Title: Web-Based CBT for Opioid-Treated, Chronic Pain Patients with Aberrant Behavior

Sponsor: XXXX.

Principal Investigator: XXXX

Address: XXXX
Telephone: (XXX) XXX-XXXX

WHY IS THIS STUDY BEING DONE?

This study is being conducted by the XXXX and XXXX and is funded by the XXXX.

You are invited to participate in this research because you are providing treatment to chronic pain patients who have enrolled in the study. The aims of this study are to develop and test a computer-delivered psychosocial intervention for chronic pain patients who are prescribed opioids and who exhibit problematic behavior.

WHAT WILL HAPPEN IF I TAKE PART IN THIS STUDY?

In this study, you will be asked to complete an aberrant behavioral checklist every three months for each of your patients who have enrolled in the study. This assessment includes the Addiction Behavioral Checklist (ABC; Wu et al., 2006) and a list of items representing aberrant behavior that is less suggestive of addiction. It should take about 10 minutes to complete an assessment.

You will also be given the opportunity to view electronic reports of patient activity using the computerized modules, e.g., which modules the patient used, when used, how long a patient used a specific module. You will be prompted via email as soon as patient participants have completed their scheduled computer sessions.

Research staff will track the extent to which you view electronic reports of patient activity within the system. You will also be asked to complete a Visual Analog Scale Feedback survey (Physician Feedback) every three months to provide feedback on the extent to which you viewed information from the patients' electronic report and how useful you found this information to be.

You will also be asked to respond to these issues in a free response format. Completion of the Visual Analog Scale Feedback survey should take about 5 to 10 minutes. You will be asked to participate in this study for as long as you have patients enrolled in the study.

HOW MANY PROVIDERS WILL TAKE PART IN THIS STUDY?

About XX pain providers will be asked to participate in this study.

HOW LONG WILL I BE IN THIS STUDY?

If you choose to take part, you will be able to participate for as long as you have patients participating in the study. You may have the opportunity to participate in this study for up to approximately 3 years.

WHAT ARE THE RISKS OF THE STUDY?

There are minimal risks to participating in the study. There is a risk of loss of confidentiality, in which you may become known to be associated with this study to individuals outside of the research team. Please understand that if you do not want to answer a certain question, you may choose to not answer the question. If you choose to not answer a question, you can continue in the rest of the study..

ARE THERE BENEFITS TO TAKING PART IN THIS STUDY?

There is no direct benefit to you for participating in this study. However, your participation may help us better understand how a computer-based patient education system may benefit chronic pain patients.

WHAT OTHER CHOICES DO I HAVE BESIDES THIS STUDY?

You do not have to be in this research study. Your employment at XXXX will not be affected if you choose not to be in the study.

WHAT ABOUT CONFIDENTIALITY?

We will make every effort to ensure that all the information that you provide in the study will be kept confidential. This means that all of your responses in the study will be coded by a study number and not by your name. The study results will be stored in a locked cabinet and any study information stored in a computer will be password protected. Only the study staff will have access to the study results. Research staff is carefully trained to maintain the confidentiality of study participants. However, we cannot guarantee absolute confidentiality.

If you decide to participate, the study staff will ask for your separate written permission, on a form called a "Research Authorization."

WHAT ARE THE COSTS TO ME?

The primary cost to you for participating in this study is the time you spend completing the checklists, the feedback surveys, and reviewing summary reports of your patients' use of the computer system.

WILL I RECEIVE ANY REIMBURSEMENT?

You will receive $XX for each checklist you complete and $XX for each Visual Analog Scale Feedback survey you complete. The total amount that you can receive depends upon the number of your patients in the study at every 3-month assessment point (for the behavioral checklists) and whether any of your patients are in the study at every 3-month assessment point (for the Physician Feedback survey).

WHAT ARE MY RIGHTS AS A RESEARCH SUBJECT?

Taking part in this study is completely up to you. You may choose not to take part in this study or you may choose to leave the study at any time.

WHAT DO I DO IF I HAVE QUESTIONS OR PROBLEMS?

If you have any questions about this research study, please contact XXXX or XXXX, Principal Investigators at XXXX, (XXX) XXX-XXXX or XXXX, Principal Investigator at XXXX, (XXX) XXX-XXXX.

If you have any questions about your rights as a research subject, please contact XXXX, at (XXX) XXX-XXXX.