

[UNIVERSITY/SCHOOL]
ASSENT FORM

Principal Investigator:

Study Title:

IRB No.:

PI Version Date:

Key Information about the Study

- You are being asked to participate in a research study to help us understand binge substance use in Native American youth.
- This study is a 2–4-hour long review of a lesson.
- Your participation will help us understand if the lesson needs any changes before the final part of the research study.
- Your decision to participate is voluntary. You may choose not to take part at all, and if you let you join, you may decide to quit at any time. There will be no penalty if you decide to end your participation in the study.
- During the study, we will tell you if we learn any new information that might affect whether you wish to continue to be in the study.

Purpose of the study

This research is being done to adapt a brief program to reduce binge substance use for Native American youth ages 12-17. To better understand how the program will be delivered with youth with recent binge alcohol use, we want study staff to be familiar with the lesson components and language.

We will make sure you understand all the study procedures. You should ask questions at any time. Please sign this form for you to join this study. We will give you a copy of this form for your records.

Why you are being asked to join the study

You are being asked to join this study because you are Native American age 12-17 years old, reside on or near [Reservation], and have a recent binge alcohol use event reported to the surveillance system. We expect a total of 10 youth and young adults to participate in this study.

Study procedures

If you join this study, we will ask you to allow a trained Life Research Program Assistant to visit you at your home or another private location. This visit will occur once for 2-4 hours.

During this visit, the Life Research Program Assistant will review a lesson with you that teaches life skills and coping strategies. If you are not already in contact with local services and resources that could be helpful to you, the RPA can also help you get connected to these services in the community.

We won't report anything you tell us in the visits unless we're worried you might hurt yourselves, you might hurt someone else, or someone is hurting you. Life RPAs will make sure you understand all the study procedures. You can ask questions at any time. Please sign this form for you to be able to join the study.

Risks

The main burden to you is that you may feel uncomfortable reviewing the lesson, especially talking about your mental health and risky behaviors.

We hope you will feel more comfortable knowing our study staff are trained to discuss sensitive topics appropriately, be good listeners, emphasize the importance of confidentiality, keep your information private and connect you to appropriate resources in the community. Please note that we will not notify or disclose anything that you disclose to us during the study.

Benefits

Your participation will benefit your community and science by helping to understand how the program can help Native American youth. We will use this session to make any needed adaptations this program so it can be offered to youth in the community to help reduce their substance use.

Payment

You will not receive any money if they join this study.

Voluntary participation

You do not have to join and participate in this study. The alternative is not to participate in the study. As needed or requested, Life RPAs will refer all individuals to care outside the study, including referrals to mental health care providers.

You may leave the study at any time without any penalty. Please note, if you decide to withdraw from the study at any time, it will not affect your care you receive at [Healthcare Unit(s)]. If you move off-reservation or are relocated for treatment, you will not be expected to participate in the study.

Do you have any questions?

If you want to join this study, please sign your name. You will get a copy of this form to keep for yourself.

(Sign your name here)

(Date)

(Signature of Person Obtaining Assent)

(Date)