

NSDUH SUD Module
Cognitive Interview Study

Attachment J – Distressed Respondent Protocol

NSDUH SUD Cognitive Interview Study

Distressed Respondent Protocol for Adolescent Respondents

Overview

Due to the nature of the sample targeted for the NSDUH SUD Module Cognitive Interview Study and the nature of the questions asked during cognitive interviews, it is possible that a respondent will indicate during their interactions with the cognitive interview recruiter or the cognitive interviewers that he or she poses a likely threat to his or her own safety or the safety of others. It is essential that NSDUH project staff members be prepared to handle these situations appropriately.

The study recruiter and cognitive interviewers will be instructed to be alert to signs of distress or agitation, or indication of imminent danger of harm to oneself or another based on indirect and direct statements made by respondents. In such circumstances, the recruiter or cognitive interviewer will follow the protocol outlined in this document. **(For respondents aged 18 or older, see the study's Distressed Respondent Protocol for Adult Respondents.)**

There are essentially two situations that would constitute imminent danger of harm:

1. A respondent tells the interviewer that he/she is thinking about killing or harming himself or herself, has a plan, and has a means to carry out that plan.
2. A respondent tells the interviewer that he/she intends to hurt or kill someone else (not necessarily someone living in the household) has a plan, and has a means to carry out that plan.

In cases where imminent danger is or may be involved, the cognitive interview recruiter or cognitive interviewer will contact Ms. Nicole Croteau-Johnson (919-316-3581), when appropriate based on the instructions in the tables below. Ms. Croteau-Johnson is a licensed Master Psychological Associate with 17 years of clinical experience. Ms. Croteau-Johnson will act primarily as a sounding board for the recruiter/cognitive interviewer. If there is a question about what action to take in response to the recruiter's/cognitive interviewer's interactions with a respondent, Ms. Croteau-Johnson and the recruiter/cognitive interviewer will discuss the situation and Ms. Croteau-Johnson will make the final decision as to what action, if any beyond documenting the situation in an incident form, should be taken. If emergency psychiatric services, including 911, might need to be called (imminent danger, Scenario 1), and Ms. Croteau-Johnson is unavailable within 15 minutes of the recruiter/cognitive interviewer attempting to contact her, attempt will be made to contact Dr. Mark Edlund (919-597-5132), a licensed psychiatrist. Any questions about whether to contact emergency psychiatric services or 911 will be made by Ms. Croteau-Johnson or Dr. Edlund. The following table will be printed on the inside cover of the cognitive interviewer handbook and in the instructions for handling distressed respondents:

Call:	Cell Phone Numbers:
Nicole Croteau-Johnson	919-316-3581
Dr. Mark Edlund	919-641-5460

The addresses of individuals calling to indicate interest in participation in a cognitive interview will be unknown. The recruiter will ask the respondent for the address of his/her current location if appropriate based on these guidelines. Even if the respondent refuses, we believe that having at least the respondent's phone number adequately minimizes respondent risk to themselves or others because the screening questions are short and fairly innocuous. Furthermore, we do not anticipate any cognitive interview recruitment respondents to become distressed or agitated or to indicate

imminent danger of harm to oneself or another. Nevertheless, the recruiter will be provided this protocol and instructed to follow the guidelines herein.

All cognitive interviewers hired to work on this study will confirm that these guidelines are consistent with all legal and ethical guidelines by which they must abide. They will report that they are under no obligation to, nor will they, convey any information about this study or about respondents to anyone not involved with this study. They also will also confirm that they are under no legal or ethical obligation to provide mental health services or counseling to a respondent beyond referring individuals to other resources or contacting authorities as specified in this document. Moreover, RTI legal counsel Chris Buchholz confirmed via e-mail to David Hunter (then Cunningham) on April 25, 2007 that in his judgment the guidelines are consistent with all pertinent “duty to warn” laws in the states in which the certification recruiter, cognitive interviewers, and respondents reside because the individuals working on the project, even the cognitive interviewers clinically trained in mental health issues, will not be participating in a medical or psychological professional capacity. Furthermore, RTI legal counsel Chris Buchholz outlined, via e-mail, to Dr. Cristie Glasheen on January 12, 2018 the legal requirements for mandatory reporting laws of child abuse or neglect for each state where adolescents may be interviewed (Scenario 3). All cognitive interviewers will be trained in these requirements.

Although some situations may require consultation with IRB representatives, we believe these procedures will provide comprehensive guidelines to protect the safety of our human subjects.

Specific Guidelines

There are 3 scenarios in which you might need to use the DRP with adolescents:

1. A suicidal adolescent respondent
2. A distressed or upset (but not suicidal) adolescent respondent
3. A case of suspected child abuse or neglect

This document will guide your statements and actions for these scenarios.

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Scenario 1: Suicidal Adolescent Respondent. If a respondent answers questions that indicate thoughts of harming him or herself, ask the respondent this series of questions: "Have you thought about what you might do? Are you going to do this? Have you done anything to prepare for killing yourself?" As indicated in training, a suicidal plan is present if one of the following criteria is met in the past 3 months:

- a specific plan (e.g., I would overdose on Tylenol, I could get my mother's sleeping pills), over which no action was taken, OR
- a specific plan, considered with preparatory action taken, for example storing up pills.

IF A SUICIDAL PLAN IS PRESENT IN THE PAST 3 MONTHS, STOP THE INTERVIEW AND FOLLOW THE SCRIPT BELOW. Note that you only need to read this script to the adolescent respondent when he or she reports a suicidal plan in the past 3 months and not before.

These scenarios require contact with the parent or a national helpline to make sure that the adolescent will be safe when you finish the interview. We expect that you will almost always be able to reach either the parent or the helpline. However, in an emergency, please do the following:

- **IF SOMETHING HAPPENS AND YOU ARE UNABLE TO CONNECT TO THE PARENT OR TO EITHER HELPLINE: KEEP THE ADOLESCENT RESPONDENT WITH YOU AND CALL MS. CROTEAU-JOHNSON (919-316-3581).**
- **IF SOMETHING HAPPENS AND YOU ARE UNABLE TO CONNECT TO THE PARENT OR CONNECT TO EITHER HELPLINE AND YOU ARE SERIOUSLY CONCERNED THAT THE ADOLESCENT IS IN IMMEDIATE DANGER, CALL MS. CROTEAU-JOHNSON (919-316-3581). SHE WILL SEARCH FOR THE LOCAL 911 NUMBER FOR THAT PART OF THE COUNTRY. SHE WILL CALL 911 AND GIVE THE CHILD'S CONTACT INFORMATION.**

Scenario Number	Script for:
1a—Suicidal Child Respondent	INFORMING CHILD RESPONDENT OF NEED TO CONTACT PARENT
STEPS	
<p>1. INTERVIEWER READS: I promised that I would need to contact someone else only if you were in danger of getting seriously hurt. What you have told me about hurting yourself has me concerned about your safety and well-being. So, first I would like you to write down a phone number where there is always an adult to talk to about how you are feeling 24-hours a day. They can also help you find a counselor in your area.</p> <ul style="list-style-type: none"> If on telephone, INTERVIEWER READS: Do you have a pen or pencil? (WAIT ON RESPONDENT) To contact the national helpline, call 1-800-448-3000. Could you repeat that number back to me? (IF RESPONDENT CANNOT REPEAT, READ THE TELEPHONE NUMBER AGAIN). If you feel that this is an emergency now or later, you should tell an adult, go to a hospital emergency room, or call 911 for help. <p>If in person: (Provide phone number), INTERVIEWER READS: To contact the national helpline, call 1-800-448-3000. If you feel that this is an emergency now or later, you should tell an adult, go to a hospital emergency room, or call 911 for help.</p> <p>2. INTERVIEWER READS: Now, I also have to tell one of your parents about what you told me so they can make sure that you are safe. I will also have to tell my supervisor.</p> <ul style="list-style-type: none"> If on telephone, INTERVIEWER READS: Can you get your parent on the telephone? <p>If in person: ADOLESCENT RESPONDENT MAY CALL PARENT DIRECTLY TO COME TO THE ROOM OR REMAIN IN THE ROOM WHILE THE INTERVIEWER CALLS THE PARENT OR CALLS A COLLEAGUE TO BRING THE PARENT TO THE ROOM. ASK ADOLESCENT TO STAY IN THE ROOM WHILE YOU SPEAK TO THE PARENT.</p> <p>3. If on telephone, and THE PARENT IS NOT REACHED, INTERVIEWER READS: What is another number we can call to reach your parent right now?</p> <p>4. ATTEMPT TO REACH THE PARENT.</p> <p>5. IF THE RESPONDENT GETS <u>EXTREMELY</u> ALARMED AT THE IDEA OF YOU TALKING TO THE PARENT, YOU SHOULD LINK THE ADOLESCENT DIRECTLY TO A HELPLINE. THIS SHOULD BE A RARE EVENT. SEE INSTRUCTIONS BELOW.</p>	

Scenario Number	Script for:
1a—Suicidal Child Respondent	PARENT CAN BE REACHED RIGHT AWAY, Either telephone or in person
STEPS	
<ol style="list-style-type: none"> <li data-bbox="170 352 1419 737">1. TO PARENT—INTERVIEWER READS: Your teenager was just completing his/her interview for the NSDUH cognitive interview study. During that interview, your teenager told me that she/he sometimes has serious thoughts about harming her/himself, and we want to make sure she/he is safe. I am not a trained counselor so I cannot tell you more about what this means. However, I would like to let you know so that you can talk to your teenager and decide what to do. You may want to contact your teenager’s doctor or health care professional to discuss this further or call a local behavioral health professional. I have a helpline number where counselors are available 24 hours a day to speak with you or your teenager. They may also help you find a counselor in your area. (If on telephone) Do you have something to write with? (Wait for parent to get pen/pencil). The national helpline number is 1-800-448-3000. If you feel that this is an emergency now or later, please take your teenager to a hospital emergency room or call 911 for help. <li data-bbox="170 779 1370 877">2. INTERVIEWER ACTION: DOCUMENT THE CALL WITH AN INCIDENT REPORT. NOTE YOUR ACTION TAKEN: REPORTED TO PARENT, LEFT MESSAGE FOR PARENT, CONNECTED TO HELPLINE (note whether the Boys Town <u>or</u> Lifeline number was used). <li data-bbox="170 919 1240 951">3. INTERVIEWER ACTION: Contact Ms. Croteau-Johnson and notify her of the situation. <li data-bbox="170 993 1403 1092">4. INTERVIEWER ACTION: Call Scott Payne and leave a message on his answering machine indicating that you have a distressed respondent and be sure to leave the Case ID number. Do not leave the respondent’s name or telephone number on this message. 	

Scenario Number	Script for:
1b—Suicidal Child Respondent	PARENT HAS LEFT THE INTERVIEW LOCATION OR DOES NOT ANSWER PHONE: LEAVING A MESSAGE AND CONTACTING HELPLINE

STEPS

1. **IF PARENT IS NOT AVAILABLE—INTERVIEWER LEAVES A MESSAGE:** Hello, this is [insert your name] calling from RTI International. I have just conducted the NSDUH interview with [insert child respondent's name]. I would like to speak with you as soon as possible about this interview. Please call Scott Payne at RTI International as soon as you get a chance. His number is 919-541-6698. We will attempt to call you back if we do not hear from you soon. Thank you.

2. **INTERVIEWER ACTION: RETURN TO TEENAGER.**

3. **INTERVIEWER READS:** I was not able to reach your parent and I left a message for him/her to call RTI. Since I can't reach your parent, I still want to make sure that you are safe. I would like for you to be able to talk to another adult about how you are feeling. So, I would like to connect you with a helpline where counselors are available to speak with you. Please stay on the line while I call. If we get disconnected, I will call you back.

4. **IF ON TELEPHONE: PUT CHILD RESPONDENT ON HOLD AND CALL BOYS TOWN NATIONAL HOTLINE TO SET UP A 3-WAY CALL: 1-800-448-3000.**

IF YOU CANNOT GET THROUGH USING THE BOYS TOWN NATIONAL HOTLINE, CALL THE LIFELINE HELPLINE: 1-800-273-8255

IF IN PERSON: CALL BOYS TOWN NATIONAL HOTLINE: 1-800-448-3000.

IF YOU CANNOT GET THROUGH USING THE BOYS TOWN NATIONAL HOTLINE, CALL THE LIFELINE HELPLINE: 1-800-273-8255

5. **ONCE YOU REACH THE HELPLINE, INTERVIEWER READS:** I work for RTI International, a research company in North Carolina, and we are conducting a research study. During a telephone interview, a respondent told me that (he/she) is thinking about hurting (himself/herself). I have asked the respondent to wait here with me while I contacted you. I can give you additional information about the research study, if you would like. I can also provide you with the respondent's contact information.

IF ASKED FOR NSDUH OVERVIEW: This study, part of the National Survey on Drug Use and Health sponsored by the Substance Abuse and Mental Health Services Administration, is designed to establish a prevalence estimate of Substance Use Disorders among children and adolescents aged 12 to 18. Questions ask about various substance use disorder symptoms and substance use behaviors. Please note that this information was obtained through the respondent's participation in a research study. We went through appropriate informed consent procedures, during which I told the respondent that if (he/she) told me something that caused me to be concerned about (his/her) well-being, I would report that to someone else who could help or intervene. Do you have any questions about the study? **ANSWER QUESTIONS.**

6. **INTERVIEWER ACTION: CONNECT CHILD RESPONDENT WITH THE HELPLINE COUNSELOR. STAY IN THE ROOM WHILE THE CHILD RESPONDENT TALKS WITH THE HELPLINE COUNSELOR. IF THE CHILD RESPONDENT REFUSES TO SPEAK WITH THE HELPLINE COUNSELOR, PROVIDE THE COUNSELOR WITH THE CHILD RESPONDENT'S NAME, TELEPHONE NUMBER, AND ADDRESS.**
7. **INTERVIEWER ACTION: DOCUMENT THE CALL WITH AN INCIDENT REPORT. NOTE YOUR ACTION TAKEN: REPORTED TO PARENT, LEFT MESSAGE FOR PARENT, CONNECTED TO HELPLINE (note whether the Boys Town or Lifeline number was used).**
8. **INTERVIEWER ACTION: Contact Ms. Croteau-Johnson and notify her of the situation.**
9. **INTERVIEWER ACTION: Call Scott Payne and leave a message on his answering machine indicating that you have a distressed respondent and be sure to leave the Case ID number. Do not leave the respondent's name or telephone number on this message.**

Scenario Number	Script for:
1c—Suicidal Child Respondent	CHILD RESPONDENT IS ALARMED AND ABSOLUTELY REFUSES PARENT CONTACT

STEPS

1. INTERVIEWER READS: I understand that you do not want me to contact your parent. But, I must make sure that you are safe and I would like for you to be able to talk to another adult about how you are feeling. So, I would like to connect you with a helpline where counselors are available to speak with you. Please stay in the room/on the line while I call.

2. INTERVIEWER ACTION: CALL THE BOYS TOWN NATIONAL HOTLINE: 1-800-448-3000.

IF YOU CANNOT GET THROUGH USING THE BOYS TOWN HOTLINE, CALL THE LIFELINE HELPLINE: 1-800-273-8255

3. ONCE YOU REACH THE HELPLINE, INTERVIEWER READS: I work for RTI International, a research company in North Carolina, and we are conducting a research study. During a telephone interview, a respondent told me that (he/she) is thinking about hurting (himself/herself). I have asked the respondent to wait in the room/stay on the line [*if during phone screening*] while I contacted you. I can give you additional information about the research study, if you would like. I can also provide you with the respondent’s contact information (or conference them into the call [*if during phone screening*]).

IF ASKED FOR NSDUH OVERVIEW: This study, part of the National Survey on Drug Use and Health sponsored by the Substance Abuse and Mental Health Services Administration, is designed to establish a prevalence estimate of Substance Use Disorders among children and adolescents aged 12 to 18. Questions ask about various substance use disorder symptoms and substance use behaviors. Please note that this information was obtained through the respondent’s participation in a research study. We went through appropriate informed consent procedures, during which I told the respondent that if (he/she) told me something that caused me to be concerned about (his/her) well-being, I would report that to someone else who could help or intervene. Do you have any questions about the study? **ANSWER QUESTIONS.**

4. INTERVIEWER ACTION: CONNECT CHILD RESPONDENT TO THE HELPLINE COUNSELOR. STAY IN THE ROOM WHILE THE CHILD RESPONDENT TALKS WITH THE HELPLINE COUNSELOR. IF ON THE PHONE, INITIATE A 3-WAY CALL WITH THE HOTLINE. PROVIDE COUNSELOR WITH THE RESPONDENT’S NAME, TELEPHONE NUMBER, AND ADDRESS IN CASE OF ACCIDENTAL DISCONNECT, THEN RECONNECT WITH RESPONDENT. AFTER ENSURING CONNECTION, HANG UP. THE LINE WILL REMAIN ACTIVE UNTIL THE REMAINING PARTIES HANG UP. IF R REFUSES TO SPEAK TO COUNSELOR, PROVIDE COUNSELOR WITH THE CHILD RESPONDENT’S NAME, TELEPHONE NUMBER, AND ADDRESS.

5. **INTERVIEWER ACTION: COMPLETE AN INCIDENT REPORT. NOTE YOUR ACTION TAKEN: REPORTED TO PARENT, LEFT MESSAGE FOR PARENT, CONNECTED TO HELPLINE (note whether the Boys Town or Lifeline number was used).**
6. **INTERVIEWER ACTION: Contact Ms. Croteau-Johnson and notify her of the situation.**
7. **INTERVIEWER ACTION: Call Scott Payne and leave a message on his answering machine indicating that you have a distressed respondent and be sure to leave the Case ID number. Do not leave the respondent's name or telephone number on this message.**

Scenario Number	Script for:
2-- Upset child	ADOLESCENT RESPONDENT SEEMS UPSET BY THE INTERVIEW. DOES NOT EXPRESS A SPECIFIC SUICIDAL PLAN
STEPS	
<p>1. INTERVIEWER READS: Some of these questions are hard to talk about, and it seems to be upsetting you. Maybe you can talk to someone, like an adult who you trust when you get done with the interview, so that she or he can help you talk about how you are feeling. Also, I have a telephone number where counselors are available 24-hours a day to talk to you about how you are feeling.</p> <ul style="list-style-type: none"> • If on phone: Do you have a pen or pencil? (WAIT ON RESPONDENT) To contact the national helpline, call 1-800-448-3000. Could you repeat that number back to me? (IF RESPONDENT CANNOT REPEAT, READ THE TELEPHONE NUMBER AGAIN). • If in person: Provide number <p>2. INTERVIEWER ACTION: CONTINUE WITH INTERVIEW, IF POSSIBLE.</p> <p>3. INTERVIEWER ACTION: DOCUMENT THE CALL WITH AN INCIDENT REPORT.</p> <p>4. INTERVIEWER ACTION: Contact Ms. Croteau-Johnson and notify her of the situation.</p> <p>5. INTERVIEWER ACTION: Call Scott Payne and leave a message on his answering machine indicating that you have a distressed respondent and be sure to leave the Case ID number. Do not leave the respondent's name or telephone number on this message.</p>	

Scenario Number	Script for:
3—Suspected child abuse or neglect	NO SCRIPT, ONLY INTERVIEWER ACTIONS POST-INTERVIEW
STEPS	
<p data-bbox="77 384 1390 457">During the course of the interview the child respondent shares information that leads you to believe that he or she has been abused or neglected.</p> <ol data-bbox="123 506 1425 898" style="list-style-type: none"><li data-bbox="123 506 1425 716">1. INTERVIEWER ACTION: Continue with interview and do not break off. Do not ask specifically for additional details about the suspected child abuse or neglect and do not ask for details beyond what is shared naturally during the course of the interview. Once the interview has been completed, put concise notes in an Incident Report. Write down specifically what the respondent told you that led you to suspect child abuse or neglect.<li data-bbox="123 779 1425 898">2. Call Scott Payne and leave a message on his answering machine indicating that you have a case of suspected child abuse or neglect. Be sure to leave the Case ID number. Do not leave the respondent's name or telephone number on this message.	

**NSDUH SUD Module Cognitive Interview Study
Distressed Respondent Protocol for Adult Respondents**

Overview

Due to the nature of the sample targeted for the NSDUH SUD Module Cognitive Interview Study and the nature of the questions asked during cognitive interviews, it is possible that a respondent will indicate during their interactions with the study recruiter or the cognitive interviewers that he or she poses a likely threat to his or her own safety or the safety of others. It is essential that NSDUH project staff members be prepared to handle these situations appropriately.

The cognitive interview recruiter and all cognitive interviewers will be instructed to be alert to signs of distress or agitation, or indication of imminent danger of harm to oneself or another based on indirect and direct statements made by respondents. In all such circumstances with adult respondents showing signs of distress, the study recruiter or cognitive interviewer will follow the protocol outlined in this document. **(For respondents under the age of 18, see the study's Distressed Respondent Protocol for Adolescent Respondents.)**

There are essentially two situations that would constitute imminent danger of harm:

3. A respondent tells the interviewer that he/she is thinking about killing or harming himself or herself, has a plan, and has a means to carry out that plan.
4. A respondent tells the interviewer that he/she intends to hurt or kill someone else (not necessarily someone living in the household) has a plan, and has a means to carry out that plan.

In cases where imminent danger is or may be involved, the cognitive interview recruiter or cognitive interviewer will contact Ms. Nicole Croteau-Johnson (919-316-3581), when appropriate based on the instructions in the tables below. Ms. Croteau-Johnson is a licensed Master Psychological Associate with 17 years of clinical experience. Ms. Croteau-Johnson will act primarily as a sounding board for the recruiter/cognitive interviewer. If there is a question about what action to take in response to the recruiter's/cognitive interviewer's interactions with a respondent, Ms. Croteau-Johnson and the recruiter/cognitive interviewer will discuss the situation and Ms. Croteau-Johnson will make the final decision as to what action, if any beyond documenting the situation in an incident form, should be taken. If emergency psychiatric services, including 911, has been or might need to be called (imminent danger, Scenarios 2 or 4), and Ms. Croteau-Johnson is unavailable within 15 minutes of the recruiter/cognitive interviewer attempting to contact her, attempt will be made to contact Dr. Mark Edlund, a licensed psychiatrist (919-597-5132). Any questions about whether to contact emergency psychiatric services or 911 will be made by Ms. Croteau-Johnson or Dr. Edlund. The following table will be printed on the inside cover of the cognitive interviewer handbook and in the instructions for handling distressed respondents:

Call:	Cell Phone Numbers:
Nicole Croteau-Johnson	919-316-3581
Dr. Mark Edlund	919-641-5460

The addresses of individuals calling to indicate interest in participation in a cognitive interview will be unknown. The recruiter will ask the respondent for the address of his/her current location if appropriate based on these guidelines. Even if the respondent refuses, we believe that having at least the respondent's phone number adequately minimizes respondent risk to themselves or others because the screening questions are short and fairly innocuous. Furthermore, we do not anticipate any cognitive interview recruitment respondents to become distressed or agitated, or to indicate imminent danger of harm to oneself or another. Nevertheless, the recruiter will be provided this protocol and instructed to follow the guidelines herein.

All cognitive interviewers hired to work on this study will confirm that these guidelines are consistent with all legal and ethical guidelines by which they must abide. They will report that they are under no obligation to, nor will they, convey any information about this study or about respondents to anyone not involved with this study. They also will also confirm that they are under no legal or ethical obligation to provide mental health services or counseling to a respondent beyond referring individuals to other resources or contacting authorities as specified in this document. Moreover, RTI legal counsel Chris Buchholz confirmed via e-mail to David Hunter (then Cunningham) on April 25, 2007 that in his judgment the guidelines are consistent with all pertinent "duty to warn" laws in the states in which the certification recruiter, cognitive interviewers, and respondents reside because the individuals working on the project, even the cognitive interviewers clinically trained in mental health issues, will not be participating in a medical or psychological professional capacity.

Although some situations may require consultation with IRB representatives, we believe these procedures will provide comprehensive guidelines to protect the safety of our human subjects.

Specific Guidelines

If respondents report any of the issues listed below during any interactions with the study recruiter or cognitive interviewer, including before, during, or after a cognitive interview, the staff member will immediately refer to the scenario chart below and follow the instructions provided. Details of all incidents will be documented in an incident report and reported to project management staff immediately.

- If a respondent answers questions that indicate thoughts of harming him or herself, ask the respondent this series of questions: “Have you thought about what you might do? Are you going to do this? Have you done anything to prepare for killing yourself?” As indicated in training, a suicidal plan is present if one of the following criteria is met in the past 3 months:
 - a specific plan (e.g., I would overdose on Tylenol, I could get sleeping pills), considered, over which no action was taken [**SCENARIO 1**], OR
 - a specific plan, considered with preparatory action taken, for example storing up pills [**SCENARIO 2**].

IF A SUICIDAL PLAN IS PRESENT IN THE PAST 3 MONTHS, STOP THE INTERVIEW AND FOLLOW THE APPROPRIATE SCRIPT BELOW. Note that you only need to read the script to the respondent when he or she reports a suicidal plan in the past 3 months and not before.

- If a respondent has had **any homicidal thoughts in the past two weeks**, including
 - passive homicidal thoughts (i.e. thoughts or wishes about seriously harming someone else **in the absence of** thoughts about specific ways in which s/he could seriously harm another person, plans for how s/he could seriously harm another person, intentions of seriously harming another person) [**SCENARIO 3**] or
 - active homicidal thoughts (i.e. thoughts or wishes about seriously harming someone else **combined with** thoughts about specific ways s/he could seriously harm another person, plans for how s/he could seriously harm another person, the intention of seriously harming another person, and the means to carry out that plan) [**SCENARIO 4**]

Scenario Chart		
Scenario Number	Individual at Risk of Harm	Imminent Danger?
1	Self	No
2	Self	Possible / Yes
3	Other(s)	No
4	Other(s)	Possible / Yes
5	No risk of harm; respondent is agitated or upset	No

Scenario Number	Individual at Risk of Harm	Imminent Danger?
1	Self	No
STEPS		
<p>A. COMPLETE SCREENING/INTERVIEW AND THEN READ TO R: When you agreed to participate in this interview, I promised that I would not tell anyone what you have told me unless it was necessary to protect you or other people. You told me earlier that you have recently had thoughts or wishes about your death or dying. Do you have a doctor, counselor, or someone you can talk to about how you are feeling now?</p> <p>IF YES: I strongly suggest that you contact this person immediately so you can talk to him or her about how you have been feeling, especially about the thoughts you've been having about death and dying. Would you be willing to do that?</p> <p>IF YES: Okay. There is also a national Lifeline hotline you can call where counselors are available to talk at any time of the day or night. Their toll-free number is 1-800-273-8255. THANK R FOR THEIR PARTICIPATION IN THE STUDY AND END SCREENING/INTERVIEW.</p> <p>IF NO: I strongly suggest that you contact the national Lifeline hotline at 1-800-273-8255. Lifeline has counselors available 24-hours a day to talk to you about how you are feeling. They may also help you locate (additional) mental health services in your area. If you feel that this is an emergency now or later, you should go to a hospital emergency room right away. If you are not able to get to an emergency room immediately, you should call 911 for assistance. THANK R FOR THEIR PARTICIPATION IN THE STUDY AND END SCREENING/INTERVIEW.</p> <p>B. WHEN SCREENING/INTERVIEW IS COMPLETED, CALL MS. NICOLE CROTEAU-JOHNSON TO DEBRIEF. FILL OUT AN INCIDENT REPORT.</p> <p>C. CALL SCOTT PAYNE AND LEAVE A MESSAGE ON HIS ANSWERING MACHINE INDICATING THAT YOU HAVE A DISTRESSED RESPONDENT AND BE SURE TO LEAVE THE CASE ID NUMBER. DO NOT LEAVE THE RESPONDENT'S NAME OR TELEPHONE NUMBER ON THIS MESSAGE.</p>		

Scenario Number	Individual at Risk of Harm	Imminent Danger?
2	Self	Possible / Yes

STEPS

A. END SCREENING/INTERVIEW AND THEN READ TO R: When you agreed to participate in this interview, I promised that I would not tell anyone what you have told me unless it was necessary to protect you or other people. You told me earlier that you are thinking about harming yourself. I will need to call the emergency services provider to see if they can send someone to you who can provide the care you need in order to keep you safe. I'll let you know what I find out.

B. FIND THE NEAREST EMERGENCY PSYCHIATRIC SERVICES USING THE SAMHSA WEBSITE (<http://mentalhealth.samhsa.gov/databases/>). SEARCH FOR INPATIENT MH TREATMENT USING THE R'S CURRENT ZIP CODE.

C. CALL THEIR LOCAL INPATIENT PSYCHIATRIC CARE FACILITY OR CRISIS CENTER AND READ THIS STATEMENT: I work for RTI International, a research company in North Carolina, and we are conducting a research study. During an interview with a respondent, the respondent told me that (he/she) is thinking about killing or harming (himself/herself) and I am concerned about (his/her) safety. I can give you additional information about the research study, if you would like. I can also provide you with the respondent's contact information.

IF ASKED FOR NSDUH OVERVIEW: This study, part of the National Survey on Drug Use and Health sponsored by the Substance Abuse and Mental Health Services Administration, is designed to test procedures for use in future NSDUH surveys. Questions ask about various substance use issues such as substance use disorders and substance use behaviors. Please note that this information was obtained through the respondent's participation in a research study. We went through appropriate informed consent procedures, during which I told the respondent that if (he/she) told me something that caused me to be concerned about (his/her) well-being, I would report that to someone else who could help or intervene. Given the context in which the information was obtained, however, we cannot guarantee that the participant understood the questions nor that (he/she) provided truthful responses. Do you have any questions about the study? **ANSWER QUESTIONS.**

D. GIVE R FIRST NAME, TELEPHONE NUMBER, AND ADDRESS (IF KNOWN) TO LOCAL EMERGENCY CARE REPRESENTATIVE. IF THEY ARE UNABLE TO PROVIDE SERVICES THAT ENSURE THE R'S SAFETY, SEARCH FOR THE R'S LOCAL EMERGENCY NUMBER USING THE NATIONAL 911 DATABASE.

E. CALL EMERGENCY CARE REPRESENTATIVE OR LOCAL 911 DISPATCHER AND READ SCRIPT FROM STEP C.

F. END CALL WITH THE EMERGENCY CARE PROVIDER OR LOCAL 911 DISPATCHER AND ATTEMPT TO CONTACT R AGAIN WITH AN UPDATE.

G. WHEN SCREENING/INTERVIEW IS COMPLETED, CALL MS. CROTEAU-JOHNSON TO DEBRIEF. IF SHE DOES NOT RETURN CALL WITHIN 15 MINUTES, CONTACT DR. EDLUND. FILL OUT AN INCIDENT REPORT.

H. CALL SCOTT PAYNE AND LEAVE A MESSAGE ON HIS ANSWERING MACHINE INDICATING THAT YOU HAVE A DISTRESSED RESPONDENT AND BE SURE TO LEAVE THE CASE ID NUMBER. DO NOT LEAVE THE RESPONDENT'S NAME OR TELEPHONE NUMBER ON THIS MESSAGE.

Scenario Number	Individual at Risk of Harm	Imminent Danger?
3	Other(s)	No

STEPS

A. COMPLETE SCREENING/INTERVIEW AND THEN READ TO R: When you agreed to participate in this interview, I promised that I would not tell anyone what you have told me unless it was necessary to protect you or other people. You told me earlier that you have recently had thoughts or wishes about seriously harming someone else. Do you have a doctor, counselor, or someone you can talk to about how you are feeling now?

IF YES: I strongly suggest that you contact this person immediately so you can talk to him or her about how you have been feeling, especially about the thoughts you've been having about seriously harming someone else. Would you be willing to do that?

IF YES: Okay. There is also a national Lifeline hotline you can call where counselors are available to talk at any time of the day or night. Their toll-free number is 1-800-273-8255. **THANK R FOR THEIR PARTICIPATION IN THE STUDY AND END SCREENING/INTERVIEW.**

IF NO: I strongly suggest that you contact the national Lifeline hotline at 1-800-273-8255. Lifeline has counselors available 24-hours a day to talk to you about how you are feeling. They may also help you locate (additional) mental health services in your area. If you feel that this is an emergency now or later, you should go to a hospital emergency room right away. If you are not able to get to an emergency room immediately, you should call 911 for assistance. **THANK R FOR THEIR PARTICIPATION IN THE STUDY AND END SCREENING/INTERVIEW.**

B. WHEN SCREENING/INTERVIEW IS COMPLETED, CALL MS. CROTEAU-JOHNSON TO DEBRIEF. IF DIRECTED BY HER, FOLLOW SCENARIO 4 FOR POSSIBLE IMMINENT DANGER TO OTHERS. FILL OUT AN INCIDENT REPORT.

C. CALL SCOTT PAYNE AND LEAVE A MESSAGE ON HIS ANSWERING MACHINE INDICATING THAT YOU HAVE A DISTRESSED RESPONDENT AND BE SURE TO LEAVE THE CASE ID NUMBER. DO NOT LEAVE THE RESPONDENT'S NAME OR TELEPHONE NUMBER ON THIS MESSAGE.

Scenario Number	Individual at Risk of Harm	Imminent Danger?
4	Other(s)	Possible / Yes
STEPS		
<p data-bbox="99 260 586 289">A. END SCREENING/INTERVIEW.</p> <p data-bbox="99 327 1463 357">B. SEARCH FOR THE R'S LOCAL EMERGENCY NUMBER USING THE NATIONAL 911 DATABASE.</p> <p data-bbox="99 396 1523 569">C. CALL THEIR LOCAL 911, AND READ THIS STATEMENT: I work for RTI International, a research company in North Carolina, and we are conducting a research study. During an interview with a respondent, the respondent told me that (he/she) is thinking about killing or harming another individual. I am concerned about this individual's safety. I can give you additional information about the research study, if you would like. I can also provide you with the respondent's contact information.</p> <p data-bbox="147 609 1520 957">IF ASKED FOR NSDUH OVERVIEW: This study, part of the National Survey on Drug Use and Health sponsored by the Substance Abuse and Mental Health Services Administration, is designed to test procedures for use in future NSDUH surveys. Questions ask about various substance use issues such as substance use disorders and substance use behaviors. Please note that this information was obtained through the respondent's participation in a research study. We went through appropriate informed consent procedures, during which I told the respondent that if (he/she) told me something that caused me to be concerned about (him/her) harming someone else, I would report that to someone else who could help or intervene. Given the context in which the information was obtained, however, we cannot guarantee that the participant understood the questions nor that (he/she) provided truthful responses. Do you have any questions about the study? ANSWER QUESTIONS.</p> <p data-bbox="99 997 1346 1060">D. GIVE R FIRST NAME, TELEPHONE NUMBER, ADDRESS (IF KNOWN), AND VICTIM'S IDENTIFYING INFORMATION TO LOCAL 911 DISPATCHER. END CALL.</p> <p data-bbox="99 1100 1492 1201">E. WHEN SCREENING/INTERVIEW IS COMPLETED, CALL MS. CROTEAU-JOHNSON TO DEBRIEF. IF SHE DOES NOT RETURN CALL WITHIN 15 MINUTES, CONTACT DR EDLUND TO NOTIFY HIM ABOUT THE INCIDENT. FILL OUT AN INCIDENT REPORT.</p> <p data-bbox="99 1241 1523 1341">F. CALL SCOTT PAYNE AND LEAVE A MESSAGE ON HIS ANSWERING MACHINE INDICATING THAT YOU HAVE A DISTRESSED RESPONDENT AND BE SURE TO LEAVE THE CASE ID NUMBER. DO NOT LEAVE THE RESPONDENT'S NAME OR TELEPHONE NUMBER ON THIS MESSAGE.</p>		

Scenario Number	Individual at Risk of Harm	Imminent Danger?
5	No risk of harm; respondent is agitated or upset	No

STEPS

A. END SCREENING/INTERVIEW AND THEN READ TO R: I know these questions are very personal, and they seem to be upsetting you. Do you have a doctor or someone you can talk to about how you are feeling?

IF YES: I suggest that you call that individual immediately so that she or he can help you talk about and work through how you are feeling. There is also a national Lifeline hotline you can call where counselors are available to talk at any time of the day or night. Their toll-free number is 1-800-273-8255. **THANK R FOR THEIR PARTICIPATION IN THE STUDY AND END SCREENING/INTERVIEW.**

IF NO: I suggest that you contact the national Lifeline hotline at 1-800-273-8255. Lifeline is a 24-hour hotline that you could call to discuss this with a counselor. They may also help you locate (additional) mental health services in your area. If you feel that this is an emergency now or later, you should go to a hospital emergency room right away or call 911 for assistance. **THANK R FOR THEIR PARTICIPATION IN THE STUDY AND END SCREENING/INTERVIEW.**

B. WHEN SCREENING/INTERVIEW IS COMPLETED, CALL MS. CROTEAU-JOHNSON TO DEBRIEF. FILL OUT AN INCIDENT REPORT.

C. CALL SCOTT PAYNE AND LEAVE A MESSAGE ON HIS ANSWERING MACHINE INDICATING THAT YOU HAVE A DISTRESSED RESPONDENT AND BE SURE TO LEAVE THE CASE ID NUMBER. DO NOT LEAVE THE RESPONDENT'S NAME OR TELEPHONE NUMBER ON THIS MESSAGE.