

IRB USE ONLY  
Study Number: 2016-05-0001  
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## **Parental Permission for Children Participation in Research**

**Title:** Families of four: The development of a new observational coding system

### **Introduction**

The purpose of this form is to provide you (as the parent of a prospective research study participant) information that may affect your decision as to whether or not to let your child participate in this research study. The person performing the research will describe the study to you and answer all your questions. Read the information below and ask any questions you might have before deciding whether or not to give your permission for your child to take part. If you decide to let your child be involved in this study, this form will be used to record your permission.

### **Purpose of the Study**

If you agree, your child will be asked to participate in a research study that aims to explore how families of four function. Given that observations of families of three are common in research literature, we aim to develop an observational coding system for families of four. The purpose of this study is to establish the validity of the newly proposed observational coding system, as well as explore how families of four function in relation to family factors that impact family functioning.

### **What is my child going to be asked to do?**

If you allow your child to participate in this study, they will be asked to be involved in a videotaped family observation. We aim to examine family functioning of couples with two children by encouraging parents to discuss each other's parenting while handling daily challenges of parenthood (preparing a snack for their children, facilitating play between children, and engage in a card-sort activity). This study will take a total of 75 minutes, however, the children will only be involved in 25 minutes of the study. There will be 49 of other families in this study.

Your children will be video recorded.

### **What are the risks involved in this study?**

There are no foreseeable risks for children's participation in this study.

### **What are the possible benefits of this study?**

Your child will receive no direct benefit from participating in this study; however, participants have generally found the family interaction to be easy to complete, interesting and informative. Your children's life experiences and thoughts will contribute to understanding why some people are able to successfully overcome difficult life experiences and help us identify predictors of later health, which will contribute to developing effective programs to help those in need.

### **Does my child have to participate?**

No, your child's participation in this study is voluntary. Your child may decline to participate or to withdraw from participation at any time. Withdrawal or refusing to participate will not affect your relationship with The University of Texas at Austin or your child's current school in any way.

You can agree to allow your child to be in the study now and change your mind later without any penalty.

**What if my child does not want to participate?**

In addition to your permission, your child must agree to participate in the study. If your child does not want to participate they will not be included in the study and there will be no penalty. If your child initially agrees to be in the study they can change their mind later without any penalty.

**Will there be any compensation?**

Families will potentially be compensated \$25 dollars via an Amazon gift card for their full participation in the study; families that do not complete or partially complete the study will not receive the monetary compensation. Partial completion of the study would include instances in which there is an interruption in the family observation task (i.e., the full 25 minutes was unable to be completed) or one or both parent(s) opt out of filling out the questionnaire packet portion of the study; such that the mother/father did not complete a single question in the questionnaire packet. However, if parent declines to answer one or more questions due to emotional discomfort, their participation would be considered acceptable for monetary compensation.

You will be responsible for any taxes assessed on the compensation.

**How will your child's privacy and confidentiality be protected if s/he participates in this research study?**

Your child's privacy and the confidentiality of his/her data will be protected The University of Texas at Austin. All information that is obtained in connection with this study that can be identified with you or your children will remain strictly confidential. No one, including your other family members, will have knowledge of your confidential responses to the Survey. Participants will be identified by randomly assigned numbers only. Only the principal investigators will have access to the list of numbers and corresponding names. All data will be stored in locked rooms to which only authorized research personnel have access.

If it becomes necessary for the Institutional Review Board to review the study records, information that can be linked to your child will be protected to the extent permitted by law. Your child's research records will not be released without your consent unless required by law or a court order.

If you choose to participate in this study, you will be video recorded. Any video recordings will be stored securely and only the research team will have access to the recordings. Recordings will be kept indefinitely. The master key with any identifying information will be released in two and a half years. Hard-copies of paper-based forms (recruitment materials, consent forms, and paper-based questionnaires - if necessary) as well as the digital recording device will all be securely stored in a locked office located in the SEA building on UT's campus when not in use. Recordings of family interactions

will be stored on a password-protected computer. Coded data will be stored separately from consent forms and the master key linking participants' identity to their coded data. Data will only be shared with other researchers for educational purposes. In such circumstances, faces will be blurred on video recordings. In all other instances, data will not be shared with other researchers.

If the researchers should observe or otherwise learn of child or elder abuse while visiting the participant's home, confidentiality will be broken. The researchers will report the abuse to the appropriate authorities (Child Protective Services or the Texas Department of Family and Protective Services) as required by law

**Whom to contact with questions about the study?**

Prior, during or after your participation you can contact the researcher **Sarah Elizabeth Murphy** at **571-309-4579** or send an email to [sarah.e.murphy@utexas.edu](mailto:sarah.e.murphy@utexas.edu) for any questions or if you feel that you have been harmed. This study has been reviewed and approved by The University Institutional Review Board and the study number is [2016-05-0001].

**Whom to contact with questions concerning your rights as a research participant?**

For questions about your rights or any dissatisfaction with any part of this study, you can contact, anonymously if you wish, the Institutional Review Board by phone at (512) 471-8871 or email at [orsc@uts.cc.utexas.edu](mailto:orsc@uts.cc.utexas.edu).

**Signature**

You are making a decision about allowing your child to participate in this study. Your signature below indicates that you have read the information provided above and have decided to allow them to participate in the study. If you later decide that you wish to withdraw your permission for your child to participate in the study you may discontinue his or her participation at any time. You will be given a copy of this document.

**Oral Script for Researcher to Gain Consent from Children**

Today we brought some toys for you and your brother/sister to play with. We are going to use a recording device to watch you spend time with your brother/sister and your parents. Is that okay with you?

\_\_\_\_\_  
Printed Name of Child

\_\_\_\_\_  
Signature of Parent(s) or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date