United States National Institute of Mental Health
(HIV Prevention Trials Network 043)

NIMH Project Accept
Crisis Management Manual
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CRISIS MANAGEMENT MANUAL

Addressing Participant Suicide Risk Associated with Distress

Protection of Participants

Remember: Our utmost concern is protecting the safety and welfare of the participants. Given the nature of our research project and population, it's possible that during a VCT visit or PTSS session a participant may make suicidal comments or indicate that he or she is experiencing significant distress or depression. We've created the following procedures as safeguards:

Clinician Availability
Clinically trained staff members are always available to staff members. Be familiar with your site's contact information and list of people who should be contacted in case of an emergency. This person may be the Principle Investigator, the Project Director, Coordinator, or a senior level staff member trained as a clinician. Be aware, on a daily basis, of staff availability for clinical and crisis consultation. You should always have easy access to these team members and phone numbers.

Protocol for Suicide Risk

Suicidal Comments Should Always Be Explored
It is a myth that talking about suicide to people increases the chances of them actually doing it. A participant's comments could be direct, (e.g., "I want to die," "I'm thinking of killing myself," or "I don't want to go on any more."). They can also be more indirect, such as "Life isn't worth living alone, without my partner."

Assess the Imminence
If there is evidence that the participant is significantly distressed and suicide may be imminent, take steps to establish contact between the participant and a referral source. Action is imperative when a person meets the following criteria:

1. Has a plan,
2. Has the wherewithal to carry out the plan (i.e., has the medication or weapon),
3. Has little that he or she is planning to do in the future,
4. Has attempted to commit suicide in the past (approximately 5% of those who attempt but do not complete suicide, do commit at a later date),
5. Has not told others about the plans out of a concern that they will try to intervene, and
6. Talks about events and close people as though the suicide has already occurred.
**Look for an Obstacle or Hook**

Listen for the participant to mention something that would keep him or her from committing suicide either immediately or in the future. This is the "hook." It might be an upcoming event that the participant would not want to miss. It might be a promise the participant made to a partner. It might be a spiritual belief or a commitment to friends. Listen for this carefully as you are showing your concern and empathy for the participant. If a "hook" is found, mention it to the participant to see if he or she responds positively. For example, he or she might say, "You're right, I really did make a promise and I can't go back on that," or "I'm not going to even think about it until after I go home for the holidays to see our friends...that's something we were planning for a long time." The presence of a hook can usually be used to extract a commitment from the participant that he will not take any immediate action to hurt him or herself. This is, in essence, a good sign.

**Emergency Actions**

Ask the participant direct questions and get answers to criteria 1–6 above. If, based on the answers, you believe that risk of harm is imminent, you must next decide if it is an emergency. If you believe that he or she may take an action between now and a few days from now, the situation is considered an emergency. If this is the case, do not let the participant leave. Contact the Principal Investigator, Project Director, or other key person named in your site’s safety protocol. If they cannot be contacted, persuade the participant to come with you to talk with someone about the suicide now and take the participant in a cab to a nearby ER or call a 24-Hour Suicide Prevention Hotline and ask them to talk to the participant. Don't leave the participant until the situation is resolved with your having firm commitment from the participant that he is not going to take any action to hurt himself until after a future date.

**What to say**

1. "This is such an important decision. It's so final. It's really important that you talk with someone about this, and I am not the best person."

2. "The fact that you told me about this means that you may want to talk it through first. It's important that you talk with someone about your feelings."

**Non-Emergency Actions**

If you determine that there is risk, but that it is not imminent (for example, the participant is thinking about suicide but has no plan, or there is a plan but the participant is definite about not wanting to do anything until after an upcoming event), talk to the participant about obtaining counseling and make a referral. You should also seek consultation from a clinically trained person while the participant is still present. The focus during this consultation is on reviewing the imminence, and then developing a plan for support and referral. Work with the participant to devise a plan for getting in touch with the designated referral source.
Document all actions taken.
File the documentation in the participant's file, and inform other staff members on a "need to know' basis. Follow up on any referrals according to your site specific crisis protocol.

Interview Protocol for Non-Suicidal Distress

Another Delicate Balance
Keep in mind that while participant safety is our primary concern, it's also important to consider balancing your response to the participants' needs with delivery of the intervention. Although suicidal comments and indications of distress must always be explored, it may be possible to complete the task at hand (i.e. the blood draw) before conducting a full risk assessment. This is preferable from a research perspective because the data is collected before attempting any type of intervention.
**Example Situation:** If, during a pre-test counseling, the participant indicates recent significant depression then:

1. Briefly acknowledge their response in order to determine the severity of depression and suicide risk. Then, if risk of harm does not seem imminent and if the participant seems comfortable, continue with the session.

2. Complete the session, and then revisit the topic by saying, "When I asked how you were feeling last week, you stated that you felt life is not worth living. Will you please tell me more about that?"

3. To determine the level of risk gather specific information by asking each of the following probes:
   - How are you feeling now?
   - Are you receiving any type of counseling?
   - (If in counseling): When is your next appointment?
   - Have you had any counseling in the past?
   - Are you taking any medication to help you handle _____?
   - Do you have a friend or family member that you can turn to when you are feeling down like this?
   - What do you feel you need now?
   - Would you like to talk with someone about _____? (Referral)
   - (If possibly suicidal): Have you thought about what you might do?

If you are concerned that the participant is at risk of harm, and if you are a trained clinician, begin a suicide assessment (see Suicide Risk Protocol above). If you are not a trained clinician, involve an available staff clinician with the participant’s consent.

**Make referrals as needed.** Consider the most appropriate way to offer referrals for this individual and their needs. Follow up any referrals according to your site specific crisis protocol.

**Document events.** File the documentation in the participant's file, and inform other staff members on a "need to know" basis.
**Domestic Violence**
Learn and follow your site and country mandates on reporting of domestic violence. If a participant reports that there is physical violence or feels increasingly at risk of violence in a relationship, you will want to help the participant develop a safety plan. This may include referrals to shelters, problem-solving places to go (family, friend’s house, hotels), or finding ways for participant to keep self safe at home.

**General Staff Safety**

1. The safety of staff is paramount

2. Know who is around. It is important to know who else is around that can help you if you find yourself in a difficult situation. This includes supervisors, other facilitators, interviewers, and additional staff.

3. Minor loss of impulse control precedes major loss of impulse control, so if a participant is unable to stay seated during the session or stop shouting, end the session. Let a supervisor know ASAP what happened.

4. **Trust your Instincts.** If something doesn’t feel right or if a participant makes you feel especially nervous, check with a co-worker or supervisor before continuing.

5. Always sit closer to the door in the room. This is a good habit to have regardless of how comfortable you feel with a participant.

6. Be mindful of objects that can be thrown or used as a weapon.

7. Be mindful of factors that may be associated with the potential for agitation and violence:
   - History of violent behavior
   - Substance abuse
   - Central nervous system disease
   - Character pathology: impulsivity, manipulative behavior, or antisocial features
   - Paranoia and psychotic illness
   - Mania