

## MCVI: The primary effectiveness outcome measure

The MacArthur Community Violence Interview (MCVI) (Steadman et al., 1998) was chosen as the primary outcome variable for REVISIT-C. The original MCVI study assessed an array of risk factors of violence and used three sources of information: patient self-report, collateral informant data, and data from official police and hospital records (Steadman et al., 1998). The interview provides an assessment of violent behavior at two levels of severity: minor violence, corresponding to battery without injury or weapon use; and serious violence, corresponding to any battery using a weapon or resulting in injury, any threat with a lethal weapon in hand, or any sexual assault (Swanson et al., 2004). For this study, the primary endpoint is the time to a serious violent act as measured by the MCVI.

### Brief description of the MCVI structure

The MCVI is a violence rating interview that consists of three parts:

1. The subject interview
2. The informant interview
3. Review of collateral information (e.g., medical records, arrest records)

The final score of the MCVI will be recorded in the reconciliation form.

### Administration procedures

All MCVI raters are blinded to the randomization condition of subjects for the entire duration of the study. It is recommended that raters be “firewalled” from the research team and all treatment providers to protect their blinded status.

At each administration of the MCVI there will be a patient interview, followed by an informant interview, a review of blinded collateral information and a reconciliation process.

#### **Baseline**

The MCVI will be administered at baseline, i.e., before treatment allocation. At baseline, the rater will prompt the subject to report violent acts “*in the last 6 months.*”

#### **In study**

Following baseline, the MCVI will be administered at weeks 4, 8, 16, and 24. For all post-baseline MCVI interviews, the rater will prompt the subject to report violent acts “*since your last visit.*” The rater may need to specify the date of the last visit for further clarification.

#### **Description**

The MCVI consists of nine questions with eight of those nine questions having 2 parts (i.e., 1a-8b) and one final question with only one part (i.e., 9b). For questions 1a-8b, part ‘a’ focuses on specific violent acts that others have done to the subject, and part ‘b’ focuses on specific violent acts that the subject has done to others. Question 9b asks the subject if they have done anything else that might be considered violent that was not previously asked. Raters will first ask all 17 questions (i.e., 1a – 9b) before moving on to the probe questions contained in the second part of the MCVI. If the participant responds ‘yes’ for any part ‘b’ questions, the rater will ask each follow-up question for each ‘yes’ response at the end of the first part of the interview. The rater will ask the subject the number of times the behavior occurred. If the exact count is unavailable or the subject cannot recall

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precisely, provide a range of the number of times the behavior occurred. These probe questions include the item number (i.e., 1b), how many times the incident occurred, where the incident occurred, who the victim was, if injury occurred, and if a weapon was involved. Responses to these probe questions will then allow the raters to select whether the incident was considered a level 1 violent incident. A “comments” section is provided to elaborate on the circumstances surrounding the incident that is not obtained from the probe questions.

This process is identical for both the patient and informant interview. The patient interview must be completed before the informant interview. The final source, the collateral records from previous arrests, electronic medical records, etc., should be obtained last and will be blinded by the research coordinator. At all times care must be taken to protect the blinded status of the raters.

Reminder: The probe questions may take place only *after* the entire list of questions (i.e., 1a to 9b) has been queried.

### Description of the three data sources

**1. Subject Interview:** During the *subject interview*, the rater will obtain information regarding both the type of the violent act as well as how often it occurred. Violent acts occurring both in the community and within an institution are considered. Violence against inanimate objects and self-defense are *not* considered a minor or major violent act.

**2. Informant Interview:** Information from an informant is important given there may be potential hesitation to report violent behaviors by the subject. During the initial administration of the MCVI, the subject will be asked to select an informant. The person identified should be familiar with the subject’s behavior in the community for the past 6 months (for baseline) or since the last visit (for subsequent visits). If the informant is no longer available, a new one will have to be selected by the subject. The rater will reach out to the informant at the time of the scheduled research visit and conduct the informant interview. If the informant does not have at least weekly contact with the subject, the rater will suggest a more appropriate person based on a review of the subject’s social network. For the informant interview, all 9 questions should be asked in the same manner as for the subject interview by using the Informant Interview Form. The same follow up questions will be asked in part 2 of the MCVI as they were asked to the subject. The rater who administered the subject interview should also interview the informant.

If the Informant is not available to conduct the interview in person, the interview can be conducted on the phone or via teleconference.

**3. Collateral Information:** Arrest and hospital records should be obtained to augment the information given during the interviews. These records (e.g., RAP sheets, parole/probation point of contact, mental health provider progress notes, incident reports etc.) may be found in the Electronic Medical Record system at your site. Please note: The research coordinator will obtain all collateral information and redact any information that would break the raters blinding before sending the information to the rater. Collateral information should be obtained last, after both the patient and informant interviews are complete.

Note: Raters are blinded throughout the course of the study. When collateral information is needed, for any scale administration, the rater will *always* contact the study coordinator first and *never* look at the patient’s medical records once the patient is enrolled.

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### Reconciliation and Scoring of the three sources

The data obtained from the (1) interview with subject, (2) interview with the informant, and (3) collateral information will be compared and reconciled after the two interviews have been conducted and the collateral information has been collected. Discrepancies in violent acts reported between information sources are reviewed at the reconciliation stage by the rater to obtain a single reconciled report of violence. Both minor and major violent acts will be rated. The final rating will be documented on the MCVI Patient Reconciliation Form. The study coordinator will be entering the reconciliation form data into Acquire.

Portal for all training documents can be accessed here: <https://trial.training>

### References

- Andrade, C. (2015). The primary outcome measure and its importance in clinical trials. *The Journal of Clinical Psychiatry*, 76(10). <https://doi.org/10.4088/jcp.15f10377>
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- Steadman HJ, Mulvey EP, Monahan J, Robbins PC, Appelbaum PS, Grisso T, Roth LH, Silver E. Violence by people discharged from acute psychiatric inpatient facilities and by others in the same neighborhoods. *Arch Gen Psychiatry*. 1998 May;55(5):393-401. <https://doi.org/10.1001/archpsyc.55.5.393>
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