

Investigating Depressive Symptomatology in Adolescents with ASD and ADHD
Parent Information/Consent Form

Background

You and your child are invited to participate in a research project conducted by Dr. Elizabeth Kelley and undergraduate student Lindsey Wilson from Queen's University in Kingston, Ontario. The goal of this project is to learn more about depressive symptoms that adolescents with ASD or ADHD may show. We are also hoping to gain a better understanding on whether or not parents attribute such symptoms to their child's primary diagnosis of ASD or ADHD, or to depression, or to something else such as puberty or stress.

What is involved?

If you and your child decide to take part, you will also be asked to complete a few questionnaires over Zoom about your child's feelings, behaviour, and social skills. This should take about an hour and a half for you to complete. Then your child will be asked to play a game with the experimenter to make him/her feel more comfortable and then complete a questionnaire about his/her feelings over the past two weeks. These questions will be the same questions you are asked, but only the first part of the question will be asked, making the interview shorter. In total, this should take about 30 minutes for your child to complete.

Will the information be kept confidential?

We will be collecting your child's birthdate and gender as this information is needed to code the information you provide. We will also be collecting your e-mail to provide you with your gift certificates at the end of the week (Sunday). This information will be stored in a password-protected file on our research assistants' computers and on a secure database (ASEBA). All emails will be erased once the gift certificate has been provided at the end of each week. Participant IDs will be generated by the survey programme that we use (Qualtrics and ASEBA), but these will only be used to link yours and your child's data, and not to identify you in any way. All information you and your child provide during the interview and on the questionnaires, is confidential and will not be shared with anyone outside of the research team in the ASD lab.

We are not interested in individual results so your child's information will be combined with all other children in the study as a group. Group results from this study may be presented at meetings and may be published. Your child's name and identifying information will not be given out at these presentations nor will it appear in any publications. All data will be stored on a secure server, and a password-protected computer in our lab for seven years. After 7 years, all data will be destroyed. Queen's General Research Ethics Board (GREB) may request access to study data to ensure that the researcher(s) have or are meeting their ethical obligations in conducting this research.

What are the risks?

There is a possibility that you or your child may feel uncomfortable with the kind of information we ask for and there is the possibility that the questions may cause your child some distress. We will be asking questions such as whether or not your child has felt sad, or worthless, or guilty in the past two weeks. We will provide you and your child with mental health resources at the end of the interview in case you should need them.

You and your child are free to stop participating at any time. If you or your child experience any psychological discomfort or distress from participating in this study you may let the experimenter know. You do not have to answer any questions that you do not feel comfortable answering. Your child will also be informed that they do not have to answer any question that they do not feel comfortable in answering and that they can stop the study at any time without fear of disappointing anyone.

Are there any benefits?

We cannot guarantee that you or your child will receive any personal benefit from participating in this study. However, we expect that our understanding of the overlapping symptoms between depressive disorders and neurodevelopmental disorders such as ASD and ADHD will be furthered from this study. It will also help us grasp a better understanding on how parents interpret these depressive symptoms if their child shows them. Findings from this study will contribute to developing a more accurate tool to assess depression among adolescents with ASD and ADHD.

Will I receive any compensations for participating?

You will receive a \$20 Amazon gift card and your child will receive a \$10 Amazon gift card via email for your participation. Your email contact information will be stored in a password-protected computer file until we have sent you the gift cards.

What are my rights as a participant in this study?

You and your child's participation is completely voluntary. You or your child's decision on whether or not to participate will not affect your relationship with Queen's University. If you or your child decide to participate you will be free to withdraw consent and discontinue participation at any time. If you or your child decide to withdraw from the study, all materials will be destroyed to ensure confidentiality. Please note that once the Zoom call has ended, you will not be able to withdraw your data from the study as it has no identifiers associated with it. You may request to have your data removed at any point during the Zoom call. You have not waived any legal rights by consenting to participate in this study.

Who should I contact if I have questions?

You will be provided a copy of this form to keep over email when we end the Zoom call. If you have any questions about you or your child's participation in this project at any time, please feel free to contact Dr. Elizabeth Kelley at kellyeb@queensu.ca, or Lindsey Wilson at asd@queensu.ca. Any ethical concerns about the study may be directed to the Chair of the

General Research Ethics Board at chair.GREB@queensu.ca or at 1-844-535-2988 (Toll free in North America) or 1-613-533-2988 (if outside North America). It is important to note that GREB communicates in English only.

Do you have any questions?

Agreement to Participate

You acknowledge that you have been read the consent form and understand all conditions of this study entitled “**Investigating Depressive Symptomatology in Adolescents with ASD and ADHD**”. You have also had a chance to ask questions and have any concerns answered. By agreeing, you give consent and understand that you can withdraw your consent to participate in this study at any time before we hang up from this Zoom call.

You are verbally agreeing to the contents within this form. By verbally agreeing, you are providing consent to have your child participate in this study. You will be given a copy of this form via email to keep.

Do you give consent for you and your child to participate in this study?

a) yes

b) no

Investigating Depressive Symptomatology in Adolescents with ASD and ADHD
Adolescent Information/Assent Form

We are asking you to take part in a research study because we are trying to learn more about the feelings that young people may or may not be experiencing, and how your parents interpret these feelings.

You will spend about half an hour doing a couple different things. We will begin by playing a game together. You will have the option of Tic-Tac-Toe, Connect 4, and Battleship. Then you will be asked to complete a questionnaire about how you have been feeling over the past two weeks. Your parent will also complete a questionnaire about your mood, social skills, and behaviour. For example, you will be asked if you felt sad or guilty or worthless over the last two weeks. If you get tired or if you think that the tasks are going on for too long, you can ask to take a break or to stop the study at any time. No one will be disappointed with you if you do this. You also need to know that you don't have to answer any questions that make you feel uncomfortable. No one will be upset with you for not answering a question, or answering a question a certain way. If you don't want your questions to be included, you will need to let us know this before your parent hangs up from the Zoom call and this is because your information will be completely anonymous after that.

Everything you say in this study will be private and only I will see your answers.

If you have any questions about the study you can ask me, or your parents at any time. If you think of a question later on at home, you or your parents can give us a call at (613) 533-2894.

We explained this study to your parent and they say you can be in it. You can talk this over with them before you decide to be in this study. You do not have to be in the study if you do not want to. No one will be upset if you don't want to do this. If you don't want to be in this study, you just have to tell us. You can say yes now and change your mind before we hang up the Zoom call.

Do you have any questions?

Agreement to Participate

You have been read this form and understand all conditions of this study entitled “**Investigating Depressive Symptomatology in Adolescents with ASD and ADHD**”. you have also had a chance to ask questions, and your questions have been answered. You want to participate but you understand that you can change your mind at any time.

You are verbally agreeing to the contents of this form because you want to be in this study. You will be given a copy of this form to keep.

Do you agree to participate?

a) yes

b) no