

Official Title of the study: Motivational Interviewing and Culture for Urban Native American Youth (MICUNAY)

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Motivational Interviewing and Culture for Urban Native American Youth (MICUNAY) PROJECT

Consent Form

We are asking about 200 teens in LA and Oakland to be in our project. If your teen takes part in the project, your teen could earn from \$25-\$150! After we review this information, we will ask if you want your teen to be in the project. Your teen will also choose whether they want to be in this project.

I. WHAT IS THIS ABOUT?

United American Indian Involvement (UAI) in Los Angeles and American Indian Child Resource Center (AICRC) in Oakland are taking part in a research project with UCLA and RAND, a research organization. The National Institutes of Health fund this project. This project is focused on testing some new programs about alcohol and drug use for American Indian/Alaska Native (AI/AN) youth. We want to see how teens like the Community Wellness Gatherings and the MICUNAY groups and whether coming to these gatherings and groups helps teens make healthy choices.

II. WHAT WILL WE ASK YOUR TEEN TO DO?

Your teen will be asked to:

1. **Complete three surveys:** Surveys will take approximately 45 minutes to complete. Questions will ask about your teen's age, gender, AI/AN heritage, cultural activities, and family and social relationships. We are also asking teens to tell us their opinions about and experiences with different things including alcohol and drugs, sexual behavior, delinquent behavior (e.g., skipping school) and mental and physical health. Your teen will complete one survey now, one in three months and one in 6 months. Your teen will be paid \$25 for the 1st survey, \$50 for the survey in three months and \$75 for the survey in six months. Surveys will take place at UAI or AICRC or a location agreed upon by your teen and the interviewer.
2. **Complete a locator form that** includes questions about things like where your teen lives, who your teen lives with, telephone numbers and e-mail addresses where your teen can be contacted. The information on the locator Form may be used to contact your teen by e-mail, letter and/or by phone to schedule follow-up interviews.
3. **Attend a community wellness gathering (CWG).** All teens will be asked to come to a CWG event. This event will last 1-hour and will give some information about alcohol. There will be food and drinks, guest speakers, and cultural activities.

Some teens will be asked to:

1. **Come to MICUNAY groups.** Half of the teens who go to the CWG will also be asked to come to three MICUNAY groups. These teens will be selected randomly, or like a coin toss. These teens will come to a 2-hour group meeting once a week for 3 weeks. Each meeting will have some group discussion about alcohol and drugs and making healthy choices for 1 hour and some cultural activities for 1 hour, such as beading and cooking. We will have food and juice or water at each group meeting.

III. COSTS

There is no charge for being in the project.

IV. BENEFITS

We hope the project will help us learn more about what AI/AN teens think about alcohol and drug use, the choices they make about alcohol and drug use, and whether coming to a cultural gathering or cultural groups can help youth make healthy choices.

V. RISKS

Some survey questions may make your teen uncomfortable, but he/she can skip any questions that he/she does not want to answer. There is also the risk that someone could find out your teen's answers on the survey; however, we have several ways that we will keep your teen's answers safe (see below). Teens will come to either the CWG only or the CWG and the MICUNAY groups. We do not know how well either of these will work to prevent or reduce alcohol and drug use. This project will help us understand that.

VI. CONFIDENTIALITY

We want your teen to answer the survey questions honestly, thus, the research team will keep your teen's answers completely private. We will not give anyone outside of the research team your teen's answers to the survey(s), including parents and UAI or AICRC staff. The research team will also keep what is said at the MICUNAY meetings confidential, and use this information only for research purposes. The meetings will be audio taped for training so that we make sure the group leader covered the correct information. We will ask your teen not to use any names on this recording. We will destroy all tapes at the end of the study. To help keep your teen's information private, we have a Certificate of Confidentiality from the National Institutes of Health. With this certificate, the researchers cannot be

forced to provide information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceeding. The researchers will use the certificate to resist any demands for information that would identify your teen, except:

- 1) If we need to protect your teen or others from harm. An example of this is if your teen wants to hurt himself/herself or others. In that case, we will give information about your teen to others that is needed to protect your teen or others from harm.
- 2) If your teen tells us about the abuse of a child or of an elderly person, or if your teen tells us about being abused themselves. In that case, we must report it to a supervisor, who may report it to the authorities.

VII. BEING PART OF THE PROJECT

Your teen doesn't have to be a part of the project if they do not want to. Even if you as a parent or guardian give permission, they can decide not to do it. Your teen's choice about being in this project will not change the care that they get at UAll or AICRC.

VIII. WHO IS LEADING THE PROJECT?

Dr. Elizabeth D'Amico at RAND in Santa Monica and Dr. Daniel Dickerson at UCLA are leading the project. If you have any questions or concerns about the project, please call Dr. D'Amico at 1-800-447-2631 x6487.

IX. IF YOU HAVE QUESTIONS ABOUT YOUR RIGHTS AS A PARTICIPANT

Human Subjects Protection Committee
RAND 1776 Main Street
Santa Monica CA 90407
Telephone: 1-800-447-2631 x6369.

X. CONSENT

PARENT/ GUARDIAN

I understand the above information. I agree to let my teen take part in this project.

PRINT Teen's Name

Teen Date of Birth

PRINT Parent or legal guardian's Name

RELATIONSHIP TO TEEN (Mother, father, guardian, etc.)

Are you the legal guardian of this teen? []YES []NO

SIGNATURE Parent/ Guardian

DATE

OR: RAND STAFF

I have administered this form verbally.

PRINT RAND Staff Name

SIGNATURE RAND Staff

DATE