



Joiner Lab—How to Identify At-Risk Participants Using Online Methodology

- 1) ***Risk Notification Alerts Walk-through***
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1. Risk Notification Alerts Walk-through

This walk-through will teach you how to create suicide risk notification alerts by email and text message. This example uses Qualtrics survey software, the 4-item Depressive Symptoms Inventory Suicidality Subscale (DSI-SS) measure (Metalsky & Joiner, 1997), and our cut off score recommendations (see Table 1 from 3. Cut Score Recommendations section below;

Michaels, Chu, Silva, Schulman, & Joiner, in press). It will take approximately 15-30 minutes to create this alert. You may contact Matt Michaels at michaels@psy.fsu.edu to request that the materials in this example be shared to your Qualtrics account.

Step 1. Create a block with your measure of suicidal behavior. The actual text of the DSI-SS items in this walk-through can be found in the original article.

▼ DSI-SS

DSI-SS_1

0 = Text for option 1

1 = Text for option 2

2 = Text for option 3

3 = Text for option 4

DSI-SS_2

0 = Text for option 1

1 = Text for option 2

2 = Text for option 3

3 = Text for option 4

DSI-SS_3

0 = Text for option 1

1 = Text for option 2

2 = Text for option 3

3 = Text for option 4

DSI-SS_4

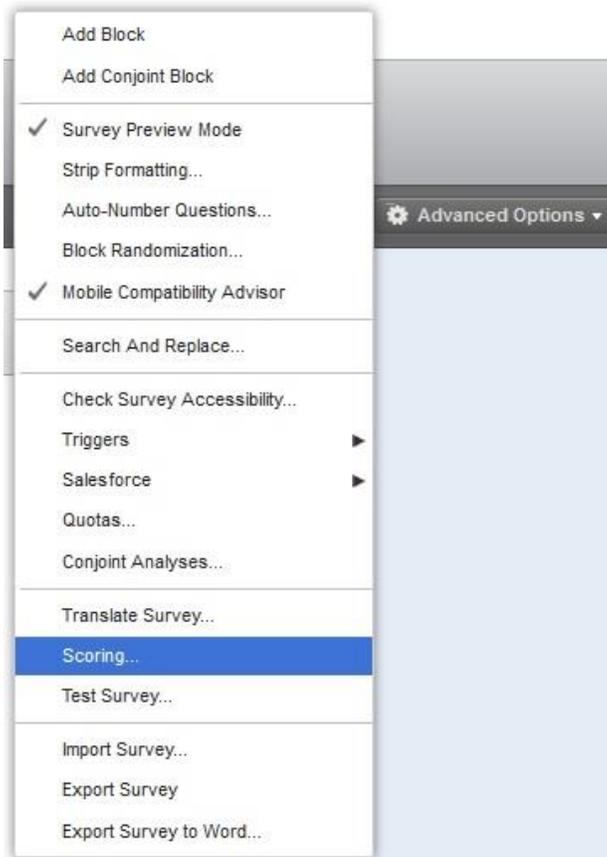
0 = Text for option 1

1 = Text for option 2

2 = Text for option 3

3 = Text for option 4

Step 2. Create scoring for the DSI-SS based on the recommendations from **Table 1 (Page 13 below)**. We'll make a score called "Items" for the criterion "at least one response to either item B or D is a 3." First, go to Advanced Options (top right) and select Scoring.



Select Scoring Options on the top right then use the "New Category..." option or change the name of the existing blank category to create a category called "Items".

Manage Scoring Categories

Show Categories by Groups

Items... 0 items [Translate](#)

[New Category...](#)

Show Scoring Summary for Category: Category 0 ▾

At the End of the Survey
 After Each Question

Code the items as illustrated below (the easiest way to do so is by clicking the “0” where appropriate then typing “3.”

Category: **Items** ▾

DSI-SS

DSI-SS_1
Auto

0 0 = Text for option 1
0 1 = Text for option 2
0 2 = Text for option 3
0 3 = Text for option 4

DSI-SS_2
Clear

0 0 = Text for option 1
0 1 = Text for option 2
0 2 = Text for option 3
3 3 = Text for option 4

DSI-SS_3
Auto

0 0 = Text for option 1
0 1 = Text for option 2
0 2 = Text for option 3
0 3 = Text for option 4

DSI-SS_4
Clear

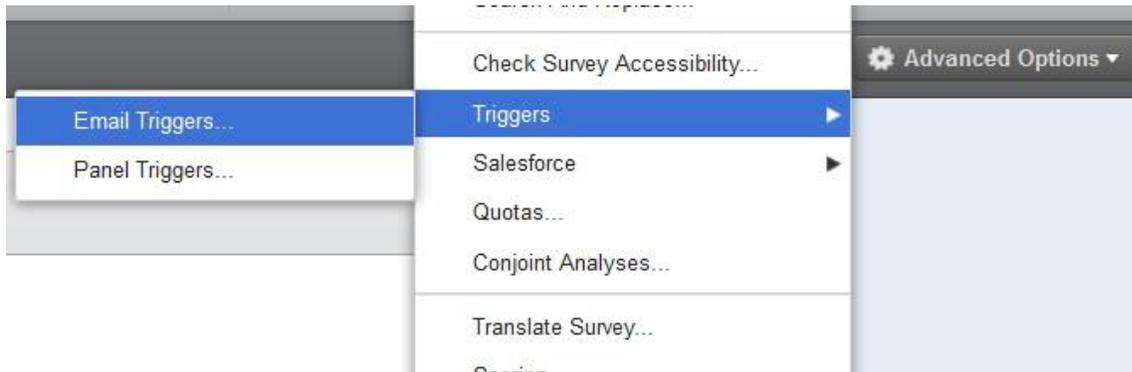
0 0 = Text for option 1
0 1 = Text for option 2
0 2 = Text for option 3
3 3 = Text for option 4

Step 3. Go to your survey flow view. Click “Add Below” in the line next to your DSI-SS block.

Click “Embedded Data”, name it “Items”, then “Set a Value Now”→ Insert Piped Text→ Items (this is what we created in Step 2)→Score.

Click “Save Flow. Now we have everything we need to make the trigger!

Step 4. Go to Advanced Options at the top right and select Triggers→Email Triggers...

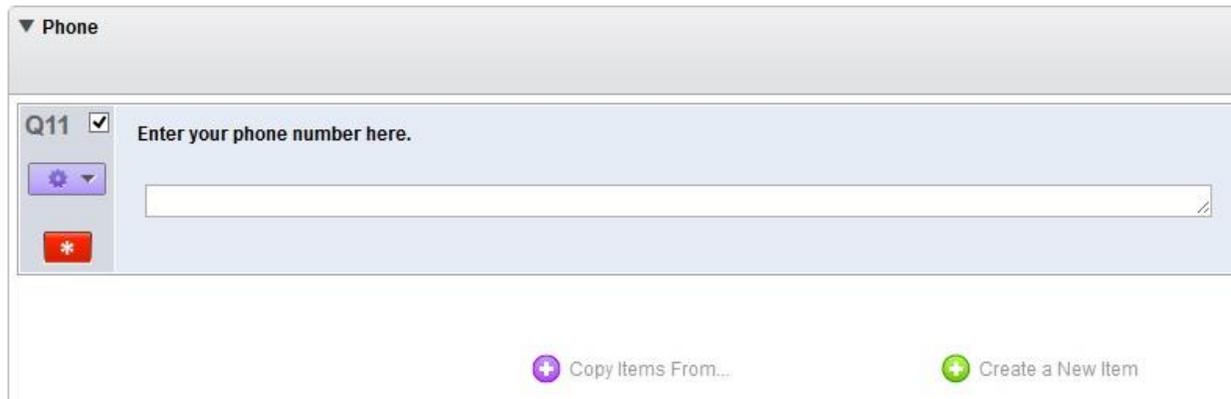


Click “Add a Condition”, then use the logic displayed below. By inputting the information illustrated below, I have created a basic notification that will alert me by **email** and **text message** whenever a participant is at clinically significant suicide risk. For text message codes, most are just your 10-digit phone number followed by “@” then your wireless provider’s specific info, which can be found at here: http://en.wikipedia.org/wiki/List_of_SMS_gateways.

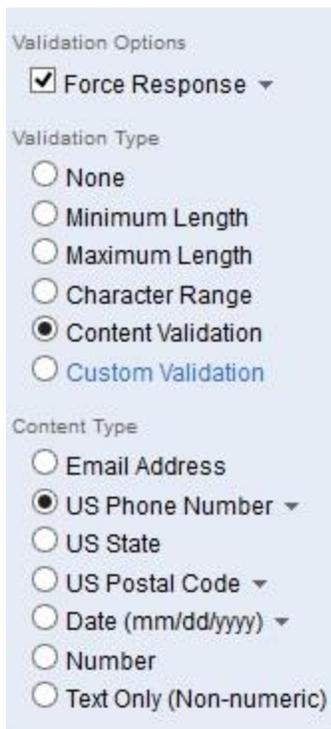
A screenshot of a 'Triggers' configuration window. The window title is 'Triggers'. It features a green checkmark icon and an envelope icon next to the text 'Send An Email On Survey Complete:'. Below this, there is a condition field: 'if Embedded Data Items Is Greater Than or Equal to 3'. The 'To Email Address' field contains 'michaels@psy.fsu.edu; 3526135851@mymetropcs.com'. The 'Reply-To Email' field contains 'trigger@qemailserver.com'. The 'Subject' field contains 'POTENTIAL SUICIDE RISK'. The 'Message' field has a rich text editor toolbar with options for text color, font, size, bold, italic, underline, strikethrough, link, and source. The message content is 'Potential Suicide Risk'. At the bottom right, there are two buttons: 'Close Without Saving' (with a red X icon) and 'Save Triggers' (with a green checkmark icon).

Optional Step. Beyond the basic notification you can also include the participant's phone number, actual scores on the DSI-SS, and more. This can be a major advantage if whoever is on-call may not have immediate access to Qualtrics and statistics software.

For phone numbers, create a new item asking a participant for their phone number (a basic item is illustrated below).



The screenshot shows a survey item configuration interface. At the top, there is a dropdown menu labeled "Phone". Below it, the item is identified as "Q11" with a checked box. The question text is "Enter your phone number here." To the left of the text are three icons: a gear icon for settings, a red asterisk icon for required, and a dropdown arrow. Below the question text is a large text input field. At the bottom of the interface, there are two buttons: "Copy Items From..." and "Create a New Item".

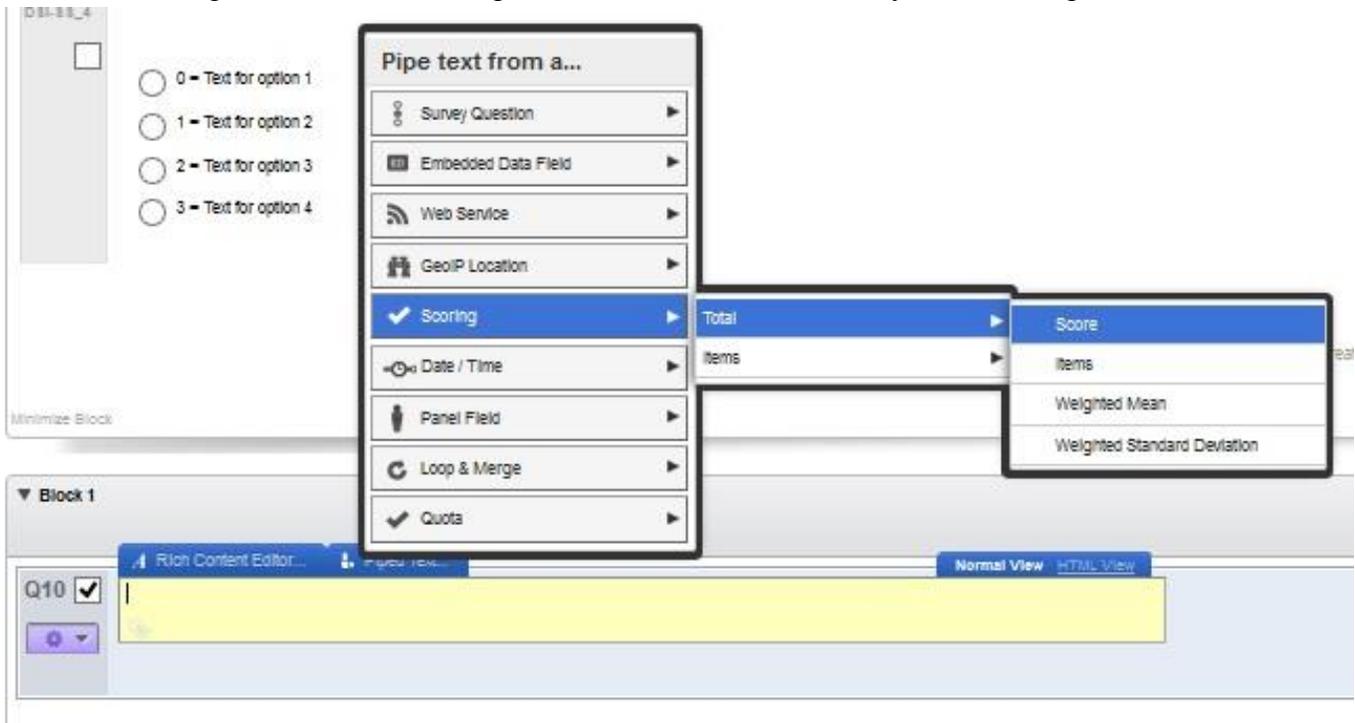


The screenshot shows the validation and content type options for a survey item. It is divided into three sections:

- Validation Options:** A checkbox labeled "Force Response" is checked.
- Validation Type:** A list of radio buttons with "Content Validation" selected. Other options include "None", "Minimum Length", "Maximum Length", "Character Range", and "Custom Validation".
- Content Type:** A list of radio buttons with "US Phone Number" selected. Other options include "Email Address", "US State", "US Postal Code", "Date (mm/dd/yyyy)", "Number", and "Text Only (Non-numeric)".

Using the validity options pictured at left will insure that participants provide a valid phone number.

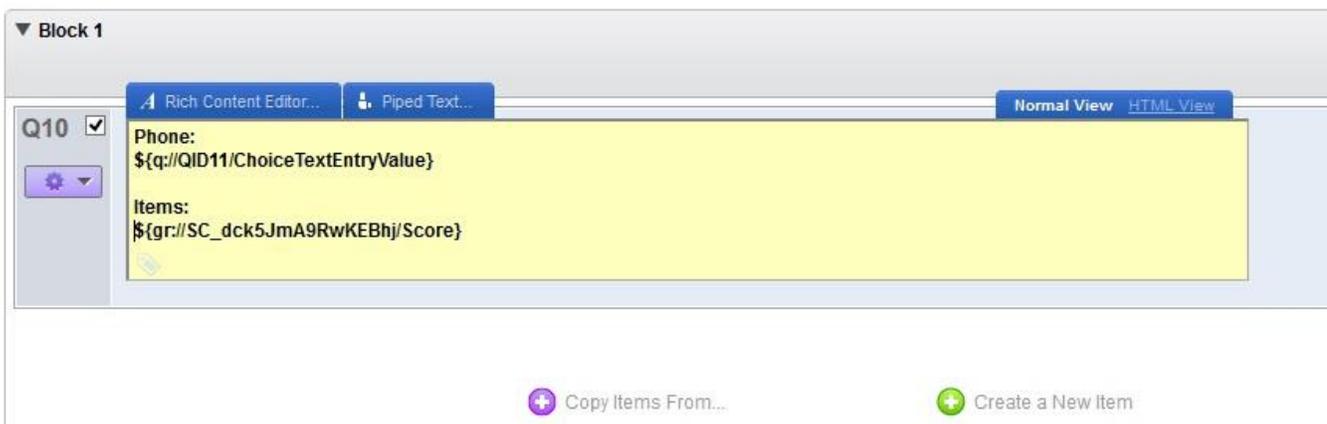
To add phone numbers, measure scores, and more to your risk notification you need to know the shortcuts to where that data is being stored by Qualtrics. Go back to the Survey Editor view and create a new empty block. Create a new text item. Click the “Piped Text...” button, then Scoring→Total→Score. For phone numbers, use the “Survey Question” option.



Below, I did this for participants’ phone numbers and for the “Items” scoring we did in Step 2.

Your new Qualtrics item should look similar to what is displayed below. Notice that I have labeled the code for each (i.e., “Phone” and “Total”), which helps me figure out which is which.

This item should be deleted before launching your survey.



Copy the codes above, go back to your trigger from Step 4, and paste the codes in the body of your message. You can name them whatever you want. Now, when the alert is triggered you will have the participant's phone number and DSI-SS scores. Note for this example you will only be able to tell if they gave a response of "3" to either item B or D, but you can use the steps above to be notified of total scores and more.

The screenshot shows a 'Triggers' configuration window. At the top, it says 'Send An Email On Survey Complete:'. Below this, there is a conditional trigger rule: 'if Embedded Data Items is Greater Than or Equal to 3'. The 'To Email Address' field contains 'michaels@psy.fsu.edu; 3526135851@mymetropcs.co'. The 'Reply-To Email' field contains 'trigger@qemailserver.com'. The 'Subject' field contains 'POTENTIAL SUICIDE RISK'. The 'Message' field contains a rich text editor with the following text: 'Potential Suicide Risk. Phone: \${q://QID11/ChoiceTextEntryValue}, Score: \${gr://SC_dck5JmA9RwKEBhj/Score}'. At the bottom right, there are two buttons: 'Close Without Saving' and 'Save Triggers'.

Metalsky, G. I., and Joiner, T. E. (1997). The Hopelessness Depression Symptom Questionnaire. *Cognitive Therapy and Research, 21*(3), 359–384.

Michaels, M. S., Chu, C., Silva, C., Schulman, B., & Joiner, T. E. (in press).

Considerations regarding online methods for suicide-related research and suicide risk assessment.

2. Online Methodology

Excerpt from:

Michaels, M. S., Chu, C., Silva, C., Schulman, B., & Joiner, T. E. (in press).

Considerations regarding online methods for suicide-related research and suicide risk assessment.

Risk Identification

When choosing an online survey platform, the platform selected should ideally give researchers the option of making suicide risk-related questions mandatory and being notified when participants demonstrate specific patterns of responding, which will ensure that researchers have the participants' contact information in case of emergencies and have the capability to identify such participants. We find that Qualtrics (Qualtrics, 2005) provides these necessary features and is widely used. Another common option is SurveyMonkey (SurveyMonkey Inc., 2013), which also has an email trigger feature. Additionally, some institutions or departments may offer information technology (IT) services that are able to design a custom online platform or adapt an existing platform (e.g., a psychology participant pool survey system).

Participants at clinically significant risk or higher should be promptly and systematically identified, then contacted in a time-sensitive manner for a detailed follow-up assessment. In this subsection we discuss some ethical best practices for conducting such assessments. A detailed and comprehensive coverage of the actual suicide risk assessment measures themselves can be found elsewhere (e.g., Range, 2005; Brown, Beck, Steer, & Grisham, 2000).

With regard to suicide risk notification and checking procedures, closer to real-time is better. A quick response time is ethically beneficial for avoiding potential harm that could occur between the time an at-risk participant reports that risk and when the researcher contacts the participant to conduct a detailed assessment. We recommend text message updates or

smartphone email updates. Email to text message codes for most wireless carriers can be found online or by contacting one's wireless provider. These simple codes using one's ten-digit phone number without dashes (e.g., 1238675309@wirelessprovider.com) can be added like an email address to the online notification system, which will send a text message to the researchers' phones when triggered.

For IRB protocols (see Sample Risk Assessment Protocol from Joiner Lab--How to Assess Participants Identified as At-risk packet) it should be listed who will be responsible/trained to conduct suicide risk assessments and what those assessments will entail, as well as the specific online methods (e.g., text and timing) used to notify researchers to conduct an assessment. Researchers may choose to divide "on-call" duties and have an agreed upon response time. Also, importantly, a survey need not be open 24 hours a day (e.g., data collection could occur only between 9:00am and 5:00pm, thus limiting the amount of hours spent on-call). Detailed steps for how to conduct a risk assessment and actions to take once risk is determined are described elsewhere (e.g., Joiner, Walker, Rudd & Jobes, 1999; Joiner et al., 2007). Next, we discuss common suicide assessment measures and cut-off scores for identifying high-risk participants, which should trigger detailed assessment procedures for these participants.

3. Cut Score Recommendations

Excerpt from:

Michaels, M. S., Chu, C., Silva, C., Schulman, B., & Joiner, T. E. (in press).

Considerations regarding online methods for suicide-related research and suicide risk assessment.

Cut Scores for Clinically Significant Risk

Cut scores have previously been defined as “the threshold at or above which one is deemed to be positive for a symptom or disorder” (Joiner, Pfaff, & Acres, 2002, p. 476). In this context, a quantitative score at or above a cutoff indicates clinically significant suicide risk (suggested cut off scores are displayed in Table 1) in addition to being a criterion for further risk assessment that is initiated by the researcher. Note that “clinically significant” risk is generally lower than “imminent” risk, which is a common classification in mental health and legal descriptions (Simon, 2006). In other words, imminent risk denotes a level of risk that would warrant hospitalization and clinically significant risk warrants caution in addition to further investigation, but in many cases will not warrant hospitalization (although it could). According to the National Suicide Prevention Lifeline (2011), an individual is at “Imminent Risk” if “there is a close temporal connection between the person’s current risk status and actions that could lead to his/her suicide. The risk must be present in the sense that it creates an obligation” (p. 1) to take immediate and urgent actions.

Joiner Jr., T. E., Pfaff, J. J., & Acres, J. G. (2002). A brief screening tool for suicidal symptoms in adolescents and young adults in general health settings: reliability and validity data from the Australian National General Practice Youth Suicide Prevention Project.

Behaviour Research and Therapy, 40(4), 471–481. doi:10.1016/S0005-7967(01)00017-1

Simon, R. I. (2006). Imminent suicide: the illusion of short-term prediction. *Suicide and Life-Threatening Behavior*, 36(3), 296–301. doi:10.1521/suli.2006.36.3.296

National Suicide Prevention Lifeline (2011, February). *The lifeline policy for helping callers at imminent risk of suicide* (Policy Statement I, From Attachment I, Part IV of the Network Agreement. Washington, DC: Author.

Table 1.
Suggested Cut Off Scores for Clinically Significant and Imminent Risk

Measure	Previously Published Cut Offs	Type	Citation(s)
BDI-II	Moderate to severe total score	Elevated	Cukrowicz et al. (2011)
	Score ≥ 1 on item 9	Elevated	Szanto et al. (1996)
	<i>Score of 3 on item 9</i>	Clinically Significant	Our recommendation
DSI-SS	<i>At least one response to the following items is a 3: B, D</i>	Clinically Significant	Joiner et al. (2002)
	Total score ≥ 3	Elevated	Joiner et al. (2002)
BSS	Any positive score	Elevated	Beck and Steer (1991)
	Total score ≥ 24	Imminent	Cochrane-Brink et al. (2000)
	<i>Total score ≥ 6 AND at least one response to the following items is a 2: 12, 13, 14, 15, 16</i>	Clinically Significant	Fitzpatrick et al. (2005); Cukrowicz et al. (2011)

Note: The cutoffs we most recommend for use indicate clinically significant risk, and are italicized. As we discuss in this paper, any individual at “Clinically Significant Risk” or higher should be evaluated further. Those at “Elevated” should be provided crisis resources in debriefing, but are not necessarily in need of further evaluation. “Imminent” risk is defined in this paper, and warrants immediate and active intervention, which is also discussed.