



C O L L E G E C H I C A G O

Informed Consent

TITLE OF RESEARCH STUDY: Campus Suicide Prevention Program: *Making Connections* Workshop Evaluation

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RESEARCH SUPERVISOR: (contact if you have questions about the research, or research subjects' rights): Sharon Wilson-Taylor, Dean of Students
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INTRODUCTION

You are being asked to take part in a research study at Columbia College Chicago. This consent form contains information you will need to know to help you decide whether to participate in the study or not. Please read the form carefully. You may ask questions about the purpose of the research, what we may ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When we have answered all your questions, you can decide if you want to participate in the study. This process is called 'informed consent.' You will receive a copy of this form for your records.

PURPOSE OF THE STUDY

The purpose of this study is to ensure that the goals of the Making Connections Workshops are being achieved and to improve the instruction, if necessary by identifying and adjusting problematic aspects of the workshops.

PROCEDURES

If you agree to participate in this study, you will be asked to do the following things:

- Complete a 15-20 minute evaluation tool regarding specific workshop content as well as general demographic information and workshop satisfaction questions.

POSSIBLE RISKS OR DISCOMFORTS

The content of the questions may contain sensitive material that may cause participants discomfort or activate personal memories. Paper and pencil survey may cause stress to some participants.

POSSIBLE BENEFITS

The possible benefits of being in this study include:

- Contributing to the development and improvement of the Making Connections Workshops for future participants.
- Contributing to the field of suicidology.
- Participation in an innovative approach to learning and suicide prevention.
- A deeper understanding of your personal responses to real-life situations.

CONFIDENTIALITY

The investigator will change the names and identifying information of the participants when writing about them or when talking about them. The data (information) that comes out of the study will be kept in a locked filing cabinet and they may be destroyed at some point in the future. The names of participants and the data collected from the participants will be stored separately. Data and findings for the workshops will be shared with Student Affairs Administration and staff within the office of Student Health and Support (ie. The Counseling Center and Health Center), as well as faculty of the Dance/Movement and Therapy Department for the purpose of possible revision of the program in response to the findings. Data and findings will be shared with the Cross-Site Evaluation team overseeing the evaluation of Substance Abuse Mental Health Services Administration (SAMHSA) under the Garrett Lee Smith Suicide prevention Initiative. Data and findings will be shared with three external research consultants assisting in the compilation and interpretation of the data. General findings will be shared with the Columbia College Community and the Office of Student Affairs. Findings may be published in newsletter and/or journals at some point in the future.

RIGHTS

Being a participant in this study is voluntary. You may choose to withdraw from the study at any time without penalty. You may also refuse to participate at any time without penalty. If you have any questions about the study or your rights as a participant, you may contact the research supervisor listed above.

COST or COMMITMENT

The workshop is approximately two hours long.

SUBJECT'S STATEMENT

This study has been explained to me. I volunteer to take part in this research study. I have had the opportunity to ask questions. If I have questions later about the research study or my rights as a participant, I can ask one of the contacts listed above. I understand that I may withdraw from the study or refuse to participate at any time without penalty. I will receive a copy of this consent form.

_____	_____	_____
Printed name of participant	Signature of participant	Date
<u>Shannon Lengerich</u>	<u>Shannon Lengerich</u>	
Printed name of principle investigator	Signature of principle investigator	Date

Please include you email address below if you are willing to be contacted and asked to complete a small survey regarding the relevance and application of the workshop material. Follow-up contact will occur within nine months of your participation in the Making Connections Workshop. Participation in the follow-up survey is voluntary and you will have the right to refuse when we contact you even if you provide your email address below.

Email address: _____