



## **Assent for Participation in Research Activities: Child Client**

Childhood Trauma: Characteristics, Symptoms, and Treatment Outcomes – Active Cases

Principal Investigator: Joel Epstein, PhD    PI's Phone Number: (314) 516-7340    PI's Email: epsteinj@umsl.edu  
Co-Investigator: Jerry Dunn, PhD    Co-I's Phone Number: (314) 516-7342    Co-I's Email: dunnjer@msx.umsl.edu

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We would like to ask you to be in a research study. We want to learn more about how children feel about bad things that may have happened to them. We want to understand what helps them get better.

- As part of the things you do here, you will fill out some forms to tell us about things that have happened to you. You will fill out these forms every three months.
- You will fill out some of the forms by yourself. We will help you fill out others. It will take about an hour each time. You can take a break or finish them on your next visit.
- Some children feel upset when they have to think about scary things that have happened. You may feel upset when you fill out these forms. If you do, please let us know. We will help you feel better.
- If you agree to be in this study, your answers on the forms will be part of our study.
- Some children worry about their answers being shared. We follow rules to help keep your information safe. We will store your answers on a secure computer. Your name won't be in research files. Once the information is put in the safe place, other people will not know how you answered the questions.
- If you tell us that you might hurt yourself or that someone might hurt you, we will need to let someone know who can help you.
- You won't get anything extra for being in this study. Your answers may help us learn more about the kinds of problems that children have after something really scary happens. Your answers may also help us learn more about the best ways to help children feel better.
- Please talk this over with your parents or caregiver before you decide whether to participate. We will also ask your parent or other caregiver to give their permission for you to be in this study. Even if they say "yes," you still can decide not to. Even if you decide not to, we will still work with you to help you feel better.
- If you don't want to be in this study, you don't have to participate. It is up to you. No one will be upset if you don't want to participate or if you change your mind later and want to stop. You will still be able to talk to your therapist, even if you decide not to participate in this study.
- You can ask any questions that you have about the study. If you have questions later that you didn't think of now, you can call us at the number listed at the top of the first page. Or, you can ask your therapist.

Signing your name means that you agree to be in this study. You and your parents or caregiver will be given a copy of this form after you have signed it.

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Participant's Signature

Date

Participant's Printed Name

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Parent or Caregiver's Signature

Date

Parent or Caregiver's Printed Name

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Participant's Age

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Grade in School