

SIMON FRASER UNIVERSITY/MAPLES ADOLESCENT TREATMENT CENTRE
INFORMED CONSENT FOR MINORS BY GUARDIANS TO PARTICIPATE IN PROGRAM EVALUATION

Simon Fraser University in conjunction with The Maples Adolescent Treatment Centre is evaluating the CONNECT Parent Group which is designed to help parents. This program is currently being delivered through _____ and we invite your child to participate in the evaluation. We want to make sure that you understand what your child's participation in this study entails so that you can decide whether or not you consent to their involvement.

What is CONNECT? This program is provided in a group setting for 10 weeks. Parents and caregivers meet weekly with two group leaders to discuss family problems and to develop new problem-solving strategies. Group activities include discussing new information on parent-child relationships; watching and discussing role plays; and engaging in reflection exercises. Parents also provide feedback about the strengths and weaknesses of the program and how it fits with their needs.

What is my role as a participant in the evaluation?

1. If you decide that your child can participate in the study, your child will be asked to complete questionnaires about their feelings, behaviour, and family relationships at the beginning and the end of the program. This will take about 45 minutes on each occasion.
2. We may also contact you and your child within the next three years to collect similar information to evaluate longer term effects and changes. At that time, you and your child can decide whether or not you wish for him or her to participate further.
3. Your child's data will be linked to his/her provincial health and educational records for research purposes to determine the needs and services utilization of families in British Columbia.

Will participating in the evaluation affect the services my child or I receive? The CONNECT Parent Group is part of the clinical services delivered to you. Deciding to involve your child in the evaluation of the program or not is completely up to you. You are free to discontinue your child's involvement in the evaluation at any time. **Deciding for your child to not participate or stopping their participation in the evaluation will not change the services your family may receive from this facility.**

How will information be kept confidential? Once we collect information we will remove your child's name and enter their information into a data base using a number. All identifying information on their questionnaires will be removed and they will be stored in a locked filing cabinet that is only accessible to trained research personnel. All information we collect will remain confidential **to the extent that the law permits**. There are two things that we cannot keep confidential: 1) if your child tells us that they have harmed, plan to harm, or fear that they will harm someone; 2) if they tell us that they plan to harm themselves The Courts may require us to reveal other information that you share.

How will my information be used? The information your child provides will be used to determine if the CONNECT program is effective in helping parents like you manage problems they are experiencing with their child. This information will only be used in 'group form' - that means we put all the information that parents and youth give us together and look at results for the group rather than an individual. If the results are published or presented at conferences and other similar events, you or your child are never personally identified or discussed.

If you want to know the results of the program evaluation when it's done, you can contact either:

Mr. Ken Moore
Maples Adolescent Treatment Centre
3405 Willingdon Ave.
Burnaby, B.C., V5G 3H4
604-660-5800

Dr. Marlene Moretti
Psychology Department
Simon Fraser University
Burnaby, B.C., V5A 1S6
604-291-3604

If you have concerns about participating in this program evaluation, you can write to either of the people above or contact Dr. Hal Weinberg, Director, Office of Research Ethics at Simon Fraser University, at hal_weinberg@sfu.ca and 778-782-6593.

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I: CONSENT TO MY CHILD'S PARTICIPATION IN THE STUDY

I agree to allow my child to participate in the evaluation of the CONNECT Parent group and complete questionnaires about his or her behaviour, their feelings, and family relationships at the beginning and end of the program. I certify that I understand the procedures to be used and have fully explained them to my child. My child can choose whether or not to participate in this study and can discontinue their participation at any time without this changing the services we receive.

Please check one:

☐ Yes, I consent

☐ No, I do not consent

I (name of legal guardian) _____, as legal guardian of (name of child) _____
consent to the above-named child being involved in the study as described above.

II: OPTION TO CONSENT TO BE CONTACTED OVER THE NEXT THREE YEARS

I agree to be contacted to discuss my child's future participation over the next 3 years. I can decline his or her further participation at any time.

Please check one:

☐ Yes, I consent

☐ No, I do not consent

E-mail address (for follow-up contact) _____

III: CONSENT TO ACCESS PROVINCIAL HEALTH AND EDUCATIONAL RECORDS

I agree to my child's data to be linked to his/her provincial health and educational records (listed below) for research purposes to determine the needs and services utilization of families in British Columbia:

- BC Health Linked Database (includes medical information and use of health services)
- Edu-Data (includes educational information on your child)
- BC Children and Family Development Database (includes information on use of mental health services)

Please check one:

☐ Yes, I consent

☐ No, I do not consent

If yes, please write down your child's Personal Health Number (PHN): _____

Name (please print) _____

Signature _____

Witness _____

Date _____