

Clinician Distressed Respondent Protocol

Overview

The Mental Illness Calibration Study (MICS) focuses on the collection of specific mental health data. The aim of the study is to calibrate national mental disorder prevalence estimates to DSM-5 for the National Survey on Drug Use and Health.

MICS data collection will involve interviewing selected adults via video conference or telephone in their home or another private location.

During the MICS interview, a clinical interviewer may directly learn through responses to the interview questions that a respondent poses a serious threat to his or her own safety or the safety of others. The MICS interview poses detailed questions about suicidal ideation, intent, plans and immediate risk of harm. Consequently, it is essential that MICS clinical interviewers be prepared to handle these situations appropriately.

All MICS interviewers will be instructed to be alert to signs of distress or agitation, or indications of imminent danger of harm to oneself or another based on indirect and direct statements made by respondents. In all such circumstances, the interviewers will follow the appropriate distressed respondent protocol. The distressed respondent protocol for clinical interviewers is outlined in the following sections.

Important Contact Information for Reporting Adverse Events

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Clinician Distressed Respondent Protocol

Due to the nature of the clinical interview questions asked during the MICS data collection, it is possible that a respondent will indicate during the course of their interactions with you that they pose a likely threat to their own safety or the safety of others. It is essential that NSMH project staff members be prepared to handle these situations appropriately.

As a clinical interviewer, you must be alert to signs of respondent distress or agitation, or indication of imminent danger of harm to oneself or another based on indirect and direct statements made by respondents.

There are 4 situations in which you might need to use the Distressed Respondent Protocol (DRP):

1. A suicidal respondent
2. A respondent with thoughts of serious physical harm to others
3. A distressed or upset (but not suicidal) respondent
4. A case of current suspected abuse or neglect

In all such circumstances, you must follow the protocol outlined in this document. Each scenario has specific steps to follow.

Situation 1: Suicidal Respondent

If respondents report any of the issues listed below during any interactions with you, including before, during, or after an interview, you must follow the instructions in the box provided. Details of all incidents must be reported to your clinical supervisor immediately.

- Respondent has had any suicidal thoughts **IN THE PAST WEEK**, including:
 - current and serious ***passive suicidal thoughts*** (i.e., thoughts or wishes about their death **in the absence of** intention of attempting suicide) [**SCENARIO 1a**] or
 - current and serious ***active suicidal thoughts with intention of dying or attempting suicide*** (i.e., thoughts or wishes about their death combined with thoughts about **specific** ways they could die or attempt suicide, plans for how they could die or attempt suicide, the intention of dying or attempting suicide, or the means to carry out that plan [**SCENARIO 1b**])

Follow the steps for Scenarios 1a (passive suicidal) and 1b (active suicidal) for each scenario laid out in the box on the next page.

Clinician Distressed Respondent Protocol (Cont'd)

Scenario Number	Script for:
1a—Suicidal Respondent	Current and Serious Passive Suicidal Thoughts (PAST WEEK)
STEPS	
<p>1. <u>COMPLETE INTERVIEW</u> 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.</p> <p>2. 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 them 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 style="padding-left: 40px;">➤ 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. The number is 988. This was also provided in the email with your appointment information.</p> <p style="padding-left: 80px;">THANK R FOR THEIR PARTICIPATION IN THE STUDY AND END CALL.</p> <p>IF NO: I strongly suggest that you contact the national hotline number, 988. 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.</p> <p>3. WHEN CALL IS COMPLETED, CALL YOUR CLINICAL SUPERVISOR IF YOU HAVE QUESTIONS OR WOULD LIKE TO DEBRIEF. IF YOUR CLINICAL SUPERVISOR IS NOT AVAILABLE, CONTACT DR. STAMBAUGH OR DR. SCROGGS AT RTI. IMMEDIATELY FILL OUT A DISTRESSED RESPONDENT REPORT AND E-MAIL YOUR CLINICAL SUPERVISOR. EXCLUDE PERSONALLY IDENTIFYING INFORMATION (PII).</p>	

Scenario Number	Script for:
1b—Suicidal Respondent	Current and Serious Active Suicidal Thoughts (PAST WEEK)
STEPS	
<p>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. So, I would like to connect you with a helpline where counselors are available to speak with you. What number should I use?</p> <p>INTERVIEWER: REMAIN CONNECTED TO ZOOM VIDEO/AUDIO AND CALL RESPONDENT WITH YOUR CELL PHONE OR LANDLINE. ONCE CONNECTED TO RESPONDNET ASK RESPONDENT TO DISCONNECT FROM ZOOM AND</p> <p>READ: Please stay on the line while I call the helpline. Will you do that? If we get disconnected, I will call you back.</p> <p>PUT RESPONDENT ON HOLD AND CALL National Suicide Prevention Lifeline services TO SET UP A 3-WAY CALL: 988</p> <ul style="list-style-type: none"> IF SOMETHING HAPPENS <u>AND</u> YOU ARE UNABLE TO CONNECT TO 988: KEEP THE RESPONDENT ON THE PHONE (ON HOLD) AND CALL DR SCROGGS, DR GEIGER, OR DR EDLUND SO THEY CAN PROVIDE A RISK ASSESSMENT. <p>1. ONCE YOU REACH 988, 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 they are seriously thinking about hurting themselves. Even though I'm calling you from [FILL STATE], the respondent lives in [INSERT SUBJECT'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. I can also provide you with the respondent's contact information. Remember that they should still be waiting on the other line.</p> <p>DO NOT SHARE ANY INTERVIEW DATA. BUT GIVE ALL THE INFORMATION THAT IS CENTRAL TO YOUR CONCERNS.</p> <ul style="list-style-type: none"> IF ASKED FOR MICS 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 mental health issues in the United States. Questions ask about a variety of mental health issues that people face, such as depression or sadness, anxiety and fears, and other health related issues, such as treatment and healthcare experiences. 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 they told me something that caused me to be concerned about their well-being, I would report that to someone else who could help or intervene. Do you have any questions about the study? **ANSWER QUESTIONS. DO NOT SHARE ANY INTERVIEW DATA.**

- 2. INTERVIEWER ACTION:** CONNECT RESPONDENT AND INTRODUCE TO THE 988 COUNSELOR. STAY ON THE LINE WHILE THE RESPONDENT TALKS WITH THE COUNSELOR; IF YOU HANG-UP, THEIR CONNECTION WILL ALSO END. IF THE RESPONDENT GETS DISCONNECTED AND YOU CANNOT REACH THEM ON THE PHONE AGAIN IMMEDIATELY, CALL THE HELPLINE AND PROVIDE INFORMATION -- GIVE RESPONDENT NAME, TELEPHONE NUMBER, AND ADDRESS.
- 3. INTERVIEWER ACTION:** WHEN CALL IS COMPLETED, CALL CLINICAL SUPERVISOR. IF THEY DO NOT RETURN CALL WITHIN 15 MINUTES, CALL DR. STAMBAUGH OR DR. SCROGGS TO DEBRIEF. IMMEDIATELY FILL OUT A DISTRESSED RESPONDENT REPORT FORM AND E-MAIL YOUR CLINICAL SUPERVISOR. EXCLUDE PERSONALLY IDENTIFIABLE INFORMATION.
- **IF SOMETHING HAPPENS AND YOU ARE UNABLE TO CONNECT TO 988 OR R HANGS UP BEFORE YOU CONNECT R WITH LIFELINE AND YOU CANNOT REACH R AGAIN.**

CALL CLINICAL SUPERVISOR. IF THEY ARE NOT AVAILABLE, CALL DR. STAMBAUGH OR DR. SCROGGS. THEY WILL SEARCH FOR THE LOCAL 911 NUMBER FOR THAT RESPONDENT'S PART OF THE COUNTRY. THEY WILL CALL 911 AND GIVE THE RESPONDENT'S CONTACT INFORMATION. IMMEDIATELY FILL OUT A DISTRESSED RESPONDENT REPORT FORM AND E-MAIL YOUR CLINICAL SUPERVISOR. EXCLUDE PERSONALLY IDENTIFIABLE INFORMATION.

Clinician Distressed Respondent Protocol (Cont'd)

Situation 2: Respondent with Thoughts of Serious Harm

If respondents report any of the issues listed below during any interactions with you, including before, during, or after an interview, you must follow the instructions in the box provided. Details of all incidents must be documented in the case management system and reported to your clinical supervisor immediately.

- In the past week, respondent has had any thoughts of causing serious harm, including
 - current and serious **passive thoughts** about causing serious harm to someone else or attempting homicide **in the absence of** thoughts about specific victims or means, **plans** for how they could cause serious harm or attempt homicide, or **intention** of causing serious harm or attempting homicide [**SCENARIO 2a**] or
 - current and serious **active thoughts with intention** about causing serious harm to someone else or attempting homicide combined with thoughts about **specific** victims or means, or **plans** for how they could cause serious harm or attempt homicide, or the **means** to carry out that plan [**SCENARIO 2b**]

Follow the steps for Scenarios 2a (passive thoughts of serious harm) and 2b (active thoughts of serious harm) for each scenario laid out in the box below.

Scenario Number	Script for:
2a—Respondent with Thoughts of Serious Harm	Current and Serious <u>Passive</u> Thoughts of Serious Harm
STEPS	
<p><u>COMPLETE INTERVIEW AND THEN READ TO RESPONDENT:</u> You told me earlier that you have recently had thoughts or wishes about someone you know dying or wishing they were dead.</p> <p>1. 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 them about how you have been feeling, especially about the thoughts you've been having about physical harm towards other people. Would you be willing to do that?</p> <p style="margin-left: 40px;">➤ 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. The number is 988. This was also provided in the email with your appointment information.</p>	

THANK RESPONDENT FOR THEIR PARTICIPATION IN THE STUDY AND
END THE INTERVIEW.

IF NO: I strongly suggest that you contact 988. 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 RESPONDENT FOR THEIR PARTICIPATION IN THE STUDY AND END CALL.

- 2. WHEN INTERVIEW IS COMPLETED, CALL YOUR CLINICAL SUPERVISOR IF YOU HAVE QUESTIONS OR WOULD LIKE TO DEBRIEF. IF YOUR CLINICAL SUPERVISOR IS NOT AVAILABLE, CONTACT DR. STAMBAUGH OR DR. SCROGGS. FILL OUT A DISTRESSED RESPONDENT REPORT AND E-MAIL YOUR CLINICAL SUPERVISOR. EXCLUDE PERSONALLY IDENTIFIABLE INFORMATION.**

Scenario Number	Script for:
2b—Respondent with Thoughts of Serious Harm	Current and Serious <u>Active</u> Thoughts of Serious Harm
STEPS	
<p>1. END INTERVIEW AND READ TO RESPONDENT: I am going to end the interview now. You will receive your electronic giftcard in the next few days. Could you tell me where you are right now?</p> <p>If RESPONDENT <u>refuses</u> to give his or her location:</p> <p>2. 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 physical harm to other people. Would you be willing to do that?</p> <p>➤ 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. The number is 988. This was also provided in email with your appointment information. THANK RESPONDENT FOR THEIR PARTICIPATION IN THE STUDY AND END CALL.</p> <p>IF NO: I strongly suggest that you contact 988. 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 RESPONDENT FOR THEIR PARTICIPATION IN THE STUDY AND END CALL.</p> <p>Disconnect and <u>immediately</u> call your Clinical Supervisor. If they are unavailable, call Dr. Stambaugh or Dr. Scroggs to de-brief. Fill out a Distressed Respondent Report and e-mail your Clinical Supervisor. Exclude PERSONALLY IDENTIFIABLE INFORMATION.</p> <p>If RESPONDENT gives his or her location:</p>	

3. Write down the address, and thank them for participating. Disconnect the call.

4. **INTERVIEWER ACTION: WHEN CALL IS COMPLETED, IMMEDIATELY CALL CLINICAL SUPERVISOR. IF THEY DO NOT RETURN CALL WITHIN 15 MINUTES, CALL DR. STAMBAUGH OR DR. SCROGGS TO DEBRIEF. HAVE THE RESPONDENT'S LOCATION ON HAND SO THAT YOUR SUPERVISOR CAN CONTACT 911. FILL OUT A DISTRESSED RESPONDENT REPORT AND E-MAIL YOUR CLINICAL SUPERVISOR. EXCLUDE PERSONALLY IDENTIFIABLE INFORMATION.**

Situation 3: A distressed or upset (but not suicidal) respondent

If a respondent becomes distressed or upset (but not suicidal or having thoughts of serious harm) during any interactions with the clinical interviewer, including before, during, or after an interview, the staff member will follow the instructions in the box provided below.

Scenario Number	Script for:
3—Upset respondent	RESPONDENT SEEMS UPSET BY THE INTERVIEW
STEPS	
<p>1. INTERVIEWER READS: Some of these questions are hard to talk about, and it seems to be upsetting you.</p> <p>INTERVIEWER ACTION: Offer the respondent a short break by saying:</p> <p><i>“I realize these questions can be difficult to answer. Would you like to take a break and get a drink of water?”</i></p> <p>Depending on how the respondent answers you may do the following:</p> <p>A. YES - CONTINUE WITH SENSITIVITY</p> <p>INTERVIEWER ACTION: At the end of the interview, give R the National Lifeline number 988 and encourage them to call if they feel like they need to talk to someone about any of the issues discussed today. DO NOT file a report with your CS.</p> <p>B. YES, AND WOULD LIKE TO STOP INTERVIEW - Suspend and schedule another interview time. State the following:</p> <p>Maybe you can call someone when we are done so that they 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. The number is 988. Could you repeat that number back to me? (IF RESPONDENT CANNOT REPEAT, READ THE TELEPHONE NUMBER AGAIN)</p> <p>INTERVIEWER ACTION: COMPLETE AND FILE A DISTRESSED RESPONDENT REPORT WITH YOUR CLINICAL SUPERVISOR INFORMING THEM A 988 REFERRAL WAS GIVEN, RESPONDENT’S CASE ID, INTERVIEWER’S ID, DATE, TIME, DETAILED DESCRIPTION OF THE INTERACTION BETWEEN THE</p>	

INTERVIEWER AND THE RESPONDENT, AND IF THE APPROPRIATE PROTOCOLS WERE FOLLOWED.

C. NO, DON'T WANT TO CONTINUE EVER – Terminate the interview and state the following:

Maybe you can call someone so that they 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. The number is 988. Could you repeat that number back to me? **(IF RESPONDENT CANNOT REPEAT, READ THE TELEPHONE NUMBER AGAIN)**

Thank the respondent and end the call.

COMPLETE AND FILE A DISTRESSED RESPONDENT REPORT WITH YOUR CLINICAL SUPERVISOR INFORMING THEM A 988 REFERRAL WAS GIVEN, RESPONDENT'S CASE ID, INTERVIEWER'S ID, DATE, TIME, DETAILED DESCRIPTION OF THE INTERACTION BETWEEN THE INTERVIEWER AND THE RESPONDENT, AND IF THE APPROPRIATE PROTOCOLS WERE FOLLOWED.

Clinician Distressed Respondent Protocol (Cont'd)

Situation 4: A case of present/current suspected abuse or neglect

There is no information in the roster or screening instruments that will lead to the direct disclosure of current child/elder abuse or neglect. During the interview, though, there is a chance that you may witness or hear something that leads you to believe that a child or elder adult is being abused or neglected.

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

Scenario Number	Script for:
4—Suspected abuse or neglect	NO SCRIPT, ONLY INTERVIEWER ACTIONS POST-INTERVIEW
STEPS	
<p>IF DURING THE COURSE OF THE INTERVIEW THE RESPONDENT SHARES INFORMATION OR YOU WITNESS SOMETHING THAT LEADS YOU TO BELIEVE THAT THE RESPONDENT IS CURRENTLY BEING ABUSED OR NEGLECTED, OR THAT A CHILD OR ELDER ADULT IS CURRENTLY BEING ABUSED OR NEGLECTED.</p> <ol style="list-style-type: none"> <li data-bbox="253 989 1523 1352">1. INTERVIEWER ACTION: CONTINUE WITH INTERVIEW AND DO NOT BREAK OFF. DO NOT ASK FOR ADDITIONAL DETAILS ABOUT THE SUSPECTED ABUSE OR NEGLECT OR FOR ANY DETAILS BEYOND WHAT IS SHARED NATURALLY DURING THE COURSE OF THE INTERVIEW. ONCE THE INTERVIEW HAS BEEN COMPLETED, COMPLETE AND E-MAIL A DISTRESSED RESPONDENT REPORT FORM WITH YOUR CLINICAL SUPERVISOR. WRITE DOWN SPECIFICALLY WHAT THE RESPONDENT TOLD YOU OR WHAT YOU WITNESSED THAT LED YOU TO SUSPECT ABUSE OR NEGLECT. EXCLUDE PII. <li data-bbox="253 1419 1495 1640">2. CALL YOUR CLINICAL SUPERVISOR TO DEBRIEF. IF YOUR CLINICAL SUPERVISOR IS NOT AVAILABLE, CONTACT DR. STAMBAUGH OR DR. SCROGGS. THE RTI TEAM WILL MANAGE THE PROCESS OF MAKING A REPORT TO CHILD OR ADULT PROTECTIVE SERVICES IN THE STATE WHERE THE RESPONDENT RESIDES, IF NEEDED. 	

MICS Distressed Respondent Report Template

Instructions: Complete this report anytime you use the Distressed Respondent Protocol and email it to your Clinical Supervisor , Dr. Scroggs (iscroggs@rti.org), and Dr. Stambaugh (Istambaugh@rti.org) **ASAP but no later than by midnight the day of the event.** This form can be downloaded directly from the Case Management System.

RTI IRB ID Number: STUDY00022143

RTI Project Number: 0218596

Date of Event:

Case ID Number:

Staff Involved with this Event:

Study Contact Person if there are further questions about this event:

*Description of Event Including Time of Event:

Description of Actions Taken by Staff (in response to event) Including Time of Actions:

Description of Reporting of this Event by Staff (including dates and time of each report and to whom the reports were made):

Description of Any Deviations from Approved Data Collection Procedures:

Status of Situation (as of the date of this report):

Recommendations for Further Action (if any):

****For situations of abuse and neglect, only this section is applicable.***