



**PORTLAND PUBLIC SCHOOLS**  
**Lincoln High School**

1600 SW Salmon Street  
Portland OR 97205  
(503) 916-5200

August 2013

Dear Parent/Guardian(s):

In support of our efforts towards a healthy school climate, we will continue our partnership with **Project Options** this year to provide more avenues for teens to learn about making positive choices.

**Project Options is for ALL students:** those who do not want to start drinking, those who may have experimented, and those who may have questions or concerns about a friend's alcohol use and want to get some information. Prevention services are voluntary, are provided free of charge for students, do not overlap with currently available programs, and are not therapy or treatment. Activities are held during the lunch hour at school and focus on creating awareness of alternatives to drinking alcohol, stress reduction and communication. Participation is anonymous and confidential.

Students may choose to attend the prevention session, but only if they have permission from their parent(s)/guardians to do so.

If you have questions or want more information, please call Dr. Kristen G. Anderson at the Adolescent Health Research Program at Reed College at (503) 517-7410.

Our school is pleased to provide this and other services to promote the health of our students. We ask that you return these forms at your designated registration time. We look forward to a great year.

Sincerely,

*Peyton Chapman*

Peyton Chapman  
Principal

Reed College  
Consent to Act as a Research Subject  
Project Options

Kristen G. Anderson, Ph.D. of the Department of Psychology at Reed College and the Portland Public Schools Department of Integrated Student Support is testing a prevention program (Project Options) for alcohol problems in your child's school. This study looks at substance use and attitudes and what high school students find most helpful in preventing alcohol problems. If you agree, your child will be given the option to attend six (6) brief prevention sessions and complete short questionnaires. Your consent will allow your child to participate if they choose for as long as they are a student at this high school (no later than 6/30/2016). Participation in the project is completely free of charge and paid for by the National Institutes of Health.

The six prevention sessions at his/her school focus on alcohol use, communication, and dealing with stress. The sessions last about 25 minutes and take place during the school lunch period (lunch will be provided). As a "thank you" for participating, we will offer gift cards (\$5-15) for food, video rentals or clothing to participants. Participants will be asked for their name and a telephone number, email address, and/or home address where they can be contacted 1 month and 3 months later. This personal information is never kept with questionnaire responses and will be locked in a secure location. Once the 3 month follow-up is complete, names, phone numbers and addresses will be destroyed.

The questionnaires ask about adolescent attitudes, beliefs, thoughts, and behaviors related to cigarette, alcohol, and other drug use. Students' names, or other personal identifying information will not be asked on the questionnaires. Parents/legal guardians will not be given information about their child's participation in the program or their responses to the questionnaires.

Participation in this research project is voluntary. Your child can say no or stop at any time without penalty. Some students may feel mild distress when reporting on experiences with alcohol or other drugs or learning skills in the prevention program. If distressed, students will be escorted to the counseling office for support. Other students within the group will know of your child's participation in the prevention session. Loss of confidentiality is unlikely, but is a potential risk of participation in this research. We will do everything we can to keep others from learning about your participation in this study.

To further protect your privacy, we hold a Certificate of Confidentiality from the United States Department of Health and Human Services (DHHS). With this certificate, we cannot be forced (e.g., by court order or subpoena) to give out information that may identify you or your child in any legal, administrative, or other proceedings. We will use the Certificate to resist any demands for information that would identify you or your child, except to prevent serious harm to you or others. We will act to prevent serious harm to you, your child, or others by notifying proper authorities (e.g., in the cases of child abuse, threats of harm to self, or others). A Certificate of Confidentiality does not prevent you, or a member of your family, from voluntarily releasing information about your child's involvement in this study.

If you have any questions about the study, please call Dr. Kristen G. Anderson at (503) 517-7410 or the Reed College Institutional Review Board at (503) 777-7794.

Please keep this information for your records.

## FREQUENTLY ASKED QUESTIONS: PROJECT OPTIONS

### WHY DID I RECEIVE THESE MATERIALS?

- All parents at your high school receive the same packet of information to inform them of the prevention project.

### WHAT IS PROJECT OPTIONS?

- Project Options is a free alcohol prevention and health promotion service available at school.
- It is voluntary; any student can come who wishes and has parent approval.
- The prevention provides information on strategies students can use to avoid drinking alcohol or to successfully quit drinking.
- The prevention is available to all students. It does not overlap with school programs and it is NOT therapy or treatment.
- Project Options is funded by the National Institutes of Health to promote alcohol and drug free lifestyles and healthy development.

### HOW DO STUDENTS PARTICIPATE IN PROJECT OPTIONS?

- Sessions or questionnaires are scheduled two days per week at school during lunchtime (not classroom time).
- Free lunch is provided.
- Any student is welcome to attend at any time. No student is required to attend.

### WHAT ABOUT CONFIDENTIALITY?

- Student's first name, phone number, and email address are collected at Project Options sessions in order to complete follow up questionnaires 1 and 3 months after a student participates.
- If school is not in session or the student is unable to pick up their incentive gift card at the high school, they will be asked for their home address to mail gift cards.
- This information is kept separate from student's questionnaire records, and is destroyed after 3 months.
- Students are reminded not to share personal information or put their names on any other forms.
- To further help us protect your privacy, we have obtained a Certificate of Confidentiality from the United States Department of Health and Human Services (DHHS).

### WHAT ABOUT MY CONSENT?

- If you give permission for your student to participate in the prevention sessions, please sign and date the attached form.
- If you choose to consent for your student to participate, they are welcome to attend any session (up to 6 in a 3 month period) for as long as they are a student at this high school.
- Please return the attached form to your school's administration office along with the registration packet. This should be returned before the start of the school year. After the year begins, please return to Project Options staff at the school or the Office.
- This consent procedure is approved by the Reed College Institutional Review Board and your high school.

### WHAT ABOUT COSTS?

- The prevention is funded by the National Institute on Alcohol Abuse and Alcoholism, a division of the National Institutes of Health.
- Your school does not pay any costs.

If you have more questions or want to know more about the research study or prevention, please call Dr. Kristen G. Anderson at (503) 517-7410 or email her at [Kristen.Anderson@reed.edu](mailto:Kristen.Anderson@reed.edu).

Consent to Act as a Research Subject

Project Options

Please return this form to the school office prior to the start of the school year or to Project Options staff at your child's school after school begins. Without a signed form, your child cannot attend prevention sessions.

My child has permission to:

Attend brief prevention sessions and complete short questionnaires should he/she choose to do so for as long as he/she attends this high school (no later than 6/30/2016).

My signature means that I have read the information about this study and agree to the above.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Print name here

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Student Birthdate  
(Month/Day/Year)

\_\_\_\_\_  
School