



Project New Day

Screening Interview Script

Following the review of the initial screening survey, participants will be scheduled to partake in a screening interview. The following script serves as a guideline to facilitate a conversation to review, confirm, and clarify responses provided by participants in the previous screening phase.

During the interview there may be discrepancies between the answers provided in the initial questionnaire and the responses provided during your conversation. Use the empty text boxes below each question and dialogue to bring clarity to responses outlined in the provided script.

Questions and responses highlighted in **red** indicate exclusionary criteria. Any responses that are in **red text** would make the client ineligible to receive services and the appropriate email should be sent to the respondent. Clients you do not respond with any **exclusionary responses** are deemed eligible and should be sent an email to schedule the second interview with a PND life coach.

Intro: Hello, am I speaking with **–Insert name here–**? I’m calling to guide you through the second phase of the Project New Day screening and acceptance procedure. Depending on your responses, this interview may last up to two hours. Are you OK with this time frame?

Yes- Continue with interview

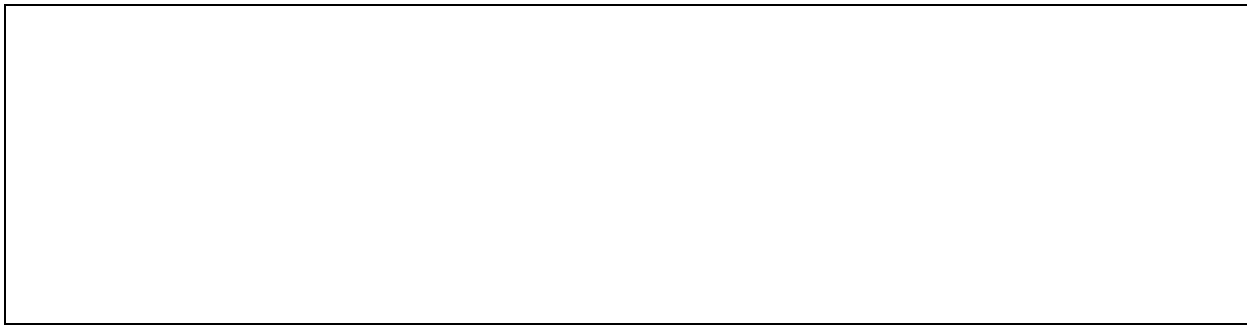
No- Reschedule call, ensure that client wishes to continue with screening process.

Demographics: To begin, I would like to just confirm some of the preliminary information you provided us with. **-Review and confirm demographic information here, update where needed-**. Thank you, now we will move on to the rest of the interview. This process will mostly consist of reviewing and confirming responses that you provided on your initial survey. In addition, it will provide you with an opportunity to clarify or expand on specific topics that were covered previously. Are you ready to continue?

Yes- Continue with interview

No- Reschedule call, ensure that client wishes to continue with screening process. Response Summary (Demographic Updates):

Response Summary (Demographic Updates):



OHA Criteria:

Q1. Have you taken the prescription drug Lithium in the last 30 days?

- Yes
- No

Q2. Have you been diagnosed with bipolar disorder?

- Yes
- No

Q3. Have you been diagnosed with Schizophrenia?

- Yes
- No

Q4. Have you been diagnosed with a Personality Disorder?

What is a personality disorder? (If client is unsure whether or not they have been diagnosed with a personality disorder, the following definition can be provided.)

“There are many types of personality disorders, each with important differences. These disorders are organized into three groups, or clusters, with shared features and symptoms:

Group A personality disorders

Paranoid personality disorder
Schizoid personality disorder
Schizotypal personality disorder

Group B personality disorders

Borderline personality disorder
Histrionic personality disorder
Narcissistic personality disorder
Antisocial personality disorder

Group C personality disorders

Avoidant personality disorder
Dependent personality disorder
Obsessive-compulsive personality disorder”

- Yes
- No

Q5. Are you breastfeeding, pregnant, or intending to become pregnant in the next six months?

- Yes
- No

Q6. Have you ever experienced a psychotic episode or been treated for active psychosis?

What is psychosis? (If client is unsure whether or not they have experienced psychosis, the following definition can be provided.)

“A mental disorder characterized by a disconnection from reality.

Psychosis may occur as a result of a psychiatric illness like schizophrenia. In other instances, it may be caused by a health condition, medications, or drug use.

Possible symptoms include delusions, hallucinations, talking incoherently, and agitation. The person with the condition usually isn't aware of his or her behavior.

Treatment may include medication and talk therapy.”

- Yes
- No

Q7. Have you recently experienced thoughts of causing harm, or wanting to cause harm, to yourself?

- Yes
- No

Q8. Do you have a history of causing harm or wanting to cause harm to others?

- Yes
- No

Q9. Have you been convicted of a violent crime (i.e., murder, rape, aggravated assault, robbery)?

- Yes
- No

Medical Questions:

Q10. Do you have any heart conditions?

- Yes
- No

Q11. Have you ever had a stroke?

- Yes
- No

Q12. Have you ever had a heart attack?

- Yes

No

Q13. Have you ever had a seizure?

Yes

No

Q14. Do you have a history of high blood pressure?

Yes (Go to Q14)

No (Go to Q15)

Q15. Are you taking medication to manage your high blood pressure?

Yes

No

Q16. Do you have insulin-dependent diabetes?

Yes

No

Q17. Do you have renal disease?

Yes

No

Substance Use (Non-psychedelic):

Q18. Are you currently taking any medications?

Yes (Go to Q19)

No (Go to Q20)

Q19. Please provide a list of all the medications you are currently taking.

Exclusionary Responses:

Synthetic Opioids-

Methadone

Suboxone

Buprenorphine

Antidepressants

MAOIs: block the activity of monoamine oxidase, an enzyme that breaks down norepinephrine, serotonin, and dopamine in the brain and other parts of the body

Nardil (phenelzine)

Parnate (tranylcypromine)

Emsam (selegiline)

Marplan (isocarboxazid)
Zelapar (selegiline)
Eldepryl (selegiline)
Linezolid (Zyvox)
Methylene blue (Provyblue)
Procarbazine (Matulane)
Rasagiline (Azilect)
Selegiline (Eldepryl, Zelapar)

SSRIs: block the reuptake of serotonin in the brain

Citalopram (Celexa)
Escitalopram (Lexapro)
Fluoxetine (Prozac)
Fluvoxamine (Luvox)
Paroxetine (Paxil, Pexeva)
Sertraline (Zoloft)
Vilazodone (Viibryd)

SNRIs: block the reuptake of serotonin and norepinephrine

Duloxetine
Venlafaxine
Desvenlafaxine

TCAs: block the reabsorption of serotonin, norepinephrine, muscarinic M1, histamine H1, and alpha-adrenergic receptors

Amitriptyline
Clomipramine
Desipramine
Doxepin
Imipramine
Nortriptyline
Protriptyline
Trimipramine

Atypical antidepressants: Each function by unique mechanisms of action and can affect levels of dopamine, serotonin, and norepinephrine in the brain

Bupropion
Trazodone
Mirtazapine

*In the event that the only exclusionary criteria met is the prescription and current administration of any of the above medications classified as an antidepressant, the client will have the option to begin tapering off their prescription medication. This must be done under

the supervision of the client's primary care physician and PND will need a note from the doctor indicating the approved and supervised elimination of the exclusionary medication. The tapering period must happen over the course of 3 months or over a course of time recommended and approved by the client's doctor, whichever is longer. After the client has completely discontinued the use of the medication for a total of two weeks, they will be eligible to engage in PND services. An email containing this information has been drafted at the bottom of this document. This can be sent out to anyone who meets all eligibility requirements except the ones found in this box.

Q20. Do you use nicotine products?

- Yes (Go to Q22)
- No (Go to Q23)

Q21. On a scale from 1 to 5 please indicate how often you use nicotine products. One being "not very frequently" and five being "very frequently".

Record Response Below:

(Not very frequently)1-----2-----3-----4-----5(Very Frequently)

Q22. Do you use marijuana?

- Yes (Go to Q23)
- No (Go to Q24)

Q23. On a scale from 1 to 5 please indicate how often you use marijuana products. One being "not very frequently" and five being "very frequently".

Record Response Below:

(Not very frequently)1-----2-----3-----4-----5(Very Frequently)

Q24. Do you drink alcoholic beverages?

- Yes (Go to Q25)
- No (Go to Q26)

Q25. On a scale from 1 to 5 please indicate how often you drink a beverage containing alcohol. One being "not very frequently" and five being "very frequently".

Record Response Below:

(Not very frequently)1-----2-----3-----4-----5(Very Frequently)

Prior Use:

Q26. Have you ever had an opportunity to receive or take a psychedelic substance such as mescaline, LSD, DMT, psilocybin, ibogaine, ayahuasca, MDA, or MDMA? (do NOT count marijuana/hashish use)

- Yes (Go to Q27)
- No (Go to Q51)

Q27. Have you taken LSD?

- Yes (Go to Q28)
- No (Go to Q30)

Q28. How many times have you used LSD?

Record Numerical Value Below:

_____ times

Q29. Did you experience any suicidal ideations following your use of LSD?

- Yes
- No

Q30. Have you taken MDMA (aka, ecstasy, molly or X)?

- Yes (Go to Q31)
- No (Go to Q33)

Q31. How many times have you used MDMA?

Record Numerical Value Below:

_____ times

Q32. Did you experience any suicidal ideations following your use of MDMA?

- Yes
- No

Q33. Have you taken MDA (aka Sally, Sass, or Sassafras)?

- Yes (Go to Q34)
- No (Go to Q36)

Q34. How many times have you used MDA?

Record Numerical Value Below:

_____ times

Q35. Did you experience any suicidal ideations following your use of MDA?

- Yes
- No

Q36. Have you taken DMT?

- Yes (Go to Q37)
- No (Go to Q39)

Q37. How many times have you used DMT?

Record Numerical Value Below:

_____ times

Q38. Did you experience any suicidal ideations following your use of DMT?

- Yes
- No

Q39. Have you taken Psilocybin?

- Yes (Go to Q40)
- No (Go to Q42)

Q40. How many times have you used Psilocybin?

Record Numerical Value Below:

_____ times

Q41. Did you experience any suicidal ideations following your use of LSD?

- Yes
- No

Q42. Have you taken Mescaline?

- Yes (Go to Q43)
- No (Go to Q45)

Q43. How many times have you used Mescaline?

Record Numerical Value Below:

_____ times

Q44. Did you experience any suicidal ideations following your use of Mescaline?

- Yes
- No

Q45. Have you taken Ayahuasca?

- Yes (Go to Q46)
- No (Go to Q48)

Q46. How many times have you used Ayahuasca?

Record Numerical Value Below:

_____ times

Q47. Did you experience any suicidal ideations following your use of Ayahuasca?

- Yes
- No

Q48. Have you taken Ibogaine?

- Yes (Go to Q49)
- No (Go to Q51)

Q49. How many times have you used Ibogaine?

Record Numerical Value Below:

_____ times

Q50. Did you experience any suicidal ideation following your use of Ibogaine?

- Yes
- No

Q51. Are there any drugs that you have used in the past or that you are currently using, that have not been mentioned?

- Yes
- No

Q52. Can you please provide the names of the drugs that you have used are currently using that were not previously listed? If so, how frequently do you use these drugs?

Family History:

Q53. Are there any first-degree relatives (children, parents, or siblings) in your family who have ever been diagnosed with schizophrenia, bipolar, or other psychotic disorder?

- Yes (Go to Q55)
- No (Go to Q55)
- Unsure (Go to Q54)

Q54. Please tell us what you mean by "unsure" above:

Q55. Are there any second-degree relatives (aunts, uncles, grandparents, nieces, or nephews) in your family who have ever been diagnosed with schizophrenia, bipolar disorder or other psychotic disorder?

- Yes (Go to Q57)
- No (Go to Q57)
- Unsure (Go to Q56)

Q56. Please tell us what you mean by "unsure" above:

Housing Assessment:

Q57. In the past two months, have you been living in stable housing that you own, rent, or stay in as part of a household?

- Yes
- No (Indicates client is positive for homelessness)

Q58. Where have been most recently living? -Response to Q57 may guide how this question is approached-

- In an emergency shelter, safe haven, or transitional housing project?
- In an institution (including hospital, jail, prison, juvenile detention facility, long-term care facility, or nursing home)?
- In a place not meant for human habitation (including in a car, unsheltered on the street or under a bridge, etc.)
- In housing you shared with others, but did not own
- In housing you rented
- In housing you owned

Q59. Is there violence or conflict in the place you have been most recently staying?

- Yes
- No

Q60. Is your health or safety at risk in the place you have most recently been staying (due to situations other than violence, such as substandard housing or severe overcrowding)?

- Yes
- No

Q61. Are you currently living with people who you have unhealthy relationships with?

- Yes
- No

Q62. Are you currently living with people who would be unhappy to see you working to improve the current state of your life?

- Yes
- No

Q63. How long have you been in your most recent living situation?

Record length of stay below:

Q64. Are you worried or concerned that in the next two months you may NOT have stable housing that you own, rent, or stay in as part of a household?

- Yes (Indicates client is positive for risk of homelessness)
- No

Q65. Do you have access to reliable connection to the internet?

- Yes
- No

Conclusion:

This concludes your first interview. We will be in contact with you soon regarding the next steps. If you are approved, you will be contacted to schedule a second virtual meeting. The second interview will be with a PND life coach, similar content will be covered in order to ensure quality of screening and proper eligibility of participants. Following this second interview, you will be contacted regarding final eligibility decisions. Upon approval, steps will be taken to begin PND services. Having heard and understood the upcoming steps, do you wish to continue with the acceptance and screening procedures?

Yes) We at Project New Day are happy to hear that you are interested in allowing us to support you through this process. You will hear back from us soon regarding a second interview. Thank you so much, and before we end our call, do you have any questions or concerns you would like to address?

- **Field questions and concerns and refer to rubric in consideration for second interview.**

No) We at Project New Day are sorry to hear that you would no longer like to continue working with us. Before we end this call, may I ask what has discouraged you from continuing to pursue PND services?

-**Record response, if possible, clarify any miscommunications that may have caused the participant to rescind interest in service. If the client is sure they would like to stop receiving communication from PND terminate application. -**

Exclusionary Medications Email

Hello {Insert Name},

PND is reaching out in regard to your eligibility following your first interview. After a review of your responses, PND has found that you are currently ineligible to engage in psilocybin assisted services. Your response indicating your use of {Insert Exclusionary Medication} has been flagged as exclusionary criteria due to its potential adverse effects when co-administered with psilocybin. To safely engage with psilocybin, it would be required that you slowly taper off the use of {Insert Exclusionary Medication} under the supervision of your doctor. If you choose to take this route, PND would need a letter from your physician outlining their recommendation regarding a timeline for you to safely discontinue the use of {Insert Exclusionary Medicine}. PND requires the use of antidepressants to be completely stopped for at least 2 weeks before a psychedelic experience and the process of tapering off the medication to happen over the course of at least 3 months or the timeline recommended by your doctor, whichever is longer. If you are interested in continuing this process, please respond to this email with a copy of a letter from your doctor approving the discontinuation of {Insert Medications} and a timeline for the process of tapering. Upon receiving this letter PND will begin to schedule services so that your first psilocybin session will take place 2 weeks after exclusionary drugs have been completely stopped. If you have any questions regarding this process, please feel free to email us at info@projectnewday.foundation.

Thank you,

Project New Day