

**California Center of Excellence**  
  
**for Trauma Informed Care**

**Unsafe Behaviors Inventory (UBI) Pilot Study  
Informed Consent Form for Parent/Guardian of Youth**

**Purpose:** Your child is 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 your child and the people working with him or her to know what is affecting his or her safety and whether the interventions and support he or she is receiving are helping to improve safety. This is completely voluntary. If your child refuses to participate in the study, it will not affect the services and supports he or she is receiving.

**Procedure:** If you agree that your child may participate in the study, he or she will be asked to complete the UBI form regarding behavior, including behaviors people believe are unsafe. We estimate your child's participation will take 15 to 20 minutes, each time he or she completes the questionnaire. He or she 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 your child is receiving. If you or your child has any questions, please ask your clinician/counselor any questions at any point. Your child may stop whenever he or she wants to. If he or she chooses to withdraw from the study it will not affect the services and supports he or she is receiving.

**Confidentiality:** Your child's confidentiality will be strictly maintained by using a coding system that does not identify him or her at all. The researchers will not know his or her name. The clinician/counselor working with your child operates under specific confidentiality limitations—you may ask him or her about the specific confidentiality protections if you have any questions. Your child's 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 the client's 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 or your child has questions or concerns to raise with CCE-TIC, you or he/she may send them to [traumainformedcalifornia@gmail.com](mailto:traumainformedcalifornia@gmail.com) or call (831) 515-7570. You and your child may ask any questions you want to.

**Risks & Benefits:** Participating in the study will not involve any additional risk beyond those a person might encounter by simply obtaining services and supports, although answering the questionnaire may possibly create some discomfort for some people. If your child starts to feel uncomfortable with any part of participating in the study, he or she 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 for the client to have a measurable way to recognize improvements in safety.

By signing below, you are stating that you understand the following:

1. My child's participation in the UBI study is voluntary.

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2. He or she may withdraw consent and discontinue participation in this study (or any portion thereof) at any time without any negative consequences.
3. My child's 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 for my child to participate in this research.

By signing below, I consent for my child to participate in the study.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Name of Client**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_