

### ***Informed Assent Form***

Official Title of Project:

CRDP Phase 2, STICK GAME and FLOWER DANCE Local Evaluation

Principal Investigator:

DR. CUTCHA RISLING BALDY

Institution Conducting the Research:

TWO FEATHERS NATIVE AMERICAN FAMILY SERVICES

Requirements to participate in this research: Participants in this project must be self-identified Native American/American Indian/Alaska Native or Indigenous (this includes enrolled, unenrolled, unrecognized and/or descent).

**Do you self-identify as a Native American/American Indian/Alaska Native or Indigenous Person?**

Yes  No  Not Sure

1. What should I know about this research study?

- This form explains this research study to you.
- You must have a parent/guardian present with you to review and sign this form.
- Before you sign the form staff will go over the form with you and your parent/guardian.
- At any time you can choose not to take part in this study.
- You can agree to take part now and change your mind.
- Whatever you decide it will not be held against you.
- You can ask all the questions you want before you decide.
- If you agree to take part, you will be given a signed and dated copy of this document.

2. Purpose, Participation, and Procedures of the study

Two Feathers Native American Family Services is evaluating the impact of two cultural practices - the Stick Game and Flower Dance. The California Reducing Disparities Project (CRDP) has provided us with money to explore why the Stick Game and Flower Dance are important to our communities. If you agree to be a part of this research you will be working with one of our staff to answer a series of questions and/or fill out surveys with your parent or guardian. After you sign this form you will be given a packet of questions to answer. You can decide if you want one of us to sit with you and your parent/guardian to fill out these questions or if you feel more comfortable just filling out the questions with your parent/guardian. We will also be collecting information about how to get in contact with you and your parent/guardian so we can tell you about future events.

When you register for this program you are agreeing to participate in all of the events listed below. There are a lot of fun and interesting cultural events that we have planned and we would like you to agree to be a part of all of them. They should help you get ready to be in the Stick Game or to attend a Flower Dance. Each time you attend we will be giving you a set of questions that you will fill out at the

end of the event. For participating in these events and surveys you will receive a gift. You will also be given the opportunity to attend a Stick Game or Flower Dance. Finally, 3-6 months after you attend a Stick Game or Flower Dance you will be given a final set of surveys. The staff at Two Feathers will help you to keep track of these events and survey appointments.

### **Schedule of Survey/Interviews:**

#### Initial Visit:

- Activity Intake Form (can be filled out in advance)
- Consent/Assent Forms for SWE Core Measures
- SWE Core Measures Survey (approximately 15 minutes)
- Assent Form (Two Feathers/ ACORN Program)
- ACORN Pre-Test Survey (approximately 30-45 minutes)

ACORN Program – Make It Stronger: 5 Post Tests (approximately 10 minutes each or 50 minutes)

ACORN Program – Stick Game Camp: Pre/Post Test (approximately 30 minutes)

Post-Test (3-6 months after culminating event): (approximately 45 minutes).

[Optional] Qualitative Interview (approximately 1 hour)

End of Project Gathering (approximately 1.5 hours)

**Total # of Hours for evaluation: 4 hours**

### 3. Risks to the Participants

We want you to pay attention to how you feel while you are working with us. Sometimes when people have to fill out questions or talk about their feelings it can make them uncomfortable:

- You may recall traumatic or distressing events during the course of filling out surveys and/or participating in optional qualitative interviews. Please note: Two Feathers has licensed therapists and social workers who are on staff. In addition, our Project Director, Virgil Moorehead, Jr. is a licensed therapist **clinical psychologist**. He will attend all of the events and will be available for any immediate mental health services that are requested by participants.
- For your parent/guardian and you as well this program may sometimes feel like it is taking a long time. We are going to give you plenty of options so that you can decide how much you participate once you are at the events. We are so happy to have you as a part of this study so please tell us if you are ever feeling tired or you like you don't want to complete any of the activities.

### 4. Confidentiality

Doing work in our communities means that researchers sometimes know the participants they are working with. You may know one of us personally or even be related to us. We understand that you might feel uncomfortable knowing that we could be looking at information that is private to you and your family. We will always keep the things that you share in the surveys or with us interviews confidential. Nobody will know that it was you who said something. If at any time you feel like you want

a different person to work with you let us know. If you feel uncomfortable sharing information with one of us but think you would like to share it with someone else on the staff, please let us know. We also do not need to be there when you fill out the surveys. Only your parent/guardian needs to be with you. If you don't want us to be there just let us know.

We will not be releasing your information to anyone outside of this project. But we must make special note that the "SWE Core Measures" which you will fill out at the start and end of this program are going to be sent to the California Department of Public Health.

I want to let your parent/guardian know that **some of the survey information you provide in this study will be used to evaluate the overall effectiveness of the California Reducing Disparities Project (CRDP). This information will be provided to the CRDP evaluation team at Loyola Marymount University. No information about your identity will be provided to the CRDP evaluation team. The CRDP is funded by the California Department of Public Health. If you have any questions about the CRDP evaluation, please contact Dr. Cheryl Grills at Loyola Marymount University – [310-338-3016](tel:310-338-3016) or [cheryl.grills@lmu.edu](mailto:cheryl.grills@lmu.edu).**

**Image/Audio/Video use:** Should you consent to participating in the interviews your parent/guardian will be given an additional image and audio release form which will also ask about if you want to use your name on the videos or as part of the pictures. We will always ask you if this is what you want to do, but we also need to get permission from your parent/guardian as well.

#### 5. Description of any Benefits to Participants from participation in this Study

The project will have a number of benefits like: Reduce mental health distress; Build community; Strengthen Inter-Tribal and Interagency Relationships; and Strengthening of Cultural Identity for Young People.

#### 6. Compensation for Participant related to this Study

If you commit and register to the entirety of the program (approx. 13 hours of time) you will be provided with incentives throughout the program. Incentives may include t-shirts, water bottles, backpacks or other similar items and will be given to participants who complete each pre/post surveys at events. In addition, you will be given a final incentive gift card at the culmination of the program.

#### 7. Treatment for Injury related to this Study

Two Feathers has licensed therapists and social workers who are on staff. Part of our consent/assent process is to provide information to registered participants about how they can make an appointment with our therapists or social workers should they request it. In addition, our Project Director, Virgil Moorehead, Jr. is a licensed therapist. He will attend all of the events and will be available for any immediate mental health services that are requested by participants.

#### 9. Contacts for Participant Questions about this study

If you have questions about this study or about this form you may contact the following people:

TWO FEATHERS NATIVE AMERICAN FAMILY SERVICES  
1560 Betty Court Suite A  
Mckinleyville, CA 95519  
(707) 839-1933

Questions about this form?  
Contact: Virgil Moorehead, Jr.  
Project Director  
or visit: [twofeathers-nafs.org/cdph](http://twofeathers-nafs.org/cdph)

Virgil Moorhead, Jr. Project Director 707-839-1933	Blair Kruezer Executive Director 707-839-1933	Cutcha Risling Baldy Principal Investigator <a href="mailto:csb357@humboldt.edu">csb357@humboldt.edu</a>
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Alternatively you can fill out a contact form on the Two Feathers Website: [twofeathers-nafs.org/cdph](http://twofeathers-nafs.org/cdph).

#### 10. Voluntary Participation in this Study

You can leave the research at any time and it will not be held against you.

If you decide to leave the research, contact the investigator so that the investigator can determine with you the continued use of your collected data and/or the return of your collected data.

You will be given the opportunity to decide if you would like the collected data, interviews or responses to be used as part of the study. If you decide you do not want the data to be used, then all data will be returned to you and any copies housed with the study will be deleted.

#### 11. Research Participant's Bill of Rights Provided to Participants

We will provide you with a copy of the Participant's Bill of Rights. You can also find an online, downloadable version of this Bill of Rights on our website. [twofeathers-nafs.org/cdph](http://twofeathers-nafs.org/cdph)

Did you receive a copy of the Participant's Bill of Rights?  Yes  No  Not Sure

#### 12. Consent Statement and Signature

I give my consent to participate in this research study and have received a copy of the Research Participant's Bill of Rights.

\_\_\_\_\_  
Printed Name of Participant                      Signature of Participant                      Date Signed

\_\_\_\_\_  
Printed Name of Parent/Guardian                      Signature of Parent/Guardian                      Date Signed

\_\_\_\_\_  
Printed Name of Representative                      Signature of Representative                      Date Signed