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# Crisis negotiation techniques in interactional context: Managing a suicide threat in an emergency service call

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## ABSTRACT

**Background:** Previous research reveals that standard crisis negotiation techniques are useful in assisting suicidal persons, but how routine interactional procedures impact their implementation has not yet been sufficiently examined. **Aim:** This paper investigates how routine interactional procedures impact the effectiveness of crisis negotiation techniques in an emergency services call involving a suicide announcement. **Methods:** A publicly released emergency service call was transcribed and analyzed using the qualitative technique of conversation analysis. **Results:** The call taker used crisis negotiation techniques such as maximizing autonomy, displaying active listening, and distracting the caller to keep them on the phone. These techniques were implemented successfully through routine interactional procedures such as topic shifts, requests, and listener responses. Interrupting or overlapping the caller's speech or replacing requests with demands were less effective. **Discussion:** Instruction in the routine procedures of interaction may be as important as instruction in standard crisis negotiation techniques when training call takers to handle suicide announcement calls. **Conclusions:** Qualitative analysis of suicide announcement calls can be an effective means of learning how crisis negotiation techniques are used in practice and how emergency call takers can help prevent suicide by keeping callers on the phone and persuading them to abandon their suicidal plans.

## KEYWORDS

Conversation analysis, crisis negotiation, emergency service calls, health communication, interactional procedures, qualitative research, suicide.

## BIOGRAPHY

**Angela Cora Garcia** is a professor at Bentley University. Her research focuses on conversation analytic studies of mediation sessions, emergency service calls, air traffic communications, and political speeches and interviews. She is the author of a textbook on conversation analysis, *An Introduction to Interaction: Understanding Talk in the Workplace and Everyday Life* (Bloomsbury Academic Press, 2023) and *How Mediation Works: Resolving Conflict through Talk* (Cambridge University Press, 2019).

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## Introduction

This paper investigates how routine interactional procedures facilitate the implementation of standard crisis negotiation techniques with suicidal persons in emergency service calls ('911' in the U.S.). The qualitative approach of conversation analysis is used to analyze a 911 call in which the caller announced his intention to commit suicide. The analysis shows how the call taker used routine interactional procedures such as turn taking, topic shifts, requests, and listener responses to keep the caller on the phone and try to persuade him to put down his weapon. The key health communication issue being addressed in this paper is how effective use of routine interactional procedures can play a role in the success of crisis negotiation techniques for suicide prevention.

## Literature review

A wide range of techniques used in crisis negotiation have been investigated in previous studies. Grubb et al. (2021) found that police crisis negotiators advocated honesty, perseverance, and the willingness to bargain or make concessions, along with strategic use of delaying tactics, and bonding with subjects through disclosing shared commonalities. Maximizing the autonomy of the subject when possible is also a recommended technique (Charlés, 2008; Garcia, 2017; Slatkin, 2015; Vecchi, 2009). Negotiators are also trained to use emotion management techniques and active listening strategies (Charlés, 2008; Grubb et al., 2021; Johnson et al., 2018; Regini, 2002; Royce, 2005; van Hasselt & Romano, 2004; Vecchi, 2009; Vecchi et al., 2005).

## Emotion management techniques

Techniques for creating a bond or sense of connection with the subject include sharing personal experiences, displaying empathy, accepting what the subject claims (a nonjudgmental attitude; Grubb et al., 2021), and transmitting information between the subject and the authorities (Charlés, 2008; Mullins, 2002; Vecchi, 2009). The goal of “the negotiator [is] to become the “social support” for the subject [...] to build credibility with the subject and becoming the only person in their life who seems to care at the moment” (Vecchi et al., 2019, p. 233). This perspective is consistent with Sacks’ (1987a, 1992) conversation analytic investigation of suicide hotline calls. Sacks (1987a, p. 217) found that having no one in their life who could be expected to help was a common theme; callers to suicide hotlines wanted to know “if anybody really cares.”

## Active listening

Noesner and Webster (1997) describe a system for crisis negotiators which relies on active listening skills ('ALS'). ALS practitioners advocate careful listening, displaying empathy,

behaving in a nonjudgmental and nonthreatening way, and building a relationship with the subject (Dalfonzo & Deitrick, 2015). ALS practitioners avoid accusations, encourage positive behavior, paraphrase the subject's statements, use emotion labels, use pauses effectively, ask open-ended questions and summaries, and provide "minimal encouragers" (Dalfonzo & Deitrick, 2015, p. 3).

## Research on interaction in crisis negotiations

The system for teaching and evaluating crisis negotiation training in ALS involves observing and evaluating the techniques used (Dalfonzo & Deitrick, 2015), but does not involve directly examining the interactional context in which they are used. Several articles discuss the importance of communication skills for crisis negotiators (e.g., Grubb et al., 2019; Johnson et al., 2018; McMains & Mullins, 2014), but these studies do not analyze actual interactions involving crisis negotiation in order to discover how these skills are used. Studies of role plays used to train crisis negotiators may involve rating participants' use of key negotiation skills during the role play (e.g., van Hasselt et al., 2008), but the routine interactional procedures used to construct and organize the talk are not taken into account. These gaps can be filled by conversation analytic studies of crisis negotiations.

Previous studies using a conversation analytic approach include Sikveland and Stokoe's (2023) study of how negotiators constructed their efforts to communicate with the person-in-crisis to counter that person's resistance to help. They also showed how negotiators could switch from offers of help to either specific proposals for help or to offers to help the person-in-crisis help themselves. This last type of formulation seemed to be the most productive in getting the person to back down from their suicide threat. Sikveland et al. (2020) study techniques used by police crisis negotiators and emergency call takers when dealing with persons in crisis to get them to a 'turning point' where they are willing to back down from their suicidal intent. Conversation analysis has also been used to study how teams of crisis negotiators work, in particular how behind the scenes negotiators can give guidance, advice or suggestions to the primary negotiator (Stokoe & Sikveland, 2020; Stokoe et al., 2022). Kevoe-Feldman and Iverson (2022) use conversation analysis to compare suicide hotline calls with those made to emergency services.

The current paper uses conversation analysis to study a crisis negotiation which occurred within a 911 call. This analysis will show how effective use of crisis negotiation techniques requires the flexible, timely and well-placed use of routine interactional procedures. After describing the methods and data, the analysis shows how the call taker's use of routine interactional procedures is inextricably entwined with the crisis negotiation techniques used.

## Methods

Conversation analysis is a qualitative method of studying interaction that investigates the procedures and techniques used to interact, including aspects of the pragmatics of interaction such as turn taking, topic shifts, listener responses, and the formulation of actions such as requests. Conversation analysis examines talk in the sequential context it occurs within to discover the common-sense understandings and procedures people use to create their

actions and interpret and respond to the actions of others (e.g., Arminen, 2017; Garcia, 2023a; Heritage & Clayman, 2010; Schegloff, 2007; Sidnell, 2010; ten Have, 2007).

Single case analysis is a commonly used technique to understand a particular event by applying the findings and techniques of conversation analytic research (Schegloff, 1987). This approach is frequently used in studies of 911 calls because it can elucidate the reasons for success or failure of the call (e.g., Garcia & Parmer, 1999; Garcia, 2015, 2017; Osvaldsson et al., 2012; Whalen et al., 1988).

The call analyzed in this paper was made by a man who fatally shot his nephew while barricaded within their apartment (Bridges et al., 2018; ClickOrlando.com, 2018). Police had gathered outside preparing to arrest the man for a previous offense when they heard shots. The man then called 911, and the call taker spoke with him for a total of 20 minutes before transferring the call to a police officer on the scene.

The data were transcribed using the conventions of conversation analysis (Hepburn & Bolden, 2017; Jefferson, 2004). Symbols used include underlining to indicate stress or emphasis, colons to indicate a sound is drawn out, capitalization to indicate loudness, degree signs to indicate decreased volume, brackets to indicate simultaneous speech, double parentheses show descriptions of the talk, and numbers in parentheses to indicate approximate length of pauses. Previously existing public records such as emergency service calls are exempt from the IRB review process. Pseudonyms were used for all identifiers.

Conversation analytic research shows that routine interactional procedures are used both in ordinary conversation and in talk in institutional settings such as 911 calls. The conversation analytic findings and concepts relevant for this paper are summarized below.

### **Interactional organization of 'ordinary' conversation**

Conversation analytic research on the interactional organization of ordinary conversation shows that participants produce turns of varying lengths and types and that topics of talk are not predetermined or constrained ('local management,' Sacks et al., 1974). Participants monitor each other's turns-in-progress to determine when they are 'possibly complete,' such as when the utterance is grammatically or semantically complete in the context in which it occurs within. These places in turns can be treated as 'transition relevance places'--points at which another speaker may be selected to speak or select themselves to speak next (Sacks et al., 1974).

At times another speaker may interrupt or overlap a current speaker's turn before it has reached a place where transition is relevant (Schegloff, 2000). Speakers can adjust the pace, timing or fluency of an utterance-in-progress to manage an interruption or overlap by another speaker. Schegloff (1982, 2000) describes 'rushing through'—speeding up around a possible completion point to discourage another from taking a turn. Garcia & Cleven (2024) describe 'flowing through' at a possible turn transition relevance place. This does not necessarily involve speeding up, rather the speaker does not stop speaking or use completion intonation (intonation which sounds like the speaker is ending their turn) at a possible turn completion point. Flowing through is a pre-emptive strategy to avoid providing space for a turn transition.

Listener responses such as “yeah,” “okay,” or “um hm” show that the listener hears and understands what the speaker is saying, and when used in place of a turn at talk indicate that the current speaker can continue (Schegloff, 1982). Utterances formulated as requests typically display an acknowledgment of the requestee’s autonomy as they may grant or refuse the request. On the other hand, demands or imperatives are closer to orders or commands (Curl & Drew, 2008; Sikveland & Stokoe, 2020). Routine interactional procedures also include shifting topics (Maynard & Hudak, 2008; Sacks, 1987b, 1992; Schegloff, 1990; Schegloff & Sacks, 1973; West & Garcia, 1988), or appending tag questions to turns (as in “it’s cold, isn’t it?”; see Hepburn & Potter, 2010; Pomerantz & Heritage, 2012; Sacks, 1992).

## Interactional organization of emergency service calls

Talk in 911 calls has similarities and differences with ordinary conversation. They differ in terms of how the calls are opened, the body of the call is organized, and the interactional roles of the participants are enacted (Cromdal et al., 2012; Tracy & Agne, 2002; Tracy & Tracy, 1998; Whalen & Zimmerman, 1987, 1990; Zimmerman, 1984, 1992a, 1992b).

Opening sequences in 911 calls are typically brief and designed to efficiently transition talk to the purpose of the call (Zimmerman, 1984). The caller’s first turn typically requests help or describes the problem they are seeking help for (Whalen & Zimmerman, 1990). The call taker then asks a series of questions to obtain information necessary to provide assistance, with the location of the problem of primary importance (the ‘interrogative series,’ Whalen & Zimmerman, 1987, 1990; Zimmerman, 1984). The goal of a typical 911 call is to get the information needed to send help, and to provide care/emotional support during the call as needed (Garcia, 2017, 2023b; Kevoe-Feldman, 2021; Kevoe-Feldman & Iverson, 2022; Tracy & Tracy, 1998; Whalen & Zimmerman, 1998). In addition, emergency phone calls differ from ordinary conversations in that they are ‘monotopical,’ dealing with the issues required to provide help rather than shifting to other topics at will.

The analysis below will show how the call taker integrates routine interactional procedures of ordinary conversation with that of 911 calls, using turn taking procedures, topic shifts, listener responses, requests, and other procedures while implementing standard crisis negotiation techniques in her efforts to keep the caller on the phone. The call taker’s timing and placement of each technique and her ability to shift gears as needed depending on the caller’s ongoing actions are key factors in her ability to function as a health communicator with the goal of suicide prevention.

## Results

Many standard crisis negotiation techniques are used by the call taker (including active listening, expressing empathy, developing a personal relationship, avoiding judgments and maximizing the autonomy of the caller). The analysis shows how she implements these crisis negotiation techniques through the use of routine interactional procedures such as turn taking, topic shifts, listener responses and the formulation of requests; together they do the work of persuasive interaction with the caller. How the call taker uses these routine

interactional procedures can either facilitate or work against the successful accomplishment of crisis negotiation work.

## The call opening

The 911 call starts with a routine opening sequence followed by an interrogative series (Zimmerman, 1984). Once the call taker discovers that the caller is barricaded in an apartment with a gun and that it's a suicide announcement call, she uses crisis negotiation techniques including active listening, non-judgmental responses, and an orientation to the caller's autonomy, while implementing these techniques through routine interactional procedures.

### Excerpt 1

- 1 CT: nine one one where is your emergency  
 2 (0.4)  
 3 C: um scuse me can you put one of the officers on the- on the phone  
 4 (0.5)  
 5 CT: um (1.2) we do not work in a building with officers- (0.3) si:r what's going on  
 6 (0.2)  
 7 C: I:'m in the apartment that they're knocking on the door and two and the  
 8 person is dead inside the apartment  
 9 (3.0)  
 10 CT: okay what [what (where )]  
 11 C: [I am barricad- ] I am barricaded inside with a nine millimeter with a  
 12 clip  
 13 (0.3)  
 14 CT: okay sir what is the address  
 15 (0.5)  
 16 C: it's it's four twenty walnut  
 17 (3.0)  
 18 CT: and you're barricaded? (0.3) in the apartment?  
 19 (0.4)  
 20 C: I just want to talk to somebody before I take my lif:e. (0.2) that's what I want to  
 21 do.  
 22 (0.8)  
 23 CT: okay sir ((said in a "sing song" tone of voice)) si:r?  
 24 (0.6)  
 25 C: yes.  
 26 (0.2)  
 27 CT: oka:y, talk to me okay?, (0.3) what's [what's]  
 28 C: [I'm try]ing to talk to [you ] I:=  
 29 CT: [what's] =okay, sir  
 30 [(what's)]  
 31 C: [I just- ]  
 32 (0.2)  
 33 CT: what is your apartment number?  
 34 (0.3)  
 35 C: it's it's it's it's aye three

While the call taker asks for the location of the problem in her opening turn (line 1), the caller makes a request of his own instead of answering her question (line 3). After a brief hesitation,



the call taker explains why she cannot grant his request (line 5), and then asks “what’s going on.” This is a routine question when callers do not provide the nature of the problem in their first turn (Whalen et al., 1988; Zimmerman, 1984). In lines 7-8, the caller responds both to the call taker’s “what” question from line 5 and her “where” question from line 1. By informing her that there is a dead person inside the apartment, the caller conveys that he is calling about a ‘policeable problem’ (Whalen & Zimmerman, 1990). The silence in line 9 could indicate the call taker is typing or that she is thrown off by the caller’s announcement that a “person is dead” (line 8). However, when she responds in line 10, the call taker does not convey shock, judgment or skepticism. She first acknowledges the caller’s informing with the minimal response “okay” (line 10), thus displaying that she has heard him. Her response is thus consistent with crisis negotiation techniques in that she displays active listening and refrains from judging him.

However, after briefly displaying active listening, the call taker does not provide time for the caller to speak again. Instead, she immediately flows through to a turn beginning (a “what” question), thus transitioning from a listener to a speaker role (line 10). Asking a question at this point in the call is consistent with the role of call taker as she initiates the interrogative series. However, the caller overlaps the call taker’s turn beginning and provides more information about his situation, including that he is “barricaded inside” the apartment with a gun (lines 11-12).

The call taker’s response to this new information is also calm and nonjudgmental, a strategy recommended for crisis negotiators. She stays in the role of 911 call taker, refraining from an emotional reaction which might have been relevant had this been an ordinary conversation (Jefferson, 1988). Instead, she uses a crisis negotiation technique (active listening) by responding “okay sir” (line 14). These strategies can help minimize emotional overload on the part of the caller which might lead to difficulties communicating (Garcia, 2017, 2023b; Kevoe-Feldman, 2021; Kevoe-Feldman & Iverson, 2022; Tracy & Tracy, 1998; Whalen & Zimmerman, 1998). The call taker then flows through to a second attempt to produce her “what” question (“okay sir what is the address”; line 14). After the caller produces the address (line 16), the call taker continues with the interrogative series, asking for confirmation of what he’s told her (“and you’re barricaded? (0.3) in the apartment?”; line 18). This question verifies the information and is also a recommended crisis negotiation technique--the call taker displays active listening by mirroring what the caller said.

Instead of replying with the requested confirmation, the caller escalates the seriousness of the situation by producing a suicide announcement (lines 20-21). The call taker’s “okay sir” (line 23) acknowledges that she heard him (active listening) and conveys an even more reassuring tone than in her previous turns (note the “sing song” tone of voice). As in her two previous turns she does not let her listener response stand as a free-standing utterance which might encourage him to say more. Instead, she maintains control of the interaction by immediately saying “si:r?” again (line 23). This strategy of flowing through from one interactional technique (a listener response) to a next action (a summons for his attention) helps her maintain the floor. The caller responds to her summons (“yes.”; line 25), which then allows her to continue the interrogative series.

The call taker then responds to the first and last parts of the caller’s prior turn in which he said he wanted to talk to somebody (lines 20-21) rather than the middle part of his turn, where he said he planned to take his own life. She says “oka:y, talk to me okay?,” (line 27), and then

initiates another “what” question (“what’s [what’s]”; line 27), thus resuming the interrogative series. By first granting his request (by offering to talk to him) she both displays active listening and works to maximize his autonomy (recommended crisis negotiation techniques). Her need to obtain his address justifies her failure to respond to his suicide threat, which otherwise could be seen as a missed opportunity to dissuade him from this goal. By ignoring the suicide threat, she again displays a nonjudgmental approach. When the caller interrupts her question initiation (line 28), she overlaps him and persists in reissuing her “what” question until she is able to complete it in the clear (“what is your apartment number?”; line 33). He answers this question (line 35).

In sum, in many ways, this is a routine emergency call opening. The call taker persists with the interrogative series until she has gotten the critical location information she needs. The call taker successfully managed the opening sequence of this call through using interactional procedures that are routine in emergency service calls. She used these techniques in ways that supported recommended crisis negotiation techniques (e.g., active listening, an orientation to the autonomy of the caller, and refraining from judgmental responses).

### Engaging with the caller

In this section, I analyze an excerpt from two minutes into the call which shows how the call taker successfully integrates crisis negotiation techniques with routine interactional procedures to build a relationship with the caller, share common interests, and distract him from his suicidal intent while acting in a nonjudgmental manner. In Excerpt 2, the call taker uses several techniques often used by crisis negotiators--active listening to show the caller he is being heard, actions that maximize his autonomy, and discussion of shared interests to create a personal connection and keep him on the phone. The interactional procedures she uses while performing these actions include producing listener responses, flowing through turn completions to retain control of the floor, shifting topics, using tag questions to request confirmation, and performing timely overlaps to control the direction of the conversation.

#### Excerpt 2

- 1 CT: [(that’s fine ( )) you said okay that’s fine you said your  
2 name was Raul correct?  
3 (0.5)  
4 C: yes:. can yo[u put ] somebody that’s outside so I could talk to them  
5 CT: [(okay)]  
6 (0.2)  
7 CT: yes (see) I’m going to talk to you my name is Nancy sir.  
8 (0.2)  
9 and your name is Ra[ul ( )]  
10 C: [okay so] I want the people (that) is outside  
11 (0.2)  
12 CT: okay. I’M communicating with them who is outside? so can you communicate  
13 with me through them mister raul? is that [okay? ]  
14 C: [( )] well ma’am I’m just going to  
15 tell you know what I: hh it’s hard for me to tell you because you know=-I I  
16 believe in God I got saved and everything all this just went crazy .h and I can’t  
17 be[lie]ve that I’m going to take my life now

- 18 CT: [I- ]  
 19 (0.1)  
 20 CT: no-  
 21 C: (you know I ask) [gods forgi]veness me for this (like I'm saying here [like] ) my  
 22 CT: [(I- )] [okay]  
 23 C: wife's nephew (0.4) is next to me (0.4) dead.  
 24 (0.2)  
 25 CT: okay?, (0.2) your wife[']s ne ]pnew is next to you dead?, and  
 26 C: [((coughs))]  
 27 CT: I believe in God too as we:ll sir (0.4) so [(do you. )]  
 28 C: [(I just )] please just you know say  
 29 a prayer for me because I just can't believe (this is how [its going to end])  
 30 CT: [sir keep ]  
 31 CT: talking keep keep me on the phone sir I'm going to say a pray with you. (0.5)  
 32 are you a praying man?  
 33 (0.8)  
 34 C: yes ma'am

As Excerpt 2 begins, the call taker asks the caller to verify his name (lines 1-2). He answers her question with “yes:” (line 4) and then immediately begins a request (line 4), specifying that he wants to speak with the police officers who are outside his apartment. This request is formulated to project a positive response (a 'preference' for granting the request--see Pomerantz, 1984; Sacks, 1987b; Sacks & Schegloff, 1979; Schegloff & Sacks, 1973; Schegloff, 2007). Granting a request is typically done quickly and directly, while refusals are often delayed. The call taker quickly grants the request (“yes”; line 7), which may work to maximize the caller's autonomy. However, instead of leaving a space for the caller to select himself for another turn, she flows through to “yes (see) I'm going to talk to you”. The call taker thus bypasses his specific request to speak with “somebody that's outside” and replaces it with an alternative proposal (that he talk to her instead). The call taker then flows through this alternative proposal to a self-introduction (“my name is Nancy sir.”; line 7), which takes the space of any response he might have given to the alternative she provided. While common in ordinary conversations, personal introductions are atypical for 911 calls which rely on institutional identifications (Zimmerman, 1984). Here the introduction functions as a topic shift. Topic shifts are used here and elsewhere in the call to keep the caller on the phone, create affiliation, distract him from suicidal plans, or try to persuade him to put down the gun. The call taker next quickly uses a conjunction (“and”) to add an increment to her turn, “and your name is ra[ul...”; line 9). She thus connects the caller's name to the previous turn in which she volunteered her first name, thereby accomplishing reciprocal personal introductions.

However, the caller is not distracted from his request. He reissues his request in overlap with the call taker (“[okay so] I want the people (that) is outside”; line 10). The call taker quickly responds with “okay.” (line 12), displaying that she has heard him, and then explains that she is acting as an intermediary between him and the officers outside his apartment (lines 12-13). This explanation takes the place of a rejection of his request, thus mitigating the rejection. She then adds a tag question (“is that [okay?]; line 13) which projects a “yes” answer (Pomerantz & Heritage, 2012; Sacks, 1992). This question displays an orientation to the caller's autonomy by explicitly asking for his approval.

The beginning of the caller's response is inaudible, but he then says “well ma'am” (line 14). While “well” often presages a disagreeing response to a question (Pomerantz, 1984), it can

also indicate that something complex or delicate is about to be broached (Heritage, 2015). The caller implicitly agrees to the call taker's proposal that he talk to her ("well ma'am I'm just going to tell you..." lines 14-15). He then displays an orientation to a delicate issue ("I: hh it's hard for me to tell you because you know-I- I believe in God"; lines 15-16), which is followed by an upgraded suicide threat (lines 16-17). While the caller has announced previously that he plans to take his own life, this reformulation upgrades the severity of the threat by adding "now" (Stokoe & Edwards, 2012).

The call taker quickly responds (e.g., "no-"; line 20, and "[I- ]"; line 22), but the caller keeps talking. When the caller reaches a clear transition relevance place ("my wife's nephew (0.4) is next to me (0.4) dead."; lines 21 and 23) the call taker responds calmly with "okay?," (line 25), displaying active listening. She then mirrors his most recent point ("your wife[ 's ne ]pnew is next to you dead?,"; line 25), thus showing she has heard and understood him while remaining nonjudgmental.

The call taker then flows through to her next point, again using a conjunction ("and") to link this continuation to the first part of her turn ("and I believe in God too as we:ll sir"; lines 25 and 27). She thus also responds to the first part of the caller's extended turn in which he referenced his belief in God (lines 15-16). In addition to refocusing the topic away from the suicide threat, this sharing of personal information works to build the relationship between them. This reciprocal action is not part of typical 911 calls; the interaction has been transformed into something closer to an ordinary conversation. The caller continues the shared religion topic as he asks her to "say a prayer for me" (lines 28-29).

The call taker then interrupts the caller to encourage him to stay on the line (lines 30-31), a move consistent with the role of call taker. She immediately flows through to an offer to say a prayer with him (lines 31-32). After this exchange, she leads him in prayer (not shown). She thus displays active listening and works to keep him focused on topics other than his suicide threat by bonding over shared beliefs. These crisis negotiation techniques have been accomplished through timely, well-placed, and well-chosen routine interactional procedures.

## Misjudgments

In Excerpt 3 from about five and a half minutes into the call, the call taker uses many of the same crisis negotiation techniques and interactional procedures that she used earlier in the call, and they are initially successful. However, the caller reacts differently--he hangs up the phone. There are several aspects of the call taker's use of routine interactional procedures that may have contributed to this outcome, including interruptions and overlaps, shifting from requests to demands, and utilizing the caller's religious beliefs to push for compliance. Up until this point, the call taker typically avoided interrupting or overlapping the caller's talk. However, as Excerpt 3 begins, the call taker is interrupting the caller's turn to summon his attention.

### Excerpt 3

- |   |     |  |                         |
|---|-----|--|-------------------------|
| 1 | CT: | [(   | okay) okay sir? mister] |
| 2 |     | raul I under[stand every]thing you're saying right do you know |                         |
| 3 | C:  | [yes ma'am ]   |                         |

- 4 CT: anything about the bible do you [tell ( ) okay so this is] what I need  
 5 C: [yes I yes yes yes ]  
 6 CT: for you to do sir I need for you to place that gun down I need you to do that for  
 7 me my name is Nancy sir I'm giving you my name!, (0.2) raul I [need for you] I  
 8 C: [yes ma'am ]  
 9 CT: need this to end in the right way sir and in ORder for this to end in the right  
 10 way sir I need for you to put that gun down can you please just do that for me  
 11 (0.5)  
 12 C: (well you know [that] (my family)) my wife=  
 13 CT: [( ) sir?] =( ) we  
 14 just said a prayer together sir you told me you believe  
 15 [in god ( do you)] do you believe in god? because if you  
 16 C: [I know ma'am I know ]  
 17 CT: believe [ in god ]  
 18 C: [Oh! I do] listen I [preach] the gos[pe]l I 've I've saved [many ] lives  
 19 CT: [(kay) ] [(right)] [(right) ]  
 20 C: I've  
 21 CT: I under- I [understand] sir mister raul sir I'm asking you I'm A:sking you if you  
 22 C: [Whooff! ]  
 23 CT: would just place that gun on the ta:ble?, and step away from it. can you do that  
 24 for me mister raul? do you trust me?  
 25 (0.3)  
 26 C: I'm scared right now I don't want to go to [jail ]  
 27 CT: [listen] (I'm [saying])  
 28 C: [I can't ] do it I won't  
 29 make it [I will not make it ]  
 30 CT: [(listen )] sir? (I need you to) listen to me mister raul  
 31 (0.1)  
 32 C: yeah I can't  
 33 (0.1)  
 34 CT: please listen to me are you still there?

Although the call taker again uses devices that display active listening and empathy (lines 1-2), their interruptive placement counteracts the supportive impact of these techniques. She then flows through to a question (“do you know anything about the bible do you [tell”]; lines 2 and 4) without leaving a chance for the caller to select himself to speak. This shift to a topic of shared interest succeeds in moving the caller away from unproductive talk. He very quickly and enthusiastically replies affirmatively (line 5), overlapping the call taker’s ongoing turn. Through these actions the call taker works to distract the caller and develop a bond with him.

The call taker acknowledges his affirmative response (“okay”; line 4), and flows through to “so” which presages an upshot or a transition (Bolden, 2006; Jefferson, 1984; Schegloff & Sacks, 1973). She then flows through to an “I need” statement (“okay so this is] what I need for you to do sir”; lines 4 and 6), thus laying the groundwork for a request to come (a 'pre-sequence'—Schegloff, 1980). The “I need” formulation is more forceful than a request, but not as strong as a command (Goodwin, 1980, 2006; Goodwin & Cekaite, 2013; Kevoe-Feldman & Iverson, 2022). Her “I need” formulation emphasizes her personal relationship with the caller rather than her role as a call taker. This is a different type of formulation than the requests she produced earlier in the call, which were formulated to respect the autonomy of the caller (e.g., see Excerpt 2 above).

The call taker again does not leave space for a response, and instead flows through to the projected action, also formulated as an “I need” statement (“I need for you to place that gun down”; line 6). This demand is an upgrade from her previous requests (see Aronsson & Cekaite, 2011; Stokoe & Edwards, 2012). As the call taker continues (again flowing through and not leaving a place for him to respond), she personalizes her demand further. The call taker shares her name again and emphasizes that she is giving him her name (line 7), thus highlighting their personal relationship rather than her institutional role as call taker.

The call taker then states she wants this to end in the “right way” (lines 9-10), which is an indirect reference to the caller’s suicide threat. She ends with a request which is formulated as begging rather than demanding or requesting (“sir I need for you to put that gun down can you please just do that for me”; line 10). While this personal plea displays an orientation to the caller’s autonomy in that she is asking for a response from him, her personalization of the plea and formulation as a demand rather than a request may work to pressure him to comply. The caller’s response in line 12 seems to indicate that her upgraded requests and “I need” demands have not been successful. While he does stay on the phone with her, the beginning of his response projects a negative response to her demand (a ‘dispreferred’ response—Schegloff, 2007). After a brief pause (line 11) the caller begins with “(well” (line 12), projecting a refusal of her request (Pomerantz, 1984), and continues with “you know” (line 12). This initiation also suggests an explanation is coming, which is another component of a dispreferred response in which a request will be refused (see also Heritage (2015) on “well” prior to topic changes).

The call taker then interrupts the caller and speaks over him (lines 13-14). She pursues her efforts to get him to put down the gun, in spite of his resistance. Some of this simultaneous talk is inaudible, but the call taker again invokes religion (“we just said a prayer together sir”), and reminds the caller that he said he believed in God (lines 14-15). She then asks him again “do you believe in god?” (line 15), and without leaving space for a reply continues with “because if you believe [ in god ]” (lines 15 and 17). This formulation seems to be setting up an argument that if the caller is sincere in his religious beliefs he should put the gun down. This argument may be designed to persuade, but there also an element of judgment—is she implicitly accusing him of not honoring the gift she gave by saying a prayer with him?

The caller emphatically affirms his belief in God while avoiding replying to her request to put the gun down (lines 18, 20). The call taker acknowledges these claims (lines 19 and 21), but her displays of active listening (“right... [(right)]”; line 19) and empathy (“I under- I [understand]” (line 21), are placed interruptively or in overlap with the caller’s turn which may counteract their supportive effect (see Schegloff, 2000; West & Zimmerman, 1983). She then solicits his attention “sir mister raul sir” (line 21). When he stops speaking the call taker immediately repeats her request that he put down the gun (lines 21, 23-4). In this version of the request, she again takes a personal approach.

She then upgrades the intensity of the personal nature of her request by asking “do you trust me?” (line 24). This polar question projects a positive response (has a ‘preference’ for agreement—Sacks, 1992). The caller avoids answering “yes” and instead explains why he can’t do what she has asked. By not agreeing with the call taker’s “do you trust me?” the caller is displaying that he doesn’t trust her. He explains that he can’t put down the gun because “I’m scared right now I don’t want to go to [jail]”, (line 26).



The call taker overlaps the caller twice, effectively cutting off his repetition of the reasons why he cannot put the gun down (line 27), and then solicits his attention (line 30). This again is an upgraded request which is closer to a demand than a request--she seems to be ordering him to listen ("sir? (I need you to) listen to me"; line 30). This type of action fails to display an orientation to the caller's autonomy. The caller very quickly replies "yeah I can't" (line 32), and after a brief repeat of her request (line 34), the call taker checks to see whether he has hung up ("are you still there?"; line 34). He had indeed hung up the phone. When the call taker immediately called him back, he answered and the call resumed for 15 more minutes (not shown).

In sum, several of the call taker's actions may have led to the caller hanging up the phone. Actions such as replacing requests which defer to his autonomy with demands or pleas that convey a sense of obligation to her personally may have led to the failure to keep the caller on the phone. Her shifts to the topic of their shared religion were eagerly accepted by the caller, but her shifts to the topic of getting him to put down his gun met with resistance. In addition, the call taker overlapped or interrupted him several times, which may have cancelled out the impact of her expressions of empathy and her use of active listening techniques.

## Discussion and conclusions

The baseline requirement for successful handling of a suicide announcement call is keeping the caller on the phone. The call taker was successful in keeping the caller on the phone for the first five and a half minutes of the call, through the integration of routine interactional procedures with crisis negotiation techniques such as active listening, creating a bond, and maximizing the autonomy of the caller. However, when the way the call taker integrated of routine interactional procedures with crisis negotiation techniques shifted (as shown in the analysis of Excerpt 3), the caller responded to her use of interactional procedures (for example her use of demands and pleas instead of requests) by hanging up the phone. When the call resumed after the hang up, the call taker succeeded in keeping the caller on the phone for an additional 15 minutes, at which point she transferred the call to the police (not shown). Although this caller did ultimately take his own life, it was not during or immediately after this call (Bridges et al., 2018).

This analysis has shown how the successful implementation of crisis negotiation techniques is deeply interconnected with how the call taker uses routine interactional procedures. The call taker's timing and placement of each technique and her ability to shift gears frequently depending on the caller's ongoing actions is a key factor in her ability to function as a health communicator with the goal of suicide prevention. The call taker seemed to have better success in this call when she prioritized a personal approach and took the time to listen to the caller. Interruptions and overlaps were typically counterproductive, and requests were more effective than demands.

There are several practical implications of these findings for more effective health communication in aid of call takers' suicide prevention efforts. First, 911 call takers should be provided specific training in the routine interactional procedures needed to do this type of work in addition to training in specific crisis negotiation techniques. For example, call takers should understand the potential interactional implications of different ways of making requests (requesting, demanding, commanding, begging) and how they may impact the

autonomy of the person-in-crisis differently. Empathetic statements should be placed carefully to be heard as supportive, avoiding interrupting the speech of the person-in-crisis. While topic shifts can be used to distract the caller from suicidal intent or set up a persuasive move, the call taker must work to get the caller to go along with the topic shift rather than simply talking over them or trying to transition to a topic they are not ready to accept (as when the caller resisted the topic of putting down his weapon—Excerpt 3).

Second, it may be that the specialized training therapists/counselors get would be helpful so that the call takers have the interactional skills necessary to handle this type of work. Third, given how a shared religion was critical to this call taker's efforts to connect with the caller, the cultural diversity of call takers and representation of the cultural backgrounds of the community served should be taken into account. Finally, while an advantage of the single case analysis method used in this paper is that it enables the close and in-depth examination of the details of the talk in the call, future research should explore how crisis negotiation techniques are implemented in a larger data set of suicide announcement calls, to explore whether the findings in this paper occur more generally.

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