

Title of Study: The Efficacy of Short-Term ACT Group Psychotherapy
Principal Investigator: Deirdre Waters, Psy.D.
Office Name: The Behavioral Health Institute of Monmouth County (BHI)
Mailing Address: 37 Village Court, Hazlet NJ 07730
Phone: 732-847-9777
E-mail: behavioralhealthinstitute@gmail.com

Background: You are being invited to have your treatment at The Behavioral Health Institute of Monmouth County written up for a research on short-term group behavioral therapy and changes in psychological flexibility and overall well-being in individuals who are experiencing a variety of mental health concerns. Please take the time to read the following information carefully. Please ask me if there is anything that is not clear or if you need more information. The purpose of this research study is to contribute to the field of psychology in regard to effective treatment approaches.

Study Procedure: The expected time commitment for this study is four weeks.

Risks: There are no identifiable risks of providing consent to having your therapy process documented. Every effort will be made to preserve your confidentiality.

Benefits: There will be no direct benefit to you for your participation. However, I hope that the information obtained from this write up may benefit others who are seeking psychotherapy services, particularly group psychotherapy.

Confidentiality: Please note that no identifying information will be included in the study write up. Demographic information will be altered to protect your identity. Every effort will be made to preserve your confidentiality.

Person To Contact: Should you have any questions about the case study write-up or any related matters, please contact Dr. Deirdre Waters at (732) 847-9777.

Voluntary Consent: Your consent is voluntary. If you do decide to provide consent to be involved in this study, you will be asked to sign at the end of this document. Additionally, you can withdraw at any time from the group psychotherapy sessions and this study. You can do so without providing a reason, and this will not affect your ability to seek services at BHI in the future.

Costs To Participant: There are no costs to you.

Compensation: There is no monetary compensation to you.

Consent: By signing this consent form, I confirm that I have read and understood the information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily provide my consent for my therapy treatment and data from self-report questionnaires to be written up in as part of a research study.

Signature _____ Date _____