**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 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 complete 3 surveys. 1) Before the Facilitator training, 2) At the end of the Facilitator training, 3) during Spring 2023. Each survey will take 25 minutes or less.
- Risks or discomforts from this research include the possibility that answering the questions may remind you of a difficult event or may point out something that you are not doing for prevention. If this happens, you can skip any questions or stop filling out the survey, no problem.
- There are no direct benefits to you for participating, but your participation will help us build increased supports for future PC CARES facilitators.

Participating in this research project is totally voluntary an up to you. Even after starting, you can choose to quit at any time and that will be okay. Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

## 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.

## 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.

## INFORMATION ABOUT STUDY PARTICIPATION

**What will happen to me in this study?** If you become a facilitator, we will give you the knowledge and skills you need during this week-long training to host PC CARES learning circles in your home community. After the week-long training, we also ask you to attend monthly teleconferences with the other facilitators here, and to hold 5 learning circles in your home community.

You can choose to just be a facilitator and complete the tasks mentioned above, or you can choose to be a facilitator AND also be a participant in our research about PC CARES. If you choose to participate in the study, we will ask you to do a number of surveys: 1) before this training begins, 2) at the end of this training, and 3) a final survey about 3 months after you've finished the 5 PC CARES learning circles in your village.

**How much of my time will be needed to take part in this study?** Each survey will take about 25 minutes to fill out. The entire study will be completed in 2023.

## INFORMATION ABOUT STUDY RISKS AND BENEFITS

**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 answering the questions may remind you of a difficult event or may point out something that you are not doing for prevention. If this happens, you can skip any questions or stop filling out the survey, no problem. Because this study collects information about you,the primary risk of this research is a loss of confidentiality. See the section on 'Protecting and Sharing Research Information' below in this document for more information on how the study team will protect your confidentiality and privacy.

**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.

## 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.

## FINANCIAL INFORMATION

**7.1 Will I be paid or given anything for taking part in this study?** You will receive a $20 Amazon.com giftcard for completing the first survey, a $10 Amazon.com giftcard for completing the second survey, and a $40 Amazon.com gift card for completing the 3rd survey.

## PROTECTING AND SHARING RESEARCH INFORMATION

**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.

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

**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.

**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.

**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.

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.

## 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
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.

## 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 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): _____