

WASHINGTON STATE UNIVERSITY
Department of Psychology

Research Study Consent Form

Study Title: *Washington State University Psychology Clinic Research Database*

Researchers: **Dr. Walter Scott, Director of the WSU Psychology Clinic (509-335-3588)**

YOUR CHOICE TO PARTICIPATE OR NOT IN THIS RESEARCH STUDY WILL NOT AFFECT YOUR ACCESS TO SERVICES

This consent form is only pertaining to your participation in the research project, which is not related to your clinical treatment. Your consent to be treated at the Psychology Clinic at Washington State University requires a separate consent form.

You are being asked to allow information we collect about you as part of our standard clinical care to be stored in a clinical research database. This information will be stored in a manner that will be stripped of identifiers except for the subject ID code, so that your name or other personally identifying information would not be linked to your data. We will use a research ID number, and will aggregate your responses with other client responses to further protect your privacy.

This clinical research database is being overseen by *Dr. Walter Scott, a Professor in the Washington State University (WSU) Psychology Department, who is also the Director of the WSU Psychology Clinic.*

This form explains this clinical research database in more detail and your part in it if you decide to join the study. Please read the form carefully, taking as much time as you need. Ask the clinic staff to explain anything you don't understand. You can decide not to join the study. If you join the study, you can change your mind later or quit at any time. There will be no penalty or loss of services or benefits if you decide to not take part in the study or quit later. This study has been approved for human subject participation by the Washington State University Institutional Review Board.

You cannot take part in this study if you are under 18, cannot communicate well in English, or do not consent to participate.

What is this research study about?

As part of your standard clinical treatment/assessment, you will be asked to complete various measures. Completion of these measures is critical to enabling us to provide you the best level of care. Your completion of these measures is considered a non-

research procedure; that is, it is just a standard part of our normal clinical practice. And you will be able to complete these measures whether you agree to participate in this study or not.

If you agree to be in this research study, however, we would store your data stripped of identifiers except for the subject ID code in a secure clinic research database. Our Patient Services Coordinator, Rachelle Simons, will assign a research participant ID code to each consenting participant. There will be a separate, password protected file stored on a secure, password-protected computer in a locked office at the WSU Psychology Clinic that will link the research participant ID code with client identifiers. Only Rachelle Simons, the Patient Services Coordinator, Walter Scott, the Clinic Director, and Conny Kirchhoff, the Assistant Director, will have access to this master list linking client's data with identifiers. The key will be maintained indefinitely. The information kept in the clinic research database will contain no personally identifying information other than the randomly assigned subject ID. We refer to information that has had personally identifying information removed, as "de-identified." Signing this consent form will grant Clinic researchers access to your data stripped of identifiers except for the subject ID code that you provide as part of routine clinical care. Clinic research that utilizes your archived information will have no impact on the type and/or duration of services you receive at the Psychology Clinic.

The clinical research database would be available to WSU Psychology faculty and graduate students for various research questions once they obtained appropriate approval from the WSU IRB. Although we can't tell you exactly what these research questions will be, in general, they will be questions that will help the researchers better understand mental health problems, how to best measure and treat those problems. You will not be re-contacted for permission to have your data used by these individual researchers. Our overall goal is to improve the psychological treatments and services we provide at the WSU psychology clinic as well as those that are provided by the mental health profession in general.

What will I be asked to do if I am in this research study?

If you take part in the study, you won't be asked to do anything different than if you were not in the study. Your consent to this research project will just allow us to store your data collected as part of our normal clinical services for future research. You will not be asked to provide more time or effort that is not already part of standard Psychology Clinic procedure (e.g., completing an application, self-report measures, and the diagnostic interview). In other words, participating in the research project requires you to only provide the consent to researchers to use your data stripped of identifiers except for the subject ID code, but not any extra time or effort.

It should be noted that the clinic routinely records therapy sessions on videos. However, these videos are used for supervisory purposes in the doctoral training program

in clinical psychology ONLY, are destroyed after one month, and would never be made available to researchers. These recordings are not associated with any procedures in this proposal.

As in all psychotherapy and psychological assessments, some of the questions in the questionnaires you will be asked to complete are personal and could cause some discomfort. However, this information is gathered as part of standard Psychology Clinic procedure, and would be collected regardless of your consent to allow this information to be archived, stripped of identifiers except for the subject ID code, and used by Clinic researchers.

You may stop your participation in the clinic research and withdraw consent at any time by notifying your therapist or the clinic that you wish to do so. If at any time you decide to withdraw consent for participating in this study, none of the data you provided will be kept in the clinic research database.

Are there any benefits to me if I am in this study?

There is no direct benefit to you from being in this study. Although granting Clinic researchers access to your archived information, stripped of identifiers except for the subject ID code, will not have a direct benefit for your own treatment, there are important benefits to society in general. The benefits include increased knowledge of mental disorders, psychotherapy treatment, and psychological assessment, which may lead to more effective psychological services for future clients. A better understanding of psychological difficulties and the variables affecting treatment, compliance, and effectiveness is important for the continuing advancement of psychological science and clinical interventions. Additionally, the information you are granting access to has the potential for better informing our knowledge of people seeking psychological services.

Are there any risks to me if I am in this study?

Granting consent for your Clinic information to be archived and potentially used for research purposes has a small risk of loss of confidentiality your data in the research database will be linked to a research participant id code. But this risk is substantially reduced as the master key linking the research participant id code is accessible only to the clinic administrators and is stored in a password-protected file on a computer in a locked clinic room.

Otherwise, it as imposes no discomfort or risks beyond those experienced in everyday life or in psychotherapy in general. As in all psychotherapy, some things you discuss may cause you to feel strong emotions, including negative ones. Similarly, some of the questions in the questionnaires you will be asked to complete are personal and could cause some discomfort. However, this information is gathered as part of standard Psychological Clinic procedure, and would be collected regardless of your consent to allow this information to be archived, stripped of identifiers except for the subject ID

code, and used by Clinic researchers.

If you choose not to consent, this information will be collected as part of your routine clinical care, but will not be made available to investigators in any form at any time. Choosing not to consent will not affect your treatment in any way.

Will my information be kept private?

The data for this study will be kept confidential to the extent allowed by federal and state law. No published results will identify you, and your name will not be associated with any findings. In the event of discovery of imminent harm to the participant, or abuse of child or vulnerable people (e.g., elderly, or disable person) during a client's treatment, the condition would be treated as per best practices in clinical psychology by the treating clinician, regarding reporting to appropriate authorities.

All of the information you provide will remain confidential in accordance with standard Psychology Clinic policies. Information pertaining to your treatment that would be collected as part of normal clinical procedures will be stored and secured, as it would regardless of your participation in this study.

As part of standard procedure, the information you provide will be matched with a 10-digit identifier. Researchers will not have access to your identifying information.

The Office of Human Research Protections in the U.S. Department of Health and Human Services, and the Institutional Review Board at the Washington State University may review records related to this project. The results of this study may be published or presented at professional meetings, but the identities of all research participants will remain anonymous in these instances.

As part of standard Psychological Clinic procedure, all therapy sessions are videotaped for supervision and training purposes. However, researchers will not have access to video or audiotapes under this agreement. This consent does not include permission to access video/audio recordings.

Are there any costs or payments for being in this study?

There will be no costs to you for taking part in this study.

Who can I talk to if I have questions?

If you have questions about this study or the information in this form, please contact the researcher (Dr. Walter Scott, walter.scott@wsu.edu, 509-335-3588, Rm 364 Johnson Tower, PO BOX 644820, Pullman, WA 99164-4820), who is also the Director of the WSU Psychology Clinic. If you have questions about your rights as a research participant, or would like to report a concern or complaint about this study, please contact the

Washington State University Institutional Review Board (IRB) at (509) 335-3668, or e-mail irb@wsu.edu, or regular mail at: Washington State Institutional Review Board, Office of Research Assurances, PO Box 643143 Neil 427, Pullman, WA 99164-3143.

What are my rights as a research study volunteer?

Your decision to allow access to your Clinic data for research purposes is voluntary. You can withdraw your consent at any time, at which point all your data will be removed from the clinic research database. Refusal to allow access to your Clinic data or withdraw your consent will involve no penalty or loss of services/benefits that you would receive otherwise. If you choose to withdraw your consent, you will be able to continue treatment at the Psychology Clinic.

What does my signature on this consent form mean?

Your signature on this form means that:

- You understand the information given to you in this form
- You have been able to ask the researcher questions and state any concerns
- The researcher has responded to your questions and concerns
- You believe you understand the research study and the potential benefits and risks that are involved.

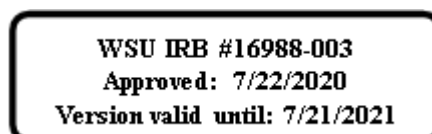
Statement of Consent

I give my voluntary consent to take part in this study. I will be given a copy of this consent document for my records.

Signature of Participant

Date

Printed Name of Participant



Statement of Person Obtaining Informed Consent

I have carefully explained to the person taking part in the study what he or she can expect.

I certify that when this person signs this form, to the best of my knowledge, he or she understands the purpose, procedures, potential benefits, and potential risks of participation.

I also certify that he or she:

- Speaks the language used to explain this research
- Reads well enough to understand this form or, if not, this person is able to hear and understand when the form is read to him or her
- Does not have any problems that could make it hard to understand what it means to take part in this research.

Signature of Person Obtaining Consent

Date