

**Child Assent Form (for 12-17 years old)  
Phase 2 RCT**

**Project Title: The effectiveness, mechanisms of change, and acceptability of Family Focused PsychoSocial Support (FFPSS) for at-risk adolescents in Lebanon**

**Protocol Number: SBS-2020-0133**

**Principal Investigator(s): Dr. Tania Bosqui**

**Address: American University of Beirut**

**Phone: 01 350-000 ext 4370**

**1. What is this study about?**

This study wants develop and test a psychosocial program for young people and their families facing adversity in Lebanon. We have developed the program based on what we think will be helpful for families. In this part of the study we want to deliver the intervention to 351 families to test how helpful it is.

**2. What will I need to do if I am in this study?**

1. First of all, we will ask you and your parent/caregiver some questions about how you feel and about any difficulties you or your family has. We will do this at your home or at a clinic or community center, and we will talk separately to you and your parent/caregiver. If we are unable to meet in person due to COVID-19, we will meet over the phone, and we will cover the cost of the call. If our assessment shows that this program is not suitable for you and your caregiver, you will still have access to other available programs more suited to your needs.
2. If we deem the program to be suitable, then you will be offered the be offered the Sawa A2wa Family Program provided by a trained facilitator over 6-7 weekly 2 hour sessions. This will take place in or near your home, in a clinic or community center, or another private space. During the family sessions, the facilitator will be working with you and your family to improve your and your family's coping to help deal with any difficulties you are having.
3. Lastly, you will be asked to answer a few questions about how you are feeling after the program ends. We might also ask you to take part in a family interview about how the program went. We will audio record this interview so that we can accurately put in written form what you tell us. If you don't want to be recorded, a second person will sit in the interview and make notes.

**4. Can I stop being in the study?**

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You may stop being in the study at any time. You can stop filling out the questions or receiving the family sessions at any time. You won't be penalized for stopping and you will still be able to access the intervention if you wish to.

#### **4. What bad things might happen to me if I am in the study?**

Answering questions or talking about difficult things that have happened to you or how you are feeling might make you feel sad, anxious, or upset. We find that these feelings would usually go away after a little while. If these feelings don't go away soon, your interviewer will refer you to the appropriate people who will help you deal with them.

#### **5. What good things might happen to me if I am in the study?**

The intervention you will be receiving is based on interventions that have been found to help children and families in other places, and we think that it might help you to cope better with your difficulties.

#### **6. What will happen with the information that I give you?**

We will keep any information that you give us safely on password protected computers. Audio recordings will be stored on password protected computers only until they have been put in written form. After this, the recordings will be deleted/destroyed.

Only the researchers will look at the information you give us – they won't share it with anyone else. The researchers will write reports with the results, but they won't use your name or other personal information about you. The only time we will tell anyone else about what you have said is if you tell us that there is a serious risk to your safety (such as harm to yourself or others) and we need to get help for you. We will only tell others necessary information, and nothing else. We will also do our best to talk to you about who we are going to contact before we contact them.

#### **7. Who can I talk to about the study?**

For questions about the study you may contact:

**Dr. Tania Bosqui [English and French speaking]**

American University of Beirut

**Tel:** 01 350-000 ext 4370

**Email:** [tb33@aub.edu.lb](mailto:tb33@aub.edu.lb)

**Zahraa Shaito [English and Arabic speaking]**

American University of Beirut

**Tel:** 01-350000 ext 4367

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Email: [zs35@aub.edu.lb](mailto:zs35@aub.edu.lb)

To discuss other study-related questions with someone who is not part of the research team, you may contact:

**AUB Social & Behavioral Science Institution Review Board**

**Tel:** 01-350000 Ext. 5444/5445.

**Email:** [irb@aub.edu.lb](mailto:irb@aub.edu.lb)

	Yes	No
I have read (or someone has read to me) this form and I am aware that I am being asked to take part in a research study. I have had a chance to ask questions, my questions have been answered, and I understood the answers. I will be given a copy of this form.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that participation is voluntary, that I can stop at any time, and that I will still be able to get medical care.	<input type="checkbox"/>	<input type="checkbox"/>
I want to take part in this research study.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that all the information that I give will be anonymous and will be kept for at least 5 years after the end of the study.	<input type="checkbox"/>	<input type="checkbox"/>

**TO BE COMPLETED BY PARTICIPANT:**

I the undersigned (Name): \_\_\_\_\_

Date: \_\_\_\_\_ Signature of participant: \_\_\_\_\_

**TO BE COMPLETED BY RESEARCHER**

Name of researcher taking consent: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of researcher: \_\_\_\_\_

**IF ORAL CONSENT IS OBTAINED, TO BE COMPLETED BY INDEPENDENT WITNESS**

Name of witness to consent: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of witness: \_\_\_\_\_

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