

**SIMON FRASER UNIVERSITY/MAPLES ADOLESCENT TREATMENT CENTRE
INFORMED CONSENT TO PARTICIPATE IN PROGRAM EVALUATION (YOUTH FORM)**

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 you to participate in the evaluation; your feedback helps us develop better programs.

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 to participate, you will be asked to complete questionnaires about your feelings, behaviour, and family relationships at the beginning and the end of the program. This will take about 45 minutes each time.
2. We may also contact you within the next three years to collect similar information to evaluate longer term effects and changes. At that time, you can decide whether or not you wish to participate further.
3. Your data will be linked to your 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 I receive? Deciding to take part in the evaluation of the program or not is completely up to you. You are free to discontinue your involvement in the evaluation at any time. **Deciding to not participate or stop participating in the evaluation will not change the services your family may receive from this facility.**

How will my information be kept confidential? Once we collect information, we will remove your name and enter your information into a data base using a number. All identifying information on your 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 you tell us that you have harmed, plan to harm, or fear that you will harm someone; 2) if you tell us that you plan to harm yourself. The Courts may require us to reveal other information that you share.

How will my information be used? The information you provide will be used to determine if the CONNECT program is effective in helping parents manage problems they are experiencing within their family. Your 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 are never personally identified or discussed.

How can I find out the results of the program evaluation?

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.**

**SIMON FRASER UNIVERSITY & MAPLES ADOLESCENT TREATMENT CENTRE
INFORMED CONSENT TO PARTICIPATE IN PROGRAM EVALUATION (YOUTH FORM)**

I: CONSENT TO PARTICIPATE IN THE STUDY

I agree to participate in the evaluation of the CONNECT Parent Group and complete questionnaires about my behaviour, feelings, and family relationships. I understand that my information may be shared with other researchers, but my name and other identifying information will not be included. I understand that all information will be kept confidential to the extent permitted by law.

Please check one:

☐ Yes, I consent

☐ No, I do not consent

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

I agree to be contacted to discuss my future participation over the next 3 years. I can say no about 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 data to be linked to my 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 Personal Health Number (PHN): _____

Name (please print) _____

Signature _____

Witness _____

Date _____