

**Title: Virginia Commonwealth University (VCU) / “Impact VR: An Emotion Recognition and Regulation Training Program for Youth with Conduct Disorder”**

**PI: Nicholas Thomson, PhD**

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**YOUTH ASSENT FORM  
FOR MINOR PARTICIPANTS AGE 10 TO 17 (SA3)**

**Sponsor / Study Title:** Virginia Commonwealth University (VCU) / “Impact VR: An Emotion Recognition and Regulation Training Program for Youth with Conduct Disorder”

**Principal Investigator:** Nicholas Thomson, PhD

**Telephone:** 804-828-6386 (24 Hour)

**Address:** VCU Health - West Hospital  
1200 E. Broad St.  
West Hospital, 5th Floor, West Wing, Rm 5-025  
Richmond, VA 23298

**Why are we meeting with you?**

I am asking you and other children and teenagers to take part in a research study. A research study is a way to learn more about something. After we tell you about it, we will ask if you’d like to be in this study or not.

This form may have some words that you do not know. Please ask me to explain any words that you do not know. You may take this form home to think about and talk to your parents about it before you decide if you want to be in this study.

**What is this study about?**

You and your parent are invited to be in this research study because you have received services through VCU Health, or you were a referral or participated with/in one of our community partnerships. The goal of the study is to understand if a virtual reality intervention for emotion recognition is effective for reducing conduct problem behaviors.

**What will happen to me if I choose to be in this study?**

In this study, you will be asked to:

Complete a series of questionnaires and interviews about your thoughts, mood, behaviors, and things that have happened in your life. You will also be randomized (like the flip of a coin) into one of two groups. One group will get to complete a PowerPoint presentation on facial expressions. The second group will get to complete virtual reality training on facial expressions. This intervention has four sessions, with one being conducted each week.

Before the study begins:

1. We will ask you several questions, including your age. This will confirm that you are suitable to be in the study.
2. We will ask your parent/legal guardian some questions about you.
3. We will ask you and your parent/legal guardian if you would like to be involved in the study.
4. You will complete the assent form and your parents/legal guardian will complete the consent form.

During the study:

1. You will complete questions about your thoughts, mood, behaviors, and events that have happened in your life.
2. After 4-weeks and 3-months since starting this study, we will contact you and your parent/legal guardian to complete the same questions that you completed today.
3. The questions will take about 2 hours to complete.
4. Some of the questions may include sensitive information.
5. We will also collect information from your medical records.
6. You will be randomly assigned to one of two groups, either a control group or Impact VR. If you are assigned to the control group you will complete a brief presentation on how to recognize facial expressions in others. If you are assigned to Impact VR you will receive four sessions of virtual reality emotion recognition training. You will complete one session each week for four weeks.

**Will any parts of this study make me feel bad?**

Sometimes talking about these things makes people upset. You do not have to talk about anything you do not want to talk about. You can stop participating at any time. If you do become upset, the people running the group will help you.

**How will this study help me?**

It is possible that receiving Impact VR may help you recognize others' emotions and improve your behavior.

**Will you tell anyone what I say?**

We will not tell anyone the answers you give us. We will not share your answers with your teachers, parents, or friends. If you tell us that someone is hurting you, the law says that we have to let other people know so they can help you. If you tell us that you might hurt yourself or someone else, then we have to let people know.

**Do I have to be in this study?**

You do not have to be in this study. It is up to you. You can say okay now and change your mind later. No one will blame you or get mad at you if you don't want to do this. All you have to do is tell us you want to stop.

**Do you have any questions?**

You can ask questions at any time. You can ask now or later. Just tell the researcher when you see them, or ask your parent or another adult to call the study investigator at the phone number listed on page one of this form.

Before you say **yes or no** to being in this study, we will answer any questions you have now.

**If you don't want to be in this study, just say so, and don't sign this form.**

**YOUTH ASSENT**

\*\*If you sign here, it means you agree to participate in this study.

\_\_\_\_\_  
Youth Participant's Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Person Conducting Assent Discussion (Printed)

\_\_\_\_\_  
Signature of Person Conducting Assent Discussion

\_\_\_\_\_  
Date

\_\_\_\_\_  
Investigator Signature (if different from above)

\_\_\_\_\_  
Date