DEVELOPING AND VALIDATING A DISTRESS-PROCESSING MODEL FOR CLIENTS IN SUICIDAL CRISIS

by

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Abstract

While crisis intervention frameworks have indicated the importance of clients in suicidal crisis better understanding their distress to decrease suicidality, it is unclear how clients in suicidal crisis make sense of their distress. We used task analysis to develop and validate a sequential distress-processing model for clients in suicidal crisis based on theory and empirical observation. Online crisis chats (N = 51) with adults in suicidal crisis were coded to develop a distress-processing model for clients in suicidal crisis and corresponding observational measure. We then related clients’ distress processing to psychological outcomes using quantitative methods. We developed a sequential five-stage distress-processing model describing clients moving through (a) distress disengagement, (b) distress awareness, (c) distress clarity, (d) distress insight, and (e) application of distress insight. Our findings supported the sequential nature of our distress-processing model, and that clients with good outcomes were twice as likely as those with bad outcomes of being in a higher overall stage of distress processing. By better understanding how clients in suicidal crisis process their crisis distress, more targeted assessment and intervention can be developed.
Lay Summary

Clients in suicidal crisis experience distress that is perceived as intolerable and inescapable. Crisis counsellors apply crisis theory to support clients in suicidal crisis. While crisis theory suggests that it is important for clients in suicidal crisis to make sense of their distress, how this process unfolds is unknown. The purpose of this research was to develop a distress-processing model for clients in suicidal crisis and to examine its validity. The findings indicate that there are five sequential stages a client moves through as they process their distress, and that greater distress processing is associated with better client outcomes.
Preface

This thesis is original, unpublished, independent work by the author, Johanna M. Mickelson, using information obtained in collaboration with the Vancouver Crisis Centre and supervised by Dr. Daniel W. Cox. The research was covered by the UBC Research Ethics Board Certificate number H15-00724.
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Developing and Validating a Distress-Processing Model for Clients in Suicidal Crisis

Introduction

When clients are in suicidal crises, crisis counselors apply crisis theory to help resolve clients’ distress. Within crisis theory, crisis distress occurs when the perception of an experience creates psychological distress, and coping strategies are perceived as not helping or unavailable (Yeager & Roberts, 2015). Clients are more able to shift perspectives and generate new ways to problem solve and cope as they better understand their distress (Mishara et al., 2007).

While crisis theorists have indicated the importance of clients gaining further clarity to reduce their psychological distress (e.g., Roberts & Ottens, 2005), the processes clients move through to make sense of their distress is unclear. Therefore, the aim of our two studies was to identify the process through which clients in suicidal crisis make sense of their distress. By understanding the stages of distress processing, practices can be developed and tailored to address clients’ stage-specific needs.

Crisis Theory and Intervention

Within crisis theory, suicidal crises occur when distressing experiences extend beyond people’s ability to cope and suicide is perceived as a potential escape from the distress (Granello, 2010; Yeager & Roberts, 2015a). When in crisis states, people often feel overwhelmed by their emotions, and are unable to accurately perceive, understand, or problem solve their situation (Granello, 2010; Yeager & Roberts, 2015a).

Crisis distress is reduced when the distress is better understood; most importantly, when the personal significance of the distress is better understood (Yeager & Roberts, 2015). As clients gain clarity about their distress, their sense of agency and hopefulness increase, and their
distress decreases. Once clients are less distressed, they are more able to generate adaptive coping strategies (Granello, 2010; Roberts & Ottens, 2005).

Crisis theory has been applied to develop short-term problem-focused interventions to decrease crisis distress. Common tasks across crisis intervention models include helping clients better understand distress, and implementing adaptive coping strategies (Myer et al., 2013). Several studies have found that crisis interventions—that were based on crisis theory—have been linked with reductions in several indices of distress, such as hopelessness, helplessness, and suicidal ideation (Gould et al., 2007; Kalafat et al., 2007; Mishara et al., 2007).

While crisis models have indicated the importance of clients better understanding the personal significance of their psychological distress to decrease distress, the processes clients move through to make sense of their distress is unclear. Presently, we consider relevant distress-processing theory as a framework to articulate this client-change process.

**Distress Processing**

Within distress-processing theories, psychological distress occurs when the perception of an experience conflicts with existing beliefs (Stiles, 2001). Processing is the act of making sense of distress by bringing the perceptions of experiences in-line with existing beliefs. Processing occurs via (a) adjusting perceptions of experiences to be consistent with existing beliefs or (b) altering existing beliefs so they are consistent with perceptions of experiences (Sobel et al., 2009). For example, in the wake of getting fired, the experience-related perception, “I got fired because I’m a failure,” and the belief that “Bad things don’t happen to good people,” are conflicting with the beliefs that “I am not a failure” and that “I am a good person.” If the experience-related perception is altered to “I was always a bad match for that job, which is why I got fired” or if the belief is modified to “Bad things happen to good people all the time, it’s how
we respond to them that matters,” conflict between perceptions of experiences and existing beliefs will abate and so will distress.

**Distress-Processing Models in Helping Contexts**

Researchers in different helping contexts have explored how clients make sense of their distress. Their work has resulted in a nuanced understanding of the stages that clients move through to facilitate their distress processing. While there is some variation between helping contexts, across contexts, when clients process their distress, they progress from (a) avoiding distressing thoughts, to (b) acknowledging, (c) understanding, and ultimately (d) integrating their distress (Basto et al., 2017; Detert et al., 2006; Meystre et al., 2015; Ribeiro et al., 2016). Greater processing has been associated with reduced distress (e.g., Harmon-Jones & Mills, 2019) and good client outcomes across different therapeutic approaches (e.g., Brinegar et al., 2008; Detert et al., 2006; Mendes et al., 2016). Further, longitudinal research has supported the causal claim that processing facilitates distress reduction rather than distress reduction facilitating processing (Basto et al., 2018).

**Project Overview**

While crisis theorists have indicated the importance of clients gaining further clarity to reduce their psychological distress (e.g., Roberts & Ottens, 2005), it is unclear which stages clients move through to make sense of their distress. In the present studies, we applied a distress-processing framework, which has been effectively applied across several other helping contexts (e.g., Stiles, 2001), to identify the sequential stages that clients in suicidal crisis move through to process their distress. In Study 1, we developed a distress-processing model for clients in suicidal crisis. In Study 2, we examined the distress-processing model’s validity.
We used task analysis to develop (Study 1) and validate (Study 2) our distress-processing model. Study 1 consisted of three phases. Phase 1: Develop a theoretical model of distress processing for clients in suicidal crisis, based on existing theory and consultation with experts. Phase 2: Create an empirical model of distress processing for clients in suicidal crisis based on client-counselor transcripts of suicidal-crisis intervention. Phase 3: Synthesize the theoretical and empirical models. Study 2 consisted of one phase. Phase 4: Examine if the model is empirically supported in a larger sample.
Study 1: Distress-Processing Model Development (Task Analysis Phase 1 – Phase 3)

The aim of Study 1 was to develop a sequential distress-processing model for clients in suicidal crisis. First, we present our theoretical model (Phase 1) that was based on theory presented in our Introduction. Second, we present our empirical model (Phase 2) that was based on client-counselor transcripts of suicidal-crisis intervention. Third, we present our synthesized model (Phase 3), that was the synthesis of the theoretical and empirical models.

Develop a Theoretical Model of Distress Processing (Task Analysis Phase 1)

Theoretical Model Overview

We developed a sequential six-stage provisional distress-processing model (see Table 1) by incorporating relevant crisis and distress-processing theory and research that was reviewed in the Introduction (e.g., Pascual-Leone & Greenberg, 2007; Stiles, 2001; Granello, 2010, Knox & Roberts, 2001) and in consultation with experienced crisis practitioner-trainers. The first stage of our provisional distress-processing model was avoiding the crisis experience; clients actively avoid discussing their distress with counselors. The second stage was exploring the distressing experience; clients understand they are distressed, can name their distress, but cannot link between distress and thoughts, emotions, or behaviors. The third stage was problem identification; clients identify what problems precede the distress. The fourth stage was distress understanding; clients understand distress in ways that are compatible with their beliefs. The fifth stage was brainstorming solutions; clients generate potential ways to address their distress. The sixth and final stage was selecting solutions; clients choose one of the brainstormed solutions to address their problems.
Develop an Empirical and Synthesized Model of Distress Processing (Task Analysis Phase 2 and Phase 3)

Method

Inclusion and Exclusion Criteria

Similar to previous studies (e.g., Gould et al., 2007; Mokkenstorm et al., 2017), inclusion criteria were chats where clients were in a suicidal crisis (stated in the chat), chat length was 30-minutes or longer, it was the first-time clients had used the center’s crisis services, and clients had demonstrated successful or unsuccessful distress processing (see Sampling Procedures below for description of successful and unsuccessful). To reduce potential counselor effects, we did not include more than one chat per counselor.

Participant Characteristics

Clients’ ages ranged from 21 - 37 ($M = 27.67, SD = 5.92$), 4 clients were female, and 2 were male. The number of talk-turns ranged from 10 - 50 ($M = 22.83, SD = 13.86$).

Sampling Procedures

Chats were selected from a major-metropolitan crisis intervention center. We used the center’s internal system’s filters to identify chats that met the inclusion criteria. We then identified chats that demonstrated successful and unsuccessful distress processing. The successful chats contained clear and advanced distress-processing progression (i.e., clients had completed the task of making sense of their distress). The unsuccessful distress-processing chats did not contain distress-processing progression (i.e., clients had not completed the task of making sense of their distress). Consistent with previous studies (Greenberg & Foerster, 1996), an initial six transcripts were evaluated: three successful distress-processing chats and three unsuccessful distress-processing chats.
Procedure

To create an empirical model, we first examined the successful distress-processing chats to identify the processing stages by identifying shifts in clients’ understanding of their distress. Once the distress-processing stages were described, the successful distress-processing chats were compared against the unsuccessful distress-processing chats to clarify which stages were necessary for distress processing. These necessary stages constituted the empirical distress-processing model. This empirical model was then used to inform adjustments to the previously articulated theoretical distress-processing model, resulting in a synthesized distress-processing model.

Results

Empirical Distress-Processing Model (Task Analysis Phase 2)

We identified three differences between the empirical and theoretical models. First, in the theoretical model, we hypothesized that clients would explicitly avoid distress (e.g., “I can’t talk about this, it’s too much”). We observed both explicit avoidance—as predicted in the theoretical model—and minimal engagement when clients were discussing distress (e.g., short answers to open ended questions). This observation led us to include both avoidance and minimal engagement as manifestations of clients’ distress disengagement.

Second, in the theoretical model, we hypothesized that there were two separate stages pertaining to problem-solving – (a) brainstorming ways to solve problems and (b) choosing a solution. However, we often did not observe two distinct problem-solving stages. Rather, brainstorming and selecting solutions appeared simultaneous – often occurring within a single talk-turn. Further, in some cases, clients did not articulate any brainstorming; instead, they
appeared to solely select solutions. This observation led us to identify application of distress insight as a single stage.

Third, in the theoretical model, we emphasized external stressors (i.e., inciting events). However, we observed that clients typically focused on their experience of distress rather than specific events. In other words, although clients would often identify external stressors; generally, clients discussed multiple aspects of their distress (e.g., their feelings, their beliefs), which was an important part of their distress processing. This observation led us to alter our thinking about distress processing from a model that emphasized external stressors to one that emphasized processing all relevant internal and external facets of distress.

Synthesized Distress-Processing Model (Task Analysis Phase 3)

Our sequential five-stage distress-processing model for clients in suicidal crisis is described below.

**Stage 1: Distress Disengagement**

During the distress disengagement stage, clients did not initiate conversations about their distress and were not responsive when counselors initiated conversations about their distress. Common distress disengagement indicators included clients changing the subject, expressing concern about their ability to handle talking about their distress, or giving short answers to exploratory questions. For example, a counselor asking, “I’m wondering if you’re thinking about killing yourself given the pain that you’re in?”, and the client replying, “I can’t talk about it, it’s all too much.”

**Stage 2: Distress Awareness**

During the distress awareness stage, clients acknowledged and were willing to engage in conversations about their distress; however, they did not make connections between stressors,
thoughts, feelings, and behaviors. Common distress awareness indicators included clients describing stressors, thoughts, feelings, or behaviors. For example, a client saying, “I can’t stop crying” or “Everything is awful.”

**Stage 3: Distress Connection**

During the distress connection stage, clients made connections between stressors, thoughts, feelings, and behaviors. Common distress connection indicators were clients expressing how they felt when an event occurred, expressing their thoughts related to their emotions, or articulating conflicting beliefs. For example, a client saying, “I felt really sad when my husband yelled at me.”

**Stage 4: Distress Insight**

During distress insight, clients understood why stressors were personally impacting them. Common distress connection indicators were linking past experiences to their present reactions, gaining personal meaning from their distress, or evaluating their experiences from new perspectives. For example, a client saying, “I feel sad when my wife yells at me because I feel unlovable” or “My mom used to tell me she didn’t love me when she yelled at me, so it makes sense that I feel this rejected when my wife yells at me.”

**Stage 5: Application of Distress Insight**

During application of distress insight, clients explored how they would proceed based on their distress insight. Application of distress insight markers included considering specific actions or deciding how to appraise similar experiences in the future. For example, a client saying, “I’m going to talk to my husband about how this impacted me” or “Well maybe I should try to remind myself that my husband doesn’t hate me when he yells at me, maybe he had a bad day”.
Study 2: Validate a Distress-Processing Model (Task Analysis Phase 4)

The aim of Study 2 was to validate the sequential distress-processing model for clients in suicidal crisis that we articulated in Study 1. To test the model’s validity, we examined (a) the hypothesized sequential nature of the distress-processing model and (b) the link between distress processing and client outcome. Specifically, we hypothesized that (H1) distress processing is sequential and (H2) clients that have good outcomes have greater overall distress processing than clients that have bad outcomes.

Method

Inclusion and Exclusion Criteria

Inclusion and exclusion criteria were the same in Study 2 as in Study 1: clients in suicidal crisis, 18 years or older, chats were 30-minutes or longer, clients’ first time using the crisis intervention service, and one chat per counselor.

Participant Characteristics

The clients’ ages ranged from 18 - 69 (M = 30.98, SD = 10.65). The sample comprised of 51% females, 44% males, 2% trans and 2% did not report their gender. Talk-turns ranged from 10 - 87 (M = 30.91; SD = 13.32).

Sampling

We used the crisis center’s internal system filters to identify chats that met the inclusion and exclusion criteria. In alignment with task analysis sampling procedures (Greenberg, 2007; Pascual-Leone & Greenberg, 2007), we identified good and bad outcome chats (23 of each; described in Measures section below), so we could examine how distress processing was associated with client outcome. After coding was complete, we realized that one crisis counselor conducted two of the chats (inconsistent with our exclusion criteria); thus, we randomly selected
one of the two chats to retain in our analyses. This resulted in 45 total chats – 23 good-outcome chats and 22 bad-outcome chats.

**Measures**

**Distress Processing**

To measure distress processing, we used the observational distress-processing measure for clients in suicidal crisis developed in Study 1 (see Appendix). Based on clients’ statements, each client talk-turn was coded as indicating one of the five distress-processing stages – *stage 1: distress disengagement, stage 2: distress awareness, stage 3: distress connection, stage 4: distress insight, and stage 5: application of distress insight*. These categories were re-coded as 1 to 5 for the quantitative analyses below. When talk-turns were irrelevant to distress processing (e.g., “hello”, “goodbye”, “can you repeat that, I had to refresh the page”), they were coded as N/A and not included in analyses. Each talk-turn was coded for clients’ highest stage indicated. For instance, if a talk-turn included statements consistent with distress awareness (stage 2) and distress connection (stage 3), the talk-turn was coded as distress connection (stage 3). Every chat was independently coded by two raters. All disagreements were discussed until consensus was reached. Reliability coefficients (ICC = .79, 95% CI [.76 to .81]) indicated good interrater reliability (Koo & Li, 2016).

**Client Outcome**

We used a previously developed crisis-counseling outcome measure to code chats as having good or bad outcomes (Britton et al., 2013). Good outcomes were indicated when there were clear indications of positive shifts from clients’ initial presentations (e.g., clear reductions in suicidality or in distress). Bad outcomes were indicated when there were clear indications that suicidality or distress did not decrease. This measure has demonstrated strong interrater
reliability (95.17% agreement, Kappa = .88, 95% CI [.81, .94]; Cox et al., 2021). Each chat was independently coded by two raters and there was 100% agreement on client outcome.

**Rater Training**

The four Study 2 raters were (a) one graduate student in counseling psychology, (b) one crisis counselor, and (c) two graduate students in counseling psychology and crisis counselors. Training consisted of (a) explaining construct-relevant theory and manuals, (b) coding training chats, and (c) discussing and understanding between-coder discrepancies. Coders were primarily trained by the principal investigator (first author) with support from the second author.

After training, each chat was independently coded by two raters. The two raters met after every five chats to ensure consistency, reduce rater drift, and reach consensus. If consensus could not be reached, a decision was made in consultation with the principal investigator. Chats were distributed so raters did not code both distress processing and client outcome on the same chat.

**Statistical Analyses**

To examine our proposed distress-processing model’s validity, we evaluated both the sequential nature of the distress-processing stages and the association between overall distress processing and client outcome. Our specific hypotheses were (H1) distress processing is sequential and (H2) clients that had good outcomes would exhibit greater overall distress processing than those who had bad outcomes.

We used multi-level modelling with ordinal outcomes to examine our two hypotheses. This approach allowed us to simultaneously examine within-person (i.e., talk-turn level) effects (Level-1) and between-person effects (Level-2). Also, modelling our dependent variable—distress-processing stage—as an ordinal-categorical variable allowed us to operationalize distress processing as existing on a continuum, consistent with distress-processing theory. We examined
our first hypothesis at Level-1 (stage in the previous talk-turn [i.e., lagged talk-turn] predicting stage in the following talk-turn). If distress processing is sequential, we would expect that there would be a positive association between the distress-processing stage in the lagged talk-turn and the distress-processing stage in the following talk-turn. More explicitly, as the distress-processing stage in the lagged talk-turn increases, the distress-processing stage in the following talk-turn would also increase. Our second hypothesis was examined at Level-2 – client outcome will predict between-person differences in overall distress processing (i.e., distress processing for the entire chat).

Because distress-processing stage was an ordinal variable (i.e., ordered-categorical), when it was a predictor (stage in the lagged talk-turn), we included four dummy-coded variables – one for each stage (stage 1 was the reference and therefore was not a predictor in the model). When stage was the dependent variable (stage in the following talk-turn), we had one variable that represented all stages, which ranged from 1 (stage 1) to 5 (stage 5). Because stage was ordinal, we used ordinal-logistic regression (log-link function). In logit models, the ordinal dependent variable is conceptualized as having an underlying continuous distribution; thus, can be treated as a continuous variable (Muthén & Muthén, 2017). The underlying distribution is not of the dependent variable itself, but of the propensity of being in each category as the outcome varies in some continuous and normal way. Here we present the hypothesized multi-level model:

Level 1:

$$\text{following\_stage}_{ij} = \beta_0j + \beta_1\text{lagstage2} + \beta_2\text{lagstage3} + \beta_3\text{lagstage4} + \beta_4\text{lagstage5} + r_{ij}$$

Level 2:

$$\beta_0j = \gamma_{00} + \gamma_{01}\text{outcome} + u_{0j}$$

It is worth noting that within-person residual variance is not estimated because \text{following\_stage}_{ij}
is not observed, but rather a continuous latent-response variable that is unobserved (Heck & Thomas, 2015; Ch 8).

In logit models, coefficients of the parameters predicting the ordinal-categorical dependent variable include thresholds and slopes. Thresholds are like intercepts in that they are used to determine the probability of being in each category when all independent variables are equal to zero. Similar to linear regression, in logit models, scores on the independent variables are multiplied by the corresponding slopes and then added or subtracted from the thresholds to determine the probability of being in each category.

In the present study, our logit models resulted in four thresholds since our dependent variable had five categories. These four thresholds divided the distribution into five areas that were used to determine the probability of being in each category of the dependent variable.

**Results**

**Preliminary Analyses**

First, we conducted a 2-level unconditional model (Table 3, Model 1) to identify the amount of variance in distress processing that was due to within-person (i.e., over time) and between-person differences (see Sommet & Morselli, 2017 for analytic description). The intraclass coefficient of .190 indicated that 19% of the variance in distress-processing stage was explained by between-person differences and 81% of the variance was explained by within-person differences. Further, the random effect indicates that there was significant between-person variance in overall distress-processing stage (.771; \( p = .001 \)).

The thresholds in Table 3 indicate the log-odds of being in each distress-processing stage when the independent variables had a value of zero. Because there were no independent variables in this unconditional model (Table 3, Model 1), the thresholds indicate the probability
of being in a given distress-processing stage for the entire sample. When the log-odds are exponentiated, the probabilities are (a) stage 1 = .192, (b) stage 2 = .516, (c) stage 3 = .254, (d) stage 4 = .029, (e) stage 5 = .009.

Sequential Hypothesis

To examine our first hypothesis, that distress processing is sequential, we added distress-processing stage in the previous talk-turn (i.e., lagged talk-turn) as a within-person independent variable (Table 3, Model 2). If distress processing is sequential, we would expect a positive association between the distress-processing stage in the lagged talk-turn and the distress-processing stage in the following talk-turn. More explicitly, we would expect that as the distress-processing stage in the lagged talk-turn increased, the distress-processing stage in the following talk-turn would also increase.

When we added the distress-processing stage in the lagged talk-turn, the model fit improved (Table 3, Model 2 [sequential model]). The AIC and BIC were both reduced in the sequential model compared with the unconditional model; indicating that including the distress-processing stage in the lagged talk-turn improved the model. Further, including the lagged talk-turn accounted for 49.4% of the residual variance from the unconditional model.

Supporting our hypothesis (H1) that progression through the distress-processing stages is sequential, in the sequential model, the within-person parameter estimates indicate that the higher the stage in the lagged talk-turn, the higher the stage in the following talk-turn (Table 3, Model 2 [sequential model]). Presently, we used stage 1 as the reference group. We can see from the parameter estimates that when someone was in stage 2 of distress processing, they were 1.8 times as likely of being in a higher stage in the following talk-turn than if they were in stage 1. Consistently, (a) when someone was in stage 3, they were 2.4 times as likely; (b) when someone
was in stage 4, they were 4.4 times as likely; and (c) when someone was in stage 4, they were 5.8 times as likely of being in a higher stage in the following talk-turn than if they were in stage 1 (all effects $p < .001$). The magnitude of the probability of being in a higher stage in the following talk-turn consistently increasing as the distress-processing stage in the lagged talk-turn increased indicates that progression through the distress-processing stages was sequential.

Collectively, the improved fit indices, accounting for substantial residual variance, and the within-person effects of distress-processing stage in lagged talk-turns all provide support for (H1) the sequential model of distress processing for clients in suicidal crisis.

**Advanced Processing Hypothesis**

To examine our second hypothesis, that clients who had good outcomes would demonstrate greater distress processing, we extended the sequential model by adding client outcome as a Level-2 predictor of distress processing (see Table 3, Model 3 [advanced processing model]).

When we added client outcome, the model fit improved (see Table 3, Model 3 [advanced processing model]). The AIC and BIC were both reduced in the advanced-processing model compared with the sequential model; indicating that including client outcome improved the model. Further, client outcome accounted for 33.3% of the residual variance from the sequential model. Further, and consistent with our second hypothesis, clients who had good outcomes demonstrated greater overall distress processing; with those who had good outcomes having a 0.728 ($p = .001$) log-odds greater probability of being in a higher distress-processing stage (see Figure 1). Put another way, clients with good outcomes were 2.07 times as likely as those with bad outcomes of being in a higher overall stage of distress processing.

Collectively, the improved fit indices, accounting for substantial residual variance, and
the between-person effect of client outcome provide support for (H2) clients that have good outcomes having greater overall distress processing than clients that have bad outcomes.

**Discussion**

In suicidal crisis contexts, researchers and practitioners have commonly discussed the importance of helping clients in suicidal crisis understand their distress. Yet, it has been unclear *how* clients in suicidal crisis make sense of their distress. To better understand how clients in crisis make sense of their distress, we integrated crisis theory, distress-processing theory, and empirical observations to develop and then validate a five-stage distress-processing model for clients in suicidal crisis.

Our findings indicate that clients in suicidal crisis process their distress sequentially, through five stages. The first stage is distress disengagement; clients do not initiate or respond to counselors’-initiated conversations about their distress (e.g., “I really don’t want to talk about this”). The second stage is distress awareness; clients acknowledge and are willing to engage in conversations about their distress (e.g., “I’m just really sad”). The third stage is distress connection; clients make connections between stressors, thoughts, feelings, and behaviors (e.g., “I’m really sad when my wife ignores me”). The fourth stage is distress insight; clients understand why the distress is personally relevant to them (e.g., “I’m really sad when my wife ignores me because I start believing I am worthless”). The fifth stage is application of distress insight; clients identify how they will proceed based on their distress insight (e.g., “I could try to talk to my wife about how I’ve been feeling lately and see what they’re thinking”).

**Sequential Distress Processing**

Consistent with other distress-processing frameworks in helping contexts (Field et al., 1994; Mendes et al., 2016), our findings supported our hypothesis that clients in suicidal crisis
move sequentially through a series of distress-processing stages. Each stage can be conceptualized as a building block upon which the next stage is built. For example, in our model, once clients become aware of their distress, they are then able to make connections between their distress-related stressors, thoughts, feelings, and behaviors. However, if clients’ distress is outside of their awareness, then they cannot make connections between their distress-related stressors, thoughts, feelings, and behaviors, which impedes distress processing.

An unexpected finding from Study 2 was that among the good-outcome clients, only 1.63% of their talk-turns indicated the final distress-processing stage (i.e., application of distress insight), and only 4 of the 23 good-outcome clients reached the final stage. In distress-processing studies in other contexts, researchers have found that clients experienced the most affective improvement during the distress connection and distress insight stages (Detert et al., 2006; Basto et al., 2017). Presently, the lack of clients reaching the application of insight stage could indicate that while gaining insight about distress is important, deciding how to apply insight is not particularly important for facilitating good short-term outcomes. Of course, the implications of our findings are limited by our within-session evaluation of outcome and applying insight may be important for post-session gains. In addition to the importance of investigating more distal outcomes, further investigation of application of insight’s impact is clinically important because similar processes—such as action planning (Roberts & Ottens, 2005) and problem solving (Granello, 2010)—are frequently emphasized when working with suicidal clients.

**Distress Processing for Clients in Suicidal Crisis**

We developed our model for clients in suicidal crisis, and yet our model does not focus on suicide, but the making sense of distress. This is consistent with other distress-processing frameworks that make sense of experiences rather than focusing on specific symptoms. For
example, processing problematic experiences—experiences that were not explicitly linked to the depression—has been associated with reducing depression symptoms (Ribeiro et al., 2016). Although the presenting concern was depression, clients were supported by facilitating their understanding of problematic experiences and clients made sense of their distress through a process similar to our model (e.g., avoiding, acknowledging, understanding, and application). Our findings support focusing on the experience itself rather than the symptom (e.g., suicide), as greater distress processing was associated with improved outcome.

In our distress-processing model, we chose to focus on cognitive shifts in clients’ experiences. However, it is worth noting that there are certainly emotional and physiological changes that are co-occurring as clients in suicidal crisis process their distress. For example, other change process models articulate affective trajectories as clients process their distress (Pascual-Leone & Greenberg, 2007). Future research that integrates these parallel change processes will further aid in our understanding of how people in suicidal crisis process their distress and how distress processing—across people and situations—is and is not universal. Further, by considering these co-occurring change processes, a greater diversity of interventions that emphasize these different systems can be considered.

**Practical Implications**

Practitioners working with clients in suicidal crisis (e.g., crisis centers) could consider integrating the distress-processing model into existing crisis intervention frameworks to facilitate responsiveness to their clients’ dynamic needs. Existing crisis intervention frameworks often conceptualize the helping process as occurring in sequential stages; however, the helping process is not overtly linked to client change process. By applying a model in which the sequence of how
clients change is articulated, existing helping techniques could be applied in service of increasing clients’ distress processing.

The sequential nature of clients making sense of their distress could have meaningful crisis intervention application. Counselor responsiveness could be improved as counselors could be trained to assess clients’ current distress-processing stage to target interventions that support progression to the next distress-processing stage. For example, if a client is aware that they are distressed (stage 2), the counselor could work with the client help them draw connection to their distress (stage 3). Prioritizing clients’ progression through the distress-processing stages somewhat deviates from existing crisis intervention models that instead prioritize progression through helping stages (e.g., establish rapport, assess risk, safety/action plan, referral; Roberts & Owens, 2005).

**Limitations and Future Research**

Our study had several limitations that should be considered when designing future research. First, our sample consisted of clients from a crisis center who were communicating via text-based chat. While the text-based medium enabled us to know exactly what clients communicated—since there were no peripheral communications—we were unable to observe other cues (e.g., facial expressions, physical gestures). These cues may be important to add further markers or indicators of stages within the distress-processing model. Further, it is important for future research to examine distress-processing for clients in suicidal crisis in non-crisis center contexts (acute mental health services; counseling contexts), as there may be context-specific influences (e.g., no existing relationship) on how distress processing occurs. Further, our sample consisted of chats where clients stated they were suicidal, meaning, clients that were suicidal but did not disclose their suicidality were not included. Future research could
include more vigorous suicide assessment (e.g., pre & post-screening) to ensure that suicidal clients who did not disclose their suicidality are included. Although we were looking at clients’ change processes, it is possible that how we observed clients processing their distress was influenced by crisis counselors. Future research that considers counselor effects as well as center-level or contextual effects would enable further understanding of the limits of the model’s applicability.
## Tables and Figures

### Table 1

*Theoretical Model of Distress Processing*

<table>
<thead>
<tr>
<th>Stage</th>
<th>Distress-processing stage description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Avoids distress</td>
<td>Client avoids talking about thoughts/feelings/behaviors associated with distress.</td>
<td>I don’t want to talk about X</td>
</tr>
<tr>
<td>2. Explores distress</td>
<td>Client is aware of the experience being distressing but cannot name why</td>
<td>X happened</td>
</tr>
<tr>
<td>3. Problem identification</td>
<td>Client can identify how the preceding problem is directly impacting them but cannot integrate it with self</td>
<td>X happened so this is my reaction</td>
</tr>
<tr>
<td>4. Insight of problem</td>
<td>Problematic/distressing experience is made sense of in a way that it is compatible with the self.</td>
<td>It makes sense because of X OR A different way to look at it is X</td>
</tr>
<tr>
<td>5. Brainstorming solutions</td>
<td>Based on understanding, generates ways to solve the problem.</td>
<td>I could try doing X, Y, or Z</td>
</tr>
<tr>
<td>6. Selecting solution</td>
<td>Decides how to manage problem in the short-term.</td>
<td>I have decided I will do X</td>
</tr>
<tr>
<td>Stage</td>
<td>Distress-processing stage description</td>
<td>Example</td>
</tr>
<tr>
<td>----------------------------</td>
<td>--------------------------------------------------------------------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>1. Distress disengagement</td>
<td>Does not talk about distress</td>
<td>I don’t want to talk about X OR I don’t want to talk about how I feel</td>
</tr>
<tr>
<td>2. Distress awareness</td>
<td>Aware of distress (distressing behaviors, emotions, thoughts or stressors) No link between stressor and distress</td>
<td>I feel this way OR X happened</td>
</tr>
<tr>
<td>3. Distress connection</td>
<td>Links stressor with distress No insight into why distressing to ME</td>
<td>X happened, so I feel this way</td>
</tr>
<tr>
<td>4. Distress insight</td>
<td>Understands why the distress is personally relevant No link to application</td>
<td>X happened, so I feel this way because...</td>
</tr>
<tr>
<td>5. Application of distress insight</td>
<td>Generates ways to proceed with this new understanding</td>
<td>...so this is what I’m going to do</td>
</tr>
</tbody>
</table>
Table 3

*Multilevel Models Predicting Distress Processing Stage*

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Model 1: Unconditional Model</th>
<th>Model 2: Sequential Model</th>
<th>Model 3: Advanced Processing Model</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Parameter estimate</td>
<td>$SE$</td>
<td>$p$</td>
</tr>
<tr>
<td>Fixed effects</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within-person (Level-1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lagged distress processing stage 1</td>
<td>1.00</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>(reference)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lagged distress processing stage 2</td>
<td>1.814</td>
<td>0.230</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Lagged distress processing stage 3</td>
<td>2.397</td>
<td>0.305</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Lagged distress processing stage 4</td>
<td>4.406</td>
<td>0.516</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Lagged distress processing stage 5</td>
<td>5.836</td>
<td>1.023</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Between-person (Level-2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome (0 = bad, 1 = good)</td>
<td>0.728</td>
<td>0.201</td>
<td>.001</td>
</tr>
<tr>
<td>Thresholds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$\delta_2$</td>
<td>-1.651</td>
<td>0.150</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Predictor</td>
<td>Model 1 Unconditional Model</td>
<td>Model 2 Sequential Model</td>
<td>Model 3 Advanced Processing Model</td>
</tr>
<tr>
<td>-----------</td>
<td>----------------------------</td>
<td>--------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>$\delta_3$</td>
<td>Parameter estimate</td>
<td>SE</td>
<td>$p$</td>
</tr>
<tr>
<td></td>
<td>1.025</td>
<td>0.182</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>$\delta_4$</td>
<td>3.563</td>
<td>0.336</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>$\delta_5$</td>
<td>5.066</td>
<td>0.450</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

Random effects

<table>
<thead>
<tr>
<th>Residual variance</th>
<th>Parameter estimate</th>
<th>SE</th>
<th>$p$</th>
<th>Parameter estimate</th>
<th>SE</th>
<th>$p$</th>
<th>Parameter estimate</th>
<th>SE</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.771</td>
<td>0.229</td>
<td>.001</td>
<td>0.390</td>
<td>0.154</td>
<td>.011</td>
<td>0.260</td>
<td>0.106</td>
<td>.014</td>
</tr>
</tbody>
</table>

Goodness of fit

<table>
<thead>
<tr>
<th>AIC</th>
<th>2859.968</th>
<th>2646.815</th>
<th>2636.246</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIC</td>
<td>2885.865</td>
<td>2693.114</td>
<td>2687.690</td>
</tr>
<tr>
<td>Log-likelihood</td>
<td>-1424.984</td>
<td>-1314.407</td>
<td>-1308.123</td>
</tr>
</tbody>
</table>

*Note.* SE = Standard error.
Figure 1

Advanced Processing Model Predicting Distress Processing Stage

**Within client**

**Between client**

Outcomes:
- 0 = unresolved
- 1 = resolved

Stage
References


Mishara, B. L., Chagnon, F., Daigle, M., Balan, B., Raymond, S., Marcoux, I., ... & Berman, A. (2007). Which helper behaviors and intervention styles are related to better short-term outcomes in telephone crisis intervention? Results from a silent monitoring study of calls to the US 1-800-SUICIDE network. *Suicide and Life-Threatening Behavior, 37*(3), 308-321.


Appendix

Distress Processing for Clients in Suicidal Distress Coding Manual

Introduction

The distress processing observational coding manual describes the stages clients move through to make sense of their distress. A client may enter the chat at any stage of the scale.

Coding

Read each talk-turn starting from the beginning of the chat. There will be one stage assigned for each of the client’s talk-turns. The stage assigned to each talk-turn will be the highest stage reached by the client. For example, if the client starts at a 2 (distress awareness) in the talk-turn, but by the end of the talk-turn, ends at a stage 3 (distress connection), the coder will assign a score of 3 for the entire talk-turn. If the client says something that is unrelated to processing their distress (e.g., answering counselor’s questions that may be unrelated to distress such as providing home address) the coder will assign a code of N/A.

Client vs. Volunteer Talk-Turn Coding

Only code the client’s talk-turns. However, if the client agrees with the helper’s reflection, code to the helper’s reflection stage. For example, if the helper says, “it sounds like you feel overwhelmed” and the client agrees, this would be scored as a 2. If the helper says, “I can imagine you felt ignored when your boyfriend didn’t respond to you this morning” and the client agrees, this would be scored as a 3. If the client does not attend to the reflection, then code only what the client is saying.
**Procedure**

**Step 1:** Read entire chat before coding

**Step 2:** While reading, try to identify stressors if identified by the client. You may want to underline the distress to refer to when you start coding. Identifying the stressors will allow you to think about the context as you code the chat.

**Step 3:** Begin coding each talk-turn. A reminder that you will code the talk-turn for the highest obtained stage (between 1-5) as opposed to the stage the client ended at within that talk-turn.

- Code the talk-turns from beginning to end of chat. If you feel confident about the stage of a talk-turn, input the code in excel and move to the next talk-turn.
- If you feel conflicted between 2 stages while analyzing a talk-turn, indicate this with a star/highlight to indicate you should return to the talk-turn.
- After coding the clearest talk-turns, return to the more difficult talk-turns. Consider the following to assist you in making your decision:
  - Starting at stage 1, ask yourself if the client has indicated any of those markers or higher.
  - Once you have reached the stage that has clear indicators, consider whether the client has reached a threshold high enough to be considered one stage higher. It may be helpful to look at what the client has discussed so far, and based on the context, whether they have reached a higher stage. It may also be helpful, if applicable, to consider the client’s distressing events/thoughts/behavior/emotions and think about where this talk-turn relates to the main theme of client’s distress.
  - There may be times where you believe that the talk-turn is in between stages (e.g., 2.5 - it’s higher than a 2, but not quite a 3). In the example, you would code the talk-turn at stage 2.
**Figure 2**

*Distress Processing Scale*

<table>
<thead>
<tr>
<th>Distress processing stage</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Distress disengagement</td>
<td>Does not engage in discussing distress</td>
</tr>
<tr>
<td>2. Distress awareness</td>
<td>Aware of distress (stressors, distress behaviors, emotions, thoughts)</td>
</tr>
<tr>
<td>3. Distress connection</td>
<td>Make connections between stressors, thoughts, feelings, and behaviors</td>
</tr>
<tr>
<td>4. Distress insight</td>
<td>Understands why the distress is personally relevant</td>
</tr>
<tr>
<td>5. Application of distress insight</td>
<td>Explores how they would proceed based on their distress insight</td>
</tr>
</tbody>
</table>
**Figure 3**

*Distress Processing Scale Examples*

<table>
<thead>
<tr>
<th>Distress processing stage</th>
<th>Definition</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Distress Disengagement</strong></td>
<td>AVOIDS DISTRESS&lt;br&gt;Does not talk about distress</td>
<td>I don’t want to talk about X&lt;br&gt;OR&lt;br&gt;I don’t want to talk about how I feel</td>
</tr>
<tr>
<td><strong>2. Distress awareness</strong></td>
<td>AWARE OF DISTRESS&lt;br&gt;No link between stressor and distress</td>
<td>X happened&lt;br&gt;OR&lt;br&gt;I feel this way</td>
</tr>
<tr>
<td><strong>3. Distress connection</strong></td>
<td>LINKS STRESSOR WITH DISTRESS&lt;br&gt;No insight into why distressing to ME</td>
<td>X happened, so I feel this way</td>
</tr>
<tr>
<td><strong>4. Distress insight</strong></td>
<td>UNDERSTANDS WHY THE DISTRESS IS PERSONALLY RELEVANT&lt;br&gt;No link to action</td>
<td>X happened, so I feel this way because...</td>
</tr>
<tr>
<td><strong>5. Application of distress insight</strong></td>
<td>GENERATES WAYS TO APPLY INSIGHT</td>
<td>...so this is what I’m going to do</td>
</tr>
</tbody>
</table>
Table 4

**Distinction Between Distress Processing Stages**

<table>
<thead>
<tr>
<th>Stage distinctions</th>
<th>Stage distinction description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Distinction between Distress disengagement and distress awareness</td>
<td>Different from distress awareness because the client does not acknowledge distress. Distress connection can be indicated by short responses, or refusal to discuss topic. <strong>Stage 1:</strong> Counselor: “It sounds like you feel pretty horrible today.” Client: “Maybe” <strong>Stage 2:</strong> Counselor: “It sounds like you feel pretty horrible today.” Client: “Yes, everything feels awful”</td>
</tr>
<tr>
<td>2. Distinction between distress awareness and distress connection</td>
<td>Different from distress connection because the connections are unclear. Distress awareness can be indicated by generalizations, lack of awareness, or unorganized disclosure of distress. <strong>Stage 2:</strong> Client: “I’m pretty stressed, everything just seems bad” <strong>Stage 3:</strong> Client: “I felt pretty ashamed I skipped work today”</td>
</tr>
<tr>
<td>3. Distinction between connection and insight</td>
<td>Different from distress insight because distress has not been made sense of in a way that is compatible with self. Distress connection can be indicated by clear connection between stressors, emotions, reactions, or thoughts. <strong>Stage 3:</strong> Client: “I felt sad seeing my coworkers who have great attendance and know more than me” <strong>Stage 4:</strong> Client: “I’ve struggled with feeling worthless since high school when my teachers made me feel stupid and always compared me to the other students”</td>
</tr>
<tr>
<td>4. Distinction between insight and acting on</td>
<td>Different from acting on insight because there is no focus yet on future application. Distress insight can be indicated by demonstrating new perspectives, giving experience new meaning. <strong>Stage 4:</strong> Client: “I guess what I’m really scared of is if I see a counselor, I’ll have to finally work on my stuff” <strong>Stage 5:</strong> Client: “I’ll try writing down my main points that I want to say to the counselor so I don’t feel so lost”</td>
</tr>
</tbody>
</table>
Stage 1: Distress disengagement

**Definition:** Distress disengagement occurs when the client makes effort to avoid or disengage from discussing their distress.

**Markers of distress disengagement:**
- Client changes the subject to something unrelated
- Client gives minimal response to counselor’s questions/statements
- Client directly states they don’t want to talk about it
- Client minimizes problem

**Examples:**
- *Client:* “I dunno why I came on this chat… it’s probably nothing…” (minimizing)
- *Counselor:* “Sounds like it was a bad day today and you wanted to chat with someone?”
  *Client:* “I guess” (minimal response to counselor)
- *Client:* “So how has your day been? What’s it like having to listen to everyone’s problems all day? (Changes subject)
Stage 2: Distress awareness

**Definition:** Distress awareness occurs when the client is aware of their distress and the distress is nonspecific and generalized. The client may also be aware of distressing events, but does not link more specific emotions to the distress.

**Markers of distress awareness:**
- Expression of confusion, hopelessness, powerlessness
- General statements of behaviors that indicate distress (e.g., crying, can’t sleep)
- General description of events
  - Note: **Not** tied to any specific emotions
- Expression of negative-self evaluations
  - Note: **Not** tied to any specific emotions/stressors, tend to be generalized

**Examples:**
- *Client:* “I’m always a failure” (overgeneralized, not tied to anything specific)
- *Client:* “I’m pretty stressed right now” (Describes emotion, cause of stress unknown)
- *Client:* “So my daughter is moving out now” (Describes circumstance, emotions to circumstance unknown)
- *Client:* “I can’t stop crying! I don’t know what’s going on” (General statement of distressing behavior)
- Client: “My husband is awful, and my job is no better” (Focus on external, rather than focusing on the impact of those jobs)
Stage 3: Distress connection

**Definition:** Client relates distress to personal.

**Markers of distress connection:**

- Emotions/thoughts/behaviors identified and linked to distress
- Two conflicting beliefs can be weighted/articulated
- Identifying source of distress
- Self-reflection
- Focus is more on self than circumstance
  - **Stage 2:** *Client:* “My landlord sucks”
  - **Stage 3:** *Client:* “I feel angry when my landlord speaks down to me”
- Stuckness
- Puzzling

**Examples:**

- *Client:* "I feel resentful that I have to do all the tasks at home with no help from my family" (emotion & circumstance linked)
- *Client:* "When my landlord doesn't help me, I'm left spiralling trying to make sense of it" (emotion & circumstance linked)
- *Client:* "On one hand I want to die, but on the other hand, I don’t want to hurt my family” (Conflicting ideas weighed)
Stage 4: Distress insight

Definition: Client gives meaning to the distress in a way that it is compatible with the self, or the client gains insight into why the distress is personally relevant.

Markers of distress insight:
- More specifics understood about their distress
  - Stage 2: Client: “I am a failure”
  - Stage 4: Client: “I have always struggled with feeling like a failure when someone praises others and not me”
- Personal relevancy of distress explored
- Sense of a new perspective
- Linking past experiences with current distress
- Resolution between two conflicting beliefs
- Linking to larger life

Examples:
- Client: "I guess I'm scared that if I talk to a counselor I'll have to start actually dealing with my problems" (Personal relevance)
- Client: "It makes sense to be this mad when your family lets you down for the 100th time" (Linking to past)
- Client: "I'm just like that. I think of others. I don't like doing things for myself. I guess that's why it was hard to come onto here" (New perspective)

Note: There is a difference between stating to the volunteer past history (e.g., Depression has been in my family a long time) compared to making sense of the event because they’ve had a history of depression (e.g., I guess I shouldn’t be so hard on myself given that I was just recently diagnosed with depression, and my family has a long history of depression)
Stage 5: Application of distress insight

**Definition:** Client generates potential ways to apply insight

**Difference between coping and application of insight:**
- Raters may often encounter chats where the client indicates their plan for after the chat. This does not receive a stage 5 code unless it is specifically relevant to attending to their insight distress.

**Markers of application of insight:**
- Considering options
- Identifying plan
- Future-orientated

**Examples:**
- "I was thinking I'd list out the main things I want to address with my teacher and try talking to my teacher tomorrow so I can feel like less of a failure"