

MI/SP Counselor Follow-up Questionnaire

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MI/SP Counselor Follow-up Questionnaire

FORM A: COUNSELOR INFORMATION

To be completed once by each counselor who makes follow-up calls.

Center: (Will be replaced by ID #)

Counselor's Name: (Will be replaced by ID #)

Today's Date:

1. How long have you worked as a telephone crisis worker? (Check one and give details)
 - Less than 1 year – Number of months
 - 1 year or more – Number of years:

2. How long have you been conducting follow-up calls? (Check one and give details)
 - Less than 1 year – Number of months:
 - 1 year or more – Number of years:

3. What is your employment status at your center?
 - Paid employee
 - Volunteer
 - Both

4. What is your highest level of education? (check one)
 - Less than high school
 - High school graduate or GED
 - Some college or technical school
 - College graduate
 - Graduate school (e.g., M.S., M.S.W., Ph.D., M.D.)

5. Have you completed training in ASIST (Applied Suicide Intervention Skills Training)?
 - Yes – Date(s) of training:
 - No

6. Do you use "safety planning" protocols in your crisis intervention work at your center?
 - Yes
 - No

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7. What is/are the source(s) of the safety planning protocols you currently use? (please check all that apply)

- Safety planning protocols derived from ASIST
- Safety planning protocols developed at your center
- Safety Planning Intervention (SPI) webinar/DVD (provided by SAMHSA)
- Safety planning protocols developed by Drs. Barbara Stanley and Gregory Brown for the Veterans Administration (adopted prior to SAMHSA training)
- Safety planning protocols from another source:
- Using safety planning protocols, but unsure of the source
- Not using safety planning protocols at this time

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II. CLIENT'S DEMOGRAPHICS

8. **Gender:** Male Female Don't know

9. **Age:** (in years): _____ Don't know

10. **Ethnicity:** Hispanic Not Hispanic Don't know

11. **Race** (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Native American/Alaskan Native | <input type="checkbox"/> Don't know |

12. **Ever Served in US Military?** Yes No Don't know

If Yes, check all that apply: Current military service Active Duty
 Veteran Reservist National Guard Don't know

Served in combat zone or on peacekeeping mission? Yes No Don't know

If Yes, where and when?

13. **Employment Status** (check all that apply)

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Employed Full Time | <input type="checkbox"/> Homemaker | |
| <input type="checkbox"/> Employed Part Time | <input type="checkbox"/> Retired | |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> On Disability | <input type="checkbox"/> Don't know |

14. **Household Composition** (check all that apply)

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Other Family Member(s) | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Children | <input type="checkbox"/> Non-Family Member(s) | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Parents | <input type="checkbox"/> Lives Alone | |

15. **Does client have medical insurance?** Yes No Don't know

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III. BASELINE SUICIDE RISK & INTERVENTION

These questions are about the call to your center, or the hospital visit, which triggered the client's referral for follow-up.

16. Client's Risk Profile At Baseline

	Y	N	DK		Y	N	DK
Suicidal ideation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific suicide plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prior substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Means available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social supports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressed intent to die?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other buffers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparatory behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current outpatient [†] mh/bhtx?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attempt in progress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prior outpatient [†] mh/bhtx?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior suicide attempt(s)? <input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prior inpatient mh/bhtx? <input type="checkbox"/> **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*If yes, how many? _____			<input type="checkbox"/>	**If yes, how many times? _____			<input type="checkbox"/>
*How recent? _____			<input type="checkbox"/>	Prior ED use for mh/bh issue? <input type="checkbox"/> **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				**If yes, how many times? _____			<input type="checkbox"/>

[†]Include outpatient psychotherapy/counseling, support groups, 12-step programs, and/or psychotropic medication prescribed by a psychiatrist or primary care physician.

17. Overall Assessment of Client's Suicide Risk at Baseline: (choose one)

Low
 Moderate
 High
 Imminent Risk

18. Emergency Rescue at Crisis Call

Was emergency rescue initiated in response to this crisis call? Yes* No N/A

*If yes: Rescue was initiated: with client's consent without client's consent

19. Hospital Admission at Baseline

Was client hospitalized as a result of this crisis call/ED visit? Yes No Don't Know

20. Referrals Made at Baseline (during crisis call/hospital/MHC visit) (check all that apply)

Outpatient mh/bh service(s): _____ No referrals
 Other/related service(s): _____ Don't know

21. Safety Planning at Baseline

Was safety planning initiated/conducted during this crisis call/hospital/MHC visit?

Yes* No Don't Know

*If Yes: Please list components of client's safety plan as of the crisis call/hospital visit:

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Sections IV-V apply only to cases where one or more clinical follow-up calls was completed. For cases not successfully reached for follow-up, skip to Section VI.

IV. DURING FOLLOW-UP (FROM ENROLLMENT TO LAST FOLLOW-UP CONTACT)

22. Follow-up Call Log – Please complete one line below for each completed follow-up call.*

Date of completed follow-up call*:	Duration of call (in minutes):	Risk assessment completed?	Safety Planning conducted?	MH/BH referral(s) made/tracked?	Client using MH/BH service(s)?		
					Y	N	DK
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Do not include calls with no clinical content, e.g., when client was busy and rescheduled the call for another time. Please complete Section VIII (optional page) if more than six calls were completed.

23. Risk Profile While Follow-up Was Ongoing

Were any of these present at any point while your center was following this client?

	Y	N	DK		Y	N	DK
Suicidal ideation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Imminent risk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific suicide plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preparatory behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Means available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suicide attempt(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressed intent to die?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

24. Emergency Rescue While Follow-up Was Ongoing

Was emergency rescue initiated by your center at any point during follow-up? Yes* No

*If yes: Rescue was initiated: with client's consent without client's consent

25. Referrals Made While Follow-up Was Ongoing:

- Outpatient mh/bh service(s): _____ No referrals
- Other/related service(s): _____

26. Service Use/Treatment Engagement While Follow-up Was Ongoing:

Please check all services the client made use of while your center was following him/her:

- Emergency Department visit for mh/bh issue No service use
- Hospital admission/inpatient treatment for mh/bh issue Don't know
- Outpatient mh/bh service(s): _____
- Other/related service(s): _____

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V. LAST FOLLOW-UP CONTACT

27. Service Use/Treatment Engagement at Last Follow-up Contact

Please check all services the client was engaged with when follow-up ended:

- Inpatient mh/bh facility
- Outpatient mh/bh service(s): _____
- Other/related service(s): _____
- No service use
- Don't know

28. Risk Profile at Last Follow-up Contact:

	Y	N	DK		Y	N	DK
Suicidal ideation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific suicide plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Means available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social supports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressed intent to die?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other buffers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Overall Assessment of Client's Suicide Risk at Last Follow-up Contact: (choose one)

- Low
- Moderate
- High
- Imminent Risk

30. Safety Plan at Last Follow-up Contact

Please list components of client's safety plan as of the end of follow-up:

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VI. CASE SUMMARY/CLOSURE

NOTE: For the following questions about completed calls, do not include calls with no clinical content, e.g., when client was busy and rescheduled the call for another time.

31. How many clinical follow-up calls were completed with this client? _____
32. How many counselors completed clinical follow-up calls in this case? _____
33. Did the counselor who handled the incoming hotline call also complete one or more follow-up calls? Yes No N/A
34. Please give name/initials of each counselor who completed a clinical follow-up call in this case:(names will be replaced with ID#s)_____

NOTE: If any of these counselors have completed any new crisis training since their last Counselor Follow-up Questionnaire, please complete Section VII (optional page).

35. Was text messaging/email used during follow-up in this case? Yes No
36. Please give the date the case was closed: _____

37. Please give the reason(s) for closing this case: (check all that apply)

- Client's suicide risk has been successfully reduced
- Client has entered treatment
- Client has remained in treatment for a designated amount of time
- Client declined follow-up, or declined further follow-up
- Client could not be reached, or could no longer be reached*

*If yes, please give number of unsuccessful tries before closing: _____

- Caller's phone disconnected/no longer working
- Planned number of follow-up calls has been made
- Planned length of time allotted for follow-up has gone by
- Other reason: _____

38. This form was submitted by _____ (counselor initials) on _____(date: MM/DD/YY).

39. Comments:

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VII. NEW COUNSELOR TRAINING (OPTIONAL PAGE)

Please complete this page if any follow-up counselor has received additional training that has not yet been reported to the evaluation team.

40. New Training of Follow-up Counselors

Counselor 1: (name)_____

- New training in ASIST
Date: _____
- New training in safety planning techniques (other than ASIST)
Date _____
- New training in motivational interviewing techniques (other than ASIST)
Date: _____
- Other new training: _____
Date: _____
- None of the above

Counselor 2: (name)_____

- New training in ASIST
Date: _____
- New training in safety planning techniques (other than ASIST)
Date _____
- New training in motivational interviewing techniques (other than ASIST)
Date: _____
- Other new training: _____
Date: _____
- None of the above

Counselor 3: (name)_____

- New training in ASIST
Date: _____
- New training in safety planning techniques (other than ASIST)
Date _____
- New training in motivational interviewing techniques (other than ASIST)
Date: _____
- Other new training: _____
Date: _____
- None of the above

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VIII. ADDITIONAL FOLLOW-UP CALLS (OPTIONAL PAGE)

Please complete this page if client received more than 6 completed follow-up calls before the case was closed.

22a. Extended Follow-up Call Log – Please complete one line below for each additional completed follow-up call.

Date of completed follow-up call:	Duration of call (in minutes):	Risk assessment completed?	Safety Planning conducted?	MH/BH referral(s) made/tracked?	Client using MH/BH service(s)?		
					Y	N	DK
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>