

"Preventing HIV Risk Behaviors among Hispanic Adolescents"

**Attachment 4a: Parent or Primary Caregiver  
Consent Form (English Language)**

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Parent or Primary Caregiver Consent Form

**Preventing HIV Risk Behaviors Among Hispanic Adolescents**  
**Parent (or Primary Caregiver) Consent Form**

You and your teen are being asked to take part in a study by the University of Miami's Center for Family Studies and the Center for Disease Control and Prevention (CDC). We are asking you because you are Hispanic, live in Miami-Dade County, and have a 9<sup>th</sup> grader at either Miami Senior High School or Coral Gables Senior High School. Here are the answers to some common questions about the study:

**What is the purpose of the research?**

The purpose of this study is to find out if the program will reduce HIV risk in Hispanic teens. Some risks include unsafe sex and drug use. This study is important because Hispanic teens are at a greater risk for being involved in HIV risky behavior (drug use and unsafe sex) than other teens and Miami has the second highest HIV and AIDS rates in the U.S. We hope to prevent drug use and risky sexual behavior by: (1) improving how your family functions (including how you and your child talk to each other) and (2) changing your child's beliefs about drugs and risky sexual behavior.

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

**Surveys.** If you agree to join this study, you will be asked questions about your family, child, and about yourself. The topics asked include basic facts about where you come from, your age, income, and schooling, possible drug use, family, and sexual behavior. You (or your child) do not have to answer any questions that you do not want to. You will answer these questions on a laptop computer. If you decide not to answer questions, nothing bad will happen to you. A sample question is, "I find it easy to discuss sex with my child." Your child will also be asked about family, alcohol and drug use, and sexual behavior. Some of the questions we may ask your child include: 1) "Have you ever had sex?" and 2) "Have you used cigarettes, alcohol, or drugs in your lifetime". We are also asking for your consent to get your child's grades, test scores, conduct, and attendance records from his/her school. It will take you about 30 to 45 minutes to finish the surveys, and about 45 minutes to an hour for your child to finish the surveys. You and your child will complete the surveys 4 times over the next 2 years. Once at the beginning of the study and then 4, 12, and 24 months later. If you decide not to join this study, nothing bad will happen to you. Also, if you want to stop, you may leave the study at any time.

**Programs.** There will be two programs. Each family in the study will be placed into 1 of them. We cannot control which program your family will be placed in, but every family will have an equal chance of being placed in each program. Below we describe each of the two programs.

**Program 1:** In this program, you and family members of other 9<sup>th</sup> graders will take part in 5 weekly parent group sessions and 1 family visit with a program staff member. The group sessions and family visit will be focused on 1) improving how families function (e.g., improving the ways parents and youth talk to each other), 2) improving parenting skills (e.g., helping parents become aware of peer activities), and 3) preventing drug use and risky sexual behavior. The family visit will take about 1 hour whereas each of the group meetings will last

2 hours. The 9<sup>th</sup> graders will also take part in the study. After the group meetings, there will be about 20 minutes of homework for you and your child to do with each other.

**Program 2:** In this program, you will not receive any services from our staff.

**Can anything bad happen to me from being part of this study?**

We do not expect that there will be any harm to you or your child from being part of this study. But, facts may be revealed during group sessions that bother you and may make you feel embarrassed. You might also feel tired after answering the surveys, or the questions that are asked may bother you. We do not expect any of the negative outcomes described above. If any of them were to occur, you or your child to feel sad, uncomfortable, and/or angry.

**What I get for being part of this study?**

You may not benefit from-being part of this study. But, you, your child, and/or your family may be less likely to use drugs and take part in risky behaviors such as having sex without a condom. Also, depending on which program you are in, you, your child, and/or your family may be able to talk to each other better.

**Incentives.**

We will provide you with a token of appreciation for your participation in the study. You will complete the surveys at the Center for Family Studies. We will pay you for each session of surveys that you complete at the Center for Family Studies: \$40 at the beginning of the study, 4 months later, \$45; 12 months later, \$50; and 24 months later, \$55. If you must take a bus, train, or taxi cab to the Center for Family Studies, we will pay for those expenses once you arrive. Thus, you will receive a total of \$190 if you complete all of the survey sessions.

**What about my privacy?**

What you tell us will be kept private to the extent allowed by law. We will work to protect your privacy in several ways. First, we will not share what you tell us with anyone (even your child or your child's school counselor) without your consent, unless the court asks us. For those that take part in Program 1, other group members will hear what is shared in the group sessions. But, all group members will be asked to keep everyone's comments private and not discuss the comments with anyone outside the group. Also, to protect your child's privacy, we will not tell you what s/he says in her/his responses to our surveys. Nothing you tell us will appear in your child's school records. Second, we will give you a code number, so that only that number connects you to your answers. We will keep a list matching names and code numbers in locked files. Only the study staff will be allowed to look at them. Your name will not be kept with the data. Third, the staff will never put the names of you or your family members in any report on this data.

Sometimes people in our studies move and we can't find them. Therefore, we will ask you to give us the names and telephone numbers of three people who will always know how to reach you, in case we lose contact with you. We will never share anything you tell us with these people. We would also like to ask your consent to contact you, even after the study ends. For example, we may want to contact you to let you know about other studies that we may conduct in the future.

We have applied for a Certificate of Confidentiality from the Federal Government for this study to help ensure your privacy. This Certificate means that the researchers cannot be forced to tell people who are not connected with the study, including courts, that you took part in this study without your written consent. But, you should know that if we think there may be child abuse or that a family member will cause harm to him/herself or to others, we are required by law to report this concern to the proper authorities. If a report is filed, we will refer you and your family to a mental health center that can help you.

**Future Studies.**

We may conduct future studies related to being involved in this study. If we do conduct these studies we will contact you at that future time to see if you would like to be part of the future study. If we have difficulty finding you, we may call your contact persons to find out where you are.

**Consent Statement.**

I agree to take part in the study, Preventing HIV Risks in Hispanic Adolescents, described above. I agree to allow my child to take part in the study. I agree to the researchers contacting and receiving records from my child’s school. I know that the researchers may need to call all three of the contact persons I list if they can’t reach me (e.g. I have moved, or my telephone is not working).

I also know that I am allowing study staff to contact me, even after the study ends. I know that I have the right to ask questions at any time, and do not have to answer any questions that I don’t want to answer for any reason. I know that being in this study is my choice. I know that after choosing to be in this study, I may leave at any time and nothing bad will happen to me or my child. I also know that I will be paid for completing the surveys and other aspects of the study as explained earlier.-

I have been given the chance to ask questions and all questions have been answered. I also know that I will get a copy of this consent form. If I have any questions I can call Guillermo Prado, Ph.D. during the daytime at (305) 243-2748. If I have any questions about my rights as a research participant, I have been told that I may contact the Human Subjects Research Office at (305) 243-3195.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child’s Name

\_\_\_\_\_  
Person Asking for Consent

\_\_\_\_\_  
Date