

# 2020 NSDUH Clinical Validation Study (CVS)

## Attachment CVS-3 – Follow-Up Clinical

### Interview Study Descriptions



## Adult Follow-up Study Description

You have been randomly chosen for this special study for the National Survey on Drug Use and Health. This study, sponsored by the U.S. Department of Health and Human Services, will ask questions about your experiences with the use or non-use of alcohol and drugs. Although there is no benefit to you personally, knowledge gained from this study will improve our ability to describe and understand alcohol and drug use in the United States.

If you agree to participate in this follow-up interview, your first name and telephone number will be collected but will be used only to contact you in the future to complete the interview. Your name and telephone number will not be included on the interview forms on which your answers will be written, or on any interview audio files that might be recorded. Federal law requires us to keep all of your answers private and confidential. Any data you provide will only be used by authorized personnel for statistical purposes according to the Confidential Information Protection and Statistical Efficiency Act of 2002. The only exceptions to this promise of confidentiality are if you tell the interviewer you intend to seriously harm yourself or someone else, or if a child has been or will be seriously harmed. In this situation RTI may need to notify a mental health professional or other authorities.

The interview will be conducted over the phone and takes about an hour. Your participation is voluntary. You may consider some of the questions to be sensitive and some of the questions also may make you feel certain emotions, such as sadness. Remember you can refuse to answer any questions you do not want to answer, and you can stop the interview at any time. If you become upset at any time during the interview and wish to speak to a mental health professional about how you are feeling, the interviewer can again provide you with the toll-free hotline numbers that are printed on your incentive receipt from the first interview. **If you agree to complete the interview, you will receive \$30 today.**

If you have questions about the study, call the Project Representative at 1-800-848-4079. If you have questions about your rights as a study participant, call RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number). You can also visit our project Website: <http://nsduhweb.rti.org/> for more information.

Thank you for your cooperation and time.

Peter Tice, Ph.D.

Project Officer

Center for Behavioral Health Statistics and Quality

Substance Abuse and Mental Health Services Administration (SAMHSA)

U.S. Department of Health and Human Services

Your confidentiality is protected by the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, PL 107-347). Any project staff or authorized data user who violates CIPSEA may be subject to a jail term of up to 5 years, a fine of up to \$250,000, or both.

NOTICE: Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, Paperwork Reduction Project (xxxx-xxxx), Center for Behavioral Health Statistics and Quality; Room 15E57B; 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is xxxx-xxxx, expiration date x/xx/xx.



## Youth Follow-up Study Description

You have been chosen to take part in a special study for the National Survey on Drug Use and Health. This study is sponsored by the U.S. Department of Health and Human Services. The interview will ask questions about your experiences with the use or non-use of alcohol and drugs. The interview will take place over the phone and takes about an hour. Your parent said you can do this interview if you want.

If you choose to do this follow-up interview, we will ask for your first name, your parent's first name, and a telephone number. This information will only be used by another interviewer who will contact your parent and you in the next few weeks about the interview.

Federal law requires us to keep all of your answers private and confidential. Any data you provide will only be used by authorized personnel for statistical purposes. The law protecting your information is the Confidential Information Protection and Statistical Efficiency Act of 2002. The only exceptions to this promise of confidentiality are if you tell the interviewer you intend to seriously harm yourself or someone else, or if you or another child has been or will be seriously harmed. Then the interviewer would need to tell your parent, a counselor, or another adult who can help. All other information you share is private.

It is up to you whether you do the interview. **If you agree to complete the interview, you will receive \$30 today.**

You may think some of the questions are sensitive and some of the questions also may make you feel certain emotions, such as sadness. Remember you do not have to answer any questions you do not want to answer, and you can stop the interview at any time. If you become upset at any time during the interview and want to talk to a counselor about how you are feeling, the interviewer will give you toll-free hotline numbers. These numbers are printed on the incentive receipt from your first interview.

If you have questions about the study, call 1-800-848-4079. If you have questions about your rights as a study participant, call RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number). You can also go to our project Website: <http://nsduhweb.rti.org/> for more information. Thank you for your help.

Peter Tice, Ph.D.

Project Officer

Center for Behavioral Health Statistics and Quality

Substance Abuse and Mental Health Services Administration (SAMHSA)

U.S. Department of Health and Human Services

Your confidentiality is protected by the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, PL 107-347). Any project staff or authorized data user who violates CIPSEA may be subject to a jail term of up to 5 years, a fine of up to \$250,000, or both.

NOTICE: Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, Paperwork Reduction Project (xxxx-xxxx), Center for Behavioral Health Statistics and Quality; Room 15E57B; 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is xxxx-xxxx, expiration date x/xx/xx.

2020 NSDUH Clinical Validation Study (CVS)  
Attachment CVS-4 – Follow-Up Clinical  
Interview Incentive Receipt

# Follow-up Interview Incentive Receipt

U.S. Department of Health and Human Services  
and

**RTI International**

thank you for agreeing to participate in a special study for the  
2020 National Survey on Drug Use and Health.

In appreciation of your participation in this important study, you are eligible to receive \$30 in cash.

Since maintaining the confidentiality of your information is important to us, your name will not be entered on this form. However, the interviewer must sign and date this form to certify you received

_____ Interviewer	_____ Date	_____ Case ID
<input type="checkbox"/> Accepted Cash Incentive		<input type="checkbox"/> Declined Cash

If you ever feel you need to talk to someone about mental health issues, you can call the National Lifeline Network or the Boy's Town National Helpline. Counselors are available to talk at any time of the day or night and they can give you information about services in your area.

National Lifeline Network: 1-800-273-TALK or 1-800-273-8255

<http://suicidepreventionlifeline.org/>

Boy's Town National Helpline (youth): 1-800-448-3000

If you ever feel you need to talk to someone about drug use issues, you can call the Substance Abuse and Mental Health Services Administration's Treatment Referral Helpline. This is a 24-hour service that will help you locate treatment options near you.

1-800-662-HELP or 1-800-662-4357

1-800-487-4889 (TDD)

<http://findtreatment.samhsa.gov>

Disposition: Top Copy to Respondent, yellow to Field Supervisor, pink to Field Interviewer.

2020 NSDUH Clinical Validation Study (CVS)

Attachment CVS-5 – Follow-Up Clinical

Interview Unable to Contact Letters

«DATE»

Resident

Attention: [R FIRST NAME]

[STREET ADDRESS]

[CITY], [STATE] [ZIP]

Dear [R FIRST NAME]:

Thank you for your recent participation in the first component of the National Survey on Drug Use and Health (NSDUH), a study being conducted by RTI International for the U.S. Department of Health and Human Services. When you completed the initial NSDUH interview with one of our field interviewers, you agreed to participate in a follow-up interview conducted over the telephone. **However, since that time we have been unable to contact you by telephone to complete this follow-up interview. Your participation in this study is extremely important as only a limited number of people were selected to take part—this is why we continue to try to reach you.**

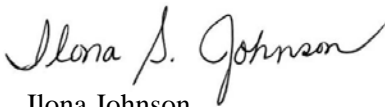
The interview will take about an hour and can be scheduled at a time that is convenient for you within the next few days. **To schedule your appointment, please contact [MS. LAST NAME], NSDUH data collection manager, immediately upon receipt of this letter.** You may also call [MS. LAST NAME] to ask questions and discuss your participation in this study.

**You may call [MS. LAST NAME] toll free, 24 hours a day at XXX-XXX-XXXX.** If she is not available to take your call, please leave a message with your first name, telephone number including area code, address including city and state, and your reason for calling. Please speak clearly and repeat the telephone number to be sure we capture it correctly. [MS. LAST NAME] will call you back within 24 hours to speak with you.

We understand your time is precious. This is why our field interviewer provided an additional \$30 in cash for agreeing to participate in the follow-up interview, as a token of appreciation for your time.

We are happy to work around your schedule in order to complete this valuable research. Your call to [MS. LAST NAME] is very important to the success of this study. I thank you in advance for your cooperation.

Sincerely,



Ilona Johnson

National Field Director, RTI

\*The National Survey on Drug Use and Health is conducted by RTI International for the Substance Abuse and Mental Health Services Administration, an agency of the U.S. Department of Health and Human Services. [<http://nsduhweb.rti.org>] [<http://www.samhsa.gov>] [<http://www.rti.org>]

«DATE»

Resident

Attention: [PARENT FIRST NAME]  
[STREET ADDRESS]  
[CITY], [STATE] [ZIP]

Dear [PARENT FIRST NAME]:

Your child recently participated in the first component of the National Survey on Drug Use and Health (NSDUH), a study being conducted by RTI International for the U.S. Department of Health and Human Services. Thank you to you and your child for that participation.

When your child completed the initial NSDUH interview with one of our field interviewers, you and your child agreed that the child would participate in a follow-up interview conducted over the telephone. **However, since that time we have been unable to contact you by telephone to complete this follow-up interview. Your child's participation in this study is extremely important as only a limited number of people were selected to take part—this is why we continue to try to reach you.**

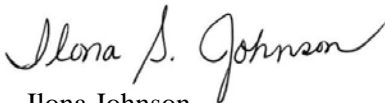
The interview will take about an hour and can be scheduled at a time that is convenient for you within the next few days. **To schedule an appointment, please contact [MS. LAST NAME], NSDUH data collection manager, immediately upon receipt of this letter.** You may also call Ms. Interviewer to ask questions and discuss your child's participation in this study.

**You may call [MS. LAST NAME] toll free, 24 hours a day at XXX-XXX-XXXX.** If she is not available to take your call, please leave a message with your first name, telephone number including area code, address including city and state, your child's name and your reason for calling. Please speak clearly and repeat the telephone number to be sure we capture it correctly. [MS. LAST NAME] will call you back within 24 hours to speak with you.

We understand your child's time is precious. This is why our field interviewer provided an additional \$30 in cash for agreeing to participate in the follow-up interview, as a token of appreciation for your child's time.

We are happy to work around your child's schedule in order to complete this valuable research. Your call to [MS. LAST NAME] is very important to the success of this study. I thank you in advance for your cooperation.

Sincerely,



Ilona Johnson  
National Field Director, RTI

\*The National Survey on Drug Use and Health is conducted by RTI International for the Substance Abuse and Mental Health Services Administration, an agency of the U.S. Department of Health and Human Services. [<http://nsduhweb.rti.org>] [<http://www.samhsa.gov>] [<http://www.rti.org>]



2020 NSDUH Clinical Validation Study (CVS)  
Attachment CVS-11 – Follow-Up Clinical  
Interview Cover Sheet

# STRUCTURED CLINICAL INTERVIEW FOR DSM-5 – Research Version (SCID-5-RV)

By

Michael B. First, M.D., Janet B. W. Williams, D.S.W.,  
Rhonda S. Karg, and Robert L. Spitzer, M.D.

**MODIFIED BY RTI INTERNATIONAL**

**FOR**

**2020 NATIONAL SURVEY ON DRUG USE AND  
HEALTH**

**CLINICAL VALIDATION STUDY**

SCID Transmittal Record			
Interviewer ID:		QuestID:	
		Date of Interview: ____/____/____ MM DD YY	
Date Shipped to RTI: ____/____/____ MM DD YY		Date Received at RTI: ____/____/____ MM DD YY	
Clinical QC by:		Date of Clinical QC: ____/____/____ MM DD YY	
Edited by:		Date Edited: ____/____/____ MM DD YY	

Public reporting burden for this collection of information is estimated to 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (xxxx-xxxx); Center for Behavioral Health Statistics and Quality; Room 15E57B; 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is XXXX-XXXX, expiration date xx/xx/xx.

2020 NSDUH Clinical Validation Study (CVS)

Attachment CVS-12 – Confidentiality Notice

**CONFIDENTIAL  
INFORMATION**

**IF FOUND, PLEASE CONTACT**

**Kathryn Batts**

**@ 1-800-334-8571**

**Ext. 23886**

**FEDEX TRACKING NUMBER: \_\_\_\_\_**

**Property of:  
RTI International  
3040 Cornwallis Road, Research Triangle Park, NC 27709  
1-800-848-4079**

2020 NSDUH Clinical Validation Study (CVS)  
Attachment CVS-13 – Distressed Respondent  
Protocols

## Distressed Respondent Protocol Overview

Although the NSDUH Clinical Validation Study (CVS) interview does not include direct questions about suicidal ideation, intent, plans or immediate risk of harm, project staff must be cognizant of signs of distress or agitation, or indications of imminent danger of harm to oneself or another. While unlikely, these situations are possible due to the subject matter of the study and the respondent selection methods for both certification interviews and data collection interviews.

While talking with an interviewer, a respondent may become upset or indicate, either directly or indirectly, that he or she poses a likely threat to his or her own safety or the safety of others. In all such circumstances, project staff must be prepared to appropriately handle these situations and are required to follow the protocol and specific steps outlined in this document.

As a CVS clinical interviewer, situations you may encounter that would require implementation of the Distressed Respondent Protocol (DRP) include:

- 1. Suicidal Adult Respondent:** A respondent indicates he/she has passive or active suicidal thoughts at any time during the interview process.
- 2. Distressed or Upset Adult Respondent:** A respondent becomes distressed or upset (not suicidal) before, during or after the interview.
- 3. Adult Respondent Reports Homicidal Thoughts:** A respondent expresses the active or passive intent to cause harm to others.
- 4. Present/Current Suspected Child Abuse or Neglect:** A respondent shares details that cause the clinical interviewer to suspect child abuse or neglect.

Following any distressed respondent incident, immediately call Dr. Blazei to debrief. If you are unable to reach her, call the next member of the CVS management team listed below until you reach someone. After the call, complete an Incident Report on the CMS.

Call:	Cell Phone Numbers:
Dr. Ryan Blazei	919-720-1452
Dr. Kathy Batts	919-457-7010
Dr. Kate Panzer	336-632-0321
Dr. Natasha Latzman	919-541-5884
Christina Touarti	919-541-8715
Katelan McDaniel	919-541-6743

## Adult Distressed Respondent Protocol

### Situation 1: Suicidal Adult Respondent

If the respondent reports current suicidal thoughts, including:

- current and serious **active suicidal thoughts** (i.e. thoughts or wishes about his or her death combined with thoughts about **specific** ways he or she could die or attempt suicide, plans for how he or she could die or attempt suicide, the intention of dying or attempting suicide, and the means to carry out that plan), or
- current and serious **passive suicidal thoughts** (i.e. thoughts or wishes about his or her death **in the absence of** thoughts about specific ways he or she could die or attempt suicide, plans for how he or she could die or attempt suicide, or intention of dying or attempting suicide, or the means to carry out that plan),

adhere to the specific steps on the following pages.

### **SUICIDAL ADULT: Current and Serious ACTIVE Suicidal Thoughts**

#### **STEPS**

- 1. END 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 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.
- 2. PUT RESPONDENT ON HOLD AND CALL National Suicide Prevention Lifeline services TO SET UP A 3-WAY CALL: 1-800-273-TALK or 1-800-273-8255**  
**IF YOU ARE UNABLE TO CONNECT TO HELPLINE: KEEP THE RESPONDENT ON THE PHONE (ON HOLD) AND CALL DR. BLAZEI.**
- 3. ONCE YOU REACH THE HELPLINE, READ:** I work for RTI International, a research organization in North Carolina, and we are conducting a research study. During a telephone interview, a respondent told me that (he/she) is seriously thinking about hurting (himself/herself). Even though I'm calling you from **[YOUR STATE]**, the respondent lives in **[RESPONDENT'S STATE]**. I have asked the respondent to wait on the line while I contacted you. I can give you additional information about the research study, if you would like, but please remember I still have the individual waiting on the other line. If needed, I can also provide you with the respondent's contact information in the event they get disconnected.

#### **DO NOT SHARE ANY INTERVIEW DATA.**

**IF ASKED FOR STUDY OVERVIEW:** This study is sponsored by the U.S Department of Health and Human Services. Knowledge gained from the study will improve our ability to describe and understand alcohol and drug use in the

United States. Questions ask about past year substance use and the symptoms of substance use disorders experienced during the past year. Please note 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 my concern to someone else who could help or intervene. Do you have any questions about the study?

**ANSWER QUESTIONS. DO NOT SHARE ANY INTERVIEW DATA.**

- 4. INTERVIEWER ACTION:** CONNECT RESPONDENT AND INTRODUCE HIM/HER TO THE HELPLINE COUNSELOR. STAY ON THE LINE WHILE THE RESPONDENT TALKS WITH THE HELPLINE COUNSELOR; IF YOU HANG UP, THEIR CONNECTION WILL ALSO END. IF THE RESPONDENT GETS DISCONNECTED AND YOU CANNOT REACH HIM/HER ON THE PHONE AGAIN IMMEDIATELY, CALL THE HELPLINE AND PROVIDE INFORMATION--GIVE RESPONDENT NAME, TELEPHONE NUMBER, AND ADDRESS.

**IF YOU ARE UNABLE TO CONNECT TO HELPLINE OR R HANGS UP BEFORE YOU CONNECT R WITH LIFELINE AND YOU CANNOT REACH R AGAIN, CALL DR. BLAZEI. SHE WILL SEARCH FOR THE LOCAL 911 NUMBER FOR THE RESPONDENT'S PART OF THE COUNTRY. SHE WILL CALL 911 AND GIVE THE RESPONDENT'S CONTACT INFORMATION TO THE 911 OPERATOR.**

- 5. INTERVIEWER ACTION:** WHEN CALL IS COMPLETED, CALL DR. BLAZEI (OR NEXT AVAILABLE MANAGEMENT TEAM MEMBER) TO DEBRIEF. THEN COMPLETE AN INCIDENT REPORT ON THE CMS.



## **SUICIDAL ADULT: Current and Serious PASSIVE Suicidal Thoughts**

### **STEPS**

- 1. COMPLETE 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?

**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?

**IF YES:** Okay. There is also a national hotline number 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 CALL.

**IF NO:** I strongly suggest that you contact the national hotline number at 1-800-273-8255. Counselors are available 24 hours a day to talk to you about how you are feeling. They may also help you locate 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 CALL.

- 2. INTERVIEWER ACTION:** WHEN CALL IS COMPLETED, CALL DR. BLAZEI (OR NEXT AVAILABLE MANAGEMENT TEAM MEMBER) TO DEBRIEF. THEN COMPLETE AN INCIDENT REPORT ON THE CMS.

## **Situation 2: A Distressed or Upset (Not Suicidal) Adult Respondent**

If a respondent becomes distressed or upset (but not suicidal) during any interactions, including before, during, or after an interview, follow the instructions below.

### **DISTRESSED OR UPSET (NOT SUICIDAL) ADULT**

#### **STEPS**

- 1. READ TO R:** Some of these questions are hard to talk about, and it seems to be upsetting you. Would you like to take a break and get a drink of water?

#### **DEPENDING ON HOW THE R ANSWERS, DO THE FOLLOWING:**

##### **IF YES - CONTINUE WITH SENSITIVITY**

Maybe you can call someone when you get off the phone so 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. Do you have a pen or pencil? **(WAIT FOR RESPONDENT)** To contact the national helpline, call **[1-800-273-8255]**. Could you repeat that number back to me? **(IF RESPONDENT CANNOT REPEAT, READ THE TELEPHONE NUMBER AGAIN. CONTINUE WITH INTERVIEW.)**

##### **IF YES - WOULD LIKE TO STOP INTERVIEW – SUSPEND AND SCHEDULE ANOTHER INTERVIEW TIME.**

Maybe you can call someone when you get off the phone so 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. Do you have a pen or pencil? **(WAIT FOR RESPONDENT)** To contact the national helpline, call **1-800-273-8255**. Could you repeat that number back to me? **(IF RESPONDENT CANNOT REPEAT, READ THE TELEPHONE NUMBER AGAIN.)**

##### **IF NO - DON'T WANT TO CONTINUE EVER – TERMINATE THE INTERVIEW BY READING THE SCRIPT IN THE END OF INTERVIEW MODULE.**

- 2. INTERVIEWER ACTION:** WHEN CALL IS COMPLETED, CALL DR. BLAZEI (OR NEXT AVAILABLE MANAGEMENT TEAM MEMBER) TO DEBRIEF. THEN COMPLETE AN INCIDENT REPORT ON THE CMS.

### **Situation 3: Adult Respondent Reports Homicidal Thoughts**

If a respondent expresses the intent to cause harm to others during any interactions, including before, during, or after an interview, including:

- active thoughts (i.e. thoughts or wishes about seriously harming someone else combined with thoughts about specific ways he/she could seriously harm another person, plans for how he/she could seriously harm another person, the intention of seriously harming another person, and the means to carry out that plan) **[Imminent Danger], or**
- passive thoughts (i.e. thoughts or wishes about seriously harming someone else in the absence of thoughts about specific ways in which he/she could seriously harm another person, plans for how he/she could seriously harm another person, intentions of seriously harming another person) **[No Imminent Danger],**

adhere to the specific steps on the following pages.

<b><u>ADULT HOMICIDAL THOUGHTS: Imminent Danger</u></b>	
<b>STEPS</b>	<ol style="list-style-type: none"><li><b>1. END SCREENING/INTERVIEW AND END CALL.</b></li><li><b>2. INTERVIEWER ACTION:</b> CALL DR. BLAZEI. SHE WILL SEARCH FOR THE LOCAL 911 NUMBER FOR THE RESPONDENT'S PART OF THE COUNTRY. SHE WILL CALL 911 AND GIVE THE RESPONDENT'S CONTACT INFORMATION TO THE 911 OPERATOR.</li><li><b>3. INTERVIEWER ACTION:</b> WHEN CALL IS COMPLETED, COMPLETE AN INCIDENT REPORT ON THE CMS.</li></ol>

## **ADULT HOMICIDAL THOUGHTS: No Imminent Danger**

### **STEPS**

#### **1. COMPLETE SCREENING/INTERVIEW AND END CALL**

#### **2. INTERVIEWER ACTION: CONSULT WITH DR. BLAZEI. IF DIRECTED BY DR. BLAZEI, CALL LIFELINE AND READ THIS STATEMENT:**

I work for RTI International, a research organization in North Carolina, and we are conducting a research study. During a telephone interview, a respondent told me that (he/she) is seriously 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.

**IF ASKED FOR STUDY OVERVIEW:** This study is sponsored by the U.S Department of Health and Human Services. Knowledge gained from the study will improve our ability to describe and understand alcohol and drug use in the United States. Questions ask about past year substance use and the symptoms of substance use disorders experienced during the past year. Please note 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 my concern to someone else who could help or intervene. Do you have any questions about the study?

**ANSWER QUESTIONS. DO NOT SHARE ANY INTERVIEW DATA.**

#### **3. INTERVIEWER ACTION: WHEN CALL IS COMPLETED, CALL DR. BLAZEI (OR NEXT AVAILABLE MANAGEMENT TEAM MEMBER) TO DEBRIEF. THEN COMPLETE AN INCIDENT REPORT ON THE CMS.**

**Situation 4: Present/Current Suspected Child Abuse or Neglect**

If during the interview the respondent shares information that leads you to believe that a child is being abused or neglected, follow the instructions below.

<b><u>SUSPECTED CHILD ABUSE OR NEGLECT</u></b>	
<b>STEPS</b>	
	<p><b>1. INTERVIEWER ACTION:</b> CONTINUE WITH THE INTERVIEW AND DO NOT BREAK OFF. DO NOT ASK FOR ADDITIONAL DETAILS ABOUT THE SUSPECTED CHILD ABUSE OR NEGLECT OR FOR ANY DETAILS BEYOND WHAT IS SHARED NATURALLY DURING THE COURSE OF THE INTERVIEW.</p> <p><b>2. INTERVIEWER ACTION:</b> CALL DR. BLAZEI (OR NEXT AVAILABLE MANAGEMENT TEAM MEMBER) TO DEBRIEF. THEN COMPLETE AN INCIDENT REPORT ON THE CMS, INCLUDING WHAT SPECIFICALLY LED YOU TO SUSPECT CHILD ABUSE OR NEGLECT.</p>

## Youth Distressed Respondent Protocol Overview

Although the NSDUH Clinical Validation Study (CVS) interview does not include direct questions about suicidal ideation, intent, plans or immediate risk of harm, project staff must be cognizant of signs of distress or agitation, or indications of imminent danger of harm to oneself or another. While unlikely, these situations are possible due to the subject matter of the study and the respondent selection methods for both certification interviews and data collection interviews.

While talking with an interviewer, a respondent may become upset or indicate, either directly or indirectly, that he or she poses a likely threat to his or her own safety or the safety of others. In all such circumstances, project staff must be prepared to appropriately handle these situations and are required to follow the protocol and specific steps outlined in this document.

As a CVS clinical interviewer, situations you may encounter that would require implementation of the Distressed Respondent Protocol (DRP) include:

- 1. Suicidal Youth Respondent:** A respondent indicates that he/she has passive or active suicidal thoughts at any time during the interview process.
- 2. Distressed or Upset Youth Respondent:** A respondent becomes distressed or upset (not suicidal) before, during or after the interview.
- 3. Youth Respondent Reports Homicidal Thoughts:** A respondent expresses the active or passive intent to cause harm to others.
- 4. Present/Current Suspected Child Abuse or Neglect:** A respondent shares details that cause the clinical interviewer to suspect child abuse or neglect.

Following any distressed respondent incident, immediately call Dr. Panzer to debrief. If you are unable to reach her, call the next member of the CVS management team on the listed below until you reach someone. After the call, complete an Incident Report on the CMS.

<b>Call:</b>	<b>Cell Phone Numbers:</b>
Dr. Kate Panzer	336-632-0321
Dr. Kathy Batts	919-457-7010
Dr. Ryan Blazei	919-720-1452
Dr. Natasha Latzman	919-541-5884
Christina Touarti	919-541-8715
Katelan McDaniel	919-541-6743

## Youth Distressed Respondent Protocol

### Situation 1: Suicidal Youth Respondent

A youth respondent may report current suicidal thoughts, including:

- current and serious **passive suicidal thoughts** (i.e. thoughts or wishes about his or her death **in the absence of** thoughts about specific ways he or she could die or attempt suicide, plans for how he or she could die or attempt suicide, or intention of dying or attempting suicide, or the means to carry out that plan) or;
- current and serious **active suicidal thoughts** (i.e. thoughts or wishes about his or her death combined with thoughts about **specific** ways he or she could die or attempt suicide, plans for how he or she could die or attempt suicide, the intention of dying or attempting suicide, and the means to carry out that plan).

**A youth with current and serious suicidal thoughts (either passive or active) requires that you take action.** Follow the appropriate steps on the following pages.

### **SUICIDAL YOUTH: TELL YOUTH OF NEED TO CONTACT PARENT**

#### **STEPS**

- 1. READ TO R:** I promised that I would 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 need for 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. Do you have a pen or pencil? **(WAIT FOR RESPONDENT)** To contact the national helpline, call 1-800-448-3000. Could you repeat that number back to me? **(IF RESPONDENT CANNOT REPEAT, READ NUMBER AGAIN)**. If you feel this is an emergency now or later, you should tell an adult, go to a hospital emergency room, or call 911 for help.
- 2. READ TO R:** Now, I need to share what you told me with one of your parents, so they can make sure you are safe. I will also have to tell my supervisor.
- 3. LOCATE PARENT (ASK R):** Is your parent home? Can you go get him or her to join our call?

**PARENT AVAILABLE: CONTINUE ON PAGE 4**

NOTE: R MAY PASS PHONE TO PARENT OR REMAIN ON ONE LINE WHILE THE PARENT GETS ON ANOTHER. PARENT MAY JOIN WITH OR WITHOUT THE R ON THE LINE.

**PARENT NOT AVAILABLE (IS NOT HOME OR NOT NEAR THE CHILD),**

**ASK R:** What is the best number to reach your parent right now?

**ATTEMPT A 3-WAY CALL TO REACH PARENT.**

**PARENT ANSWERS: CONTINUE ON PAGE 4**

**PARENT (OR PHONE NUMBER) NOT AVAILABLE: CONTINUE ON PAGE 5 TO LEAVE MESSAGE (IF POSSIBLE) THEN CONTACT HELPLINE**

- 4. IF R GETS EXTREMELY ALARMED AT THE IDEA OF YOU TALKING TO PARENT, LINK R DIRECTLY TO HELPLINE. THIS SHOULD BE A RARE EVENT. CONTINUE ON PAGE 7.**



## **SUICIDAL YOUTH: TALK WITH AVAILABLE PARENT**

### **STEPS**

#### **1. READ TO PARENT:**

(Hello, this is [NAME] with RTI International.)

Your child was just completing (his/her) interview for the NSDUH Follow-up Study. During that interview, your child told me that they are currently having serious thoughts about harming themselves, and we want to make sure they are safe. I am not acting in a clinical role so cannot provide additional insight or advice. However, I need to let you know so you can talk to your child and decide what to do. You may want to contact your child'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 child. The helpline can also help you find a counselor in your area. Do you have something to write with? **(WAIT FOR PARENT)** The national helpline number is 1-800-448-3000. If you feel this is an emergency now or later, please take your child to a hospital emergency room or call 911 for help.

Thank you for your time today. Good-bye.

#### **2. REPORT INCIDENT: WHEN CALL IS COMPLETED, CALL DR. PANZER (OR NEXT AVAILABLE MANAGEMENT TEAM MEMBER) TO DEBRIEF. THEN COMPLETE AN INCIDENT REPORT ON THE CMS.**

## **SUICIDAL YOUTH: PARENT NOT AVAILABLE**

**(LEAVE MESSAGE/CONTACT HELPLINE)**

### **STEPS**

- 1. PARENT DOES NOT ANSWER—LEAVE A MESSAGE:** Hello, this is [NAME] calling from RTI International. I have just conducted the NSDUH Follow-up interview with your child, [R's NAME]. We would like to speak with you as soon as possible about this interview. Please call Dr. Kathy Batts at RTI International as soon as you can. Her number is 919-457-7010. We will call you back if we do not hear from you soon. Thank you.
- 2. PARENT NOT AVAILABLE— RETURN TO R ON PHONE AND READ:**  
(I was not able to reach your parent and I left a message for them to call RTI.) Since I can't reach your parent, I still need to make sure that you are safe. I would like for you to talk to another adult about how you are feeling. So, I will 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.  
**PUT R ON HOLD AND CALL BOY'S TOWN NATIONAL HELPLINE TO SET UP A 3-WAY CALL: 1-800-448-3000.**

**IF YOU CANNOT GET THROUGH, CALL LIFELINE: 1-800-273-8255**

- 3. READ TO HELPLINE STAFF:** I work for RTI International, a research organization in North Carolina, and we are conducting a research study. During a telephone interview, an adolescent respondent told me that they are seriously thinking about hurting themselves. Even though I'm calling you from **[FILL STATE]**, the respondent lives in **[CHILD'S STATE]**. I have asked them to wait on the line while I contacted you. I can give you additional information about the research study, if you would like, but please remember I still have the individual waiting on the other line. If needed, I can also provide you with the respondent's contact information in the event they get disconnected.  
**DO NOT SHARE ANY INTERVIEW DATA.**

**IF ASKED FOR NSDUH OVERVIEW:** This study is sponsored by the U.S Department of Health and Human Services. Knowledge gained from the study will improve our ability to describe and understand alcohol and drug use in the United States. Questions ask about past year substance use and the symptoms of substance use disorders experienced during the past year. Please note 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 they told me

something that caused me to be concerned about their well-being, I would report my concern to someone else who could help or intervene. Do you have any questions about the study? **ANSWER QUESTIONS. DO NOT SHARE ANY INTERVIEW DATA.**

- 4. INTERVIEWER ACTION:** CONNECT RESPONDENT AND INTRODUCE THEM TO HELPLINE COUNSELOR. STAY ON THE LINE WHILE THE RESPONDENT TALKS WITH THE COUNSELOR; IF YOU HANG UP, THEIR CONNECTION WILL END.

IF R GETS DISCONNECTED AND YOU CANNOT REACH THEM ON THE PHONE AGAIN IMMEDIATELY, CALL HELPLINE AND PROVIDE RESPONDENT NAME, TELEPHONE NUMBER, AND ADDRESS.

- 5. REPORT INCIDENT:**

IF YOU LEFT A MESSAGE FOR A PARENT, CONTACT DR. BATTS ASAP SO SHE IS AWARE OF THE SITUATION.

WHEN CALL IS COMPLETED, CALL DR. PANZER (OR NEXT AVAILABLE MANAGEMENT TEAM MEMBER) TO DEBRIEF.

THEN COMPLETE AN INCIDENT REPORT ON THE CMS.

**Protocol note:** *In cases where a message has been left for the parent, DR. BATTS will attempt to contact the parent within the next 24 hours and follow the previous parent information steps.*

## **SUICIDAL YOUTH: YOUTH ALARMED/REFUSES PARENT CONTACT**

### **STEPS**

**1. READ TO R:** I understand you do not want me to contact your parent. But I must make sure you are safe, and I would like for you to talk to another adult about how you are feeling. So, I will 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.

**2. PUT R ON HOLD AND CALL BOYS TOWN NATIONAL HELPLINE TO SET UP A 3-WAY CALL: 1-800-448-3000.**

**IF YOU CANNOT GET THROUGH, CALL LIFELINE: 1-800-273-8255**

**3. READ TO HELPLINE STAFF:** I work for RTI International, a research organization in North Carolina, and we are conducting a research study. During a telephone interview, an adolescent respondent told me that they are seriously thinking about hurting themselves. Even though I'm calling you from **[FILL STATE]**, the respondent lives in **[CHILD'S STATE]**. I have asked them to wait on the line while I contacted you. I can give you additional information about the research study, if you would like, but please remember I still have the individual waiting on the other line. If needed, I can also provide you with the respondent's contact information in the event they get disconnected.

**DO NOT SHARE ANY INTERVIEW DATA.**

**IF ASKED FOR NSDUH OVERVIEW:** This study is sponsored by the U.S Department of Health and Human Services. Knowledge gained from the study will improve our ability to describe and understand alcohol and drug use in the United States. Questions ask about past year substance use and the symptoms of substance use disorders experienced during the past year. Please note 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 they told me something that caused me to be concerned about their well-being, I would report my concern to someone else who could help or intervene. Do you have any questions about the study?

**ANSWER QUESTIONS. DO NOT SHARE ANY INTERVIEW DATA.**

**4. INTERVIEWER ACTION:** CONNECT RESPONDENT AND INTRODUCE THEM TO HELPLINE COUNSELOR. STAY ON THE LINE WHILE THE RESPONDENT TALKS WITH THE HELPLINE COUNSELOR; IF YOU HANG-UP, THEIR CONNECTION WILL END.

IF R GETS DISCONNECTED AND YOU CANNOT REACH THEM ON THE PHONE AGAIN IMMEDIATELY, CALL HELPLINE AND PROVIDE RESPONDENT NAME, TELEPHONE NUMBER, AND ADDRESS.

**5. REPORT INCIDENT:** WHEN CALL IS COMPLETED, CALL DR. PANZER (OR NEXT AVAILABLE MANAGEMENT TEAM MEMBER) TO DEBRIEF. THEN COMPLETE AN INCIDENT REPORT ON THE CMS.

## **Situation 2: A Distressed or Upset (Not Suicidal) Youth Respondent**

If a respondent becomes distressed or upset (but not suicidal) during any interactions, including before, during, or after an interview, follow the instructions below.

### **DISTRESSED OR UPSET (NOT SUICIDAL) YOUTH**

#### **STEPS**

- 1. READ TO R:** Some of these questions are hard to talk about, and it seems to be upsetting you. Would you like to take a break and get a drink of water?

#### **DEPENDING ON HOW THE R ANSWERS, DO THE FOLLOWING:**

##### **IF YES - CONTINUE WITH SENSITIVITY**

Maybe you can call someone when you get off the phone so 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. Do you have a pen or pencil? **(WAIT FOR 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. CONTINUE WITH INTERVIEW.)**

##### **IF YES - WOULD LIKE TO STOP INTERVIEW – SUSPEND AND SCHEDULE ANOTHER INTERVIEW TIME.**

Maybe you can call someone when you get off the phone so 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. Do you have a pen or pencil? **(WAIT FOR 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 NO - DON'T WANT TO CONTINUE EVER – TERMINATE THE INTERVIEW BY READING THE SCRIPT IN THE END OF INTERVIEW MODULE.**

- 2. INTERVIEWER ACTION:** WHEN CALL IS COMPLETED, CALL DR. PANZER (OR NEXT AVAILABLE MANAGEMENT TEAM MEMBER) TO DEBRIEF. THEN COMPLETE AN INCIDENT REPORT ON THE CMS.

### **Situation 3: Youth Respondent Reports Homicidal Thoughts**

A youth respondent may report current homicidal thoughts, including:

- **active thoughts** (i.e. thoughts or wishes about seriously harming someone else combined with thoughts about **specific** ways he/she could seriously harm another person, plans for how he/she could seriously harm another person, the intention of seriously harming another person, and the means to carry out that plan) **[Imminent Danger], or**
  
- **passive thoughts** (i.e. thoughts or wishes about seriously harming someone else **in the absence** of thoughts about specific ways in which he/she could seriously harm another person, plans for how he/she could seriously harm another person, intentions of seriously harming another person) **[No Imminent Danger]**

**A youth with current and serious homicidal thoughts (either active or passive) requires that you take action.** Follow the appropriate steps on the following pages.

<b><u>YOUTH HOMICIDAL THOUGHTS, IMMINENT DANGER</u></b>	
<b>STEPS</b>	<ol style="list-style-type: none"><li>1. <b>READ TO R:</b> I promised that I would contact someone else only if you were in danger of hurting yourself or someone else. What you have told me about hurting others has me concerned. I need to share what you told me with one of your parents. I will also have to tell my supervisor.</li> <li>2. <b>LOCATE PARENT (ASK R):</b> Is your parent home? Can you go get him or her to join our call?</li> <li>3. <b>IF NO PARENT IS AVAILABLE, END SCREENING/INTERVIEW AND END CALL.</b> AFTER ENDING CALL, CALL DR. PANZER. SHE WILL SEARCH FOR THE LOCAL 911 NUMBER FOR THE RESPONDENT'S PART OF THE COUNTRY. SHE WILL CALL 911 AND GIVE THE RESPONDENT'S CONTACT INFORMATION TO THE 911 OPERATOR. COMPLETE AN INCIDENT REPORT ON THE CMS.</li> <li>4. <b>IF PARENT IS AVAILABLE, READ TO PARENT:</b> (Hello, this is [NAME] with RTI International.) Your child was just completing (his/her) interview for the NSDUH Follow-up Study. During that interview, your child told me that they are currently having serious thoughts about harming others. I am not acting in a clinical role so cannot provide additional insight or advice. However, I need to let you know so you can talk to your child and decide what to do. You may want to contact your child's doctor or health care professional to discuss this further or call a local behavioral</li></ol>

health professional. I have a helpline number where counselors are available 24 hours a day to speak with you or your child. The helpline can also help you find a counselor in your area. Do you have something to write with? (**WAIT FOR PARENT**) The national helpline number is 1-800-448-3000.

Thank you for your time today. Good-bye.

WHEN CALL IS COMPLETED, CONTACT DR. PANZER (OR NEXT AVAILABLE MANAGEMENT TEAM MEMBER) TO DEBRIEF AND THEN COMPLETE AN INCIDENT REPORT ON THE CMS.



**YOUTH HOMICIDAL THOUGHTS, NO IMMINENT DANGER:**  
**TELL YOUTH OF NEED TO CONTACT PARENT**

**STEPS**

- 1. READ TO R:** I promised that I would contact someone else only if you were in danger of hurting yourself or someone else. What you have told me about hurting someone else has me concerned. So, first, I need for 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. Do you have a pen or pencil? **(WAIT FOR RESPONDENT)** To contact the national helpline, call 1-800-448-3000. Could you repeat that number back to me? **(IF RESPONDENT CANNOT REPEAT, READ NUMBER AGAIN)**. If you feel this is an emergency now or later, you should tell an adult, go to a hospital emergency room, or call 911 for help.
- 2. READ TO R:** Now, I need to share what you told me with one of your parents, so they can make sure you are safe. I will also have to tell my supervisor.
- 3. LOCATE PARENT (ASK R):** Is your parent home? Can you go get him or her to join our call?

**PARENT AVAILABLE: CONTINUE ON PAGE 13**

NOTE: R MAY PASS PHONE TO PARENT OR REMAIN ON ONE LINE WHILE THE PARENT GETS ON ANOTHER. PARENT MAY JOIN WITH OR WITHOUT THE R ON THE LINE.

**PARENT NOT AVAILABLE (IS NOT HOME OR NOT NEAR THE CHILD), ASK R:**

What is the best number to reach your parent right now?

**ATTEMPT A 3-WAY CALL TO REACH PARENT.**

**PARENT ANSWERS: CONTINUE ON PAGE 13**

**PARENT (OR PHONE NUMBER) NOT AVAILABLE: CONTINUE ON PAGE 13 TO LEAVE MESSAGE (IF POSSIBLE) THEN CONTACT HELPLINE**

- 4. IF R GETS EXTREMELY ALARMED AT THE IDEA OF YOU TALKING TO PARENT, LINK R DIRECTLY TO HELPLINE. THIS SHOULD BE A RARE EVENT. CONTINUE ON PAGE 15.**

**YOUTH HOMICIDAL THOUGHTS, NO IMMINENT DANGER:**  
**TALK WITH AVAILABLE PARENT**

**STEPS**

- 1. READ TO PARENT:** (Hello, this is [NAME] with RTI International.) Your child was just completing (his/her) interview for the NSDUH Follow-up Study. During that interview, your child told me that they are currently having thoughts about harming someone else. I am not acting in a clinical role so cannot provide additional insight or advice. However, I need to let you know so you can talk to your child and decide what to do. You may want to contact your child'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 child. The helpline can also help you find a counselor in your area. Do you have something to write with? **(WAIT FOR PARENT)** The national helpline number is 1-800-448-3000. If you feel this is an emergency now or later, please take your child to a hospital emergency room or call 911 for help.

Thank you for your time today. Good-bye.

- 2. REPORT INCIDENT:** WHEN CALL IS COMPLETED, CALL DR. PANZER (OR NEXT AVAILABLE MANAGEMENT TEAM MEMBER) TO DEBRIEF. THEN COMPLETE AN INCIDENT REPORT ON THE CMS.

**YOUTH HOMICIDAL THOUGHTS, NO IMMINENT DANGER:**

**PARENT NOT AVAILABLE**

**(LEAVE MESSAGE/CONTACT HELPLINE)**

**STEPS**

**1. PARENT DOES NOT ANSWER—LEAVE A MESSAGE:** Hello, this is [NAME] calling from RTI International. I have just conducted the NSDUH Follow-up interview with your child, [R's NAME]. We would like to speak with you as soon as possible about this interview. Please call Dr. Kathy Batts at RTI International as soon as you can. Her number is 919-457-7010. We will call you back if we do not hear from you soon. Thank you.

**2. PARENT NOT AVAILABLE— RETURN TO R ON PHONE AND READ:** (I was not able to reach your parent and I left a message for them to call RTI.) Since I can't reach your parent, I would like for you to talk to another adult about how you are feeling. So, I will 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.

**PUT R ON HOLD AND CALL BOY'S TOWN NATIONAL HELPLINE TO SET UP A 3-WAY CALL: 1-800-448-3000.**

**IF YOU CANNOT GET THROUGH, CALL LIFELINE: 1-800-273-8255**

**3. READ TO HELPLINE STAFF:** I work for RTI International, a research organization in North Carolina, and we are conducting a research study. During a telephone interview, an adolescent respondent told me that they are thinking about hurting someone else. Even though I'm calling you from [FILL STATE], the respondent lives in [CHILD'S STATE]. I have asked them to wait on the line while I contacted you. I can give you additional information about the research study, if you would like, but please remember I still have the individual waiting on the other line. If needed, I can also provide you with the respondent's contact information in the event they get disconnected.

**DO NOT SHARE ANY INTERVIEW DATA.**

**IF ASKED FOR NSDUH OVERVIEW:** This study is sponsored by the U.S Department of Health and Human Services. Knowledge gained from the study will improve our ability to describe and understand alcohol and drug use in the United States. Questions ask about past year substance use and the symptoms of substance use disorders experienced during the past year. Please note 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 they told me something that caused me to be concerned about their well-being, I would report my concern to someone else who could help or intervene. Do you have any questions about the study? **ANSWER QUESTIONS. DO NOT SHARE ANY INTERVIEW DATA.**

- 4. INTERVIEWER ACTION:** CONNECT RESPONDENT AND INTRODUCE THEM TO HELPLINE COUNSELOR. STAY ON THE LINE WHILE THE RESPONDENT TALKS WITH THE COUNSELOR; IF YOU HANG UP, THEIR CONNECTION WILL END.

IF R GETS DISCONNECTED AND YOU CANNOT REACH THEM ON THE PHONE AGAIN IMMEDIATELY, CALL HELPLINE AND PROVIDE RESPONDENT NAME, TELEPHONE NUMBER, AND ADDRESS.

- 5. REPORT INCIDENT:**

IF YOU LEFT A MESSAGE FOR A PARENT, CONTACT DR. BATTS ASAP SO SHE IS AWARE OF THE SITUATION.

WHEN CALL IS COMPLETED, CALL DR. PANZER (OR NEXT AVAILABLE MANAGEMENT TEAM MEMBER) TO DEBRIEF.

THEN COMPLETE AN INCIDENT REPORT ON THE CMS.

**Protocol note:** *In cases where a message has been left for the parent, DR. BATTS will attempt to contact the parent within the next 24 hours and follow the previous parent information steps.*

**YOUTH HOMICIDAL THOUGHTS, NO IMMINENT DANGER:**  
**YOUTH ALARMED/REFUSES PARENT CONTACT**

**STEPS**

**1. READ TO R:** I understand you do not want me to contact your parent. But I would like for you to talk to another adult about how you are feeling. So, I will 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.

**2. PUT R ON HOLD AND CALL BOYS TOWN NATIONAL HELPLINE TO SET UP A 3-WAY CALL: 1-800-448-3000.**

**IF YOU CANNOT GET THROUGH, CALL LIFELINE: 1-800-273-8255**

**3. READ TO HELPLINE STAFF:** I work for RTI International, a research organization in North Carolina, and we are conducting a research study. During a telephone interview, an adolescent respondent told me that they are thinking about hurting someone else. Even though I'm calling you from **[FILL STATE]**, the respondent lives in **[CHILD'S STATE]**. I have asked them to wait on the line while I contacted you. I can give you additional information about the research study, if you would like, but please remember I still have the individual waiting on the other line. If needed, I can also provide you with the respondent's contact information in the event they get disconnected.

**DO NOT SHARE ANY INTERVIEW DATA.**

**IF ASKED FOR NSDUH OVERVIEW:** This study is sponsored by the U.S Department of Health and Human Services. Knowledge gained from the study will improve our ability to describe and understand alcohol and drug use in the United States. Questions ask about past year substance use and the symptoms of substance use disorders experienced during the past year. Please note 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 they told me something that caused me to be concerned about their well-being, I would report my concern to someone else who could help or intervene. Do you have any questions about the study?

**ANSWER QUESTIONS. DO NOT SHARE ANY INTERVIEW DATA.**

**4. INTERVIEWER ACTION:** CONNECT RESPONDENT AND INTRODUCE THEM TO HELPLINE COUNSELOR. STAY ON THE LINE WHILE THE

RESPONDENT TALKS WITH THE HELPLINE COUNSELOR; IF YOU HANG-UP, THEIR CONNECTION WILL END.

IF R GETS DISCONNECTED AND YOU CANNOT REACH THEM ON THE PHONE AGAIN IMMEDIATELY, CALL HELPLINE AND PROVIDE RESPONDENT NAME, TELEPHONE NUMBER, AND ADDRESS.

- 5. REPORT INCIDENT:** WHEN CALL IS COMPLETED, CALL DR. PANZER (OR NEXT AVAILABLE MANAGEMENT TEAM MEMBER) TO DEBRIEF. THEN COMPLETE AN INCIDENT REPORT ON THE CMS.

**Situation 4: Present/Current Suspected Child Abuse or Neglect**

If during the interview the respondent shares information that leads you to believe that a child is being abused or neglected, follow the instructions below.

<b><u>SUSPECTED CHILD ABUSE OR NEGLECT</u></b>	
<b>STEPS</b>	
	<p><b>1. INTERVIEWER ACTION:</b> CONTINUE WITH THE INTERVIEW AND DO NOT BREAK OFF. DO NOT ASK FOR ADDITIONAL DETAILS ABOUT THE SUSPECTED CHILD ABUSE OR NEGLECT OR FOR ANY DETAILS BEYOND WHAT IS SHARED NATURALLY DURING THE COURSE OF THE INTERVIEW.</p> <p><b>2. INTERVIEWER ACTION:</b> CALL DR. PANZER (OR NEXT AVAILABLE MANAGEMENT TEAM MEMBER) TO DEBRIEF. THEN COMPLETE AN INCIDENT REPORT ON THE CMS, INCLUDING WHAT SPECIFICALLY LED YOU TO SUSPECT CHILD ABUSE OR NEGLECT.</p>

2020 NSDUH Clinical Validation Study (CVS)

Attachment CVS-14 – Follow-Up Clinical

Interview Study Reminder Card





**RTI**  
INTERNATIONAL



**RTI**  
INTERNATIONAL



**RTI**  
INTERNATIONAL



**RTI**  
INTERNATIONAL

We appreciate you taking time for this important study and look forward to speaking with you soon.

Your suggested contact days and times are:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time							



RTI International  
Research Triangle Park, NC 27709-2194



We appreciate you taking time for this important study and look forward to speaking with you soon.

Your suggested contact days and times are:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time							



RTI International  
Research Triangle Park, NC 27709-2194



We appreciate you taking time for this important study and look forward to speaking with you soon.

Your suggested contact days and times are:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time							



RTI International  
Research Triangle Park, NC 27709-2194



We appreciate you taking time for this important study and look forward to speaking with you soon.

Your suggested contact days and times are:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time							



RTI International  
Research Triangle Park, NC 27709-2194



**2020 NSDUH Clinical Validation Study (CVS)**

**Attachment CVS-15 – Follow-Up Clinical  
Interview Introduction and Informed Consent**

### Adult Introduction to Clinical Interview

Before you call, be prepared:

- Review the assignment information provided including the respondent name, telephone number, as well as the date of the initial interview.
- Have your schedule available (in case you need to schedule an appointment).
- Have all interviewing materials available.

#### VERIFY NUMBER AND LOCATE RESPONDENT

Hi, my name is \_\_\_\_\_ and I'm calling on behalf of the U.S. Department of Health and Human Services. Is this [PHONE NUMBER]?

YES: PROCEED BELOW

NO: I apologize. I need to double check my records. Thank you for your time. END CALL.

I'm trying to reach [FIRST NAME] who agreed to take part in a telephone interview we're conducting. May I speak to [FIRST NAME]?

#### IF R NOT HOME OR UNAVAILABLE

When would be a good time to call again? ENTER CODE XX AND DETAILS IN CMS. Thank you for your time. END CALL.

#### IF R AVAILABLE

(Hi, my name is \_\_\_\_\_.)

You recently completed an interview in your home with an interviewer working on the National Survey on Drug Use and Health. I am the interviewer you were told would contact you for a follow-up telephone interview. Do you recall completing the first interview?

YES: PROCEED BELOW.

NO: VERIFY FIRST NAME OF PERSON YOU ARE SPEAKING TO.

IF NOT SPEAKING TO CORRECT PERSON, ASK TO SPEAK TO RESPONDENT.

IF NAME IS CORRECT AND RESPONDENT DOESN'T RECALL INITIAL INTERVIEW, REMIND OF DATE OF INITIAL INTERVIEW.

IF CORRECT RESPONDENT STILL NOT FOUND: I apologize. I need to double check my records. Thank you for your time. END CALL. ENTER CODE XX AND INVESTIGATE.

**AVAILABLE CVS R**

Your safety is important, so I want to be sure you are not driving or in an area where you might be distracted. Are you in a place where you can safely talk on the phone and answer my questions?

YES: PROCEED

NO: **Are you able to move to a place where you can safely talk?**

YES: PAUSE, THEN CONTINUE

NO: **When would be a good time to call again?** ENTER CODE XX AND DETAILS IN CMS. Thank you for your time. END CALL.

**Is now a good time to complete this interview?**

YES: PROCEED. BE SURE TO READ VERBATIM.

NO: **When would be a good time to call again?** ENTER CODE XX AND DETAILS IN CMS. Thank you for your time. END CALL.

**INFORMED CONSENT**

Before we begin, I would like to remind you of the study details. This study, sponsored by the U.S. Department of Health and Human Services, asks questions about your experiences with the use or non-use of alcohol and drugs. Although there is no benefit to you personally, knowledge gained from this study will improve our ability to describe and understand alcohol and drug use in the United States. Federal law requires us to keep all of your answers private and confidential. Any data you provide will only be used by authorized personnel for statistical purposes. The only exceptions to this promise of confidentiality are if you tell me you intend to seriously harm yourself or someone else, or if a child has been or will be seriously harmed. In this situation I may need to notify a mental health professional or other authorities.

Your participation is voluntary. The interview will take about an hour. You may consider some of the questions to be sensitive and some of the questions may also make you feel certain emotions, such as sadness. Remember you can refuse to answer any questions you do not want to answer, and you can stop the interview at any time. If you become upset at any time during the interview and wish to speak to a mental health professional about how you are feeling, I will provide you with the toll-free hotline numbers that are printed on your incentive receipt from the first interview. The information we are collecting today is only for research purposes.

These study details are also included on the Adult Follow-up Study Description you received from the interviewer who met with you in your home. Do you have any questions before we begin? ANSWER RESPONDENT QUESTIONS.

IF R DOESN'T REMEMBER STUDY DESCRIPTION: The Study Description covers the same information I just reviewed with you about the study. Do you have any (other) questions?

**Is it OK to continue with the interview?**

YES: PROCEED TO NEXT PAGE

NO: BASED ON CONVERSATION:

**What sort of concerns do you have about participating?**

OR

**Are there other questions that I could answer for you?**

IF R STILL UNWILLING TO PARTICIPATE: Thank you for your time. END CALL. DOCUMENT THE SITUATION IN THE CMS.

**PRIVACY**

Because you may not want others to hear the responses to some of our questions, I'd like to be sure you're in a private area. Where are you right now? Are you at home, at work, or somewhere else? Are you in an area where you can answer these questions privately?

YES: PROCEED

NO: **Please move to a more private area. Do you need more time?**

YES: PAUSE, THEN CONTINUE

NO: CONTINUE

**RECORDING PERMISSION**

To ensure that I am conducting this interview accurately and properly, I would like to make an audio recording of this interview. This is done strictly for quality control purposes. The recording will only be listened to by staff members on the project who have signed confidentiality pledges. The recording will be stored in a secure manner and will not contain your name—only a random number we can use to match the recording to the interview. To help maintain confidentiality, we ask that you not give your name or any other identifying information, such as an address or place of business, during the interview. All recordings will be permanently destroyed within 24 months after the end of the data collection period. You can still do the interview if you do not want me to record it.

Do you agree to allow me to record the interview?

YES: **I will now begin recording.** START RECORDING AND SAY: "This is [YOUR FIRST AND LAST NAME] conducting telephone interview [QUEST ID] on [DATE]."

NO: DON'T RECORD

**Ok, let's get started.**

CI NOTES:

IF ASKED AT ANY TIME BY A RESPONDENT WHETHER THE INTERVIEWER IS A DOCTOR, PSYCHIATRIST, PSYCHOLOGIST, SOCIAL WORKER, OR OTHER MENTAL HEALTH PROFESSIONAL, YOU MAY DISCLOSE THAT YOU HAVE MEDICAL OR PSYCHOLOGICAL TRAINING THAT ALLOWS YOU TO FULLY UNDERSTAND THE SURVEY.

HOWEVER, YOU SHOULD EXPLAIN THAT YOUR INVOLVEMENT IN THIS STUDY IS FOR RESEARCH PURPOSES ONLY AND IN NO WAY CONSTITUTES MEDICAL OR PSYCHOLOGICAL ADVICE, TREATMENT, OR DIAGNOSIS. EXPLAIN THAT THIS IS NOT THE NATURE OF THIS EFFORT.

IF RESPONDENT REQUESTS PSYCHOLOGICAL COUNSELING OR ADVICE OF ANY KIND, REFER HIM/HER TO THE NATIONAL LIFELINE. IF RESPONDENT IS INTERESTED IN CONTACTING THE LIFELINE, OFFER TO STAY ON THE PHONE AND CONNECT THEM VIA A THREE-WAY CALL.

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## Youth Introduction to Clinical Interview

Before you call, be prepared:

- Review the assignment information provided including the respondent name, parent name, telephone number(s), as well as the date of the initial interview.
- Have your schedule available (in case you need to schedule an appointment).
- Have all interviewing materials available.

### VERIFY NUMBER AND LOCATE RESPONDENT

Hi, my name is \_\_\_\_\_ and I'm calling on behalf of the U.S. Department of Health and Human Services. Is this [PHONE NUMBER]?

YES: PROCEED BELOW

NO: I apologize. I need to double check my records. Thank you for your time. END CALL.

I'm trying to reach [PARENT NAME] who agreed to allow [YOUTH FIRST NAME] to take part in a telephone interview we're conducting. May I speak to [PARENT NAME]?

### IF PARENT NOT HOME OR UNAVAILABLE

Is another parent or a legal guardian of [YOUTH FIRST NAME] available for me to talk to?

YES: PROCEED BELOW

NO: When would be a good time to call again? ENTER CODE XX AND DETAILS IN CMS. Thank you for your time. END CALL.

### IF PARENT AVAILABLE

(As you may recall,) your child has been selected to participate in one additional study for the U.S. Department of Health and Human Services.

For this study, we are interested in interviewing a wide variety of individuals to learn about how different people think and talk about their use or non-use of alcohol and drugs. The interview will include additional questions about your child's knowledge of and experiences with alcohol and drugs. It will be conducted over the telephone and will take about an hour. Participation in this interview is voluntary.

All of your child's answers will be private and confidential and used only for statistical purposes. There are two exceptions to this promise. If your child tells me that they intend to seriously harm themselves or someone else, I may need to notify you, a mental health professional, or another authority. If your child tells me that they are at risk of serious harm by someone else, I may also need to notify you or another authority.

Your child may consider some of the questions to be sensitive and some of the questions may also make them feel certain emotions, such as sadness. Your child can refuse to answer any questions that they do not want to answer and can stop the interview at any time. If your child becomes upset during the interview and wishes to speak to a mental health professional about how they are feeling, I will provide toll-free hotline numbers.



**This information about the study is also included on the Youth Follow-up Study Description provided by the interviewer who conducted the first interview in your home. Do you have any questions before we begin? ANSWER ANY PARENT QUESTIONS.**

**IF PARENT DOESN'T REMEMBER STUDY DESCRIPTION: The Study Description covers the same information I just reviewed with you about the study. Do you have any (other) questions?**

**Do I have your permission to interview your child for this study?**

YES: PROCEED BELOW

NO: **Thank you for your time. END CALL**

**Thank you for giving us permission to interview your child. It is [YOUTH FIRST NAME'S] choice whether they want to take part in this study.**

**If your child agrees to participate, I will work to set up a convenient time with them to complete the follow-up interview. Do you want the telephone interview to take place at a time when you are also home, or are you OK with my calling your child to complete this interview when you are not home?**

PARENT WANTS TO BE AT HOME DURING YOUTH INTERVIEW

PARENT INDICATES IT IS OK TO INTERVIEW YOUTH IF PARENT NOT HOME

MARK IN COMPUTER WHETHER PARENT/LEGAL GUARDIAN WANTS TO BE PRESENT OR IS OK WITH THE INTERVIEWER SPEAKING WITH YOUTH WHEN PARENT/LEGAL GUARDIAN IS NOT PRESENT.

### **PARENTAL RECORDING PERMISSION**

**To make sure I am doing my job correctly, I would like to make an audio recording of your child's interview. This is done strictly for quality control purposes. The recording will only be listened to by project staff who have signed confidentiality pledges. The recording will not include your child's name—only a random number we can use to match the recording to the interview. The recording will be stored securely and permanently destroyed within 24 months after the end of the project. Your child can still do the interview if you do not want me to record it. Do you agree to allow me to record the interview?**

YES: CONTINUE.

NO: **That is fine. I will not ask your child about recording and will not audio record the interview. CONTINUE**

**May I speak to [YOUTH FIRST NAME]?**

YES: PROCEED WITH YOUTH

NO: **When would be a good time to call again? RECORD DETAILS IN CMS Thank you for your time. END CALL**

**IF R AVAILABLE**

(Hi, my name is \_\_\_\_\_.)

**You recently completed an interview in your home with an interviewer working on the National Survey on Drug Use and Health. I am the interviewer you were told would contact you for a follow-up telephone interview. Do you recall completing the first interview?**

YES: PROCEED BELOW.

NO: VERIFY FIRST NAME OF PERSON YOU ARE SPEAKING TO.

IF NOT SPEAKING TO CORRECT PERSON, ASK TO SPEAK TO RESPONDENT.

IF NAME IS CORRECT AND RESPONDENT DOESN'T RECALL INITIAL INTERVIEW, REMIND OF DATE OF INITIAL INTERVIEW.

IF CORRECT RESPONDENT STILL NOT FOUND: **I apologize. I need to double check my records. Thank you for your time.** END CALL. ENTER CODE XX AND INVESTIGATE.

**AVAILABLE CVS R**

**Your safety is important, so I want to be sure you are at home, not walking or in an area where you might be distracted. Are you at home in a place where you can safely talk on the phone and answer my questions?**

YES: PROCEED

NO: **Are you able to move to a place within your home where you can safely talk?**

YES: PAUSE, THEN CONTINUE

NO: **When would be a good time to call again?** ENTER CODE XX AND DETAILS IN CMS. **Thank you for your time.** END CALL.

**Is now a good time to complete this interview?**

YES: PROCEED. BE SURE TO READ VERBATIM.

NO: **When would be a good time to call again?** ENTER CODE XX AND DETAILS IN CMS. **Thank you for your time.** END CALL.

**INFORMED ASSENT**

I would like to remind you of the study details. This study, sponsored by the U.S. Department of Health and Human Services, asks questions to help us understand how different people think and talk about their use or non-use of alcohol and drugs. The interview will include additional questions about your knowledge of and experiences with alcohol and drugs.

The study will not directly benefit you, but information from you and others your age will help us understand alcohol and drug use issues for youth across the country.

Federal law requires us to keep all of your answers private and confidential. The only exceptions to this promise of confidentiality are if you tell the interviewer you intend to seriously harm yourself or someone else, or if you or another child has been or will be seriously harmed. Then I may need to tell your parent, a counselor, or another adult who can help. All other information you share is private. We hope that protecting your privacy will help you to give truthful answers. You can quit the interview at any time. You can also refuse to answer any questions. The interview will take about an hour.

It is your choice whether or not you do the interview. You may think some of the questions are sensitive, and some of the questions may make you feel certain ways, such as sad. Remember you do not have to answer any questions you do not want to answer, and you can stop the interview at any time. If you become upset at any time during the interview and want to speak to a counselor about how you are feeling, I will give you the toll-free hotline numbers that are printed on your receipt from the first interview.

This same information about the study is also included on the Youth Follow-up Study Description you were given by the interviewer who met with you in your home. Do you have any questions before we begin? **ANSWER ANY RESPONDENT QUESTIONS.**

IF R DOESN'T REMEMBER STUDY DESCRIPTION: **The Study Description covers the same information I just reviewed with you about the study. Do you have any (other) questions?**

**Is it OK to continue with the interview?**

YES: PROCEED TO NEXT PAGE

NO: BASED ON CONVERSATION:

**What sort of concerns do you have about participating?**

OR

**Are there other questions that I could answer for you?**

IF R STILL UNWILLING TO PARTICIPATE: **Thank you for your time. END CALL. DOCUMENT THE SITUATION IN THE CMS.**

**Is now a good time to complete this interview?**

YES: PROCEED. BE SURE TO READ VERBATIM.

NO: **When would be a good time to call again?** ENTER DETAILS IN CMS.

**Thank you for your time. END CALL.**

**PRIVACY**

**Because you may not want others to hear the responses to some of our questions, I'd like to be sure you're at home in a private area. Where are you right now? Are you at home? Are you in an area where you can answer these questions privately?**

YES: PROCEED

NO: **Please move to a more private area. Do you need more time?**

YES: PAUSE, THEN CONTINUE

NO: CONTINUE

**YOUTH RECORDING PERMISSION**

IF PARENT GAVE PERMISSION FOR RECORDING:

**In order to make sure that I am doing my job correctly, I would like to make an audio recording of this interview. This is done only to make sure I am doing my job correctly. The recording will only be listened to by people who work on the project who have signed confidentiality pledges. A confidentiality pledge is a written promise that information will not be shared with anyone. The recording will not include your name—only a random number we can use to match the recording to the interview. To help provide confidentiality, we ask that you not give your name or any other identifying information, such as your address during the interview. The recording will be destroyed within 24 months after the end of the project. You can still do the interview if you do not want me to record it. Do you agree to allow me to record the interview?**

YES: **I will now begin recording.**

START RECORDING AND SAY: **"This is [YOUR FIRST AND LAST NAME] conducting telephone interview [QUEST ID] on [DATE]."**

NO: **DON'T RECORD**

**Ok, let's get started.**

CI NOTES:

IF ASKED AT ANY TIME BY A RESPONDENT WHETHER THE INTERVIEWER IS A DOCTOR, PSYCHIATRIST, PSYCHOLOGIST, SOCIAL WORKER, OR OTHER MENTAL HEALTH PROFESSIONAL, YOU MAY DISCLOSE THAT YOU HAVE MEDICAL OR PSYCHOLOGICAL TRAINING THAT ALLOWS YOU TO FULLY UNDERSTAND THE SURVEY.

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IF RESPONDENT REQUESTS PSYCHOLOGICAL COUNSELING OR ADVICE OF ANY KIND, REFER HIM/HER TO THE NATIONAL HELPLINE. IF RESPONDENT IS INTERESTED IN CONTACTING THE HELPLINE, OFFER TO STAY ON THE PHONE AND CONNECT THEM VIA A THREE-WAY CALL.

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2020 NSDUH Clinical Validation Study (CVS)

Attachment CVS-16 – Short Blessed Scale

**SHORT BLESSED SCALE EXAM**

**THE SHORT BLESSED SCALE IS TO BE COMPLETED AT ANY POINT DURING THE INTERVIEW IF THE RESPONDENT APPEARS TO BE COGNITIVELY IMPAIRED.**

**ERROR SCORES**

SB-1. What year is it now? \_\_\_\_\_  
CIRCLE 4 FOR ANY ERROR ..... 0 4

SB-2. What month is it now? \_\_\_\_\_  
CIRCLE 3 FOR ANY ERROR ..... 0 3

Please repeat this phrase after me: John Brown, 42 Market Street, Chicago.

NO SCORE – FOR ITEM SB-6.

SB-3. About what time is it? \_\_\_\_\_  
CIRCLE 3 FOR ANY ERROR ..... 0 3

SB-4. Please count backwards from 20 to 1.  
[20, 19, 18, 17, 16, 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1]  
2 PER ERROR ..... 0 2 4

SB-5. Please say the months of the year in reverse order.  
[DEC, NOV, OCT, SEP, AUG, JUL, JUN, MAY, APR, MAR, FEB, JAN]  
2 PER ERROR ..... 0 2 4

SB-6. Please repeat the phrase I asked you to repeat before.  
[JOHN BROWN/ 42 MARKET STREET/ CHICAGO]  
2 PER ERROR ..... 0 2 4 6 8 10

**TOTAL NUMBER OF ERRORS IN SB-1 TO SB-6: ..... \_\_\_\_\_**

**IF THE TOTAL NUMBER OF ERRORS IS GREATER THAN 10, TERMINATE THE INTERVIEW.**