

[Date]
[Address]

Dear Parent:

John Jones, Ph.D. and Sarah Smith, Ph.D. of the University of Michigan, Department of Psychology, invite your child to participate in a research study entitled *Caregiving: Stresses and Support*. You and your child are being contacted because you recently attended a meeting of the UM Caregivers Support Group.

We would like to talk with your child about how the time you spent providing care to your family member affected your child's own life. The purpose of this study is to identify the type of stress that caregivers and their children experience and to identify ways to provide them with better support services. We plan to ask 50 children between the ages of 10 and 17 to participate in our research. This study is being funded by the National Institutes of Health.

If you agree, your child will talk to an interviewer about topics such as changes in schedules, activities in the home, travel, and time spent with parents. An interviewer will come to your home to conduct the interview at a time convenient for you and your child. The interview is expected to take about 45 minutes to complete. We would like to audiotape the interview, but taping is not required for your child to be part of the study.

While your child may not directly benefit from participating in our interview, we hope that this study will contribute to the improvement of social support systems for family caregivers.

Answering questions about this time in your family's life may be difficult for your child. The interviewer has been trained to work with children and will stop the interview if your child seems upset. We have attached a list of support agency referrals to this letter if your child needs additional help coping with feelings.

Your child will be paid \$30 for completing the full interview. If your child decides not to finish the interview, your child will be paid \$15.

We plan to publish the results of this study, but will not include any information that would identify you, your child or the family member who was ill. To keep this information safe, the audiotape of your child's interview will be placed in a locked file cabinet until a written word-for-word copy of the discussion has been created. As soon as this process is complete, the tapes will be destroyed. The researchers will enter study data on a computer that is password-protected. To protect confidentiality, your child's real name and the names of any family members will not be used in the written copy of the discussion. The researchers plan to keep this study data indefinitely for future research about caregivers.

There are some reasons why people other than the researchers may need to see information your child provided as part of the study. This includes organizations responsible for making sure that the research is done safely and properly, including the University of Michigan, government offices, or the study sponsor, the National Institutes of Health. Also, if your child tells us something in the interview that makes us believe that your child or others have been or may be physically harmed, we may report that information to the appropriate agencies.

An interviewer will call you to make an appointment to interview your child in June 2008. We hope that you will be willing allow your child to share his/her experiences with us.

If you have questions about this research, including questions about scheduling the interview or about your child's payment for participating, you can contact John Jones, Ph.D., University of Michigan, Department of Psychology, 123 East Hall, Ann Arbor, MI 48104, (734) 123-4567, jjones@umich.edu.

If you have any questions about your child's rights as a research participant, please contact the University of Michigan Institutional Review Board Health Sciences and Behavioral Sciences, (734) 936-0933, 540 E. Liberty St., Suite 202 Ann Arbor, MI 48104-2210, irbhsbs@umich.edu.

Sincerely,

John Jones, Ph.D.
University of Michigan
Department of Psychology
123 East Hall
Ann Arbor, MI 48104

Parental Permission

By signing this document, you are agreeing to allow your child, _____, to be part of the study entitled *Caregiving: Stresses and Support*. Your child's participation in this study is completely voluntary. If you allow your child to be part of the study, you may change your mind and withdraw your approval at any time. Your child may choose not to be part of the study, even if you agree, and may refuse to answer an interview question or stop participating at any time.

You will be given a copy of this document for your records and one copy will be kept with the study records. Be sure that the questions you have asked about the study have been answered and that you understand what your child will be asked to do. You may contact the researcher if you think of a question later.

I give my permission for my child to participate in this study.

Signature

Date

I give my permission for the interview with my child to be audiotaped.

Signature

Date