

APPLICATION FOR REVIEW OF HUMAN PARTICIPANTS RESEARCH

The following is designed to briefly introduce you to important considerations when answering each item. There is no one “correct” answer for each item, we are simply providing guidance for how to answer or address the issues raised in each item. Please email an IRB member for more information, or to answer any questions you have. Attach application to an email and email to jtucci@atu.edu (be sure to save a copy of your application). Make sure you delete all red type explanations.

NOTE: Anticipate no action on applications that do not meet the timeline as posted on the IRB web site.

• **APPLICATION FOR REVIEW OF HUMAN PARTICIPANTS RESEARCH**

Submit hard copy with signatures to the
Arkansas Tech University, IRB, Jack Tucci, Ph.D., College of Business, Rothwell 445

Email application as an attachment to jtucci@atu.edu

Principal Investigator(s): *I acknowledge that this represents an accurate and complete description of my research.*

<u>Xiaohan Du</u>	<u></u>	<u></u>
Name of Primary PI	Signature of PI	Date

<u>Xuelin Shao; Chikamso Cynthia Esiaka</u>
Additional Researchers' Names

<u>Dr. Alaric Williams</u>	<u>College Student Personnel</u>
<u>Crabaugh 129</u>	<u>Department</u>
<u>1310 N. El Paso Avenue</u>	
<u>Russellville, AR 72801</u>	
Mailing Address	

<u>(479) 453-xxxx</u>	<u>xdu@atu.edu</u>
Telephone Number	PI Email address

Adviser (complete if PI is a student): I agree to provide the proper surveillance of this project to ensure that the rights and welfare of the human participants are properly protected.

<u>Dr. Alaric Williams</u>	<u></u>	<u></u>
Name of Adviser/Chair (typed)	Signature of Adviser/Chair	Date
<u>Crabaugh 129</u>		
<u>1310 N. El Paso Avenue</u>	<u>awilliams86@atu.edu</u>	<u>(479) 880-xxxx</u>
<u>Russellville, AR 72801</u>		
Adviser's Address	Adviser's Email address	Telephone

Title of Project Mental Health Awareness, Need and Use of Counseling Services for International Students at Arkansas Tech University

PLEASE NOTE: All applications should be typewritten and edited prior to submission for review. If sufficient space is not provided below for a complete description of the proposed project, please use additional pages as necessary.

IRB Approval: <u></u>	<u></u>
Signature of IRB Chair	Date

Summary of Purpose and Objectives
(“See attached protocol” is not acceptable)

Item 1 Describe the purpose of the research. (Research Question/Hypothesis)

Provide summary in space below.

The purpose of this study is to assess the mental health needs of international students at Arkansas Tech University. The study also aims at evaluating their awareness, and use of counseling resources provided on campus.

Item 2 Describe the participants of this study, including:

1) Population to be sampled

Participants in the study comprise of all international students registered for spring 2016 semester at Arkansas Tech University.

2) Sampling procedures

Participants will be invited to fill out an online cross-sectional survey that is sent to their ATU email from International & Multicultural Student Services Office. In the event of not pulling in sufficient feedback from the web based survey within stipulated time frame, the survey instrument will be administered to participants directly.

b) How they will be invited to participate (check as many as apply):

- ☐ Mailed a survey
- ☒ E-mailed a survey or request
- ☒ Asked verbally, face-to-face, by researcher
- ☐ Phone solicitation by researcher
- ☐ Asked by caseworker, instructor, administrator (circle appropriate one)
- ☐ Other (please explain)

3) Projected date of data collection: February 22nd through March 11th, 2016

4) Number of participants expected to participate: 400

5) Relationship to agency/school

All three researchers are current graduate students in the College Student Personnel program at Arkansas Tech University.

6) *How long the participants will be involved*

Approximately 10 minutes to fill out the survey.

7) *Any follow-up procedures planned.*

Not Applicable.

8) *Include a copy of the script or other mechanisms to be used to solicit participants.*

The consent form is included at the beginning of the survey.

Summary of Methodology and Procedures

("See attached protocol" is not acceptable)

Item 3 *Describe each proposed condition, intervention, or manipulation of human participants or their environments. Include a copy of any questionnaires, tests, or other written instruments, instructions, scripts, etc., to be used AS AN APPENDIX.*

Specify if self-created or provide a citation for the source. Include documentation AS AN APPENDIX that you have purchased, or have permission to use, the materials.

A link to a copy of the online survey (See Appendix A) will be emailed to participants, or a hardcopy will be administered directly if the need arises.

The survey was created by the researchers, with and under the surveillance of the adviser.

Participants are expected to fill out the survey in approximately 10 minutes. Participants may choose not to respond to any item if they consider it as being sensitive.

Risks, Costs and Benefits

Item 4 *What risks to participants are most likely to be encountered (physical or psychological, etc.)?*

Any risks are considered to be minimal or nonexistent. Participants might consider one or two questions in the survey as being sensitive. And are allowed to decline giving their response if they choose.

Item 5 *Will the participants encounter the possibility of stress or psychological, social, physical, or legal risks that are greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests?*

[] Yes [X] No If Yes, please explain below.

Item 6 *Will medical clearance be necessary for participants to participate because of tissue or blood sampling, administration of substances such as food or drugs, or physical exercise conditioning?*

[] Yes [X] No If Yes, please explain how the clearance will be obtained.

Item 7 *Will the participants be deceived or misled in any way?*
[] Yes [X] No *If Yes, please explain below.*

Item 8 *Will information be requested that participants might consider to be personal or sensitive?*
[X] Yes [] No *If Yes, please explain below.*

Participants will be asked to provide information regarding any stress related problem they may have or they might have had throughout the period of their studentship at Arkansas tech University. Some participants may regard this information as being sensitive.

Item 9 *Will the participants be presented with materials that might be considered to be offensive, threatening, or degrading?*
[] Yes [X] No

Item 10 *What approach will you use to minimize risks?*

Participants can choose not to respond to any of the survey items which they consider as being sensitive information.

Item 11 *What are the costs to the participants (monetary, time, etc.)?*

Time to fill out the survey is 10 minutes or less.

Item 12 *Will any inducements be offered to the participants for their participation?*

[] Yes [X] No *If Yes, please explain below.*

Item 13 *Describe the benefits that might accrue to either the participants or society. Note that 45 CFR 46, Section 46.111(a)(2) requires that the risks to participants be reasonable in relation to the anticipated benefits. The investigator should specifically state the importance of the knowledge that reasonably may be expected to result from this research.*

Participants: Participants may be benefitted from the adjustment or improvement of customized mental health outreach targeted at and tailored specifically towards meeting the mental health needs of international students at Arkansas Tech University.

Community: Results from this study will be beneficial to inform the administration, Student Services, Student Health and Wellness Center, Counseling Services, and the International and Multicultural Student Services Office about the mental health status of international students. This knowledge will used to improve practices, programming and decision making regarding the provision of value added mental health services for international students at Arkansas Tech University.

Consenting Process

Item 14 *Where will the research study be conducted (school, hospital, etc.)?*

Arkansas Tech University, Russellville

Item 15 *How will the research study be explained to the participants?*

The research will be explained in written form on the informed consent form.

Item 16 *In what manner will you present the information for informed consent?*

☐ Oral ☒ Written

Please include the consent/assent forms or format for oral consent.

You are invited to participate in the research project entitled “Mental Health Awareness, Need and use of Counseling Services for International Student at Arkansas Tech University.” Taking part in this study is entirely voluntary. We urge you discuss any questions about this study with our researchers, Chikamso Cynthia Esiaka, Xiaohan Du and Xuelin Shao. If you decide to participate you must agree with this form to continue the survey.

The purpose of this study is to assess the mental health needs of international students at Arkansas Tech University. The study also aims at evaluating their awareness, and use of counseling resources provided on campus. The findings will be presented at Graduate Student Symposium at Arkansas Tech University. This survey is absolutely voluntary and anonymous, and it will take about 5-10 minutes to complete. If you feel not comfortable toward any of the survey questions, you may choose not to answer it.

Thank you for your time and input! We hope this research could increase the mental health awareness of international students and improve the effectiveness of Counseling Services.

Item 17 *How will the consent form be explained to the participants? (Consider all barriers including culture and language.)*

The consent form is provided at the beginning of the survey in a written form and it is in English. There should not be a significant language barrier since all international student can speak English and they are allowed to use interpreter on their own.

Item 18 *How will you make it clear to the participants that their participation is voluntary and they may withdraw from the study at any time they wish to discontinue participation?*

In the consent form, it has been included that this survey is absolutely voluntary and anonymous. Participants may choose not to answer if they feel not comfortable toward any of the survey questions.

Data Collection

Item 19 *Who will have access to the raw/gathered data? (Investigator, staff, sponsor, IRB, FDA, etc.)?*

Researchers: Xiaohan Du, Chikamso Cynthia Esiaka, and Xuelin Shao

Adviser: Dr. Alaric Williams

Item 20 *Will the data be a part of a record that can be identified with the participant?*

[] Yes [X] No

If Yes, please explain how you will protect the confidentiality of participants.

Item 21 *What are the plans for retention of raw data? (Note: includes hard copy and raw data computer files)*

Data will be kept forever because no identifiers are attached. Data will be stored in form of soft copy in a private computer drive. The raw data will be erased within five years.

Item 22 *What are the plans for dissemination of results? (check all that apply)*

X Possible publication/conference presentation

X Other (please explain)

The result will be shared with International and Multicultural Student Services Office

Item 23 *If tissue samples or specimens are collected, when will they be destroyed? Will they be used for research other than what is described in the consent?*

Not Applicable

Item 24 *Will the participant's participation in a specific experiment or study be made a part of any record available to his or her supervisor, teacher, or employer?*

[] Yes [X] No

If Yes, please describe below.

THE IRB MUST APPROVE THE RESEARCH PROJECT *BEFORE* THE RESEARCHER(S) MAKE(S) ANY CONTACT WITH PARTICIPANTS.

Informed Consent Form

You are invited to participate in the research project entitled “Mental Health Awareness, Need and Use of Counseling Services for International Students at Arkansas Tech University.” Taking part in this study is entirely voluntary and anonymous. We urge you to discuss any questions about this study with our researchers, Xiaohan Du (xdu@atu.edu), Chikamso Cynthia Esiaka (cesiaka@atu.edu), and Xuelin Shao (xshao@atu.edu). If you decide to participate, you must agree with this form to continue the survey.

The purpose of this study is to assess the mental health needs of international students at Arkansas Tech University. The study also aims at evaluating the awareness and use of counseling services provided on campus. The findings will be presented at Graduate Student Symposium at Arkansas Tech University on March 30th, 2016 and other conferences. This survey is absolutely voluntary and anonymous, and it will take about 5-10 minutes to complete. If you feel uncomfortable with any of the survey questions, you may choose not to answer it.

Thank you for your time and input! We hope this research will increase the mental health awareness of international students and improve the effectiveness of the Counseling Services at Arkansas Tech University.

☐ Agree

Mental Health Awareness, Need and Use of Counseling Services for International Students at Arkansas Tech University

Thank you for your input! This survey is anonymous. If you feel uncomfortable with any question, you may choose not to answer it. N/A means not applicable.

Part A: Demographics

1. What is your current classification?
 - ☐ ELI student
 - ☐ Freshman
 - ☐ Sophomore
 - ☐ Junior
 - ☐ Senior
 - ☐ Graduate Student
2. How many years have you studied at Arkansas Tech University?
 - ☐ Less than 1 year
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4
 - ☐ 5
 - ☐ 5+
3. What is your age range?
 - ☐ 18-20
 - ☐ 21-23
 - ☐ 24-26
 - ☐ 27+
4. What is your nationality?
5. I identify my gender as:
 - ☐ Man
 - ☐ Woman
 - ☐ Transgender
 - ☐ Prefer not to disclose

Part B: Awareness & Need

6. Before filling out this survey, did you know that ATU has Counseling Services available to students for free?

- ☐ Yes
 - ☐ No
- 7. How did you know about the Counseling Services? (You could pick more than one option)
 - ☐ From a friend
 - ☐ From an instructor
 - ☐ From IMSSO
 - ☐ From the website
 - ☐ N/A
 - ☐ Other (Please specify) _____
- 8. Have you experienced any stress-related problems (depression, anxiety, homesickness, etc.) recently?
 - ☐ Yes
 - ☐ No
 - ☐ N/A
- 9. Please choose your top 2 stress-related problems from the following.
 - ☐ Homesickness
 - ☐ Loneliness
 - ☐ Stress
 - ☐ Anxiety
 - ☐ Depression
 - ☐ Cultural shock
 - ☐ Financial concerns
 - ☐ Relationship
 - ☐ Academic concerns
 - ☐ Other (please specify) _____
- 10. Do you think the Counseling Services can help you with your stress-related problem(s)?
 - ☐ Yes
 - ☐ Maybe
 - ☐ No
 - ☐ N/A

Part C: Use & Satisfaction

- 11. If you feel any type of stress-related problem, will you be willing to use the Counseling Services?
 - ☐ Yes
 - ☐ Maybe
 - ☐ No
 - ☐ N/A
- 12. If you have used the Counseling Services, were you satisfied?

- ☐ Yes
- ☐ Somehow
- ☐ No
- ☐ Never used it

Part D: Factors

13. What are your concerns with using the Counseling Services?

- ☐ Language barrier
- ☐ Religious difference
- ☐ Cultural background
- ☐ Time
- ☐ Privacy/Confidentiality
- ☐ Social shame
- ☐ Other (please specify) _____

14. If the Counseling Services can provide an interpreter/ translator, will you be more comfortable to use the Counseling Services?

- ☐ Yes
- ☐ Maybe
- ☐ No
- ☐ N/A

15. Please feel free to add any comment in the box below that you would like us to know.
Thank you for your information!