

California Center of Excellence

for Trauma Informed Care

**Unsafe Behaviors Inventory (UBI) Pilot Study
Informed Consent Form for Adult**

Purpose: You are invited to take part in a study to test the usefulness of a tool called the Unsafe Behaviors Inventory (UBI). The UBI is designed to help you and the people working with you to know what is affecting your safety and whether the interventions and support you are receiving are helping to improve your safety. This is completely voluntary. If you refuse to participate in the study, it will not affect the services and supports you receive.

Procedure: If you agree to be in this study, you will be asked to speak with your clinician/counselor and/or fill out forms regarding your behavior, including behaviors you or others may believe are unsafe. We estimate your participation will take 15 to 20 minutes, each time you complete the questionnaire. You will be asked to complete the questionnaire twice, once very soon, and another time about 8 to 12 weeks later. Completing the questionnaire will not interfere with the services and supports you are receiving. If you have any questions, please ask your clinician/counselor any questions at any point. You may stop whenever you want to. If you choose to withdraw from the study it will not affect the services and supports you are receiving.

Confidentiality: Your confidentiality will be strictly maintained by using coding that does not identify you at all. The researchers will not know your name. The clinician/counselor working with you operates under specific confidentiality limitations—you may ask him or her about the specific confidentiality protections if you have any questions. Your personal information will not be shared with anyone at any time.

Exception to Confidentiality: The law requires that clinicians and counselors report suspected or known abuse, neglect, or exploitation of children or disabled adults or previously unreported communicable disease. In cases of imminent danger to self or others, your clinician or counselor may be required or allowed to break confidentiality in order to secure your safety or the safety of others. This is the law, and participating in the UBI study does not affect that; we just want you to understand the limits of confidentiality.

Contact: Questions, comments, or concerns about the study can be directed to your clinician/counselor. The study is being conducted by the California Center of Excellence for Trauma Informed Care (CCE-TIC), located in Santa Cruz, California. If the pilot study shows promising results, the UBI will be further tested to determine if it is effective in its purpose. If you have questions or concerns you would like to raise with CCE-TIC, you may send them to traumainformedcalifornia@gmail.com or call (831) 515-7570. You can ask any questions you want to.

Risks & Benefits: Participating in the study will not involve any additional risk beyond those you might encounter by simply obtaining services and supports, although answering the questionnaire may possibly create some discomfort for some people. If you start to feel uncomfortable with any part of participating in the study, you may stop at any time. Participating in the study will not bring any specific benefit. No monetary compensation is associated with participating in the study. The only potential benefit is having a measurable way to recognize improvements in your safety.

By signing below, you agree that the following statements are true for you:

1. My participation is voluntary.
2. I may withdraw my consent and discontinue participation in this study (or any portion thereof) at any time without any negative consequences.

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3. My information will be held in complete confidentiality. No names will be associated with the data in any way. I understand that only encoded data will be accessible to members of the researching group.
4. I received a complete explanation of the procedures to be followed in the project and all my questions have been answered.
5. I have reviewed the procedures to be followed and hereby give my consent to participate in this research.

By signing below, I agree to participate in the study:

Participant Signature: _____ Date _____