# Risk-iD Safety Procedures – Qualitative phone interviews

VA Portland: 503-220-8262

PI x extension cell:

CO-I x extension cell:

Staff x extension cell:

Surrogates/Alternate Clinicians

Alternate contact x cell:

Suicide Prevention Coordinators x extension full number 7:30am-5:00pm, M-F

Patient Advocate full number

Veterans Crisis Line 1-800-273-8255, press 1 text: 838255

All Veterans who participate in the study will have been screened for suicidal ideation during a recent care appointment. If a Veteran speaks with you about issues they are experiencing, you should do a basic assessment to ensure it is an appropriate time for you to be discussing the research and that the Veteran has the resources they need.

If the interview needs to happen later in the day or Steve has plans to be out of the office, you should first ensure there is clinician back-up or arrange back-up ahead of time.

## **General Mental Health Concerns**

1. Express empathy and understanding for the Veteran’s challenge(s).
2. Remind the Veteran of your role as a researcher and the purpose of your contact.
3. Ask Veteran if they have an upcoming primary care or mental health appointment, or other resources to help with their challenge.

Example: “I’m sorry to hear that you’ve been experiencing that. It sounds like it’s been a really tough situation. As a researcher, I don’t have the experience to help with that kind of situation, but I want to make sure you have what you need. Do you have any upcoming primary care/mental health appointments, or access to other resources that can help?”

[If yes:] “I’m glad to know that. Would it be okay for us to continue our interview, or should I call you another time?”

If a Veteran expresses need for additional resources, advise them to reach out to their VA providers or to call their local VA phone number (see: [National VA Location Finder](https://www.va.gov/directory/guide/FindLocations.cfm) and/or dispatch numbers link on next page).

**It may be appropriate to offer the Veteran information about connecting with their local VA: Find your local VA: Dial 1-844-MyVA311 (1-844-698-2311).**

If the Veteran communicates that they have not been about to resolve important issues related to their VA care/rights as a patient, you can offer them the number to the Patient Advocate at VAPORHCS (503-273-5308).

If a Veteran, regardless of gender, expresses need for additional resources relating to military sexual trauma (MST): Every VA facility has an MST Coordinator who serves as a contact person for MST-related issues. This person can help Veterans find and access VA services and programs. Aysha Crain (503-220-3476) is Portland VA’s current MST coordinator.

You can also offer the Veteran’s Crisis Line, which includes a text and chat option (on their website: [www.veteranscrisisline.net](http://www.veteranscrisisline.net)).

## **veteran in distress / violent ideation**

If a Veteran appears to be in crisis and/or expresses thoughts of violence (self-directed or otherwise), you should follow the protocol provided by the Veteran’s Crisis line (VCL) to determine the level of intervention needed.

1. Ask: “Sometimes when people are (upset/angry/in pain/etc.) they think about hurting themselves or others. Are you having thoughts about killing yourself or someone else?”
2. **If YES**, determine if Veteran is at imminent risk:

Ask: “Have you already done something to hurt yourself or another person?”

“Do you have a plan to harm yourself or someone else?” **If YES**, is this an immediate plan?

“How likely do you think it is that you will act on these thoughts about hurting yourself or ending your life in the future?”

Assess if Veteran has the means to execute plan (i.e., has firearm/weapon available).

1. Refer to the Veteran’s address on the interview prep sheet and clarify the Veterans *current* location. You can google the zip code (or address) and “county” to determine which county is needed. Zip code is the fastest way to look up a county. \*\* **Veteran may be away from home—ask where they are located. If at home, use zip code on participant info sheet.**

*Imminent risk* can mean a Veteranhas already hurt themselves/others **or** has immediate plan to harm self/others and has access to means.

**If Veteran *IS* at imminent risk:** (VCL protocol)

**PHONE procedures:**

1. Use instant messaging to notify coworker of situation so they can call 911 while you stay on the line with the Veteran.
2. Provide coworker with Veteran’s current location and contact information (they should also be able to reference the interview info sheet).
3. Have coworker call the 911 for a welfare check.
4. Transfer the Veteran to the VCL (detailed instructions below) or remain on the line with Veteran until EMS/police arrives.
5. **If unable to notify a colleague while remaining on phone with Veteran, do your best to get patient’s contact information/location and tell Veteran you will call him/her back, call 911, then call Veteran back.**
   1. **Veteran’s home address will be made available to interviewer preemptively**

**If Veteran is *NOT* at imminent risk**, assess to determine if you should continue your research conversation or if Veteran would be better served by speaking with the VCL immediately.

Use your best judgment and also ask the Veteran directly:

*“Based on how you’re feeling/what you’re experiencing, would you like to speak with someone who can help right now?”*

**If YES, phone the VCL from the clinic room or “warm transfer” your phone call to VCL:**

* + 1. On your Cisco (VA) phone, press “more”, then select “Confrn”
    2. This will place the veteran on hold and give you a dial tone. Dial 9 + 1 + 800-273-8255, then press 1
    3. You have the option to speak to the VCL responder before bringing the Veteran on the call. Say, *“Hello, my name is \_\_\_\_\_, I am calling from the Portland, Oregon VA and I have a Veteran on the line who needs some help,”* and briefly explain the situation. (e.g. “I am a researcher conducting a study interview and [participant name] mentioned [information collected: e.g. having thoughts of suicide and a plan to carry it out].”)
    4. When you are ready to have the Veteran join the call, press “Confrn” again. Inform the Veteran that you will hang up and he or she is in good hands with the VCL responder. You can then hang up at any time.

\*\*If unable to transfer a phone call to the VCL, obtain the Veteran’s current phone number and location. Call the VCL and ask them to call the Veteran.

**If NO, ask:**

*“Would it be okay for us to continue talking about your primary care visit now, or should I call you another time?”*

Also tell Veteran, *“I’m concerned about your overall safety and wellbeing due to some of what you’ve shared with me and want to ensure you have the support you need. I will be speaking with a clinician from our research team, who may contact you to follow up or who may communicate with your provider. What is the best way to reach you in the next day or two?”*

*“In the meantime, I would like to make sure you know the number for the VA Crisis Line just in case. Here it is: 1-800-273-TALK, press 1. You can also text them at: 838255.”*

**Notify PI immediately after contact with any Veteran for whom you call 911, transfer to VCL, or to whom you say that you will speak with a clinician about.**

1. Call Steve, and if he does not pick up their work phone, call his cell. Try your best to speak with Steve ASAP after the Veteran contact to debrief him on the situation—you can also try to stop by his office or use Teams; don’t send an email and assume he will see it in sufficient time for him to potentially interact with the Veteran prior to the end of the day if you feel that it may be needed. When you speak to Steve, summarize the situation, your level of concern for the Veteran, and the Veteran’s contact information – including how they can be reached in the next 24-48 hours.
   1. Less urgent situations that you want the team to be aware of can be summarized via email. Still, try to talk to Steve same-day.
2. If you are unable to reach Steve, you may speak with Steve’s clinical designee (surrogates/alternates) to complete this process.
3. Consult with team via encrypted e-mail to debrief the situation and to determine any follow-up steps that may be needed, such as notifying IRB of an adverse event.

**Also notify PI same day if Veteran is not at imminent risk even if you feel VCL is not needed, but you have special concerns.** This contact can be delayed a bit but you should still communicate with Steve same day. Please do not send Steve an email about someone you are concerned about and leave for the day without making sure Steve gets briefed.