University of Central Arkansas Psychology and Counseling Department
Informed Consent Agreement

A randomized clinical trial of Better Outcomes Now (BON) with child and adolescent clients in an outpatient counseling setting

Your child is being asked to participate in a research study. Before you give your consent for your child to participate, it is important you read the following information and ask as many questions as necessary to be sure you understand what they will be asked to do.

Investigators

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Purpose of the Research

This research project is designed to study if giving feedback about clients' progress to their counselor is helpful in improving the effectiveness of counseling. The data from this research will be used to better understand how feedback from clients can be obtained and used in counseling with children and adolescents.

Procedures

Participation in the study will involve the following: After you sign this form, your child will be asked to fill out the Youth Pediatric Symptom Checklist (Y PSC-17) on the computer. This form is 17 items long and is used to see changes from session to session in your child's behavior and emotions (e.g. "having trouble concentrating"). Your child will complete the Youth Pediatric Symptom Checklist (Y PSC-17) right before or near the start of each session.

There are two groups for this study, one of which your child will be randomly assigned to. One group will only complete the form described above while they receive therapy. The other group will have the following component added as well: Starting at your child's first therapy session after the intake, your child will be asked to complete the Child Outcome Rating Scale (CORS) at the start of the session and at the end of your child's session, your child will be asked to complete the Child Session Rating Scale (CSRS). Both are 4-item measures that assess how your child thinks they are doing and how therapy is going. Both forms will be administered on the computer.

The Youth Pediatric Symptom Checklist (Y-PSC-17) should take 3-5 minutes to complete. The time that your child spends completing the Child Outcome Rating Scale (CORS) and the Child Session Rating Scale (CSRS) is a total of 5 minutes. The therapist will discuss your child's responses on the CORS and CSRS with them during each session.

As a parent/caregiver, you will be asked to complete the Pediatric Symptom Checklist (PSC-17) every fourth session post-intake. It is 17 items long and takes approximately 3-5 minutes to complete. The PSC-17 will also be administered on the computer. Completion of this form will help the counselor and principal investigator track your child's symptom progress during the study.

Potential Risks or Discomforts

To the best of our knowledge, the things your child will be doing in this study have no more risk of harm than they would experience in everyday life. Your child may find filling out forms stressful if they are in a hurry. If

that is the case, your child can let the researcher know so a different time can be arranged. At any time, your child has the right to stop participating, either temporarily or permanently.

Potential Benefits of the Research

There is no guarantee that your child will get any benefit from taking part in this study. However, some people have experienced a feeling of fulfillment or gain insight into how research is done when participating in a research project. Their willingness to take part may in the future help society, as a whole, to better understand this research topic.

Confidentiality and Data Storage

Your child's responses will be shared with your child's counselor, and your counselor may share your child's responses with you. Other than your child's counselor, only the investigators will have access to their responses. Your child's information will be combined with information from other people taking part in the study. When we write about the study to share it with other researchers, we will write about the combined information we have gathered. Your child will not be personally identified in these written materials.

If your child participates in counseling within the office, your child's research forms (assent/consent, the Y PSC-17 and PSC) will be coded by their participant number and placed in a sealed envelope. The principal investigator will then deliver the forms to Dr. Gillaspy's office for storage in a locked filing cabinet.

If your child participates in counseling through telehealth using the Zoom platform, your child's assent/consent forms will be emailed to you by the principal investigator. The assent/consent form can be signed electronically. The principal investigator and/or your child's therapist can review these forms with you and answer any questions that you have. All of the forms completed via telehealth, such as the Y PSC-17, the PSC, CORS and CSRS will be completed electronically with no identifying information about your child (their participant number will be the only identifier). The electronic datafile will be password protected.

Participation and Withdrawal

Your child's participation in this research study is voluntary. They may refuse to participate without penalty. If your child decides to participate, they are free to stop at any time without penalty by just stopping and/or telling the investigator or counselor. Your child's counseling will continue as long as necessary, even if they are no longer participating in the study. Your child may not withdraw from the study after data collection has been completed since their name is not linked to the data.

Questions about the Research

If you have any questions about the research, please ask them now. If you have questions later, you may contact Christina Christie at 501-681-4252 or cbrown31@cub.uca.edu or Dr. Art Gillaspy at 501-450-5410 or artg@uca.edu

This research project has been reviewed and approved by the Institutional Review Board for the Protection of Human Subjects at the University of Central Arkansas. If you believe there is any infringement upon your child's rights as a research subject, you may contact the Research Compliance Coordinator at (501) 450-3451.

Subject's Agreement

I have read the information provided above. My signature below indicates my voluntary agreement to have my child participate in this research study. Please return one copy of this consent form and keep one copy for your records.

_____ _____

Signature of Research Subject's Parent or Guardian Date

_____ _____

Signature of Investigator Date