

Northern Plains Healthy Start
Fetal Alcohol Spectrum Disorder Prevention Program
Consent

You are invited to participate in a program of the Aberdeen Area. We hope to learn if an Alcohol Screening and a Brief Intervention with Native American prenatal mothers will decrease the instance of fetal alcohol spectrum disorders in the Native American community, and decrease child death. The goal is to keep children safe, and healthy. You were selected as a possible participant in this program because of your enrollment in the Northern Plains Healthy Start Program.

If you decide to participate, we will Screen you for your risk for alcohol use during your pregnancy. If you are found to be at high risk, your Healthy Start Case Manager will use a brief intervention workbook which will educate you on the effects of alcohol on your unborn baby, risks, and help you to devise a plan to stay alcohol free during your pregnancy to help keep your child, and family, safe and healthy. After the screening and brief intervention your Case Manger will periodically ask how your alcohol free pregnancy is going, or will ask about how your plan to stay alcohol free is going. This may feel uncomfortable or possibly demeaning at first but all conversations are kept confidential, and no identifying information will be used in collecting the number of participants who are screened and receive the brief intervention. The benefits to you will be a more healthy child, and family.

Depending on your community resources there are alternatives to this project including talking to your pediatrician, mental health counselor, drug and alcohol counselor, or spiritual leader about alcohol use. This brief intervention has been shown to successfully help people not drink alcohol during pregnancy. There are no other brief interventions of this kind available in your community.

Again, any information that is obtained in connection with this program, and that can be identified with you will remain confidential. It would be disclosed only with your permission. The only reason for your information to be released without your permission is if there is abuse or neglect of a child identified, a law is being broken, or by court order. In any of these circumstances you would be notified for you and your family's health and safety.

Your decision whether or not to participate will not effect your relationship with your Case Manager, or Northern Plains Healthy Start. If you decide to participate, you are free to discontinue participation at any time you choose.

If you have any questions, please feel free to ask any Healthy Start staff. If you have any additional questions later please contact Ben Geary MS LPC at the Aberdeen Area Tribal Chairman's Health Board Central Office at 605-721-1922, who will be happy to answer them.

You are making a decision on whether or not to participate. Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw at any time without penalty or loss of services to which you may be entitled after signing this form should you choose to discontinue participation in this program. You will be offered a copy of this form to keep.

Signature

Date

Signature of Parent or Legal Guardian (if client is under the age of 18)

Date

Healthy Start Signature

Date