saying, you lost your job because they wanted to hire Robert and that makes you angry."

9. Supplemental active listening skills

Unlike the core active listening skills, the supplemental active listening skills (minimal encouragers, open ended questions, effective pauses, and "I" statements) are not used in any specified order. The supplemental active listening skills should be interlaced as necessary to enhance the effectiveness of the core active listening skills (Ireland & Vecchi, 2009; Vecchi, 2009b, 2009c; Vecchi et al., 2005).

Minimal encouragers are verbal and nonverbal cues to the subject that the negotiator is being attentive to what he or she is saying and experiencing (Cialdini, 2007, 2016). They also demonstrate that the negotiator is psychologically present with the subject and that the negotiator is genuinely trying to understand the perspective of the subject (Voss, 2016). Minimal encouragers are used while the negotiator is listening (Ireland & Vecchi, 2009; Vecchi, 2009b, 2009c; Vecchi et al., 2005). Verbal encouragers are comments such as "uh-huh," "yes," "right," and "okay." Nonverbal encouragers are actions such as nodding the head, tilting the head, leaning forward, watching the subject's eyes or mouth as they speak, or mirroring the nonverbal behavior of the subject.

Open-ended questions prompt the subject to expand on his or her concerns and perspective. Open-ended questions encourage clarification, which is used by the negotiator in employing more primary active listening strategies (mirroring, paraphrasing, emotion labeling, and summarizing) all in an effort to bring the subject to a more rational state of mind (Ireland & Vecchi, 2009; Vecchi, 2009b, 2009c; Vecchi et al., 2005). Open-ended questions do not limit the responses to *either-or* or *yes-no* answers but require elaboration and detail on the part of the subject. Open-ended questions may include questions that start with "what" or "when" or statements such as "tell me more about…" Open ended questions can also be used by the negotiator to take the conversation in a specific direction, such as assessing the degree of threat to another person. For example, if the subject has relayed that he lost his job because "my horrible boss fired me" then the negotiator could move the conversation towards determining the status of the boss by asking "tell more about your boss."

Effective pauses equate to deliberate silence before or after

meaningful comments by the negotiator (Ireland & Vecchi, 2009; Vecchi, 2009b, 2009c; Vecchi et al., 2005). Pausing enhances the ability of the subject to focus on what the negotiator is saying. Pausing just before or after saying something important tends to cause the subject to listen to the content of the message because the pause sparks anticipation (if done before the meaningful comment) and reflection (if done after the meaningful comment). Effective pauses are especially good when used following an open-ended question, which sets up a quid pro quo situation where the longer the pause, the more tempting it is for the subject to respond. For example, the negotiator could use an effective pause in this way: "Tell me about where you grew up… (pause)" or "Let me know if I have this right…(pause)…you are angry with your boss because he fired you" or "You sound angry about the loss of your father…(pause)…tell me more about that."

"I" statements are the only time a negotiator should consider leaving the subject's frame of reference during Stage 1 of the BISM (Vecchi, 2019). "I" statements can be used sparingly to generate empathy or to neutralize verbal attacks by the subject (Ireland & Vecchi, 2009; Malhotra, 2016; Vecchi, 2009b, 2009c; Vecchi et al., 2005). To generate empathy, "I" statements are used by the negotiator in the form of appropriate self-disclosures within the context of what the subject is describing. For example, the negotiator may say: "I am a father too, but I can't imagine what it must be like to lose a son. It must be terrible." When being verbally attacked, the negotiator can use the "I" statement to gently point out a subject's counterproductive behavior. For example, the negotiator could say: "When you say that I don't care, it frustrates me because I am trying to understand your situation and I really want to help you." Once the negotiator has completed the "I" statement following the subject's verbal attack, he or she should immediately return to the subject's frame, for example: "Now tell me more about when you lost your job."

Active listening is the starting point of effective crisis intervention and the first stage towards influencing behavioral change (Ireland & Vecchi, 2009; Roberts, 2000; Vecchi, 2004, 2009b, 2009c; Vecchi et al., 2005; Wiger & Harowski, 2003). For active listening to work, the subject must maintain a sense of ownership over the outcome of the crisis, which can only be accomplished via perception management and remaining within the frame of the subject (Malhotra, 2016). In many cases, the negotiator may be the only person in the life of the subject who has tried to understand and respond to the crisis in the subject's frame of reference (Malhotra, 2016). In these cases, the negotiator becomes the missing social support in the subject's life, and it is this support that the takes the subject out of crisis, eventually providing the negotiator an opportunity to suggest coping strategies and ultimately solutions to the crisis (Vecchi, 2019). Finally, active listening is always the fallback position when negotiations begin to deteriorate.

10. The importance of negotiator credibility on persuasion

At the heart of LETN is the ability of the negotiator to build credibility with the subject, via communication skills. Credibility is "the pivot point of persuasion" (Hogan, 2011, p. 57) and ultimately behavioral change. Credibility is a combination of the ability of the negotiator to be perceived as both competent and trustworthy (Hogan, 2011). Competence is expertise and it can be demonstrated subtly to the subject through successfully reframing the problem to change the subject's perception of it. Trustworthiness is the ability of the negotiator to demonstrate empathy and generate rapport.

Developing credibility can be tenuous at times. Credibility is, however, necessary if negotiation is to be successful, especially during crisis situations. In most cases, the negotiator has little or no prior experience with the subject and the subject is not inclined to welcome or include the negotiator in resolving the crisis (Doering, 2016). Subject resistance is common when initially interacting with the negotiator while the subject forms a first impression. These first impressions instantaneously categorize the negotiator, usually in a negative manner, as the result of preconceived notions or experiences with other people who the subject views as similar to the negotiator (Hogan, 2011). Any intervention requires the negotiator to *influence* the subject to change their behavior in order to end the crisis. Notice that the emphasis is on *influencing* the subject to change behavior rather than *making* them change it. This point is critical because, unless or until physical control of the subject is established, there is no way to force the subject to NOT hurt themself or others if they are inclined to do so; therefore, the only real safe alternative is to influence the subject to voluntarily comply (Vecchi, 2019). This, of course, is not easy because people in crisis are usually highly emotional and oftentimes unreasonable (Caplan, 1961; Carkhuff & Berenson, 1977; Roberts, 2000). Thus, if a resolution is prematurely suggested before credibility and rationality are established, and before the subject is ready to accept the negotiator's suggestions, then the chances of positively overcoming the crisis is greatly diminished.

11. Behavioral change

Behavioral change will occur only if the previous four stages have been successfully completed and credibility has been formed on the part of the negotiator with the subject. It cannot be stressed enough that the key to behavioral change and successful crisis intervention and negotiation is a positive relationship between the negotiator and the subject, via the implementation of active listening, empathy, rapport-trust, and influence strategies and tactics (Ireland & Vecchi, 2009; Vecchi, 2009b, 2009c; Vecchi et al., 2005) It is only at this point, that the subject will do as the negotiator suggests for no other reason than the fact that the negotiator asked the subject to do so.

12. Suicide myths

There are several widely held myths about suicide that need to be addressed. These myths, if factored into negotiations could result in less than optimal results. Some of the prevalent myths regarding suicide include: 1) if you ask a subject about his suicidal intentions, you will encourage that subject to kill themself; 2) suicidal subjects rarely seek medical attention; 3) professional people do not kill themselves; 4) when the depression lifts, there is no longer any danger of suicide; and 5) suicide is a spontaneous activity that occurs without warning (Vecchi, 2009c).

Of all the myths, the first one has the most potential impact on the negotiator (Strentz, 2013, 2018; Vecchi, 2009c). Asking if the subject intends on committing suicide encourages the subject to talk about the problem that is causing him or her to contemplate suicide and talking buys time, which reduces tension. Ignoring the question of suicide altogether can increase the likeliness of it occurring because by ignoring it, the negotiator fails to probe the concerns and needs of the subject, which can be viewed as being insensitive to a cry for help (AFSP, 2019).

13. Suicidal risk factors

There are certain risk factors that are particularly associated with suicide. Some of them include: 1) feelings of hopelessness, helplessness, low self-esteem, and guilt, 2) previous suicide attempts, 3) talking about death and suicide, 4) planning for suicide, 5) mental illness, 6) alcoholism and substance abuse, and 7) social isolation. Of all these risk factors, hopelessness and helplessness are the two greatest predictors of suicide (Strentz, 2013, 2018; Vecchi, 2009c). This has been especially prevalent in suicide-by-jumping in Hong Kong (Wong et al., 2017).

14. Behavioral indicators of suicide

For the negotiator, there are several behavioral and verbal clues that indicate potential suicide. Some behavioral clues may include: 1) giving personal items away; 2) putting affairs in order; 3) writing a note; 4)

test firing a weapon; 5) slowed thinking or indecisiveness; 6) mood changes or hyperventilation; 7) sudden elation; and 8) withdrawal, or reckless or impulsive behavior. Some direct and indirect verbal clues may include: 1) "You won't have to put up with me any longer."; 2) "I can't go on."; 3) "I will resolve my problem my own way."; 4) "I'll make _____ suffer."; 5) "They'll be better off without me."; 6) "All of my problems will end soon."; 7) "I just wish it would all end."; 8) "I wish I were dead."; 9) communicating in the past tense, and 10) a verbal will (Strentz, 2013, 2018; Vecchi, 2009c).

15. Communication techniques for suicide

When the negotiator suspects that a subject may be suicidal, the most important thing to do is to actively listen with a focus on getting the subject to express emotions, as most suicidal subjects are in crisis and are willing to discuss their thoughts (Strentz, 2013, 2018). Suicidal individuals are often fearful and even feel guilty about having suicidal thoughts, so it is important to remember to be empathetic, nonjudgmental, open-minded and to focus on the specific situation that caused the subject to feel suicidal (Strentz, 2018; Vecchi, 2019, 2009c). The following are some specific questions that a negotiator may ask: 1) "Are you having thoughts about killing yourself?"; 2) "Do you have a plan for committing suicide?"; 3) "What are you planning to do?"; 4) "How long have you been planning it?"; 5) "Have you ever had thoughts about killing yourself before?" "When?" "What stopped you before?"; 6) "Have you ever tried to kill yourself?" (If so, "What happened?"); and 7) "Have you been drinking or using drugs?"

When speaking to a suicidal subject, the negotiator should encourage open dialogue about the finality of death. Efforts should be made to find out what is meaningful and valuable to the subject and use these "hooks" to identify other options and alternatives. The negotiator should emphasize reasons against suicide such as: 1) foster the belief that the subject can eventually cope with and survive the crisis or loss; 2) point out the grief or hardship on their family; 3) concerns about the effects of suicide on their children, if appropriate; 4) pain of dying and unknown consequences about the finality of death; 5) social disapproval; 6) moral, religious, and ethical reservations; and 7) emphasize that *suicide is a permanent solution to a temporary problem* (Vecchi, 2019, 2009c).

16. Suicide-by-jumping intervention

Suicidal jumpers, also known as defenestrators, can cause sensational news events that put law enforcement action under intense scrutiny (AFSP, 2019; Dalfonzo, 1998). Completed suicides by jumpers have traumatic impact on the individuals who witness or participate in the incident and they cause public inconvenience resulting from disruptions of traffic and services. According to Dalfonzo (1998), jumpers threaten suicide for several reasons: 1) convenience; 2) high visibility causes greater chance for intervention; 3) dramatic public spectacle; and 4) making a statement and getting a response from others.

Dalfonzo (1998) classified jumpers into two categories: 1) Suicidals, and 2) Subjects with Other Motivations (SWOM). Suicidals are those individuals who have made up their mind to kill themselves and have chosen jumping as the means of accomplishing it. Intervention with Suicidals usually involves verbal or physical distraction of the subject while the negotiator or other individual physically prevents the subject from jumping. SWOMs, which account for approximately 84% of jumpers in the United States (Dalfonzo, 1998) and 38% of jumpers in Hong Kong (Wong et al., 2017), are those individuals who use threats of suicide as a cry for help in obtaining attention and resolution to other problems relating to the family, work, or other relationships (Dalfonzo, 1998; Dalfonzo & Flood, 2002; Wong et al., 2017). In contrasting the two types of jumpers in terms of behaivor, a suicidal will often dive headfirst while a SWOM will most likely jump feet first (Dalfonzo, 1998).

Many jumpers use socially or personally symbolic locations. Socially symbolic locations can involve travel of great distances such as traveling to the Golden Gate Bridge or the Empire State Building. Personal symbolic locations have specific meaning such as a man who jumps off a bridge in view of his ex-girlfriend while she is with her new boyfriend on his boat (Strentz, 2013, 2018).

Negotiators should attempt to assess the subject's determination in completing the act and the level of sophistication demonstrated (did the subject walk out on a bridge with no barricades or did he use one with barricades that prevented a tactical response?). Over time, the suicidal desire or impulse can shift from strong to weak, which provides an opportunity for the negotiator to use dialogue to positively affect the subject's behavior (Strentz, 2013, 2018).

Most jumper negotiations involve face-to-face negotiations. When negotiating with jumpers, the negotiator should attempt to describe the safest way for the subject to come down from their position. This should be attempted early in the negotiations and in a non-threatening, nonjudgmental manner. For example, the negotiator may say: "It seems that you are not ready to come down just yet, but when you do could you please use the fire escape?" It should be noted that while subjects are on the ledge, they may experience a feeling of power and control over others, including the negotiator. As such, the subject may make threats. It is important that the negotiator understand the difference between offensive and defensive threats (Dalfonzo & Flood, 2002). Offensive threats involve threats of action taken unilaterally by the subject, such as threatening to jump because of something that happened. Defensive threats involve threats of action taken IF the negotiator does something, such as "If you try to grab me, I will jump." The negotiator has little control over offensive threats; however, the negotiator has much control over defensive threats.

Jumper situations sometimes involve "baiters." Baiters are individuals who taunt, jeer, or encourage the subject to jump and are usually present in large crowds, cover of darkness, or when the crowd is a substantial distance from the subject. The removal of the crowd can be used as a tactic to gain influence with the jumper (Dalfonzo, 1998; Dalfonzo & Flood, 2002). For example, the negotiator might say, "Mike, the people down there seem to agitate you and are getting in our way. Would you like me to have them removed?"

Other tactics the negotiator can use is to minimize the "drama" of the event by removing bystanders, emergency vehicles, news reporters, and other visual or auditory stimuli from the subject's view. This is also called "normalizing the perimeter" and it is effective in getting the subject to consider other alternatives to suicide. The negotiator should "soften" his or her appearance by wearing plain clothes and concealing any weapons or police equipment and formulate delivery plans that require the subject to come down to receive the item (food, cigarettes, etc.) even if the subject only comes down temporarily. Indicators of progress that the negotiation is working can be subtle, but visible and may include: 1) the subject facing the negotiator or making eye contact; 2) the subject allowing the negotiator to get closer; 3) the subject telling the negotiator he or she is afraid; and 4) the subject disclosing what he really wants (Dalfonzo, 1998; Dalfonzo & Flood, 2002).

17. Post-crisis suicide prevention considerations using BISM principles

Thus far, the BISM has been examined in terms of its efficacy as a reactive method used by police negotiators in crisis negotiation and suicide intervention. What needs to be explored is using BISM principles by other intervenors in a proactive manner to prevent repeated suicidal behavior and influencing subjects from becoming suicidal in the first place.

Previous research has indicated that, once the crisis has been mitigated and the subject has been returned to his or her pre-crisis state, it is important to initiate and maintain open lines of communication as a preventative measure against these individuals engaging in future

suicide attempts. The belief that someone who has survived a suicide attempt is unlikely to try it again is a grossly inaccurate assumption when in fact, the opposite is frequently true. In Hong Kong, it is estimated that individuals with a history of attempted suicide were about 40 times more likely to commit suicide than those with no prior suicide attempts (Wong et al., 2017). Between the first three to 12 months after a suicide attempt, individuals are at their highest risk for making a second suicide attempt, which is likely to be more successful than the first one (Bostwick, Pabbati, Geske, & McKean, 2016). An analysis of research data regarding successful suicides revealed that among those individuals who had made previous attempts, one in 25 people had engaged in a [successful] fatal attempt within a five-year period (Bostwick et al., 2016).

Motto & Bostrom (2001) hypothesized that suicide prevention could be influenced through long-term contact with individuals who were at a high-risk of committing suicide and who refused to stay within the health care system. The study consisted of 843 patients who had all refused ongoing care and who were randomly divided into an experimental and control group. The experimental group was contacted a minimum of four times per year over the course of five years, via letter. In contrast, the control group received no contact during that same five-year period. The results revealed that when comparing the groups, the patients in the experimental or contact group had a lower suicide rate during all five years of the study with a particularly significant reduction during the first two years. The differences in the rates between the two groups gradually diminished over the course of 14 years, so that no differences between the groups were observed by that point in time, indicating that the feelings of connectedness among those who received the letters dissipated after contact had stopped. Motto & Bostrom (2001) concluded that the implementation of a systematic program of contact or communication with individuals who are at risk for suicide seemed to provide a significant preventative impact. In addition, reduction of the frequency of contact and/or discontinuance of contact appeared to reduce and eventually eliminate this preventive impact.

Carter, Clover, Whyte, Dawson, & D'Este (2005) conducted a study to determine whether using postcards would diminish the repetition of individuals who engaged in deliberate self-poisoning suicide attempts. The research participants consisted of 772 individuals who were over 16-years of age and had a history of one of more deliberate self-poisoning episodes during one-year. Postcards in sealed envelopes were mailed to participants at 1, 2, 3, 4, 6, 8, 10, and 12 months following their discharge from the hospital. Carter et al. (2005) concluded that this simple postcard intervention resulted in cutting in half the number of repeated suicide attempts within that 12-month duration. They attributed this result to the subjects' feelings of increased social connectedness as well as the postcards serving as tangible expressions of caring for the patients who may have been experiencing depression, thoughts of being incompetent, or undeserving of care. The simplicity of this intervention reflects a substantial cost-effectiveness for facilities who lack extensive resources to maintain consistent communication with patients who are at an elevated risk for suicide.

Fleischmann et al.'s (2008) study also discussed the positive impact of maintaining regular contact with patients who had a previous history of engaging in suicidal attempts. In this study, the researchers differentiated among the groups of individuals who were at an elevated risk of suicide, such as drug/alcohol abusers and the elderly. In cases involving the elderly, a “tele-help/tele-check” service was used, consisting of an alarm system that could be activated by the subject in crisis to call for help and for twice-weekly calls by crisis intervenors as a means of providing emotional support. This technologically oriented system changed the previous snail-mailed letter and postcards to one that utilized a much faster means of communication and response which the at-risk individuals could initiate themselves with a push of a button.

Chen, Mishara, & Liu (2010) conducted a study in China that further investigated the positive impact of maintaining consistent communication with subjects who had previously attempted suicide. The study recruited 15 subjects who received mobile text messages during the first week following their discharge from the hospital, followed by text messages once a week for a total of four contacts. The standard supportive content of the text messages sent to each participant was the same each week; however, different messages were sent during weeks one, two, three, and four. The participants were able to respond if they so desired. Examples of the text messages sent included:

Week 1: “It has been about a week since you were here at the hospital, and we hope everything is going well for you. We would be glad to hear from you if you would like to do so.”

Week 2: “Compliance with the doctor's suggestion would be good for your health. Do not give up. We are always with you.”

Week 3: “If you have any problems in treatment, please don't hesitate to contact us, maybe we can help.”

Week 4: “It would be great to hear from you and let us share your feelings. Please keep contact with us.”

At the end of those four weeks, each subject was contacted to survey their reactions to the text messages. These simple expressions of concern for the subjects, positive affirmations, and encouragement led to a decreased sense of isolation while increasing their feelings of connectedness. Chen et al. (2010) concluded that text messaging is a low-cost and efficient method of intervention in an area where more formal and intensive methods of follow-up are simply not practical or available. Since mobile telephones and wireless local networks are commonly accessed as the primary electronic means of communication in China and elsewhere, text messaging would seem to be a feasible method of assisting suicidal subjects following their discharge from the hospital.

Wong, Kwok, Michel, & Wong (2017) conducted a study involving individuals who aborted their suicide attempts after negotiating with the PNC in Hong Kong. Directly following each negotiation, the PNC provided each person with a manual on self-harm (Wong et al., 2017). A sample of the individuals were contacted one month and three months following the aborted suicides. The results indicated that 88% of the individuals felt positive about being contacted and talking about the suicide attempt. Moreover, 75% of the individuals rarely or occasionally thought about killing themselves and 63% did not expect to make another suicide attempt (Wong et al., 2017).

The above examples illustrate other methods by which the principles of the BISM can be incorporated internationally and interculturally using written means of suicide intervention such as letters and postcards; technological means, such as tele-help/tele-check and mobile text messaging services, as well as interpersonal contact, such as handouts and interviews. Although the context is different from police suicide intervention, the method by which the principles of the BISM could be incorporated is the same. All of these methods show promise in preventing repeated suicide attempts in international settings.

18. Conclusion

The BISM provides the structure by which the concepts of active listening, empathy, rapport-trust, and influence underpin the ability of the intervenor to become the social support system for suicidal subjects in crisis, regardless of their demographic background. Research and practice has demonstrated that suicidal subjects must be engaged in a manner that is fast, frequent, and continuous in order to re-establish feelings of social connectedness and emotional support, thus giving both reactive and proactive suicide intervention the best chance to succeed.

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