

Attachment 3: Sample Consent Forms

PROGRAM STAFF AND SERVICE PARTNERS TREATING AT-RISK PREGNANT AND EARLY PARENTING WOMEN STUDY CONSENT FORM

Thank you for agreeing to participate in this interview. We are speaking with you because of your role as a as an administrator/medical professional/staff/service provider working with at-risk pregnant and/or early parenting women with substance use disorder and related issues in Arkansas. The purpose of this interview is to better understand the characteristics and variety of treatment and services offered to this population, and how these programs and services are connected throughout the state of Arkansas. The Arkansas Department of Human Services/Office of Substance Abuse and Mental Health (DHS/OSAMH) aims to reduce unmet treatment needs and drug overdose deaths by gathering information about treatment and recovery programs in the state of Arkansas. Interviews are one data collection method we are using to assess to gather this information. This interview will take approximately 30-45 minutes and will be recorded for noting purposes only. Your participation in this interview is entirely voluntary. You may choose not to answer any or all of the questions, and you may choose to end the interview at any time. Your answers will be kept confidential, and at no time will your name be attached to your answers or to any of the data collected through this discussion.

We will be reporting the results of the interviews in aggregate. While I may capture some meaningful quotes, they will not be connected to any individual. I am interested in both majority and minority viewpoints, as well as common and uncommon experiences. I will not be upset by critical commentary, nor will that count as a strike against you, so please do not hold back even if you feel your comments may be discouraging. I am interested in your experiences and opinions concerning treatment and recovery options for at-risk pregnant and/or early parenting women with substance use disorder and related issues. After the interview, if you have feelings of discomfort or distress resulting from discussing this topic, BLANK is available to you at BLANK.

If you have questions about your rights as a research subject, please contact the University of Wyoming IRB Administrator, at (307) 766-5320. You may also contact Dr. Andria Blackwood at the Wyoming Survey & Analysis Center, at (734) 678-5428 for general questions about this project.

“My participation is voluntary and my refusal to participate will not involve penalty or loss of benefits to which I am otherwise entitled, and I may discontinue participation at any time without penalty or loss of benefits to which I am otherwise entitled. I understand a copy of this document will be given to me for my records.”

_____ Participant name

I consent to be recorded during this interview: YES NO _____ Date

YOUNG ADULTS FORMERLY IN FOSTER CARE FOCUS GROUP PROTOCOL AND FOCUS GROUP CONSENT FORM

Thank you for agreeing to participate in this focus group. The purpose of this focus group is to hear your opinions on what should be included in a program to prevent alcohol and drug use among young people in foster care. **We are not asking about your individual alcohol and/or drug use, but about your feelings and opinions concerning potential prevention programs for foster care youth in Arkansas.** The Arkansas Department of Human Services/Office of Substance Abuse and Mental Health (DHS/OSAMH) is collecting data in this area to gain a better understanding of the needs in prevention programming for foster care children. This focus group is one data collection method we are using to gather information.

This focus group will take approximately 1 to 1 ½ hours. Your participation is entirely voluntary. Your answers to questions will be kept confidential, and at no time will your name be attached to your answers or to any of the data collected through this discussion. You will receive a \$25 gift card for your participation. You do not have to answer any question that makes you feel uncomfortable, and you may choose to leave the focus group at any time. You will receive your \$25 gift card whether you complete the focus group session or not.

We will be reporting the results of this focus group in aggregate. While we may capture some meaningful quotes, they will not be connected to any individual. In order to protect confidentiality and to make everyone comfortable here today, we ask that you do not discuss specific things that any particular person said here after we leave. We are interested in both majority and minority viewpoints. We will not be upset by critical commentary, nor will that count as a strike against you, so please do not hold back even if you feel your comments may be discouraging or unpopular. During or after the focus group, if you have any feelings of discomfort or distress resulting from discussing this topic, please call BLANK at (XXX) XXX-XXXX to connect to a free virtual mental health clinic.

During the focus group, we will ask you questions, and will listen to what you have to say. We will not participate in the discussion. Please feel free to respond to each other and speak directly to others in the group during the discussion. We want to hear from all of you. We may sometimes ask someone to speak who has been quiet or ask someone to hold their thought for a few minutes.

If you have questions about your rights as a research subject, please contact the University of Wyoming IRB Administrator, at 307-766-5320. You may also contact Dr. Andria Blackwood, at (734) 678-5428 for general questions about this project.

“My participation is voluntary and my refusal to participate will not involve penalty or loss of benefits to which I am otherwise entitled, and I may discontinue participation at any time without penalty or loss of benefits to which I am otherwise entitled.”

_____ Participant name (please print)

_____ Participant signature

_____ Date

I consent to be recorded during this focus group: YES NO

_____ Date

COLLEGE STUDENTS IN RECOVERY INTERVIEW CONSENT FORM

Thank you for agreeing to participate in this interview. We are speaking with you because of your participation in a Collegiate Recovery Community in Arkansas. The purpose of this interview is to better understand the what you feel works best, and what could be done better in this type of recovery program. The Arkansas Department of Human Services/Office of Substance Abuse and Mental Health (DHS/OSAMH) aims to reduce unmet treatment needs and drug overdose deaths by gathering information about treatment and recovery programs in the state of Arkansas. Interviews are one data collection method we are using to assess to gather this information. This interview will take approximately 30-45 minutes and will be recorded for noting purposes only. Your participation in this interview is entirely voluntary. You may choose not to answer any or all of the questions, and you may choose to end the interview at any time. Your answers will be kept confidential, and at no time will your name be attached to your answers or to any of the data collected through this discussion.

We will be reporting the results of the interviews in aggregate. While I may capture some meaningful quotes, they will not be connected to any individual. I am interested in both majority and minority viewpoints, as well as common and uncommon experiences. I will not be upset by critical commentary, nor will that count as a strike against you, so please do not hold back even if you feel your comments may be discouraging. I am interested in your experiences and opinions concerning recovery options college students with substance use disorder and related issues. After the interview, if you have feelings of discomfort or distress resulting from discussing this topic, BLANK is available to you at BLANK.

If you have questions about your rights as a research subject, please contact the University of Wyoming IRB Administrator, at (307) 766-5320. You may also contact Dr. Andria Blackwood at the Wyoming Survey & Analysis Center, at (734) 678-5428 for general questions about this project.

“My participation is voluntary and my refusal to participate will not involve penalty or loss of benefits to which I am otherwise entitled, and I may discontinue participation at any time without penalty or loss of benefits to which I am otherwise entitled. I understand a copy of this document will be given to me for my records.”

_____ Participant name

I consent to be recorded during this interview: YES NO _____ Date