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### **MI/SP Caller Follow-up Consent Script Telephone Consent Script for Follow-up Telephone Assessment**

*Briefly introduce yourself and explain the purpose of your call. Remind the client that when he/she received a follow-up call from (name of crisis center) he/she said it would be okay for us to call him/her to see if he/she might be interested in participating in a research study involving a follow-up telephone assessment: Ask the client if he/she feels well enough to talk at this time.*

*Read the following to the client:*

I would like to explain what this research survey is about. You can interrupt with questions at any time. \_\_\_\_\_ (name of crisis center) is working with Columbia University researchers at the New York State Psychiatric Institute (NYSPI) on a research study that is sponsored by a federal agency, the Substance Abuse and Mental Health Services Administration. We are doing this follow-up telephone assessment because it will help us find out whether crisis hotlines provide effective services to the people they follow-up with. The purposes of this call are to find out how you have been doing since you received a call from \_\_\_\_\_ (name of crisis center), and to ask your permission to access information about your circumstances at the time you were referred to them.

During this survey, we will ask you some questions to find out what you were going through when you were referred for follow-up from the crisis hotline on \_\_\_\_\_ (date of referral for follow-up), how you have been feeling since you spoke with them, and how you are feeling now. We will ask you about the referral(s) that the crisis hotline counselor gave to you, and whether you've been able to follow up with the referral(s). We will also ask you whether you have accessed any other resource for help either before or after you spoke with the crisis counselor.

The only foreseeable discomfort you might experience while answering the survey questions, is that you may think about the concern that prompted you to accept follow-up from the crisis line and any emotional problems you may have, and you may feel the need to talk about your concern some more. I am not an employee of the crisis service, but I am a trained crisis worker and can suspend the interview and discuss your concern with you. After this, you may decide to continue the interview, postpone it to another time, or decide not to complete it.

The benefits of participating in the follow-up call may include the opportunity for you to discuss how you have been doing since your contact with the crisis center, or to clarify the plan that you and the counselor came up with. Your responses can help improve the quality of services offered by the crisis hotline.

Taking part in the study is voluntary. You can refuse to answer any or all of the questions. You can stop at any time. You would not be penalized in any way if you did not want to answer any questions or decided to stop participating in the survey.

If you participate in the telephone research assessment, we will schedule the survey at a time that is good for you. We can do it right now, if this is a convenient time for you. The assessment will take approximately 30 to 40 minutes. We will send you \$50 to thank you for taking the time to talk with us. We will mail you a money order soon after you have finished the survey. It will take about two to three weeks for you to receive the money order.

Before I discuss privacy, do you have any questions about what I have said so far?

We are very concerned about keeping your answers private. We will not put your name on the survey. It

will refer to you only by a study number. Data in our computers will contain only this number, not your name. Be assured that neither you, nor anyone else taking part in the study will be identified by name in any publication or report of the findings. All of our project staff have signed a confidentiality statement saying that they will keep your answers private and taken training related to the privacy and security of information collected for this research. NYSPI is a health care institution subject to the Health Insurance Portability and Accountability Act (HIPAA). Our project staff will be the only people who can link your study number with your name.

All records that link your name with your study number will be kept in locked files in our offices at the New York State Psychiatric Institute (NYSPI) and will be kept confidential to the extent permitted by law. However, if we learn about serious harm to you or someone else, as in cases of abuse, we would have to take whatever measures are needed to protect the individuals involved, including reporting to appropriate protective services. Other kinds of problems are thoughts about killing yourself or doing things to cause serious harm to yourself on purpose. In these kinds of situations, we would be obligated to refer you back to the hotline for intervention. This would involve our contacting the hotline to immediately implement their routine procedures for handling emergencies.

If you have any questions or concerns about any aspect of the project, you may call the Principal Investigator Dr. Madelyn S. Gould, or the Project Director Ms. Jimmie Lou Harris at 212-543-5329 and 212-543-5482 respectively. If you have any questions about your rights as a research subject or any complaints, you may call our Institutional Review Board (IRB) at 212-543-5758.

Do you have any questions? Are you willing to take part in the telephone research survey? I will be turning on a tape recorder to record your answer about agreeing to participate.

\_\_\_\_\_ (*Subject's name*), do you agree to take part in the telephone research assessment for the Hotline Follow-up Evaluation Study?

Agreed \_\_\_\_\_ Refused \_\_\_\_\_ Date \_\_\_\_\_

Do you agree to have us link this interview with information about the circumstances of your accepting follow-up from the center? This information will include an assessment of your risk status at that time.

Agreed \_\_\_\_\_ Refused \_\_\_\_\_ Date \_\_\_\_\_

*Note to Interviewer: If caller answers "No" to either of the above, please ask the following:*

Unless you object, we would still like to access information about your risk status at the time you accepted follow-up from the center for the purpose of generating general, statistical knowledge about hotline clients. This information will not identify you in any way. Do you agree to allow us to use this information in this way?

Agreed \_\_\_\_\_ Refused \_\_\_\_\_ Date \_\_\_\_\_

*IF THIS INTERVIEW WAS SELECTED FOR TAPING, please also obtain the consent for taping below:*

In order to keep track of the quality of the survey, we would like to tape record the survey with you. No information that can identify you will be on the tapes. The tapes will be erased at the end of the project. If you say "no," you can still take part in the research survey and you will still receive \$50. Do you agree to let me tape this survey?

Agreed \_\_\_\_\_ Refused \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE:

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Signature of Person Obtaining Consent

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Printed Name of Person Obtaining Consent