

INFORMED CONSENT PROBATION AND PAROLE OFFICERS

Study Title: Emergent Voices: Reintegration and Desistance from the Perspectives of Formerly Criminal Justice-Involved Individuals

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You are invited to be part of a research study. The researcher is a doctoral learner at Capella University in the School of Social Work. The information in this form is provided to help you decide if you want to participate. The form describes what you will do during the study and the risks and benefits of the study.

If you have any questions or do not understand something in this form, you should ask the researcher. Do not participate in the study unless the researcher has answered your questions and you decide that you want to be part of this study.

WHAT IS THIS STUDY ABOUT?

- The researcher wants to find out what people think about ex-offender reintegration.
- The researcher also wants to evaluate how people perceive their reintegration experience.

HOW MANY PEOPLE WILL BE IN THIS STUDY?

About 10 to 15 participants will be in this study.

WHY AM I BEING ASKED TO BE IN THE STUDY?

You are invited to be in the study because you are:

- A probation or parole official in the State of Michigan.

WHO IS PAYING FOR THIS STUDY?

The researcher is not receiving funds to conduct this study.

WILL IT COST ANYTHING TO BE IN THIS STUDY?

You do not have to pay to be in the study.

HOW LONG WILL I BE IN THE STUDY?

If you decide to be in this study, your participation will last about **1** hour for the interview.

WHAT WILL HAPPEN DURING THIS STUDY?

If you decide to be in this study and if you sign this form, you will do the following things:

- Give information about your position such as Name, Title, years as a probation or parole officer, name, address, city, state and zip code of place of employment.
- Complete an interview consisting of 7 open ended questions.

- Participate in a phone interview (optional).

WILL BEING IN THIS STUDY HELP ME?

Being in this study will not help you. Information from this study might help researchers help others in the future.

ARE THERE RISKS TO ME IF I AM IN THIS STUDY?

No study is completely risk-free. However, we don't anticipate that you will be harmed or distressed during this study. You may stop being in the study at any time if you become uncomfortable. Your answers will be conducted via telephone or Skype-voice.

WILL I GET PAID?

You will not receive anything for being in the study.

DO I HAVE TO BE IN THIS STUDY?

Your participation in this study is voluntary. You can decide not to be in the study and you can change your mind about being in the study at any time. There will be no penalty to you. If you want to stop being in the study, tell the researcher.

WHO WILL USE AND SHARE INFORMATION ABOUT MY BEING IN THIS STUDY?

Any information you provide in this study that could identify you such as your name, age, or other personal information will be kept confidential. In any written reports or publications, no one will be able to identify you. The researcher will keep the information you provide in a **PASSWORD PROTECTED COMPUTER AND/OR A LOCKED FILE CABINET** in **GRAND RAPIDS, MICHIGAN** and only the researcher, researcher's supervisor, and dissertation committee will have access to the study data. Additionally, Capella University's IRB, the Research Compliance Committee (RCC), or its designees may review your research records.

Even if you leave the study early, the researcher may still be able to use your data.

DATA WILL STILL BE USED IN THE STUDY AND AS PART OF THE FINAL DISSERTATION DOCUMENT

Limits of Privacy (Confidentiality)

Generally speaking, the researcher can assure you that she/he will keep everything you tell him/her or do for the study private. Yet there are times where the researcher cannot keep things private (confidential). The researcher cannot keep things private (confidential) when:

- The researcher finds out that a child or vulnerable adult has been abused
- The researcher finds out that that a person plans to hurt him or herself, such as commit suicide,
- The researcher finds out that a person plans to hurt someone else,

There are laws that require many professionals to take action if they think a person might harm themselves or another, or if a child or adult is being abused. In addition, there are guidelines that researchers must follow to make sure all people are treated with respect and kept safe. In most states, there is a government agency that must be told if someone is being abused or plans to hurt themselves or another person. Please ask any questions you may have about this issue before agreeing to be in the study. It is important that you do not feel betrayed if it turns out that the researcher cannot keep some things private.

WHO CAN I TALK TO ABOUT THIS STUDY?

You can ask questions about the study at any time. You can call the researcher at any time if you have any concerns or complaints. You should call the researcher at the phone number listed on page 1 of this form if you have questions about the study procedures, study costs (if any), study payment (if any), or if you get hurt or sick during the study.

Capella University's Institutional Review Board (IRB) has been established to protect the rights and welfare of human research participants. Please contact us at 1-888-227-3552, extension 4716 or irb@capella.edu, for any of the following reasons:

- You have questions about your rights as a research participant.
- You wish to discuss problems or concerns.
- You have suggestions to improve the participant experience.
- You do not feel comfortable talking with the researcher.

You may contact the IRB without giving us your name. We may need to reveal information you provide in order to follow up if you report a problem or concern.

DO YOU WANT TO BE IN THIS STUDY?

By signing below you agree to the following statement:

- I have read this form, and I have been able to ask questions about this study. I voluntarily agree to be in this study. I agree to allow the use and sharing of my study-related records as described above.
- I have not given up any of my legal rights as a research participant. I will print a copy of this consent information for my records.

SIGNATURE OF STUDY PARTICIPANT

DATE

Print Study Participant Name Here