

**UNIVERSITY OF MICHIGAN  
CONSENT TO BE PART OF A RESEARCH STUDY**

**KEY INFORMATION ABOUT THE RESEARCHERS AND THIS STUDY**

**Study title: Promoting Community Conversations About Research to End Suicide**

**Principal Investigator: Lisa Wexler, PhD, University of Michigan** in collaboration with Kawerak and Norton Sound Health Corporation

**Study Sponsor: National Institutes of Health**

You are invited to take part in a research study. This form contains information that will help you decide whether to join the study.

**Introduction:** Thank you for showing interest in joining our research project aimed at learning how community members support one another and hoping to increase actions that increase wellness and prevent suicide. This research will also evaluate the PC CARES curriculum which aims to increase wellness and suicide prevention in Native Alaskan communities. We will ask you to complete a survey that will take approximately 25 minutes. There is a small risk that the survey questions will remind you of a difficult event or will point out something you are not currently doing for prevention, and the benefit of participating is that you will help us understand where PC CARES is successful in improving wellness and prevention behaviors in your community. I want to explain the whole project to you and let you ask any questions. At the end of our visit, you can decide if you want to join in the project by filling out a survey. Participating in this study is totally voluntary and up to you. Even after starting the survey, you can quit at any time and that will be okay.

This consent form is set up to describe the project and your part in it a little at a time. We will stop and ask if you have any questions to make sure that you fully understand before we move on to the next part. It is okay to stop me and ask questions at any time. It will take us about 10 minutes to go over this information.

**PURPOSE OF THIS STUDY**

The survey asks questions about what you think and what you do for prevention and wellness. We are trying to understand what community members are doing for wellness and suicide prevention, and specifically what supports and protective factors are in place for young people who live here. We hope to learn specifically how community members are there for each other in different ways. This information will inform PC CARES: a community education model that will start in a month or so in your community. PC CARES brings local people together to learn about prevention and to build a community support network so that youth get the care and support they need before a suicide crisis.

**Do you understand why this project is being done?**

Affirmed by youth	<input type="checkbox"/>
-------------------	--------------------------

**WHO CAN PARTICIPATE IN THE STUDY**

Anyone aged 15 or older who lives or works in this community.

**How many people are expected to take part in this study?** We expect to have up to 975 people across the Bering Strait region to participate in this research over the next 3 years.

**Do you understand who will be in this study?**

Affirmed by youth	<input type="checkbox"/>
-------------------	--------------------------

**INFORMATION ABOUT STUDY PARTICIPATION**

**What will happen to me in this study?** We will be asking you and other people who live in the community if they have done certain things for prevention in the past 3 months, how often and with whom. There will also be questions about how much you know about increasing wellness in your community. Questions might include, "In the last 3 months, did you openly share your thoughts and feelings?" or "In the last 3 months, did you help someone solve a problem?"

**How much of my time will be needed to take part in this study?** The survey will take about 25 minutes to fill out. We will return in about 6 months, after PC CARES is offered in your community, to see if you are willing to fill out another one of these surveys. We will be back in touch to see if you are interested whether or not you participated in the PC CARES learning circles.

**Do you understand how the process will work, and what kinds of questions you may be asked?**

Affirmed by youth

### INFORMATION ABOUT STUDY RISKS AND BENEFITS

**What risks will I face by taking part in the study?** It is possible that you may feel sad about not doing some of the prevention actions described. Remember, you can choose not to answer a question(s), take a break, or stop doing the survey at any time: no problem. You do not have to answer any questions you do not want to answer. Because this study collects information about you, one of the risks of participating in this research is a loss of confidentiality. We are very careful to make sure your answers are private.

**Do you understand that you probably will not have any problems participating in this research project, but that if you did feel uncomfortable you are always in control to take a break, skip answering a question or even stop participating all together?**

Affirmed by youth

**How could I benefit if I take part in this study? How could others benefit?** You will not get any direct benefit from participating in this research study, but your answers combined with answers from others in your community will help demonstrate the actions people in your community take related to suicide prevention. It will also help evaluate the PC CARES program that will take place in your community and help us to make it more effective in promoting wellness and preventing suicide.

**Do you understand that you will not receive any direct benefit from participating, but that your answers will contribute to improved wellness and prevention work in your community?**

Affirmed by youth

### ENDING THE STUDY

**If I want to stop participating in the study, what should I do?** You are free to leave the study at any time. If you leave the study before it is finished, there will be no penalty to you. If you decide to leave the study before it is finished, please tell one of the persons listed in the "Contact Information" section below. If you choose to tell the researchers why you are leaving the study, your reasons may be kept as part of the study record. The researchers will keep the information collected about you for the research unless you ask us to delete it from our records. If the researchers have already used your information in a research analysis it will not be possible to remove your information.

**Do you understand that you can quit this study at any time, and there will be no penalty?**

Affirmed by youth

### FINANCIAL INFORMATION

**Will I be paid or given anything for taking part in this study?** You will receive a gift of \$20.00 for your participation.

**Do you understand how much you will be paid?**

Affirmed by youth

### PROTECTING AND SHARING RESEARCH INFORMATION

**How will the researchers protect my information?** Your answers will be private and will not be linked to your name. Your answers will only be attached to a numerical ID that we will assign to you so we can

see if things have changed when we come back in around 6 months. All results that are made public will be summary results, they will not report anything that would identify a person. Summary results will be shared with Tribal leadership and may appear in scientific literature.

**Who will have access to my research records?** Only Dr. Wexler and her direct research staff will have access to your records.

**What will happen to the information collected in this study?** Your survey data will be stored at the University of Massachusetts. Paper copies will be kept in a locked file cabinet in a locked office and electronic files will be kept on a secure encrypted server that is accessed only with a password. All linkfiles and any data that includes your name or other identifiers will be destroyed at the completion of the research project. The results of this study could be published in an article or presentation, but will not include any information that would let others know who you are.

**Will the information I give be used for future research or shared with others?** We may use or share your research information for future research studies. If we share the information with other researchers it will be de-identified, which means that it will not contain your name or other information that can directly identify you. This research may be similar to this study or completely different. We will not ask for your additional informed consent for these studies.

**Special Requirements** A description of this clinical trial will be available on [www.ClinicalTrials.gov](http://www.ClinicalTrials.gov), as required by the National Institutes of Health (NIH). This website will not include information that can identify you. At most, the website will include a summary of the results. You can search this website at any time.

To protect your privacy, this research holds a Certificate of Confidentiality from the National Institutes of Health. This means that we cannot be forced to disclose any research information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. For additional information about the CoC please contact the Principal Investigator.

**Do you understand that your answers will not be connected with your name and how your data will be stored?**

Affirmed by youth	
-------------------	--

## CONTACT INFORMATION

### Who can I contact about this study?

Please contact the researchers listed below to:

- Obtain more information about the study
- Ask a question about the study procedures
- Report an illness, injury, or other problem (you may also need to tell your regular doctors)
- Leave the study before it is finished
- Express a concern about the study

**Principal Investigator: Dr. Lisa Wexler**

**Email: [lwexler@umich.edu](mailto:lwexler@umich.edu)**

**Phone: (413) 824-1190**

**If you have questions about your rights as a research participant, or wish to obtain information, ask questions or discuss any concerns about this study with someone other than the researcher(s), please contact the following:**

University of Michigan  
Health Sciences and Behavioral Sciences Institutional Review Board (IRB-HSBS)  
2800 Plymouth Road  
Building 520, Room 1169Ann Arbor, MI 48109-2800

Telephone: 734-936-0933 or toll free (866) 936-0933

Fax: 734-936-1852

E-mail: [irbhsbs@umich.edu](mailto:irbhsbs@umich.edu)

Or

Alaska Area IRB: 907-729-3924 (collect calls accepted) [akaalaskaarealRB@anthc.org](mailto:akaalaskaarealRB@anthc.org)

Norton Sound RERB: (907) 443-3304 / [research@nshcorp.org](mailto:research@nshcorp.org)

## 11. YOUR ASSENT

### Assent to Participate in the Research Study

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. I/We will give you a copy of this document for your records and I/we will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information in Section 10 provided above.

*I understand what the study is about and my questions so far have been answered. I agree to take part in this study.*

Print Legal Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Signature (mm/dd/yy): \_\_\_\_\_

## 12. OPTIONAL CONSENT

CAN WE CONTACT YOU WITHIN THE YEAR TO SEE IF YOU'D BE WILLING TO DO THIS AGAIN?

YES

NO

If yes:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Text: \_\_\_\_\_

Phone: \_\_\_\_\_

Someone else's contact number (phone/text) who is likely to be able to reach you:

Name: \_\_\_\_\_

Contact number: \_\_\_\_\_