

VA SMI Study
Telephone Survey Center Procedures for Incidents and Referrals

I. Current Suicidal States in Participants

The interview does not ask about thoughts of suicide or suicide attempts; however, **if a participant spontaneously indicates that s/he is currently (within the last week) considering killing himself at that time or thinking about taking his own life and says something like,**

"I'm thinking about suicide/committing suicide/killing myself."

"I feel like I want to kill myself/killing myself."

"I wish I were dead"

Probe if the time frame is unclear: *"Do you feel this way currently?"*

If not current => continue with the interview. No incident report is needed.

If current => **INTERVIEWER DO THE FOLLOWING:**

1. Record verbatim on paper what the respondent reported, even if you need to ask the respondent to hold on for a moment.
2. Signal a supervisor to monitor the call to help you determine how to proceed. If this cannot be done immediately, do not delay these next procedures. Notify a supervisor at the first possible moment to help you with these procedures.
3. Say to the respondent (use this script only),

"You seem to be having a difficult time." OR "You said (repeat what they said)." "I'm concerned for your safety. May I help you to talk to someone about this? I'm going to give you some numbers that you can write down and use to call for help.

- *You can call 911 or any other local emergency number you have. You should call this number if you feel this is an emergency right now.*
- *The National Suicide Prevention Hotline (800)784-2433.*
- *1-XXX-XXX-XXXX, 1-XXX-XXX-XXXX (VA referral numbers and instructions for emergencies or non-emergency mental health/social services help)*

Do you think you'll call?

(record response on paper for incident report)

“A clinician from the study will be calling you to make sure you are okay and to see if you need any help. Would this be a good number for them to reach you later today/tonight? Is there a better number?” (record number on paper)

“Where are you now, what is your address?”

4. If the respondent wants more information, have your supervisor talk to him.
5. After the interview, complete an Incident Report.

SUPERVISOR DO THE FOLLOWING:

1. If necessary, use interviewer's notes and repeat interviewer's script.

"You seem to be having a difficult time." OR "You said (repeat what they said)." Repeat script above. "If you think this is an emergency, you can call 911 or another local emergency number. If you think you need help with this problem, you can call your doctor. I have some numbers I'd like you write down that you can call for help.

- *The National Suicide Prevention Hotline (800)784-2433.*
- *1-XXX-XXX-XXXX, 1-XXX-XXX-XXXX (VA referral numbers and instructions for emergencies or non-emergency mental health/social services help)*

Do you think you'll call?

(Record response on paper for incident report.)

2. Be prepared to provide to the responding clinician details of the incident and the participant's name, phone number and the address we have on record
 - TSC has a list of clinicians on call. TSC Supervisor calls the physician and leaves the telephone # of the supervisor. Supervisor talks with clinician. Provides info and telephone numbers.
3. Assure that the interviewer completes an Incident Report after the interview, recording verbatim what the participant said.
4. Immediately report the incident to the designated on-call clinician. Follow the instructions in section III. HOW TO CONTACT ON-CALL CLINICIAN AND NOTIFY PROJECT STAFF.

II. Reported Intent to Harm Self (i.e., self-mutilation) or Others

The survey does not ask about intention to harm self or another person; however, a **participant may spontaneously report threats to harm self or another person.**

A. Vague Statement about Harm: If the respondent makes a vague statement about retribution or intent to harm self or others who are not reasonably identifiable and the statement does not communicate clear intent, capable means and an immediate intent to do so, for example,

"Sometimes I'm so angry I want to hurt someone."

"When I feel like a bad person, I want to cut myself."

INTERVIEWER DO THE FOLLOWING:

Redirect the respondent to the interview questions and avoid probing for specific intentions. Say, *"Okay, let's go on to the next question."*

No incident report is needed.

B. Specific Threat: If the respondent makes a specific threat to a reasonably identifiable person (e.g., specific victim, specific means, specific time) and says something like,

"I haven't been able to get rid of my ex-girlfriend, so I've loaded my gun and I will shoot her when she stops by tomorrow. I've thought a lot about this and it's the only way out."

INTERVIEWER DO THE FOLLOWING:

1. Record verbatim on paper what the respondent reported, even if you need to ask the respondent to hold on for a moment.
2. Signal a supervisor to help you. Say, *"I would like you to talk to my supervisor."*
3. Whether the interview is completed or not, work with the supervisor to complete an Incident Report, recording verbatim what the participant said.

SUPERVISOR DO THE FOLLOWING:

1. Use the interviewer's notes and say,

"You said (repeat what interviewer noted)."

IF RESPONSE CONFIRMS A SPECIFIC THREAT, THEN SAY, “*You seem to be in a very difficult situation. We should finish this interview at another time. I’ll get back to you in a couple of days to reschedule.*”

IF RESPONSE INDICATES RESPONDENT WAS JUST WISHING OR JOKING, SAY, “*Okay, I’ll give you back to the interviewer now.*”

2. Whether the interview is completed or not, work with the interviewer to complete an Incident Report, recording verbatim what the participant said.

3. a) If **the supervisor confirms a specific threat**, follow the instructions in section III. HOW TO CONTACT ON-CALL CLINICIAN AND NOTIFY PROJECT STAFF.

b) **If the supervisor does not think the incident constitutes a specific threat**, leave the completed Incident Report locked in the project cabinet for the Survey Coordinator. Send an e-mail describing the incident to the Survey Director, Judy Perlman, and the Survey Coordinators. Judy Perlman will decide if the incident should be reported to the PIs and/or the HSPC. Because it is not a specific threat, it is not an emergency situation that would demand immediate contact with an on-call clinician.

III. HOW TO CONTACT ON-CALL CLINICIAN AND NOTIFY PROJECT STAFF IN THE EVENT OF A CURRENT SUICIDAL STATE or INTENT TO HARM SELF OR OTHERS INCIDENT

SUPERVISOR INSTRUCTIONS

1. Contact on-call clinicians in this order:

KATHRYN WATKINS, M.D. AND _____

a. Contact first on-call clinician name and contact info.

b. After 10 minutes, if there is no reply to the pager or message left for the first clinician, contact *second on-call clinician name and contact info*.

2. When leaving a message or sending email, state that there has been a VA SMI respondent incident and to call the TSC at 310-393-0411 ext. 7995 as soon as possible to obtain the respondent information.

3. Record all numbers called, time of call and result on Incident Report.

4. A clinician will respond to emergency calls within 30 minutes by calling the telephone center and then the respondent, as needed.

Models RAND Teen Depression Project (TDAP), Partners in Care, and CALM projects

5. **E-mail project staff:** If supervisor is waiting for a return call from the clinician, the supervisor will send email to Study Director, Judy Perlman, and Survey Coordinators letting them know there has been an incident and the status of contacting the clinician. After you have spoken with the responding clinician, send email to the same people.
6. Scan the completed Incident Report (with no identifying information) and send in email to Judy Perlman and the Survey Coordinators.
7. Leave the completed Incident Report locked in the VA SMI cabinet for the Survey Coordinators.

PROJECT FOLLOW-UP

Judy Perlman will draft report to HSPC for Suzanne Wenzel or Kate Watkins to review and send.

IV. Reported Current Child or Elder Abuse

Interviewers will not be asking questions about child or elder abuse; **however, a participant may spontaneously report such abuse.** If a person tells the interviewer about the physical or sexual abuse of a child or elderly person and says, for example,

“I wish my wife would stop beating up on my mother when she gets mad.”

“I feel very guilty when I let my boyfriend sleep with my little girl. He gets so mad if I say anything.”

INTERVIEWER DO THE FOLLOWING:

1. Record verbatim on paper what the respondent reported, even if you need to ask the respondent to hold on for a moment.
2. Signal a supervisor to monitor the call, ask the respondent to repeat, and continue with the interview.
3. After the interview, work with the supervisor to complete an Incident Report.

SUPERVISOR DO THE FOLLOWING:

1. Assure that the interviewer completes an Incident Report after the interview, recording verbatim what the participant said.
2. Send email to Survey Director, Judy Perlman and Survey Coordinators notifying them of the incident.

PROJECT FOLLOW UP

All incidents regarding child or elder abuse will be evaluated by the Study Director, Judy Perlman, and RAND's legal counsel to assess the legal and ethical characteristics of each situation. If they determine that RAND has an ethical and/or legal obligation to report the incident to the authorities, Child Protective Services and/or the police department in the appropriate jurisdiction will be engaged.

V. REFERRAL FOR DVA SERVICES/DISTRESS SCRIPT

At the end of the interview, the interviewer may bring up a referral screen to provide referral numbers for DVA services. The interviewer will access this screen and provide the numbers in response to two situations:

- 1) If the respondent specifically asks for a referral number or assistance related to any DVA programs or benefits.

- 2) If the interviewer feels the respondent is distressed, the interviewer will read the Distress Script and provide DVA social services referral phone numbers. *NOTE: This is not for current suicidal states or expressed intent to harm self or others. Those situations are covered in sections I. and II. of these procedures.*

Distress Script:

Thank you so much for doing the interview. We want to remind you that it is important to talk with a health care provider about feeling sad or down, and to keep yourself safe. I'd like to be sure you have the telephone numbers you'd need. Can you get a pencil and paper to write them down?

PROJECT FOLLOW UP

No follow up required