

## **Parent Consent to Participate in Evaluation Study of SkillFlix for Parents – Autism Spectrum**

### ***What is this about?***

We are creating an online library of videos for parents of youth with autism spectrum disorder (ASD) to support them in talking with their children about sexual health and healthy relationships. We want to test how useful it is at supporting parents with these types of discussions. If you take part in this study, you and your child will be asked to use this online tool and have several talks about sexual health and healthy relationships to test how effective it is at supporting parents with these types of discussions.

### ***Who are we?***

We are from dfusion, a small business that uses technology to create programs to improve the health of youth and adults. dfusion has many years of experience developing health education programs and doing studies in with youth and adults. This project is funded by the National Institute of Child Health and Human Development.

### ***What would I be asked to do?***

If you give consent for you and your child to take part and your child agrees, you will first fill out an online survey that asks about the age, race, gender identity, and geographic location of you and your child. It will also have questions about your current talks with your child on sexual health topics. You will then be asked to:

- Have an audio recorded talk with your child on a sexual health topic, fill out an online log of how you think that talk went, and return the recording to project staff.
- Watch the videos in the online library over 1 week.
- Have at least 3 more talks with your child on sexual health topics (the first of which you'll be asked to audio record), fill out online logs for each talk and return the recording to project staff.
- Finally, complete an online survey about your talks with your child on sexual health topics and what you think of the videos and the online tool.

All these study activities will take place over 1 month and should not take more than a total of 4-6 hours of time. You will receive weekly support calls from project staff so you can ask questions. When you finish all activities, you will receive a \$200 gift card as a thank you for taking part in the study.

### ***What would my child be asked to do?***

If you give consent for you and your child to take part and your child agrees, your child will first fill out an online survey that asks about your current talks on sexual health topics. They will then be asked to:

- Take part in the audio recorded talk that you will initiate with them.
- Watch online videos made for youth with ASD that show how to handle different types of dating/social scenarios over 1 week.
- Fill out short online surveys after each video on what they think of it.
- Take part in the at least 3 more talks that you will initiate with them.
- Finally, fill an online survey about your talks on sexual health topics and what they think of the youth videos.

All these activities will take place over 1 month and should not take more than 3-4 hours of time. When all activities are finished, they will receive a \$50 gift card as a thank you for taking part in the study.

### ***Are there any risks?***

You or your child may feel some discomfort answering survey questions about your talks on sexual health topics. You or your child may feel awkward having talks about sexual health and/or having these talks audio recorded. During these talks there is a chance that you or your child may find out information from the other that has unanticipated concerning consequences; if that happens, we will provide a psychologist specializing in ASD to minimize any unintended impact. The research team will keep the information you and your child share with us in surveys, audio recordings, and conversation logs confidential. We will replace your names with

participant codes on the information you share. A code book that identifies which codes belong with your names will be stored separate from any information you share. This codebook will be destroyed 3 years after the study is complete. The information you share will not be shared with any organizations you or your child may be affiliated with for any reason.

***Do my child and I have to take part?***

You and your child can choose whether or not to take part. Participation is voluntary and may be ended at any time. To be sure your child agrees to take part in the study, we will collect a signed assent form from them where they will give a way for us to contact them. We will then have a follow-up phone call with them to confirm they understand what they are doing as part of the study and that they willingly agree to participate. You and your child do not have to answer any survey questions if you or they do not want to. If either or you feel uncomfortable during the talks, you can stop them at any time. You may also withhold any information you and your child provide during the recordings as you see fit.

***Are there any costs involved?***

There are no costs to you or your child to take part in this study.

***What are the benefits of taking part?***

By taking part in this study, you and your child will help us improve our tool to support parent/child communication about sexual health and healthy relationships for parents and youth with ASD. You will have the opportunity to access new resources to improve your communication skills with your child and immediately apply your learnings. You will also potentially gain a greater ease in communicating with your child about these important topics which may lead to more positive/healthy trajectories of your child's sexual behavior. In addition, by watching the videos of modeled social/dating interactions, your child may gain an increased understanding of positive ways to handle such scenarios.

***What if I have questions?***

Here are two people you can call for more details about the project:

- Ms. Regina Triplett-Firpo, Principal Investigator: (831) 440-2162; [regina.firpo@dfusioninc.com](mailto:regina.firpo@dfusioninc.com)
- Ms. Brittany Lucas, Project Coordinator: (831) 440-2191; [brittany.lucas@dfusioninc.com](mailto:brittany.lucas@dfusioninc.com)

For questions about your rights as a participant in this research project call:

- Dr. Tanya Matthews, IRB Chairperson: (866) 537-5030. An IRB is a committee that helps to make sure people in research projects are protected.

***How do I give consent for my child and myself to take part?***

We need your written consent before you or your child can take part in the study. Your consent allows you and your child to take part, if your child also agrees to take part in the study. **Please complete the consent form on the following page to indicate your decision (yes or no) to participate in the study. You and your child can only participate if you answer "YES".**

Thank you.

**Parent Consent to Participate in Evaluation Study of  
SkillFlix for Parents – Autism Spectrum**

**Study Investigator: Regina Firpo-Triplett, MPH**

**Parent Participant Consent**

**Please check one box:**

- YES—I agree to take part in the research this form describes.  
 NO—I do NOT agree to take part in the research this form describes.

If you checked YES, please print and sign your name, fill in the date, and provide the best contact information for you.

Your Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Parental Consent for Youth Participation**

**Please check one box:**

- YES—my child has my permission to take part in the research this form describes.  
 NO—my child does NOT have my permission to take part in the research this form describes.

If you checked YES, please print your child's name and year of birth, print and sign your name, and fill in the date.

Child's Name: \_\_\_\_\_ Year of birth: \_\_\_\_\_

Your Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_