

ADULT CONSENT FORM (CLIENTS)

Consent Form Version & Date: Version 3.0 - December 15th, 2021

1) Title of Research Study: Validation of the "Sign your Feelings" Intervention

2) Investigator(s): Principal Investigator: Dr. Carman Gill
Doctoral Student: Grisel Lopez-Escobar Damgaard, MS, LMHC, NCC

3) Purpose:

- The purpose of this study is to test whether a therapeutic intervention which integrates sign language gesture learning, emotional disclosure, and open discussions on the therapeutic alliance, will improve the therapeutic alliance (i.e., the relationship between you and the therapist) and client outcomes (i.e., your progress in therapy).
- Practitioners will be recruited to solicit cooperation from you for participation in the study and to train for and teach the "Sign your Feelings" intervention.
- To date no such therapeutic intervention exists.

4) Procedures:

- You are being invited to take part in a research study.
- The study will take place over the course of four therapy sessions which will each last between 50 minutes and 1 hour.
- You will be asked to fill in two measures during session 1 and session 4 of the study.
 - The first measure will take you two minutes to fill out and is named the Session Rating Scale (SRS). It measures your perception of the therapeutic alliance that you have with your therapist.
 - The second measure will take you five to 10 minutes to fill out and is named the CORE-10. This instrument measures your perception of your well-being.
- You will be randomly placed in either the intervention group or the control group.
- If you are randomly placed in the intervention group, your therapist will teach you sign language gestures over the course of four sessions, and incorporate these gestures into the therapeutic interventions which have already been taking place during your therapy.
- If you are randomly placed in the control group, then you will continue therapy as you would normally, with the exception of completing additional questionnaires.

5) Risks:

- The researchers do not foresee any physical or emotional risk to you.
- Nonetheless, as a participant in any course of therapy or counseling, you might experience strong and overwhelming emotions which may last beyond the counseling session.
- Should you experience emotional distress over the course of this study, there should be only a minimal amount of risk encountered, as you are already working with a professional therapist.
- Any issues which might arise due to your participation in the study will be dealt with professionally and in agreement with state licensing requirements as well as all appropriate professional ethics codes.
- You are free to withdraw from this study with no adverse risk or penalty.
- Not participating or withdrawing from the study will not affect you receiving your standard or established therapy sessions.

6) Benefits:

- Participating clients will benefit from contributing to scientific research literature regarding sign language use in therapy, the therapeutic alliance, and client outcomes.
- By looking at the mechanisms of the therapeutic relationship, the researchers aspire to shed some light into this important area and to improve client outcomes.
- The potential implications for these comprehensive findings are wide-ranging and include being able to train therapists in a new treatment modality.

7) Confidentiality/ Data Collection & Storage:

- **Research will be stored in a secure protected database on programs named Qualtrics and SPSS, and access to the data will be password protected, and will be accessed via a password protected computer so as to assure privacy and confidentiality.**

So as to maintain security and confidentiality, your data will be stored anonymously.

- Solely the researchers will have access to the data collected.
- **The Client Demographic Questionnaire (to be filled out by your therapist) will include the following questions:**
 - Date of Birth
 - Ethnicity the therapist believes you most identify with
 - Gender the therapist believes you most identify with
 - Your familiarity with American Sign Language or other sign language (fluency in a sign language is considered an exclusionary criteria for participation)
- **Session Rating Scale (SRS) Scores and CORE-10 Score information will be collected from you at the beginning of Session 1 and at the end of Session 4, regardless of whether you are randomly placed in the intervention group or the control group.**
 - **If you receive therapy via electronic means (teletherapy)**
During the session, your therapist will send you a link to the Qualtrics SRS instrument page, which you will then fill out immediately. The therapist will send you another link to the Qualtrics CORE-10 instrument page, which you will also fill out immediately.
 - **If you receive therapy in person**
You will fill in CORE-10 and SRS measures on paper. Then, up to 24 hours after the session, your therapist will upload your SRS and CORE-10 scores via the Qualtrics link and then destroy any paper copies.
- Any information collected about you will be kept confidential and secure and only the people working with or overseeing the study will see your data, unless required by law.
- The researcher will anonymize participants responses using the feature on Qualtrics (i.e., an online survey platform). The researcher will then use the generated ID code to match participants responses over time.
- The data will be kept for three years in electronic form. After three years, the electronic data will be deleted. Sometimes researchers need to share information that may identify you and your research records with people that work for the University, the Institutional Review Board (IRB), Research Integrity staff, regulators or the study sponsor. These people are responsible for making sure the research is done safely and properly. If this does happen, we will take precautions to protect the information you have provided. We may publish what we learn from this study. If we do, we will not let anyone know your name/identity.

8) Contact Information:

- If you have questions about the study, you should call or email the investigator(s) Dr. Carman Gill at (703) 303-1442 or gillc@fau.edu. The student investigator, Grisel Lopez-Escobar Damgaard, can be reached at (954) 371-5288 or glopezescoba2018@fau.edu.
- If you have questions or concerns about your rights as a research participant, contact the Florida Atlantic University Division of Research, Research Integrity Office at (561) 297-1383 or send an email to researchintegrity@fau.edu.

9) Future Use of Information / Samples (if applicable):

Your information collected as part of this research will not be distributed or used for future research studies.

10) Consent Statement:

I have read or had read to me the information describing this study. All my questions have been answered to my satisfaction. I am 18 years of age or older and freely consent to participate. I understand that I am free to withdraw from the study at any time without penalty. I have received a copy of this consent form.

Printed Name of Participant: _____

Signature of Participant: _____ Date: _____

Printed Name of Person Obtaining Consent: _____

Signature of Person Obtaining Consent: _____ Date: _____