



FOLLOW-UP INTERVIEW CONSENT FORM

PARENT-CHILD ASSISTANCE PROGRAM (PCAP)
University of Washington Department of Psychiatry and Behavioral Sciences

Head Researcher:

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Researcher's Statement:

Why is the research taking place?

The University of Washington is doing this research to learn how 3 years of working with a case manager may help mothers and their families. We want to learn what kinds of services are useful. We want to know if the program helps mothers become healthy and alcohol and drug free. This study is funded by the Washington State Health Care Authority.

When you started PCAP, a clinical supervisor interviewed you and told you after 3 years a UW researcher would ask to interview you again. You have been in PCAP now for about 3 years. The purpose of this consent form is to give you information to help you decide if you want to continue in the PCAP research study. Please read the form carefully. You may ask questions about why the research is taking place, what you would be asked to do, the possible risks and benefits, your rights as a person in this study, and anything else that is not clear. When all your questions have been answered, you can decide if you want to continue in the study. This is called 'informed consent.'

What would I be asked to do?

If you do decide to take part in the study, I would ask you the same questions you were asked in the first interview. I would ask about your family, your use of drugs and alcohol, your pregnancy history, and your arrest history. The interview takes about 2 hours. Many questions are very personal. Examples of these questions are:

"Have you worked as a prostitute for either drugs or money?"

"Have you ever been arrested because of your drug use?"

I would also ask you to fill out a form about your work with your case manager. You would be asked if you agree with statements such as, "My case manager helps me learn how to solve my problems." I would share the information on this form with PCAP staff so we can improve services. I would take your code number off the form before sharing it.

What are the possible risks or harms if I take part?

Risks could include breaks in the privacy of information about you. If you say that you may harm yourself or others, we will report it to a mental health worker or the police. If we become aware of child abuse or neglect, we will report it to CPS. Some questions are very personal and you might be upset by them. You may have a hard time reading or understanding some questions. If this happens I will explain the questions to you.

What are the possible benefits?

There may not be a direct benefit to you, but being in this study might help researchers better understand how mothers can become healthy and alcohol and drug free.



What are my choices if I don't take part?

You don't have to be in the PCAP research study if you don't want to. If you don't want to take part in the research study, you can still be in the PCAP program. If you decide to be in the study, you don't have to answer every question. You may leave the study at any time. If you want to leave, you can write to or call the head researcher at the toll free number listed at the top of this form. You won't be penalized in any way if you decide not to take part, skip questions, or leave the study early. The UW study team would destroy all research information about you and wouldn't contact you again.

Who would see study information about me?

Three groups of people may see study information about you:

- The research team at the University of Washington. The research team will keep your study information confidential. Study forms use a code number, not your name. Your name will be kept separate from information about you that is collected for the study. We will *not* see your PCAP program information, such as notes that your case manager kept about their work with you. We will only use information about you for our research. We won't give study information to CPS or your DSHS caseworker. We may give information about you to researchers from Washington State Health Care Authority (HCA), including your name and other information that could identify you. HCA researchers may want to use your information to evaluate agency programs and services. We may give study information that *doesn't* identify you to other researchers without your written consent. All researchers are required to keep study information confidential. If the research team writes any reports about the PCAP research study, we won't use your name or any other information that could identify you in the reports.

We have a Confidentiality Certificate (CC) from the US government. The Certificate adds special protections for your privacy. This means that we can't be forced to give research information to anyone, even if a court orders us to. But if you want them to give study information to other people or agencies, you would need to give us permission in writing. If the study is audited, the auditor may see research information about you.

- PCAP program staff. PCAP program staff will collect and use information about you so we can help you get services. Information to help you get services is not protected by the Certificate of Confidentiality.
- The courts. You may have been asked to sign a release form that gave permission for PCAP program staff to talk about you in court or to give information to a lawyer or probation officer. If you did this, the court might try to get other information about you. The court could try to get information that we collect for the study. Even if you didn't sign a release form, the PCAP program staff may have had to give information about you if a court ordered them to.

There are some exceptions to the protection of your privacy: 1) PCAP could be ordered by a court to release your program records. 2) If you reveal that you may hurt yourself, we will call a mental health worker or the local Crisis Line. 3) If you threaten to hurt someone else, we will call the police. 4) If we become aware that a child is being abused or neglected, we will report it to Child Protective Services.

Would I be paid for my time? Will the study cost me anything?



You don't have to pay to be in the study. We will pay you \$20 or give you a \$20 gift card for the second interview.

What else do I need to know?

If you take part in this study, we will keep your research information for 6 years after the study ends. This includes your name and other contact information you give to us, and all research information.

You have rights as someone who takes part in research. You may call the Washington State Institutional Review Board if you have questions, concerns, complaints, or to offer input about your rights in this research study. The Board oversees this study to protect your rights. You can call toll-free at (800) 583-8488. You don't have to give your name if you call.

We would like to get in touch with you if we do another study. The new study would look at how you and your child are doing and if PCAP was helpful to you over the years. If we can't reach you, we would like to contact family members or friends whose names you give us. If we can't find you, we would like to use your name, birth date, and Social Security number to find you. We would like to use your tribal enrollment number, if you are a member of an Indian tribe. We would use this information to find you in Department of Social and Health Services records. If we use these records to find you, we will only collect your address and phone number. We would then contact you about the new study. We'll ask you to sign a separate consent form if it's OK to contact you about another study.

INVESTIGATOR SIGNATURE	DATE
<p><u>If you agree to participate:</u> This study has been explained to me. The research interviewer told me that some questions may be very personal. They told me that if I plan to hurt others or myself they will report it to a mental health worker or the police. If they are concerned about child abuse or neglect, they will report it to Child Protective Services. They will pay me \$20 or give me a \$20 gift card for the 3-year study interview. I freely agree to be in this study. They told me that I don't have to answer every question and I can stop being in the study at any time, without penalty. I have had a chance to ask questions. If I have any questions about the study or want to stop being in the study, or if I want to report a research-related problem, I can call the head researcher at the toll free number listed at the top of this form. If I have any questions about my rights as a person who takes part in this study, I can call the Washington State Institutional Review Board toll free at 1-800-583-8488. I don't have to give my name if I call.</p> <p>I have been told that PCAP program staff may have to release program information about me, if a court orders them to.</p>	
PARTICIPANT SIGNATURE	DATE

Copies to: Participant
 Researcher's file