UNIVERSITY OF MICHIGAN
CONSENT TO BE PART OF A RESEARCH STUDY

1. 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 Yukon Kuskokwim 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.

Things you should know:

- The purpose of the study is to better understand the experiences of PC CARES facilitators in implementing PC CARES
- If you choose to participate, you will be asked to sign this consent form to allow us to take notes during the Training of Facilitators and the monthly support calls. Then you can participate in conversations normally.
- Risks or discomforts from this research include the possibility that you may say something that you later regret. If this happens, you can contact the researchers to ask them to remove the remark from the notes.
- There are no direct benefits to you for participating, but your participation will help us build increased supports for future PC CARES facilitators.

Taking part in this research project is voluntary. You do not have to participate and you can stop at any time. Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

2. PURPOSE OF THIS STUDY

We want to learn how we can make PC CARES better by understanding more about the experiences of PC CARES facilitators. Just to remind you, PC CARES stands for Promoting Community Conversations About Research to End Suicide. As a PC CARES facilitator, you will work with your community members to prepare and support them to reach out to young people in their lives *before* a crisis. This study will help us understand what parts of PC CARES are challenging for facilitators and how we can build additional supports for future PC CARES facilitators. Ultimately, we hope that successful implementation of PC CARES will increase wellness and prevention in your community.

3. WHO CAN PARTICIPATE IN THE STUDY

Who can take part in this study? Anyone who attends the PC CARES Training of Facilitators can participate in this study.

How many people are expected to take part in this study? We expect to have approximately 20 people participate in this aspect of the research. The full research projects includes about 1600 people.

4. INFORMATION ABOUT STUDY PARTICIPATION

4.1 What will happen to me in this study?

If you choose to participate in this study, you will participate in conversations during the Training of Facilitators and during the monthly support calls normally. You don't need to do anything special. We will take notes about your experiences, concerns, challenges, successes, questions, but will not write your name.

4.3 If I decide not to take part in this study, what other options do I have?
If you choose not to participate in this portion of the study, that is fine. We will still take notes on what others in the class say, but we will not take notes on any of your comments.

5. INFORMATION ABOUT STUDY RISKS AND BENEFITS

5.1 What risks will I face by taking part in the study? What will the researchers do to protect me against these risks? It is possible that you will say something during the Facilitator Training or during the monthly support calls that you later reconsider or regret. If that happens, you can contact the researchers to ask us to remove that comment from our notes.

Breach of confidentiality is a potential risk in all research. We avoid this risk by not writing down anyone's name or identifying information in our notes.

5.2 How could I benefit if I take part in this study? How could others benefit? You may not receive any personal benefits from being in this study. However, others may benefit from the knowledge gained from this study. By becoming a facilitator, you will gain skills in how to increase wellness in your community. If you also participate in the study, you will help us make PC CARES better by understanding more about the experiences of facilitating PC CARES Learning Circles.

6. ENDING THE STUDY

6.1 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.

7. FINANCIAL INFORMATION

7.1 Will I be paid or given anything for taking part in this study? There is no compensation for this portion of the research study.

8. PROTECTING AND SHARING RESEARCH INFORMATION

8.1 How will the researchers protect my information Once we enter your data into a computer database, we'll assign you a Participant ID. All of your answers will be tied to that ID and no longer be tied to your name. 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.

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

8.3 What will happen to the information collected in this study?
Your answers will be private and will not be connected with your name, just an ID number so we can see what people learn over time. We will not share your answers with your supervisor, UAF instructor, or anyone else. All results that are made public will be summary results, they will not report anything that would identify any particular person. Summary results will be shared with Tribal leadership and may appear in scientific literature.

8.4 Will my information be used for future research or shared with others?
We may use or share your research information for future research studies. If we share your 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.

8.4.1 Special Requirements A description of this clinical trial will be available on 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.

This trial will be registered and may report results on www.clinicaltrials.gov. This site 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.

9. 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
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 For International Studies, include the appropriate calling codes.
Fax: 734-936-1852
E-mail: irbhsbs@umich.edu

You can also contact the University of Michigan Compliance Hotline at 1-866-990-0111.

You can also contact Dr. Joseph Klejka from the Yukon-Kuskokwim Health Corporation at 907-543-6024 email him at joe_klejka@ykhc.org if you have questions regarding your rights as a research participant.

The UAF Institutional Review Board (IRB) is a group that looks at research projects involving people. This review is done to protect people like you who are part of research. If you have questions or concerns about your rights as a research participant, you can contact the UAF Office of Research Integrity at 474-7800 (Fairbanks area) or 1-866-876-7800 (toll-free outside the Fairbanks area) or uaf-irb@alaska.edu.

10. YOUR CONSENT

Consent/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 9 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): _____