

# **Kaiser Permanente Georgia**

## **Stepped Care Intervention (Phase 1)**

### **Caregiver Consent Information Sheet for DBT Group Participation**

**Study Title:** SUPPORT Study

**Site Principal Investigator:** Dr. Teaniese 'Tina' Davis  
404-337-3646

We are inviting you to take part in services offered as part of a research study called SUPPORT. The goal of research studies is different from the goal of medical care. The goal of medical care is to help each individual person. The goal of research is to learn more so we can help people in the future.

This information sheet will help you decide if you want to be part of the services offered in this study. Before deciding, you will have the chance to ask questions on the phone. You will not be asked to say yes to the study services (give your consent) until you have had the chance to ask questions.

#### **Who is doing this study?**

This study will include adolescents and researchers from four health care systems: Kaiser Permanente (KP) Northwest, KP Washington, KP Georgia, and HealthPartners in Minnesota. This study also includes researchers at Georgia State University and University of California, Los Angeles. The study is funded by the Patient-Centered Outcomes Research Institute (PCORI), in Washington, DC.

#### **What is this study about?**

In this study, we want to learn more about how to keep adolescents from harming themselves. We are asking you to take part in some of the services offered by this study to support a participating adolescent. Research has shown that caregiver involvement may result in better outcomes for adolescents receiving study services.

#### **What will I be asked to do?**

If you decide to take part in the services offered, you will be asked to attend group sessions with the participating teen. These sessions focus on teaching skills that help to change behaviors, thoughts, and emotions that cause distress. We will record all group sessions to monitor the quality of these services and train study staff.

Some caregivers will be invited to complete a phone interview about what it was like to be in the study. The phone interview is optional. If you do the interview, it will last up to an hour. If you do not want to do the interview, you can say no.

#### **How long will I be in this study?**

If you decide to join, there will be 18 weekly group sessions over 4-6-months. Each session will last up to an hour and a half.

### **Are there any risks to being in the study?**

There are some possible risks.

1. You may have negative thoughts or feelings that make you uncomfortable. We may ask you questions or bring up things that upset you. You can tell us if you do not want to answer any questions. A study care manager can also help you manage bad feelings.
2. There is a small risk that your private information will be seen by people who should not see it.
  - We may contact you by phone, video calls, email, U.S. mail, and text message to remind you about group sessions. Any information sent through the Internet has a small risk of being read by someone other than the person it was sent to. We cannot protect against all computer or human errors. But we will work hard to keep your information from being seen by someone who is not on the research team.
3. If we think you are in danger or unsafe, we will report this right away to a licensed member of our study team.
4. There are times when, to follow the law, we cannot keep your information private. The law requires us to report a medical emergency, child abuse, elder abuse, or serious threats of harm to you or others.
5. There is a small chance that taking part in study services may have unexpected risks that we do not know about. If we learn new information about risks that might affect your willingness to use study services, we will let you know.

### **Are there any benefits to being in the study?**

You may or may not be helped by being in this study. The study services may improve your well-being, but we cannot guarantee that. What we learn in this study may help people in the future.

### **Will I be paid?**

You will not be paid for taking part in the group sessions. If you are invited to do the optional interview and choose to do it, we will give you a \$40 gift card.

### **Do I have to join?**

No, you do not have to accept the services offered as part of the research study. If you do use the services, you can decide to stop at any time. Taking part in the study services is completely up to you. Your decision to use study services or not will not affect your regular medical care or health care benefits in any way. If you decide not to participate, it will not affect the participating teen's ability to use study services.

### **Privacy and Your Health Information**

Kaiser Permanente Georgia has made a commitment to protect your health information. State and federal laws also protect your privacy.

By agreeing to take part in study services, you are giving Kaiser Permanente Georgia permission to collect, use, and share information about your use of study services (such as phone or video calls and group sessions) with other researchers. They have also agreed to keep this information private.

To protect your privacy, all study records, audio and video recordings, and information about your participation will be carefully protected. Your information will be stored on password-protected computers from Kaiser Permanente Georgia, on a secure study website or tracking system, or in locked file cabinets.

The health information we may use or share includes audio or video recorded calls and group sessions shared with research team members at another study location to monitor quality and train others. These recordings may include personal health information (for example, this could be names used in a conversation or personal stories). Any personal health information included in a recording will not be used as study data.

People and organizations who oversee or monitor this study may also see or receive your information. These may include the Institutional Review Board (a group that protects the rights of people in research studies), the organization funding the study, other researchers on our team, and the FDA or Office of Human Research Protection.

We may publish the results of this research. However, we will not publish your name or any other information that could identify you as someone in this study.

Information that identifies you might be removed from data collected in this research and the de-identified information may be used for future research or distributed to another investigator for future research without your consent.

### **HIPAA Authorization**

By agreeing to take part in the services offered as part of this study, you give permission to researchers at Kaiser Permanente Georgia to use and share your health information for the research as described above. Once your information has been given to others, it may no longer be protected by state or federal privacy laws. It will still be protected by other rules and agreements with our research partners. However, there is still a risk that a person or organization could share your information without your permission. We would like your permission to keep your contact and study information for 5 years after you join the study. At that time, we will destroy any study records that could identify you.

If you decide you want to stop sharing your health information that is used to provide study services, you will need to tell us in writing. You can tell us by writing to:

Teaniese 'Tina' Davis, PhD., MPH  
Site Investigator  
Center for Research and Evaluation  
Kaiser Permanente Georgia  
Teaniese.L.Davis@kp.org

When we get your request, we will stop using and sharing your health information related to research study services. We may continue to use information we collected before we got your request. If we have already shared your information with someone else, we will probably not be able to get it back.

You do not have to allow the use and sharing of your health information. But, if you do not, you cannot receive study services. If you choose not to use the services offered, or if you decide to stop using the study services at any time, that will not affect your ability to receive health care at Kaiser Permanente Georgia or your insurance coverage.

### **What if I have questions?**

If you have any questions about this study, or if you feel you have been harmed by the study procedures, please contact Dr. Teaniese 'Tina' Davis at 404-337-3646. If you have questions about your rights as someone in a research study, or to contact the Institutional Review Board (IRB), contact the Director of Research Compliance at 503-335-6725. The Institutional Review Board (IRB) is a group of scientists, non-scientists, and community members who review research studies to protect the rights and welfare of people in studies.

### **CAREGIVER CONSENT FOR TAKING PART IN STUDY SERVICES**

By taking part in study services, you are confirming that:

- You have read the consent information sheet, or it has been read to you.
- You have had a chance to ask questions.
- You have received a copy of the consent information sheet (either by postal mail, email, or downloaded from the study website).

Accepting the services offered as part of this research study means:

- You have freely agreed to use the study services.
- You have agreed to let us use and share study information as described above.

You do not have to agree to these terms. However, if you do not agree, we cannot offer you the study services described above.