

Parent Permission

Title of Research Study: Design Opportunities for Mental Health Technologies for Youth

Principal Investigator: [REDACTED]

Supported By: This research is supported by the Jacob's Foundation, Delaney Foundation, and Northwestern University.

Key Information about this research study:

The following is a short summary of this study to help you decide whether to permit your child to be a part of this study.

- The purpose of this study is to better understand adolescent technology use and their experiences around emotions, like anxiety and stress.
- Your child will be asked to complete a feedback session over the phone.
- We expect that your child will be in this research study one time, lasting about 75 minutes.
- There are no foreseeable risks for adolescents who participate in this study; although some adolescents may feel uncomfortable with some of the questions we ask about emotions, like stress and anxiety.
- There are no direct benefits for adolescents who take part in this study. One potential benefit is that the knowledge gained from this study may contribute to a better understanding of adolescent emotions and may help inform the design of digital programs designed to help youth deal more effectively with these emotions.
- We expect about 15 adolescents will be in this research study.
- You can ask all the questions you want before you decide.
- The feedback session, along with the parental permission and adolescent assent, will be in English. This is a requirement of the study.

If you say that “Yes, you want your child to be in this research,” here is what your child will be asked to do:

If you provide permission for your child to join this study, your child will be asked to participate in a one-time feedback session over the phone. This session will last about 75 minutes. We will schedule the session to fit in with your child's schedule. We will ask to audio record the session as a requirement of your child's participation so that the study team may later transcribe the session, which aids with data analysis. Your child will talk one-on-one with an interviewer who is also a researcher at Northwestern University.

The feedback session is in English and will involve a question and answer session, where the interviewer will ask your child questions over the phone. This session requires that the session be audio recorded. The researcher will notify your child when the audio recorder has been turned on, and when it is turned off.

Is there any way being in this study could be bad for my child?

There is nothing bad that will happen to your child, although s/he may feel uncomfortable with some of the questions we ask about emotions, like stress, anxiety, and feeling nervous. Your child can skip any questions s/he does not want to answer and your child can stop at any time.

Parent Permission**If you say that you do not want your child to be in this research:**

Participation in research is voluntary. You can decide you do not want your child to participate in this research and it will not be held against you or your child in any way.

You can say “Yes,” but change your mind later:

You can have your child stop and leave the research at any time and it will not be held against you or your child. We can end the feedback session at any time. Just let me know if you or your child want to do this. If this happens, I will ask you and your child if any data collected from your child up until that point may be used in the research.

This is what will happen to the information collected for this research:

De-identified data from this study may be shared with the research community at large to advance science and health. We will remove or code any personal information that could identify your child before files are shared with other researchers to ensure that, by current scientific standards and known methods, no one will be able to identify your child from the information we share. We cannot guarantee anonymity of your child’s personal data despite these measures; however, I will work hard to keep your child’s name and other information private. Additionally, efforts will be made to limit the use and disclosure of your child’s personal information, including research study records, to people who have a need to review this information, such as the IRB.

I will not ask your child about abuse, but if your child tells me that they plan to hurt themselves or someone else, or that someone is hurting or neglecting them, I have to do whatever is needed to keep everyone safe, which may require notifying the authorities and/or others. We are legally obligated to report child abuse or neglect to state authorities.

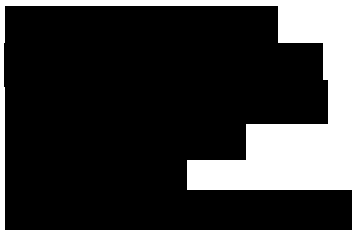
I will retain audio files and transcriptions of the feedback sessions for no longer than 10 years after the end of the study. I will also retain this parent/guardian permission form (and the adolescent assent form) with participant names. All types of data will be secured using passwords (for computer-based data) or secured in a locked cabinet (for paper data), and available only to researchers approved to work on this project. The completed surveys and information gathered from the feedback sessions will be kept separate from information which identifies you and your child.

Here is some other information that is useful for you and your child to know:

If you agree for your child to take part in this research study, we will provide compensation of a \$25 Visa giftcard via email to your child for his/her efforts and time at the end of the feedback session. Your child will still receive this compensation even if participation is ended early.

Here is who you and your child can talk to:

If you have questions, concerns, or complaints, you can talk to the Principal Investigator:



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This research has been reviewed and approved by an Institutional Review Board (“IRB”). The IRB’s job is to protect the rights of people participating in research studies. You may talk to them at (312) 503-9338 or irb@northwestern.edu if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research participant.
- You want to get information or provide input about this research.

Do you wish to participate? Record participant’s response: Yes No

The following research activities are optional, meaning that you do not have to agree to them in order for your child to participate in the research study. Please indicate your permission for your child to participate in these optional activities by saying “I agree” or “I disagree”. Your child will have the opportunity to agree or disagree with the first statement after you have indicated what you are willing to give permission for.

I agree I disagree

_____ _____

The researcher may use the audio recordings of my child from this study in scholarly presentations or publications when hearing my child’s voice might serve to help other professionals understand the research. My child may be identifiable as part of this activity, although the researcher will attempt to limit such identification. I understand the risks associated with such identification.

_____ _____

The researcher may contact me in the future to see whether I am interested in my child participating in other research studies by the principal investigator or research team of this study.

Participant Study Number or Name:

My signature below documents that the information in the consent document and any other written and verbal information was accurately explained to, and apparently understood by, the parent, and that consent was freely given by the parent for their child’s participation in this research study.

Signature of research personnel obtaining parent permission

Date/Time

Printed name of research personnel obtaining parent permission