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Cross-site Evaluation of the Garrett Lee Smith Memorial (GLS) Campus Suicide Prevention Program

Life skills Activities (LAFI) Follow-up Verbal Consent Script and Interview Guide

Date: (Today's Date) / /

Site: (Name of Grantee) _____

Participant ID:

Interviewer: _____

Verbal consent provided:

- Yes
 No

Verbal consent:

Hello, my name is [INSERT INTERVIEWER NAME], and I'm calling to talk to you about the training that you attended on [INSERT TRAINING DATE]. Is now a good time for me to give you more information?

IF NO: Is there a better time to call back?

IF YES: Great! As I said, my name is [INSERT INTERVIEWER NAME], and I work for ICF, a company that has been contracted to conduct a cross-site evaluation of suicide prevention programs funded by SAMHSA (which stands for the Substance Abuse and Mental Health Services Administration). As part of this evaluation, we are interviewing a sample of people who have attended a campus suicide prevention trainings. We hope to learn more about the trainings, how you have used what you learned, and the impact of the training on you and your interactions with your peers.

I'm contacting you because you were randomly selected to participate in these interviews. We are conducting up to seven interviews with a small sample of trainees from the training you participated in, as well as with people who have participated in other suicide prevention trainings as part of these SAMHSA-funded programs across the nation. This is why your input is so important.

The interview will take no more than 20 or 30 minutes, and you will receive \$20 money order for participating. If you are interested, I will give you some more information and get your verbal consent.

Before I ask you whether you agree to be interviewed, there are a few more things that you should know:

Rights Regarding Participation: Your input is important; however, your participation in this survey is completely voluntary. There are no penalties or consequences for not participating. You can choose to stop the interview at any time or not answer a question for whatever reason. If you stop the interview, at your request, we will destroy the survey. You may have any questions that you have before, during, or after you complete the survey. May I continue?

Privacy: Your answers are private and will not be linked to your name. Your name will never appear in any report that summarizes the findings of the cross-site evaluation. All findings will be reported in aggregate; this is, they will be combined with responses from other individuals.

Additional Protection: In addition, to protect the information that you give us, we have applied for a Certificate of Confidentiality from the United States Department of Health and Human Services (DHHS). The Certificate of Confidentiality will protect the members of the research staff from being forced, even under a subpoena, to release any information in which you are identified. Exceptions to the Certificate of Confidentiality are information on child abuse and neglect, or information regarding imminent danger to yourself or others, which we will report to the appropriate local and state agency. Additionally, DHHS may see your information if we are audited. Finally, the certificate of confidentiality does not imply the endorsement or the disapproval of the DHHS.

Risks: Completing this survey poses few, if any, risks to you. Some questions may make you feel uncomfortable. You may choose to stop the survey at any time. You may choose to not answer a question for any reason. You can choose not to answer any question for any reason. There is no penalty or consequence to you. You also can contact the evaluation project director at any time. If you stop the interview, at your request, we will destroy your survey.

Benefits: Your participation will not result in any direct benefits to you. However, your input will contribute to a national effort to prevent suicide on college campuses.

I am not an expert in the subject matter, and I do not work for the people who provided the training, so you can't hurt my feelings and there aren't any wrong answers. We're just interested in your thoughts and opinions.

I will be taking notes during the interview, but I would like to get your permission to record this interview in order to make sure we have an accurate transcript of the information you give us. If you agree to be recorded, your recording will be kept in a private file that only ICF staff has access to and it will be destroyed upon the completion of the evaluation. If you do not wish to be recorded, I will refrain from recording the interview.

Compensation: You will receive \$20 for participating in this survey.

Contact information: If you have any concerns about completing this survey or have any questions about the study, please contact Christine Walrath, principal investigator, at (212) 941-5555 or christine.walrath@icfi.com.

Do you have any questions?

Do you agree to participate in this interview?
IF YES, continue.

Do I have your permission to record this interview?
IF YES, continue to Part I–Background Information.

PART I: BACKGROUND INFORMATION

INTERVIEWER: During this interview, I want to discuss your participation in the **[NAME OF TRAINING]** conducted by **[NAME OF FACILITATOR or ORGANIZATION THAT HOSTED THE TRAINING]**, on **[DATE OF TRAINING]**. However, before we get started, I would like to hear a little bit about you, what brought you to the training, and about any other training related to suicide prevention that you might have had in the past.

1. What is your role on campus (i.e., undergraduate student, graduate student, campus staff)?

PROBE: Are you in any leadership roles where you oversee your peers?

PROBE: What groups, activities, or clubs are you involved in on campus?

2. Do you talk regularly with your peers about matters personal to them such as their feelings, health, and family?
3. Okay, thanks. Can you tell me what brought you to **[NAME OF TRAINING]** training?
4. Have you attended trainings on suicide prevention other than **[NAME OF TRAINING]**?

IF NO, GO TO QUESTION 6.

IF YES,

5. What are the names of those trainings?

PROBE: Did you attend those trainings before or after the **[NAME OF TRAINING]**?

INTERVIEWER INSTRUCTIONS: For each training named in Q5, ask whether it was received before (B) or after (A) the **[NAME OF TRAINING]**.

INTERVIEWER INSTRUCTIONS: If the respondent participated in trainings on suicide prevention after the **[NAME OF TRAINING]**, as you conduct the interview, please ensure the respondent is talking about **[NAME OF TRAINING]**.

Okay thanks. Before I move on to the next set of questions I'd like to share the number of a support hotline that can provide some help if you would like to talk with someone: National Suicide Prevention Lifeline: 1-800-273-TALK (8255) just so that you have it.

PART II: TRAINING CONTENT

INTERVIEWER: Now, I am going to ask you a few questions about what you learned in the training.

6. First, thinking back to the **[NAME OF TRAINING]** training you attended, what would you say was the main purpose of the training?

PROBE: Can you describe what happened at the training?

7. What skills did you learn? What other concepts did you learn?

PROBE: What were some of the warning signs you learned?

PROBE: Can you remember anything else from the training?

8. So, thinking of the information and skills that you just described, what has been the most useful to you?

PROBE: How has that been useful?

9. What do you wish you had learned more about in the training?

PROBE: What additional skills would you be interested in learning or practicing?

10. Did anything make you see things differently than you had before? If yes, can you describe what those things are?

11. Did you receive any resources or materials that you found useful?

PROBE: Did you receive information for the counseling center or other referral resources?

If yes, have you used/shared any of these resources/materials since the training?

PART III: TRAINING UTILIZATION AND IMPACT

INTERVIEWER: Great, thanks. We also want to hear about how you may have used what you learned in the [NAME OF TRAINING].

12. First, try to think back to an instance before participating in [NAME OF TRAINING] when you interacted with a peer whom you were worried about or thought might be at risk. Can you tell me about that situation?

PROBE: How did you know he or she was at risk?

PROBE: What actions did you take to connect him or her with appropriate services?

PROBE: Did you feel confident in your ability to meet their needs?

13. Now, since **your** [NAME OF TRAINING] training, how have you used what you learned in your interactions with your peers?

PROBE: How else have you used what you learned? Who else have you used what you learned with besides your peers?

14. Since the training, have you had the opportunity to use the training to intervene with a peer you were worried about or felt was at risk?

If yes, did you refer them for help? If yes, where did you refer the person for help? Do you know if they followed up with the services or got the help they needed?

PROBE: How do you think the training prepared you for that situation?

15. If you were concerned that a student/friend was at risk for suicide, what would you do?

PROBE: Do you think that most students on campus would know what to do if they had a friend who was at-risk for suicide? Do you think that most faculty/staff on campus would know what to do if they had a student who was at-risk for suicide?

16. Has your communication with your peers about suicide or mental health related issues changed since your training? If so, how?

PROBE: How has **the** [NAME OF TRAINING] affected your comfort in sharing suicide prevention information with others (e.g., peers, parents, family members, professors, etc.)?

17. How has your participation in the training impacted you personally?

18. Who on campus or in your life do you trust to give you support if you are down?
Why?

19. During the past 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks or more in a row that you stopped doing your usual activities?

Again, I have a support hotline that can provide some help if you would like to talk with someone: National Suicide Prevention Lifeline: 1-800-273-TALK (8255)

20. In the past 12 months, have you ever thought about attempting suicide?

If yes to 19 and/or 20, what types of supports were available to you on your campus or in the community? Which supports were most helpful to you during this time?

PART IV: CONCLUSION

INTERVIEWER: I have a few questions for you about things that help or that may get in the way of your own suicide prevention efforts and the efforts of your campus community.

21. Are there aspects of your campus community that make it difficult to implement the suicide prevention skills you have learned?

PROBE: What barriers have you encountered in using what you learned in the [NAME OF TRAINING] in your day-to-day contact with your peers or other individuals who might be at risk for suicide?

PROBE: How has this hindered your ability to use the training?

22. And now on the opposite side, what are some of the aspects of your community or campus that have supported your use of what you learned in the training?

PROBE: For example, supportive faculty and administrators, funding for materials and/or training, access to resources and services, etc.?

PROBE: How have these factors supported your ability to use what you learned in the [NAME OF TRAINING]?

INTERVIEWER: We are almost at the end of the interview. The last few questions that I have are about you.

23. What is your gender?
- Female
 - Male
 - Trans male/Trans man
 - Trans female/Trans woman

- Gender non-conforming
- Other, please specify: _____

24. Do you consider yourself to be:

- Heterosexual, that is straight;
- Gay or Lesbian;
- Bisexual;
- Not sure?

25. What is your age? _____ years

26. Are you Hispanic or Latino? (Select one.)

- Yes
- No

26a. If yes, which group represents you? (Select one or more.)

- Mexican, Mexican American, or Chicano
- Puerto Rican
- Cuban
- Dominican
- Central American
- South American

27. What is your race? (Select one or more.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

INTERVIEWER: That is the last of my questions, is there anything else that you would like to share about your experience at the **[NAME OF TRAINING]**?

INTERVIEWER: Thank you for your time and willingness to participate in this interview, your information will be combined with others who participated in the **[NAME OF TRAINING]** to get a better understanding of how attendees have been able to use the information they were presented and impact the students and the campus communities in which they live, learn and work.

National Suicide Prevention Lifeline: 1-800-273-TALK (8255)