

C4. DCFS Biological Parent Consent Script and Interview

Consent Information Script

Hello, my name is _____. I work with Westat. May I speak with [insert parent name]? *[Allow time for person on phone to reply that they are the parent or to go get the parent.]* I am calling to follow up on a letter that the Illinois Department of Children and Family Services (DCFS) sent you about a study you can take part in. Do you have a few minutes for me to tell you more about the study?

If no, ask: When can I call you back to talk to you about the study? *[Schedule date/time to call respondent back to discuss the study.]*

If not interested in participating, say: Okay, that is no problem at all. Thank you for your time.

If yes, say: Okay, before I go on, I need to let you know that I am going to record this phone call so I can record if you want to take part or not.

[Interviewer, start recorder and proceed with reading the script below.]

INTRODUCTION AND PURPOSE OF STUDY

The U. S. Department of Health and Human Services has hired Westat, a research company, to study the services Illinois Department of Children and Family Services (DCFS) provides to families. The study will assist us in learning whether the services you and your child receive help children leave foster care sooner. We want your help in finding out if these services work.

Westat is asking you to take part in this study because your child, [insert child's name], has been selected to take part in a study. It is important that you know that you do not have to be in the study. It is up to you. Even if you agree to be in the study, you can stop being in the study at any time. Your choice will not affect the services that you and your child receive.

PROCEDURES

Now, I'd like to explain more about what the study involves. DCFS assigned your family (using a random process like a coin flip) to get one of two types of services that are meant to help you. With either service, a caseworker will continue to meet with you and your child, make home visits, refer you and your child to needed services, and check on how you and your child are doing. However, you and your child may also receive additional services depending on your DCFS assignment. These extra services will focus on helping you to understand your child's emotions and behaviors, improve the way you respond to your child's emotions and behaviors, and learn ways to lower your stress. You will be told if you are chosen to receive these additional services.

While you are getting these services, Westat wants to study whether the services you receive help families.

Participating in interviews:

In order to study the services you and your child receive, we need to find out information about you and your child. We are inviting you to take part in two phone interviews: at the start of services and 6 months later. During the interviews, you will answer questions about your thoughts and feelings in response to stress and the way in which you respond to others, and about the supports you have in your life.

Burden Statement: *This collection of information is voluntary and will be used to evaluate the Permanency Innovations Initiative. Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Reports Clearance Officer (Attn: OMB/PRA 0970-0355), Office of Planning, Research and Evaluation, Administration for Children and Families, Department of Health and Human Services, 370 L'Enfant Promenade S.W., Washington DC 20447.*

C4. DCFS Biological Parent Consent Script and Interview

The phone interviews will occur at a time that is best for you. You can ask the researcher questions at any time during the interview. You can also skip questions that you do not want to answer. Each interview will take no more than 15 minutes. There are no right and wrong answers.

Studying your interview responses with DCFS client records:

During the study, the researchers will review the information from questions we ask you and will also review information from the records DCFS has. These records have information about your family, services received from DCFS, and your family's case progress. We are asking if you will agree to let us to study your answers together with the information we get from your family's DCFS records. We will use this information only for the study.

RISKS

We do not think there is any risk to you from participating in this study other than normal discomfort from talking about sensitive topics. If any of the questions make you feel upset or sad, you can talk with your caseworker. You can also skip questions that you do not want to answer. The researcher also has a list of local mental health agencies that he or she can provide you.

INCENTIVE FOR PARTICIPATING IN THE STUDY

You will receive a \$15 gift card for taking part in each phone interview. The gift card will be sent to you by postage mail after the interview.

BENEFITS FOR PARTICIPATING IN THE STUDY

There are no direct benefits to you in taking part in the interviews. But, taking part will help DCFS find better ways to serve children and families.

PARTICIPANT AND DATA PRIVACY

We will keep your information private to the extent permitted by law. We will not include information that identifies you or your family in any reports; information will only be reported for the entire group of families studied. The information you provide will not be shared with your caseworker. However, it may be shared with a therapist that serves you and/or your child to help with service planning. We will use your information for research only.

To help us keep your information private, we received a Certificate of Confidentiality from the U. S. Department of Health and Human Services. With this Certificate, no one can force us to share information that may identify you, even in any court or legal proceeding or under a court order or subpoena. But, we will in all cases take necessary action, including reporting to authorities, to prevent harm to yourself or others. This includes reporting suspected child abuse or neglect.

To make sure that Westat researchers are collecting the data right, another Westat researcher may ask to listen in during your interview. We will ask you ahead of time so you can decide if the other researcher can listen in or not.

VOLUNTARY PARTICIPATION

As mentioned before, you can decide if you want to take part in the study. Even if you agree to be in the study, you can stop being in the study at any time. Your decision about whether or not to take part in the study will not affect the services that you and your child receive.

CONTACTS FOR QUESTIONS ABOUT THE STUDY

If you have any questions about the study, please call Raquel Ellis 1-800-WESTAT1 (937-8281), x5173, or raquelellis@westat.com. If you have any questions about your rights as person taking part in the study, please contact the Westat Institutional Review Board (IRB) Administrator at 1-800-WESTAT1 (937-8281), x8828. This information is in the letter that DCFS sent to you about the study.

C4. DCFS Biological Parent Consent Script and Interview

PARTICIPATION DECISION

Do you have any questions about anything I read to you? Do you understand everything that I have read to you?

Do you agree to take part in the interviews and let Westat use your interview answers in the study?

No

If no, say: Okay, that is no problem. Thank you for letting me tell you about the study.

Yes

If yes, say: Please repeat the following statement if you are willing to take part in the study: I, [insert parent's name], agree to take part in the study interviews.

Then ask: Do you agree to let Westat study your interview answers with the information we get from the DCFS records on your family?

Yes No

RESEARCH STAFF USE ONLY:

Child Evaluation ID _____

Study representative's signature

Date

C4. DCFS Biological Parent Consent Script and Interview

Abbreviated Dysregulation Inventory

Instructions:

The first section focuses on your behavior. It consists of 30 questions about how you behave. Please select the response that best fits how often each statement is true.

How often is the following true of you? *I have trouble controlling my temper.* Would you say this is Never True, Occasionally True, Mostly True, or Always True?

	Never True	Occasionally True	Mostly True	Always True
1. I have trouble controlling my temper.	0	1	2	3
2. I have difficulty remaining seated at school or at home during dinner.	0	1	2	3
3. I develop a plan for all my important goals.	0	1	2	3
4. I lose sleep because I worry.	0	1	2	3
5. I get very fidgety after a few minutes if I am supposed to sit still.	0	1	2	3
6. I put my plans into action.	0	1	2	3
7. When I am angry I lose control over my actions.	0	1	2	3
8. I have difficulty keeping attention on tasks.	0	1	2	3
9. I think about the future consequences of my actions.	0	1	2	3
10. I get so frustrated that I often feel like a bomb ready to explode.	0	1	2	3
11. I get into arguments when people disagree with me.	0	1	2	3
12. Once I have a goal I make a plan to reach it.	0	1	2	3
13. I fly off the handle for no good reason.	0	1	2	3
14. Little things or distractions throw me off.	0	1	2	3
15. As soon as I see things are not working, I do something about it.	0	1	2	3
16. There are days when I'm "on edge" all the time.	0	1	2	3
17. I can't seem to stop moving.	0	1	2	3
18. I consider what will happen before I make a plan.	0	1	2	3
19. I easily become emotionally upset when I am tired.	0	1	2	3
20. Most of the time I don't pay attention to what I am doing.	0	1	2	3
21. I think about my mistakes to make sure they don't happen again.	0	1	2	3
22. Often I am afraid I will lose control of my feelings	0	1	2	3
23. I get bored easily.	0	1	2	3
24. I spend time thinking about how to reach my goals.	0	1	2	3
25. I slam doors when I am mad.	0	1	2	3
26. I am easily distracted.	0	1	2	3
27. Failure at a task or in school makes me work harder.	0	1	2	3
28. My mood goes up and down without reason.	0	1	2	3
29. I spend money without thinking about it first.	0	1	2	3
30. I stick to a task until it is finished.	0	1	2	3

C4. DCFS Biological Parent Consent Script and Interview

Social Provisions Scale

Instructions

I will now ask you a series of 24 questions that are related to your current relationships with friends, family members, coworkers, community members, and so on. Please choose the response that best describes how much you agree that each statement describes your current relationships with other people. So, for example, if you feel a statement is very true of your current relationships, you would select "strongly agree." If you feel a statement clearly does not describe your relationships, you would select "strongly disagree."

Strongly Disagree Disagree Agree Strongly Agree
1 2 3 4

1. There are people I can depend on to help me if I really need it. _____
2. I feel that I do not have close personal relationships with other people. _____
3. There is no one I can turn to for guidance in times of stress. _____
4. There are people who depend on me for help. _____
5. There are people who enjoy the same social activities I do. _____
6. Other people do not view me as competent. _____
7. I feel personally responsible for the well-being of another person. _____
8. I feel part of a group of people who share my attitudes and beliefs. _____
9. I do not think other people respect my skills and abilities. _____
10. If something went wrong, no one would come to my assistance. _____
11. I have close relationships that provide me with a sense of emotional security and well-being. _____
12. There is someone I could talk to about important decisions in my life. _____
13. I have relationships where my competence and skills are recognized. _____
14. There is no one who shares my interests and concerns. _____
15. There is no one who really relies on me for their well-being. _____
16. There is a trustworthy person I could turn to for advice if I were having problems. _____
17. I feel a strong emotional bond with at least one other person. _____
18. There is no one I can depend on for aid if I really need it. _____

C4. DCFS Biological Parent Consent Script and Interview

19. There is no one I feel comfortable talking about problems with.

20. There are people who admire my talents and abilities.

21. I lack a feeling of intimacy with another person.

22. There is no one who likes to do the things I do.

23. There are people I can count on in an emergency.

24. No one needs me to care for them.
