Initial Screening and Electronic Consent Forms

To be completed by all caregiver participants

Page One

Thank you for your interest in participating in the Emotional Strategies in Youth Study!

We are inviting Wisconsin high school-aged adolescents between the ages of 14 and 17 and their parent/guardian to complete this research task and survey. This task and survey will take you and your youth up to one hour to complete. You will complete a few demographics questions one time, and your youth will complete some demographics questions, complete an experimental task, and complete some additional surveys. The task will involve youth looking at pictures and rating their current emotional state while following some instructions. Please note that these images are made to cause a variety of strong emotions, some of which may be very distressing, and some may be happy. The surveys will ask youth about their mental health symptoms and past experiences. Youth will be asked to complete the task and surveys twice: once at the beginning of the study and again two weeks later. We anticipate that completing the task and surveys will take about an hour for both sessions.

Participation in this survey and task at any time point is completely voluntary. You may choose to withdraw at any time.

Youth that complete the task and surveys once will receive one $25 Amazon gift card. If they complete the activities twice, they will receive two gift cards. The cards will be sent by email to their parent or guardian.

To start the survey, please answer the following questions:

1. I am the parent or legal guardian of a child between the ages of 14 and 17, and I wish to participate in the survey.
   a. Yes/No

2. I have a child between the ages of 14 and 17 that is also interested in participating in the survey.
   a. Yes/No

[If a participant chooses “No” for question 1 or question 2, they will be taken to the following screen]

You have selected an option that indicates you are ineligible to participate in our study. Thank you for your interest, and we hope you check back in the future for more research opportunities!

To save your responses and end the survey, click the button below. If you think you may have accidentally selected the wrong option and do not wish to leave
the survey, you may click the other button below to continue, which will allow you to edit your response(s) and continue the survey.
CONTACT INFORMATION
We will collect your child’s name, and date of birth. We will also ask that you provide us with an email address. In order to send you the gift card, we need the ability to contact you via email. While you may ask our study team any questions you may have via email or phone, you would never be asked to provide any sensitive information over email, and should avoid sending sensitive, detailed personal information by email. The use of unencrypted email is not a secure method of communication, and there are many ways for unauthorized users to get access to email. Email should also not be used to convey information of an urgent nature.

Do you give the BRAVE Research Center Study Team permission to communicate with you via email?

[ ] Yes, I am okay with email communication.
[ ] No, I do not give permission to contact me via email and therefore I do not wish to participate in this study.

[If yes] What is the best email to reach you at?

______________________________________

Please confirm your email:

______________________________________

[If a participant chooses “No”, they will be taken to the following screen]

You have selected an option that indicates you are ineligible to participate in our study. Thank you for your interest, and we hope you check back in the future for more research opportunities!

To save your responses and end the survey, click the button below. If you think you may have accidentally selected the wrong option and do not wish to leave the survey, you may click the other button below to continue, which will allow you to edit your response(s) and continue the survey.
Some of the images included will depict some material that some may find distressing (e.g., pictures of wolves with blood on their mouths). These images are similar to ones that your child could be exposed to on TV or other media. If you do not want your child to view these images you may opt out of this study. Those who have psychiatric or other medical illnesses may be more sensitive and emotionally vulnerable to this material, so keep this in consideration as you allow your child to decide if they would like to participate.

[ ] Yes, child may these view these images.
[ ] No, I would prefer my child not view these images.

[If yes] Thank you for confirming their ability to participate, we will move forward with the informed consent.

[If a participant chooses “No”, they will be taken to the following screen]

You have selected an option that indicates you are ineligible to participate in our study. Thank you for your interest, and we hope you check back in the future for more research opportunities!

To save your responses and end the survey, click the button below. If you think you may have accidentally selected the wrong option and do not wish to leave the survey, you may click the other button below to continue, which will allow you to edit your response(s) and continue the survey.
[The following eConsent form will only be displayed for participants that answered “Yes” to Question 2 on Pages 2 and 3]

University of Wisconsin-Madison
Consent to Participate in Research,
Participation of a Minor, and
Authorization to Use Protected Health Information for Research

Study Title for Participants: Examination of Emotional Strategies in Youth
Formal Study Title: EmoStrat Youth
Lead Researcher: Dr. Ryan Herringa, MD, PhD
BRAVE Research Center (BRC)
Department of Psychiatry, UW-Madison

INVITATION
You are being invited to participate because you have a child between the aged 14 to 17 years of age. You and your child are being invited to participate in this study in order to see how different methods to manage emotions are used early in life, and how early experiences may change how these strategies are used.

The purpose of this consent and authorization form is to give you and your child the information you need to decide whether to be in the study. It also explains how health information will be used for this study and for other research in the future and requests you and your child’s authorization (permission) to use your health information.

If you are the parent or legal guardian of a minor who is invited to take part in this study, your child can participate in the study only if you give your permission. We will also ask your child if they are willing to take part in the study.

WHY ARE RESEARCHERS DOING THIS STUDY
We hope to understand how youth use different ways to manage their emotions, and how these may affect their mental health symptoms. We will also collect background demographic information about you and your family, as well as experiences that may or may not have happened to your child in the past. Most of the questions that you will be asked are similar to those that you may be asked at the doctor’s office.

IMPORTANT THINGS TO KNOW ABOUT ANY RESEARCH STUDY
Providing this information is voluntary, and you may withdraw from participation at any time without penalty. You and your child do not have to answer any questions that you are not comfortable with. The decision to participate in the surveys will not affect any relationship you or your child may have with the UW-Madison or UW Health. You will not lose medical care or any legal rights.

WHAT WILL HAPPEN IN THIS STUDY?
If you and your child choose to participate, your child will complete an online task and survey assessments that will ask about their thoughts, feelings, behaviors, and experiences. The online task will require your child to view groups of emotional images while following specific instructions for how to manage their emotions. These images are made to cause a variety of emotions, some of which may be distressing, and some may be happy. They will rate their present emotions after each image, and will complete some additional surveys after completing the task. Survey questions will ask about mental health symptoms, emotion regulations, and past experiences of trauma. The task and survey will take up to one hour to complete.

Due to technological limitations, the task portion of the study must be completed in one sitting, which will take approximately 30-40 minutes to complete. Your child may stop during the subsequent surveys, but to resume from where they left off they must contact study staff (emotionstudy@psychiatry.wisc.edu; who will be provide them with a link to resume the survey at a later time.

**HOW LONG WILL I BE IN THIS STUDY?**
We will then ask you and your child to complete the task and surveys again in two weeks but will send reminders at 4 and 6 weeks if they are not yet completed. We recommend that your child complete the task and surveys independently, but you may be present while the task is completed. We just ask that if you are present, you allow the child to complete the task and surveys independently. We will send you a link to the surveys via email when it is time to complete the follow-up task and surveys. We may also send reminder emails if we see your child has not completed the surveys. We expect that completing the task and surveys will take about 60 minutes on both occasions.

**PROTECTED HEALTH INFORMATION (PHI) USED IN THIS STUDY**
Protected health information, also called PHI, is information about your child’s physical or mental health that includes your child’s name or other information that can identify them, like date of birth or medical record number. To do this study, we will use answers to survey questions that pertain to your child’s physical and mental health. We will also collect your email address. We will *not* collect other identifiable information from you, such as names, dates of birth, address, phone number, etc. Finally, we will collect your child’s name, date of birth and age to link demographic data to their replies on the task and surveys and to calculate an accurate age.

**DO I HAVE TO BE IN THIS STUDY? WHAT IF I SAY “YES” NOW AND CHANGE MY MIND LATER?**
No, you do not have to be in this study. Taking part in research is voluntary. This means that you decide if you want to be in the study. If you decide now to take part, you can choose to leave the study at any time. If you decide to be in the study, the researchers will tell you about new information or changes in the study that may affect your willingness to continue in the study.

Let the researchers know if you choose to leave the study.
If you decide not to take part in the study, or if you choose to leave the study, your choice will not affect any treatment relationship you have with healthcare providers at UW-Madison, UW Health, or any affiliated organizations, or any services you receive from them. No matter what decision you make, and even if your decision changes, there will be no penalty to you. You will not lose medical care or any legal rights.

Your authorization for researchers to use your protected health information (PHI) does not have an end date. However:

- You can choose to take back your authorization for researchers to use your health information. You can do this at any time before or during your participation in the research.
- If you take back your authorization, information that was already collected may still be used and shared with others, but the researchers will no longer be able to collect NEW information about you.
- If you take back your authorization, you will not be able to take part in the research study.
- To take back your authorization, you will need to tell the researchers by writing to the Lead Researcher, Dr. Ryan Herringa, at (608) 263-6068.

**WILL BEING IN THIS STUDY HELP ME IN ANY WAY?**

Being in this study will not help you or your child directly. Your participation in this study may benefit other people in the future by helping us learn more about how trauma affects the use of different emotion regulation strategies, and how these strategies might relate to mental health symptoms.

**WILL I RECEIVE THE RESULTS OF THE SURVEYS MY CHILD COMPLETES?**

All of the surveys that are part of this study are for research purposes only. Some of the surveys ask about symptoms of emotional distress such as depression and anxiety. We are using the surveys only for research, not to diagnose mental health issues. Because of this, we will not tell you or your doctors the results of these surveys except as described in the confidentiality section.

If your child is experiencing emotional distress, you should contact their physician or other health care provider, such as a mental health professional.

**WHAT ARE THE RISKS**

Some questions or images may make your child feel upset or distressed. These questions are similar to what would be asked in a clinic, and images are similar to those that might be seen on television or some movies. Your child may choose not to answer such questions.

There is also a risk of loss of confidentiality. While we will only collect your email address, your child’s name, and child’s date of birth, there is a risk that you or your child’s information could become known to someone not involved in this study. If this happens, it could affect your relationships with family and friends, affect your employment, or make it harder to get insurance or a job.
The study team will do their best to keep your information safe by collecting and storing this data in an electronic data capture system used for research at University of Wisconsin – Madison, which stores data on secure servers. Your contact information will be stored for the purpose of contacting you for research participation opportunities in our lab and the UW Department of Psychiatry. Your contact information will not be shared outside the Department of Psychiatry. Information other than your contact information and other information that identifies you, such as survey questions, will be stored indefinitely in a data bank. This deidentified information may be used and shared for future research. To share deidentified data, we would export information from our secure database and label it with a code, meaning that information that could directly identify you would not be shared outside the Department of Psychiatry.

Note that data banking is not optional. If you and your child choose to participate in this study, your data will be saved indefinitely. If you do not want this data saved, please do not proceed to the survey at the end of this form.

**WILL I BE PAID OR RECEIVE ANYTHING FOR BEING IN THIS STUDY?**
If you and your child complete the first set of surveys and activities, you will receive a $25 Amazon gift card on their behalf. If your child completes the follow-up set of surveys and task, you will receive an additional $25 Amazon gift card on their behalf.

**HOW WILL RESEARCHERS KEEP MY RESEARCH INFORMATION CONFIDENTIAL?**
We have strict rules to protect your personal information and protected health information (PHI). We will limit who has access to your email address. We will also store this information securely. We may publish and present what we learn from this study, but none of this information will identify you directly without your permission.

However, we cannot promise complete confidentiality. Federal or state laws may permit or require us to show information to university or government officials responsible for monitoring the safety of this study. We may also have to tell appropriate authorities, such as child protective services or health care providers, if we learn during the study that you or others are at risk of harm (for example, due to child or elder abuse, or suicidal thoughts).

Authorizing the research team to use your PHI means that we can release it to the people or groups listed below for the purposes described in this form. Once your health information is released outside UW-Madison or UW Health it may not be protected by privacy laws and might be shared with others. Also, with appropriate institutional permissions and confidentiality protections, we might use information that we collect during this study for other research or share with other researchers without additional consent or authorization from you or your legally authorized representative.

**Who at UW-Madison can use my information?**
- Members of the research team
Accounting and billing personnel, or do other tasks related to this study

Who outside the UW-Madison may receive my information?
- We do not intend to share any information with researchers or other outside of UW-Madison

WHAT IF I HAVE QUESTIONS?
Study team members are the primary point of contact if you have questions during a study visit. In addition, please contact the study team by email at emotionstudy@psychiatry.wisc.edu with any questions or comments you may have about the study. If you have any questions about your rights as a research subject or have complaints about the research study or study team, contact UW Health Patient Relations at 608-263-8009. The Patient Relations Representatives work with research subjects to address concerns about research participation and assist in resolving problems.

FUTURE RESEARCH STUDIES
Additionally, if you decide that you would like to be contacted for future research participation opportunities, researchers at the Department of Psychiatry may contact you. In the next question, you may opt out of being contacted by selecting “No.” Also, if you decide later that you do not wish to be contacted, you may opt out at that time.

Do you give the BRAVE Research Center and UW Department of Psychiatry permission to contact you for possible future studies conducted by the research team?

Yes/No
AGREEMENT TO PARTICIPATE IN THE RESEARCH STUDY

You do not have consent to this study. If you refuse to consent, however, you cannot take part in the study.

You can find a copy of this consent form on our website: https://brave.psychiatry.wisc.edu

If you sign and check the box below, it means that:
- You have read this consent and authorization form.
- You and your child agree to participate in this study.
- You give authorization for your protected health information to be used and shared as described in this form.

<table>
<thead>
<tr>
<th>Parent/Guardian Consent for the Participation of Self</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/legal guardian, do you consent to provide information under the circumstances described above?</td>
</tr>
<tr>
<td>Please type your full name: ____________________</td>
</tr>
<tr>
<td>☐ By checking this box, I am electronically signing this form.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Consent for the Participation of a Minor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/legal guardian, do you give permission for your child to provide information under the circumstances described above?</td>
</tr>
<tr>
<td>Please type your full name: ____________________</td>
</tr>
<tr>
<td>☐ By checking this box, I am electronically signing this form.</td>
</tr>
</tbody>
</table>

**A copy of this form can be found on our website**
Page Five

Thank you for agreeing to participate! Your survey is about to begin, which will consist only of few brief demographic questions. They should take you a couple minutes to complete.

Once you are done with your survey, it will be your child’s turn to complete their study activities. They can only begin after you are finished. Your child’s activities should take approximately 45 minutes to complete.

At the end of their surveys, they will check a box confirming that you are both finished. Once they click this box and exit, there is nothing more you need to do!

You should expect to receive automated emails with links to the follow-up surveys two weeks from when you and your child finish this set of activities. If you have not completed the surveys, you will be sent additional reminders 4 weeks and 6 weeks after you complete this initial set of activities.
Finally, at any time you may choose to stop the surveys and continue at another time until your child begins the task. In order to do this, all you need to do is:

1. Scroll to the bottom of the current page, and click the “Save & Return Later” button.
2. This will bring up a box with a “Return Code.” Write this code down.
3. Click “Close”
4. This will bring up the instructions on how to return. You may bookmark the current page for easy access later. You may also enter your email address and have the link sent to your email.
5. When you are ready to return, enter that link into an internet browser.
6. On this page, you will enter the “Return Code.” It will bring you right back to where you left off!
7. If you choose to stop the task partway through, your child will have to re-start from the beginning. If they stop partway through the surveys after the task, they will need to contact study staff for the link to resume.

Don’t worry, you don’t need to memorize this. You will receive all the instructions again if you choose to do this!

Here we go…