

✓ PARTICIPANT CONSENT FORMS

Consent Form

- Project Title:** A Study of the Effectiveness of Control-Enhancing Therapy in Helping African American Outpatients Overcome Depression and Anxiety
- Investigator:** Beth Soucar, Doctoral Student, Counseling Psychology Program, 323 Weiss Hall (265-63), Temple University, 1701 North 13th Street, Philadelphia, Pennsylvania 19122; telephone: 215-204-2812 or 1591; email: bsoucar@temple.edu
- Chairperson:** Portia Hunt, Ph.D., Counseling Psychology Program; 215-204-7331 or 1586.

Purpose of the Study

The purpose of the proposed study is to gain an understanding of how African American clients who report feeling depressed or anxious (or both) respond to a style of talking therapy that helps them build a stronger sense of positive personal control and empowerment.

Participant Selection

I have been selected by the staff at the Bradley Counseling Psychology Clinic as eligible for this study because I am African American and reside in Philadelphia. I have also acknowledged to my counselor that I am experiencing stressful situations and thoughts that leave me feeling to some degree depressed or anxious (or both) at least some of the time.

Procedures

If I agree to participate in this study, I will be asked to: 1) sign a consent form, 2) complete some questionnaires about my mood and sense of personal control, 3) and participate in a 12-week course of control-enhancing psychotherapy. The course of therapy involves regular weekly 50-minute therapy sessions, plus additional time spent filling out some short (5- to 10- minute) weekly questionnaires. I will also fill out a longer (25- to 35-minute) form on three separate occasions, and participate in an end-of-treatment interview after my 12 weeks of therapy (about an hour long). All the details of my treatment, including paperwork, will be kept confidential, just like all the other client information gathered here at the Clinic. I will be asked to continue paying the fee that I agreed upon at the time of intake. Should I have financial difficulties, I may ask my counselor to renegotiate my fee to a lower rate. Upon completion of twelve sessions in the study and the post-treatment interview, I will receive a gift certificate for \$30 from the investigator as a way of thanking me for my participation.

Possible Risks

I understand that participation in this study will expose me to minimal risk. Although no physical or psychological harm is anticipated with my participation, should I experience any emotional discomfort, I may withdraw at any time without any negative consequences. The study is fully voluntary. I can contact the investigator Beth Soucar (215-204-2812) or the clinic director Dr. Portia Hunt (215-204-7331) to discuss my participation and experiences. I may request another therapy approach or ask for referral to another clinic. I may also contact my local mental health center or the 24-hour crisis and referral hotline (215-686-4420) to find other treatment options.

Benefits

The direct potential benefit to me is that I might gain a stronger sense of positive personal control in my life. I might gain new coping skills and learn how to practice them daily. By participating in the study I am potentially also helping others—My responses will help researchers decide whether control-enhancing therapy is beneficial. I will also be helping the Bradley Clinic to improve its services to the African American community.

Confidentiality/Anonymity

Aside from my counselor and the clinic supervisor (Dr. Portia Hunt), my information will be shared with the investigator and several research team members, all of whom are required by ethics and law to not disclose any information about me to anyone outside the Clinic, unless they have my specific permission or in cases of acute crisis (suicidal threats, for example) in order to promote my safety and the safety of others. When the study is over, a comprehensive report will be written and may be presented at scientific meetings or published in scientific journals. No information specifically identifying me or my family will be evident in the report. Facts will be altered to protect the identities of all clients in the study.

What if I change my mind?

I am free to withdraw from participation in this study at any time. No negative consequences will result from this decision. If I choose to terminate participation in the study, I may continue receiving non-study-related services from the Bradley Clinic or seek services elsewhere, as I see fit. Regardless of my decision, I will be treated with the utmost respect, just like any other client at the clinic, whether a participant in the study or not.

Questions

Questions about the study are welcome and encouraged. A synopsis of the proposed research will be made available to me upon written request.

My rights as a participant

I understand that if I wish further information regarding my rights as a research participant, I may contact the Institutional Review Board Coordinator, Richard Throm, at 215-707-8757.

I have read and understand this consent form and I voluntarily agree to participate in this research project. I understand that I will be given a copy of the signed consent form.

Signature of the Participant

Date

Printed Name of the Participant

Signature of Witness

Date

Signature of Investigator

108

Permission to Videotape

Investigator's Name: Beth Soucar, M.Ed., NCC

Department: Psychological Studies in Education

Project Title: A Study of the Effectiveness of Control-Enhancing Therapy in Helping African American Outpatients Overcome Depression and Anxiety

Participant: _____ Date: ___/___/___
Log #: _____

I give permission to videotape me. This videotape will be used only for the following purpose(s):

This videotape will be used as part of a treatment research project at The Bradley Counseling Psychology Clinic at Temple University. I have already given written consent for my participation in this research project. My videotapes will be viewed by members of the research team. They will not be shown to anyone else.

WHEN WILL I BE VIDEOTAPED?

I agree to be videotaped during the time period _____ to _____.

HOW LONG WITH THE TAPES BE USED?

I give my permission for these tapes to be used from _____ to _____.

Videotapes will be stored for three years after the completion of the study.

WHAT IF I CHANGE MY MIND?

I understand that I can withdraw my permission at any time. Upon my request, the videotape(s) will no longer be used. This will not affect my care or relationship with _____ in any way.

OTHER

I understand that I will not be paid for being videotaped or for the use of the videotapes.

104

FOR FURTHER INFORMATION

If I want more information about the videotapes, or if I have questions or concerns at any time, I can contact:

Investigator's Name: Beth Soucar, M.Ed., NCC
 Department: Psychological Studies in Education
 Institution: Temple University
 Street address: 1701 North 13th Street
 City: Philadelphia
 State: Pennsylvania
 Zip: 19122
 Phone: 215-204-2812 (office)
 609-221-4551 (home/cell)

This form will be placed in my records and a copy will be kept by the person named above. A copy will be given to me.

Please print

Participant's Name: _____

Date: ____ / ____ / ____

Address: _____

Phone: ____ (____) _____

Participant's Signature: (or legally responsible person if subject is incompetent to sign):

Relationship to Participant: _____

Participant cannot sign because: _____
 but consents orally to be videotaped under the conditions described above.

 Witness Signature Date

 Witness Signature Date

100

Consent Form

Project Title: A Study of the Effectiveness of Control-Enhancing Therapy in Helping Clients Overcome Depression and Anxiety

Investigator: Beth Soucar, M.Ed., Doctoral Candidate, Counseling Psychology Program, 323 Weiss Hall (265-63), Temple University, 1701 North 13th Street, Philadelphia, Pennsylvania 19122; telephone: 215-204-2812 or 1591; email: bsoucar@temple.edu

Chairperson: Portia Hunt, Ph.D., Counseling Psychology Program; 215-204-7331 or 1586.

Purpose of the Study

The purpose of the proposed study is to gain an understanding of how clients who report feeling depressed or anxious (or both) respond to a style of talking therapy that helps them build a stronger sense of positive personal control and empowerment. A complementary part of this project involves surveying individuals who are not receiving Control-Enhancing Therapy to see how they think about their own personal sense of control.

Participant Selection

I have been selected as eligible for this study because I am not receiving Control Therapy and I reside in the Philadelphia area.

Procedures

If I agree to participate in this study, I will be asked to: 1) sign a consent form, 2) complete some surveys about my mood and sense of personal control, 3) and fill out a form that asks me to describe some aspects of my background (e.g., ethnicity/race, education level, etc.). At a future date about two months later, I will be asked to fill out the same surveys again.

Possible Risks

I understand that participation in this study will expose me to minimal risk. Although no physical or psychological harm is anticipated with my participation, should I experience any emotional discomfort, I may withdraw at any time without any negative consequences. The study is fully voluntary. I can contact the investigator Beth Soucar (215-204-2812) or the clinic director Dr. Portia Hunt (215-204-7331) to discuss my participation and experiences.

Benefits

The direct potential benefit to me is that I might gain some knowledge about my own sense of control by taking the surveys. I will also be helping researchers understand the multifaceted ways in which individuals think about their sense of control.

106

Confidentiality/Anonymity

My information will be shared with the investigator and several research team members, all of whom are required by ethics and law to not disclose any information about me to anyone outside the research team, unless they have my specific permission or in cases of acute crisis (suicidal threats, for example) in order to promote my safety and the safety of others. When the study is over, a comprehensive report on the general uses of Control Therapy will be submitted to journals which are concerned with the development of effective counseling approaches with clients from different ethnic/racial backgrounds. No information specifically identifying me or my family will be evident in the report. Facts will be altered to protect the identities of all participants in the study.

What if I change my mind?

I am free to withdraw from participation in this study at any time. No negative consequences will result from this decision. If I am a student, my participation in—or withdrawal from—this study will have no impact on my grades at Temple University.

Questions

Questions about the study are welcome and encouraged. A synopsis of the proposed research will be made available to me upon written request.

My rights as a participant

I understand that if I wish further information regarding my rights as a research participant, I may contact the Institutional Review Board Coordinator, Richard Thom, at 215-707-8757.

I have read and understand this consent form and I voluntarily agree to participate in this research project. I understand that I will be given a copy of the signed consent form.

Signature of the Participant Date

Printed Name of the Participant

Signature of Witness Date

Signature of Investigator Date

207