



## INFORMED CONSENT FOR RESEARCH – PARENT FOR CHILD

### *Influence of School-based Telecounseling Services on Elementary School Students*

A Partnership between Seminole County Public Schools (SCPS) and UCF College of Community Innovation & Education (UCF-CCIE)

**Principal Investigator:** Glenn W. Lambie, Ph.D.; *Professor & Associate Dean*

**Sub-Investigator(s):** J. Richelle Joe, Ph.D.; *Assistant Professor*  
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**Sponsors:** UCF's College of Community Innovation & Education and Seminole County Public Schools

**Investigational Sites:** Hamilton Elementary School; Sanford, Florida  
Midway Elementary School; Sanford, Florida  
Pine Crest Elementary School; Sanford, Florida

**How to Return this Consent Form:** Please sign and return one copy of this form to the research team member you met regarding this investigation. Keep one copy for your records.

**Introduction:** Researchers at the University of Central Florida (UCF) study many topics. To do this we need the help of people who agree to take part in research. Your child is being invited to take part in a research study which will include about 100 elementary school students in the state of Florida. Your child is being invited to take part in this research study because he or she is an elementary school student seeking tele-counseling services after school at Hamilton Elementary School or Midway Elementary School or Pine Crest Elementary School. Telecounseling utilizes synchronous or asynchronous telecommunications technology to provide counseling services (e.g., Zoom for Healthcare). You must be 18 years of age or older to sign your own consent form. Otherwise, parent/guardian permission is required.

The person leading this research study is Glenn W. Lambie, Ph.D., a Professor of Counselor Education and Associate Dean for Graduate Affairs and Faculty Excellence in the College of Community Innovation and Education at UCF.

#### **What you should know about this research study:**

- Someone will explain this research study to you.
- A research study is something you *volunteer* for.
- Whether or not you take part is up to you.
- You should take part in this study only because you want to.
- You can choose *not* to take part in the research study.
- You can agree to take part now and later change your mind.
- Whatever you decide it will *not* be held against you.
- Feel free to ask all the questions you want before you decide.

**Purpose of the research study:** The purpose of this study is to investigate the influence of school-based telecounseling services on elementary school students in the state of Florida. Specifically, the study will seek to examine the influence of the school-based telecounseling intervention on participants' academic, behavioral, and emotional functionality.

**What your child will be asked to do in the study:** Prior to this investigation, all parents/guardians and their child be screened by research team member to determine their appropriateness to participate in the study and review the informed consent document. Your child will be asked to participate in school-based telecounseling designed to increase their academic, behavioral, and emotional functionality. The telecounseling sessions will last approximately 50 minutes and will consist of weekly meetings. The telecounseling sessions will be facilitated by a Master's level counselor-in-training that is under the direct supervision of an appropriately credentialed clinical supervisor (UCF Faculty Member). All counselors and supervisors will have completed training on counseling children and adolescents. Because your child will be in telecounseling, he or she will be asked to share personal experiences with the counselor. Whether your child chooses to share personal experiences; however, is entirely up to him or her. The school-based telecounseling program will take place between August 2020 and May 2021.

Your child will be asked to complete the *Counseling Session Experience Scale for Children* (CSESC) after every other telecounseling meeting, taking appropriately 2 to 3 minutes to complete, which measures their experience in counseling related to the therapeutic relationship and supporting change. In addition, your child will be asked to complete the *Child Report of Post-traumatic Symptoms* (CROPS) at three points during the study (sessions, 1, 5, & 10). Further, you will be asked to complete the *Behavioral and Emotional Screening System* (BESS) at three points during the study (sessions 1, 5, & 10), to measure your perspective of your child's social, emotional, and academic behavior. In addition, you will be asked to complete the *Parent Report of Post-traumatic Symptoms* (PROPS) at three points during the study (sessions, 1, 5, & 10). Your son or daughter's teacher will also be asked to complete the teacher rating scale of the *Behavioral and Emotional Screening System* (BESS) at three points during the study (sessions 1, 5, & 10), which measures teachers' perspectives of their students' social, emotional, and academic behavior. The caregiver and teacher BESS will take approximately 20 minutes to complete. Furthermore, you will complete a telecounseling psychosocial intake form that includes background information regarding your son or daughter. You and your child do *not* have to answer every question or complete every task. You and your child will *not* lose any benefits if you and your child skips questions.

All research information that is collected from you and your child will be confidential. The information obtained from this project may be used in future research and publications. No individuals will be identifiable from the data. All the information collected from you and your child will be deidentified for future research. However, if you and your child do *not* want to complete the CSESC, BESS, CROPS, PROPS and telecounseling psychosocial intake form, your child will *not* be able to be in the study.

**Location:** The school-based telecounseling sessions are remote; therefore, participants may receive services at their home or other locations that support privacy and confidentiality. The specific day and time of the telecounseling sessions will be agreed upon by the participants and their counselor.

**Time required:** We expect that your child will be in this research study for one hour each time he or she meets with his or her counselor for a total of approximately 10 hours. Furthermore, the time the participants take to complete the CROPS after every other telecounseling session will take approximately 25 minutes over the span of the 10 meetings. Therefore, the overall time required for elementary school participation in the study is approximately 10 hours and 25 minutes. Parents/guardians are responsible for the technology for their child to participate in school-based telecounseling sessions.

**Observation of Telecounseling Sessions and Supervision:** The telecounseling sessions are monitored by the counselors' supervisor – this observation of counseling services is for educational and supervision purposes only. A UCF faculty member observes the telecounseling session. Your Counselor (a graduate student in counselor education) receives consultation and suggestions from his or her supervisor. These supervisory activities are intended to ensure that your child is receiving the highest level of quality service. You have the right to request the name of the counselor's supervisor. If you do *not* want your child's telecounseling sessions to be observed by his or her counselor's clinical supervisor, your child will *not* be able to be in the study. Discuss any concerns you may have regarding the telecounseling observation with the researcher or a research team member.

**Risks:** Participation in this study involves *minimal risk*. The elementary school students participate in the school-based telecounseling; therefore, your child will be asked to share personal experiences with his or her counselor. However, confidentiality within the telecounseling session will be maintained except for those reasons required under Florida state law such as your child threatens to harm himself or herself or another individual. In addition, participation in telecounseling can occasionally involve intense emotions. If your child is feeling overwhelmed or would like to arrange for additional telecounseling, he or she is encouraged to speak with his or her individual counselor.

**Benefits:** We cannot promise any benefits to you, your child, or others from your child taking part in this research. However, possible benefits to you and your child may include an increase in your child's effective self-regulation strategies. An increase in a child's academic, behavioral, and emotional functioning is linked to better school performance, and greater life satisfaction and happiness. Furthermore, the information derived from this investigation may help inform future school-based telecounseling programs to improve the lives of other elementary school students.

**Compensation or payment:** There is *no compensation*, payment or extra credit for your child's participation in this study.

**Confidentiality:** We will limit your child’s personal data collected in this study. Efforts will be made to limit your child’s personal information to people who have a need to review this information. We cannot promise complete secrecy. Specifically, confidentiality within the telecounseling session will be maintained except for those reason required under Florida state law such as your child threatens to harm himself or herself or another individual. In addition, organizations that may inspect and copy your information include the IRB and other representatives of UCF. All information that is collected will be stored in locked cabinets in the primary investigator’s office. The information obtained from this research project may be used in future research and publications. However, your child’s right to privacy will be retained. No individuals will be identifiable from the data. The computer in which the data will be stored is password protected and only the primary investigator and co-primary investigators will have access.

**Study contact for questions about the study or to report a problem:** If you have questions, concerns, or complaints, or think the research has hurt your child please contact: Glenn W. Lambie, Ph.D., Professor and Associate Dean of Graduate Affairs and Faculty Excellence, College of Community Innovation and Education, (407) 823-4779 or by email at [Glenn.Lambie@ucf.edu](mailto:Glenn.Lambie@ucf.edu).

**IRB contact about you and your child’s rights in the study or to report a complaint:** Research at the UCF involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). This research has been reviewed and approved by the IRB. For information about the rights of people who take part in research, please contact: Institutional Review Board, UCF, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901. You may also talk to them for any of the following:

- Your questions, concerns, or complaints are *not* being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You want to get information or provide input about this research.

**Withdrawing from the study:** You may decide *not* to have your child continue in the research study at any time without it being held against you or your child. There are no adverse consequences if you decide to have your child leave the research. If you decide to have your child leave the study, please let your individual counselor know so she or he can inform the primary investigator.

We will tell you and your child about any new information that may affect your child’s health, welfare or your choice to have your child stay in the research.

Your signature below indicates your permission for the child named below to take part in this research.

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**DO NOT SIGN THIS FORM AFTER THE IRB EXPIRATION DATE BELOW**  
**IRB Expiration Date: August 5, 2021**

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Print Name of Child

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Signature of Parent or Legal Guardian

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Date

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Printed Name of Parent or Legal Guardian

- Parent
- Legal Guardian

**Note on permission by guardians:** An individual may provide permission for a child only if that individual can provide a written document indicating that he or she is legally authorized to consent to the child’s general medical care. Attach the documentation to the signed document.