centre for
mental health
research and treatment

UNIVERSITY OF WATERLOO
CENTRE FOR MENTAL HEALTH RESEARCH AND TREATMENT (CMHRT)
CONSENT FOR RESEARCH PARTICIPATION (CLIENT)

Because the Centre for Mental Health Research and Treatment (CMHRT) is dedicated to research that investigates the nature and treatment of psychological problems, we would like to request your permission to access and use some of the materials that you complete during your assessment and treatment at the CMHRT for research purposes.

Please note that you have the right to "opt-in" or "opt-out" of the different forms of research participation listed below at any time during your care at the CMHRT. Additionally, your decision to take part or not take part in such research projects will have no impact on the services you receive from the CMHRT.

In the checkboxes below, you will be asked to consent to various forms of research participation. With your understanding that we will strict guidelines in accordance with our ethical obligations to protect your privacy, we request your consent to access and use the following information:

1) In order to better inform our treatment, we routinely collect information from our clients using brief rating scales and questionnaires that ask about their current symptoms, how they think they are functioning in their lives, and how they feel their treatment is going. With your consent, we would like to be able to access this information that you provide to us for research purposes. For example, CMHRT researchers might wish to analyze these data in order to understand how various factors (including clients' pretreatment symptoms and diagnoses, demographic and personality variables, stressful life events, clients' perceptions of their relationship with their clinician, etc.) might affect symptoms over time during clients' progress through treatment. All identifying information connected to these ratings (e.g., your name) will be removed for use in research. This means that your name and other identifying information will never be connected with your responses to these measures when they are used for research.

2) With your consent, we would also like to access, for research purposes, the video recordings of your sessions and the contents of your clinical file, such as your clinician's session notes and reports. As described in the Letter of Information you read earlier, these video recordings and clinical notes/reports are routinely produced as an integral part of your treatment here. We are now requesting your permission to allow our researchers to access and use them for research purposes. For example, CMHRT researchers might wish to examine how our clients' particular concerns that brought them into treatment, as captured in their clinical file, might influence the way they interact with their clinician during treatment, as captured in the video-recorded sessions. Similarly, they might be interested in studying the kinds of clinician approaches and behaviours during sessions (as seen in the video recordings) that best facilitate progress in treatment (from the symptom ratings), and the ways in which these approaches can best be tailored to suit the particular needs of different clients (as captured in clinical file). Finally, because this is a training clinic, we may also wish to collect information about how our students' and residents' therapeutic abilities and case conceptualization skills develop as a result of various training experiences over the course of their training (as captured in the video recordings and clinical notes and reports). Your clinical file and all video recorded data will be stored securely on fully encrypted devices within the secure confines of the CMHRT and accessed only by trained and authorized CMHRT personnel. All data will be completely stripped of all identifying information before being analyzed or removed in any form from the CMHRT. Your identifying information will never be made accessible to anyone but authorized CMHRT personnel. No information that identifies you in any way will ever appear in a research presentation, publication, or any other academic or publicly accessible forum.

3) Finally, at the CMHRT, there are also a number of other ongoing research projects for which you may be eligible to participate. We are seeking your permission to be able to contact you in the future in order to offer participation in these additional research projects. Your personal contact information will never

be made accessible to anyone but authorized CMHRT personnel. Consenting to be informed of these other research projects does not obligate you to participate in any of them. If you are invited to participate in research, you should keep in mind that participation is completely voluntary and that you may withdraw from participation at any time. Your decision to take part or not take part in such research projects will have no impact on the services you receive from us.

1) I consent to having the self-report measures I complete during assessment and treatment at the CMHRT accessed and used for research purposes.

Please initial one: YES_____ NO_____

2) I consent to having video recordings of my assessment and therapy sessions at the CMHRT accessed and used for research purposes.

Please initial one: YES _____ NO _____

3) I consent to having the contents of my clinical file at the CMHRT accessed and used for research purposes.

Please initial one: YES _____ NO _____

4) I further give permission to be contacted, if I am eligible, to participate in other ongoing research studies at the CMHRT. I am aware that I can make a decision at the time of the contact about each study and agreeing to be contacted does not obligate me to volunteer. I am aware that I may request results of research for any studies for which I am a volunteer.

Please initial one: YES _____ NO _____

Phone number:_____ (circle one: cell; home; work)

Email: _____

We would like to assure you that these procedures have reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee. However, the final decision about participation is yours. If you have any comments or concerns resulting from your participation in this study, please contact the Chief Ethics Officer, Office of Research Ethics, at 1-519-888-4567 x36005 or ore-ceo@uwaterloo.ca.

_____ _____
Authorizing Signature* Name of Client (if different from authorizer)

_____ _____
Printed Name Client's Date of Birth

_____ _____
Relationship to Client Date

* "Authorizing signature" refers to the parent or legal guardian (in the case of a minor), or the actual client, if an adult.