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**Verbal Consent Exempt Survey, Interview, or Focus Group Research  
(GUARDIAN and/or) PARENTAL PERMISSION CONSENT**

**Protocol Title:** Measurement-based care to engage racial and ethnic minority youth in mental health treatment for depressive disorders: A pilot study

**Principal Investigator:** Dr. Prerna G. Arora, Ph.D., Teachers College 212-678-3086,  
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**INTRODUCTION**

Your child is being invited to participate in this research study called “Measurement-based care to engage racial and ethnic minority youth in mental health treatment for depressive disorders: A pilot study.” Your child has qualified to take part in this research study because your child is ages 12 – 17, a teenager that identifies as a racial or ethnic minority youth (for example, Black or African American, American Indian or Alaska Native, Asian American, Native Hawaiian or Other Pacific Islander, Hispanic or Latinx), has a current or previous diagnosis of depression, and is fluent in English. Approximately ten teens will participate in this study and it will take one hour of your time to complete.

**WHY IS THIS STUDY BEING DONE?**

The aim of the study is to improve depression treatment for racial and ethnic minority teens. Our goal is to find treatment practices that therapists can use to help racial and ethnic minority teens stay in treatment and get the individualized help they deserve.

**WHAT WILL I BE ASKED TO DO IF I AGREE TO TAKE PART IN THIS STUDY?**

If your child decides to participate, they will participate in one confidential phone interview with a member of the research team. They will hear or read scenarios of therapists, teens, and their parents in treatment. The scenarios involve therapists working with the teen and parent to fill out and use surveys about the teen’s depression and other issues they want to work on in therapy. The interviewer will then ask your child questions about each of these scenarios. The interviewer will read the scenarios aloud to your child, but also provide your child with a written copy of the scenario. You and your child can choose whether you want to receive a copy of the scenarios and questions by google voice text, email, or mail. This interview will be audio-recorded. After the audio-recording is written down the audio-recording will be deleted. If you do not wish for your child to be audio-recorded, they will not be able to participate. The interview will take approximately one hour and will be conducted over the phone or via zoom.

Do you have any questions so far?

**WHAT POSSIBLE RISKS OR DISCOMFORTS CAN I EXPECT FROM TAKING PART IN THIS STUDY?**

This is a minimal risk study, which means the harms or discomforts that your child may experience are not greater than they would ordinarily encounter in daily life while taking routine physical or psychological examinations or tests. However, there are some risks to consider. Your child might feel discomfort if any of the scenarios remind them of a challenging moment they have experienced or are currently experiencing. However, your child may choose not to answer any questions they do not wish to answer and they can leave the interview at any time.

**WHAT POSSIBLE BENEFITS CAN I EXPECT FROM TAKING PART IN THIS STUDY?**

There is no direct benefit to your child for participating in this study. Participation may benefit depression treatment for racial and ethnic minority teens.

**WILL I BE PAID FOR BEING IN THIS STUDY?**

Your child will be paid with a \$20 amazon gift card for their participation. There are no costs to your child for taking part in this study.

**WHEN IS THE STUDY OVER? CAN I LEAVE THE STUDY BEFORE IT ENDS?**

The study is over when your child has completed the interview. However, your child can leave the study at any time even if they haven't finished. Your child will not be paid if they are unable to finish the interview.

**PROTECTION OF YOUR CONFIDENTIALITY**

We, the research team, are taking precautions to keep your child's information confidential and prevent anyone from discovering or guessing your child's identity, such as using an ID number on all written materials instead of your child's name and keeping all information on a password protected computer and locked in a file drawer.

This study is voluntary. Your child does not have to be in this study. And if you decide you want your child to stop part way, your child can do so, without penalty. Your child can choose to skip any question they do not wish to answer.

**HOW WILL THE RESULTS BE USED?**

The results of this study will be published in journals and presented at academic conferences. Your child's identity will be removed from any data you provide before publication or use for educational purposes.

**CONSENT FOR AUDIO RECORDING**

Audio recording is part of this research study. You can choose whether to give permission for child to be audio-recorded. If you decide that you don't wish for your child to be recorded, your child will not be able to participate in this research study.

Would you like your child to be audio recorded?

The researchers or someone hired by the researchers will listen to the recording and write down what people said during the interview. The written copy of an audio recording will be saved, but

the recording will be destroyed. No information that could identify your child will be included in the written copy of the audio recording. Your data will be kept for 1 year.

**If you have any questions about your child taking part in this research study, you should contact the primary researchers, Dr. Perna G. Arora at 212-678-3086 or at pa2542@tc.columbia.edu, or Dr. Elizabeth Connors at elizabeth.connors@yale.edu. You can also contact the research assistant, Kayla Parr, by email at [kmp2182@tc.columbia.edu](mailto:kmp2182@tc.columbia.edu) or by phone/text at 732-836-8020.**

Being in this study is optional, and you can tell me if you want to stop being in the study at any time.

1. Do you have any questions about the study?
2. Do you have any concerns about the study?
3. Would you like me to repeat anything?
4. Would you like your child to participate?

### **REVIEW OF INFORMED CONSENT**

There may be some words or phrases or requirements above that you do not understand. Please ask me any questions you have now and I will take the time to explain. Before we proceed, could you share your thoughts on the following questions:

- What is the aim of this study?
- What is asked of your child if they participate in this study?

### **PARTICIPANT'S RIGHTS QUESTIONS AND SUMMARY**

- Have you had enough time to discuss the informed consent with me the research assistant?
- Have you had ample opportunity to ask questions about the purposes, procedures, risks and benefits regarding this research study?
- Do you understand that your child's participation is voluntary?
- Do you know that you may refuse for your child to participate or withdraw your child's participation at any time without penalty?
- If, during the course of the study, significant new information that has been developed becomes available which may relate to your child's willingness to continue your participation, the researcher will provide you with this information.
- Do you understand that any information derived from the research study that personally identifies your child will not be voluntarily released or disclosed without your separate consent, except as specifically required by law.
- Identifiers will be removed from the data. De-identifiable data may be used for future research studies.
- You can receive a copy of the Informed Consent document, if you would like one.

Before I proceed with the study, I want to be sure that you (the participant) understand what is being asked of your child. An informed consent is a process, so I want to be sure to check in with you (the child's guardian) to ensure you want your child to continue with the study.

**Please acknowledge verbally with a “yes,” or “no,” response to this question. Would you like to participate in this study?**

\_\_\_\_\_ **“Yes, I agree for my child to be in this study.”**

\_\_\_\_\_ **“No, I do not agree for my child to be in this study.”**

### **Investigator's Verification of Explanation**

I certify that I have carefully explained the purpose and nature of this research to \_\_\_\_\_ (child's guardian name) in a culturally sensitive and age-appropriate way. He/she/they has the opportunity to discuss the study with me and knows that they can stop their child from participating at any time. I have answered all of their questions and this adult has provided the verbal agreement for their child to participate in this research study.

Principal Investigator's Signature \_\_\_\_\_

Date \_\_\_\_\_