Trial Protocol for

"Positive Affect Treatment for Spanish-speaking Individuals with Depression and Anxiety: An Uncontrolled Pilot Trial"

Last updated October 07, 2025

NCT Number: not yet assigned

Study Protocol and Statistical Analysis Plan

Study Aims

The current study's primary aim is to examine the feasibility and acceptability of a direct translation of PAT for Spanish-speaking participants living in the United States with low positive affect and depression, anxiety, or stress. To assess the feasibility and acceptability of treatment, we will examine the feasibility of recruitment, participants' credibility ratings, participants' satisfaction with treatment, therapeutic alliance ratings, treatment attrition and attendance, and practice completion. Given that PAT is designed to be flexible to tailor to the patient's preferences (e.g., pleasant activities), we hypothesize that PAT will be feasible and accepted in an SSL sample. Secondly, we aim to assess the degree to which SSL shows a significant increase in positive affect and a significant decrease in depression, anxiety, and stress symptoms at posttreatment and 1-month follow-up as a preliminary evaluation of efficacy. Lastly, we aim to gather qualitative information to assess if more culturally adapted modifications are needed.

Methods

Participants

The sample will consist of twelve Spanish-speaking volunteers between 18 and 65 years old. The sample size was determined based on comparable feasibility and acceptability pilot studies for other psychotherapeutic interventions (e.g., Collado et al., 2014; Ramirez-Gomez et al., 2023). The small sample size is consistent with stage I of the NIH Stage Model for Behavioral Intervention Development (Onken, 2022), which does not recommend a fixed number but encourages researchers to determine an appropriate sample size. Participants will be volunteers from across the United States, ensuring diversity in symptom severity and socioeconomic levels. Participants enrolled will indicate Spanish as their preferred language. Participants will endorse (a) low positive affect determined by a score ≤ 24 on the Positive and Negative Affect Scale-Positive Affect Subscale (PANAS-P; Watson et al., 1998), which is one standard deviation below the 50^{th} percentile, (b) moderate to severe depression determined by a score ≥ 11 on the Depression Anxiety Stress Scale-21 items – Depression subscale (DASS-21; Lovibond & Lovibond, 1995), anxiety determined by a score of ≥ 6 on the DASS – Anxiety subscale, or stress determined by a score of ≥ 10 on the DASS – Stress subscale, and (c) clinically significant impairment determined by a score ≥ 5 on any subscale of the Sheehan Disability Scale (Sheehan et al., 1996). A psychiatric diagnosis is not required for inclusion. All participants will need to refrain from any new psychological treatments. Exclusion criteria will consist of below 8^{th} grade Spanish reading and writing proficiency level, severe medical conditions, active suicidal ideation, lifetime history of bipolar disorder, psychosis, intellectual disability or organic brain damage, substance abuse in the last 6 months or dependence in the last 12 months, more than 11 cigarettes per week or nicotine equivalent, marijuana, cocaine or stimulant use more than 4 times per week before 15 years old, pregnancy, use of bupropion, dopaminergic or neuroleptic medications in last 6 months, and refusal of video recording.

Procedures

Interested volunteers will complete the screening questionnaires (i.e., inclusion and exclusion criteria questions) online through the recruitment link or over the phone. After preliminary eligibility is confirmed, a Spanish-speaking doctoral-level clinician will conduct a semi-structured

clinical interview, using the Structured Clinical Interview for DSM-5 Disorders-Research Version (SCID-5-RV; First et al., 2015) to assess whether they meet diagnostic criteria for any disorder, including disorders in the exclusion criteria. If eligibility is confirmed, participants will provide informed consent before starting treatment. Participants will then complete the baseline questionnaires, followed by 15 weeks of PAT administered by a Spanish-speaking doctoral-level clinician via HIPAA-compliant Zoom. The doctoral-level clinician will receive weekly supervision by a licensed clinical psychologist. Participants will complete weekly symptom questionnaires before each session. After the last therapy session, participants will complete the post-treatment acceptability and feasibility assessments. One month after the last treatment session, a doctoral-level clinician will conduct a semi-structured clinical interview using the SCID-5-RV to examine diagnoses at posttreatment, and participants will complete follow-up questionnaires. Participants will be able to earn a $15 gift card for completing the post-treatment assessments and an additional $25 gift card for completing the 1-month follow-up assessments. The Institutional Review Board at Southern Methodist University will approve the study and the study will be preregistered at clinicaltrials.gov.

Measures

The following measures will all be administered in Spanish. Participants will complete a demographics questionnaire to gather data on their age, ethnicity, gender, income, and education level. In addition to the demographic data collected in previous trials of PAT (Craske, Meuret et al., 2019, 2023), participants will be asked the following additional demographic variables: years living in the United States, subethnicity, past behavioral health treatment, English proficiency, and immediate family in the United States to have a clear description of our sample.

Treatment Feasibility and Acceptability Measures

Client Satisfaction. The Client Satisfaction Questionnaire-8 (CSQ-8; Attkisson & Zwick, 1982) is an 8-item self-report measure used to capture satisfaction with services. Each item is scored on a four-point scale from 1 to 4, with a total score range from 8 to 32. Higher scores suggest greater satisfaction with the treatment. The Spanish version of the CSQ-8 has adequate internal consistency (alpha=.80) among Spanish-speaking participants (Vazquez et al., 2019). The CSQ-8 will be administered after the last therapy session to assess treatment acceptance.

Therapeutic Alliance. The Working Alliance Inventory-Short (WAI-S; Tracey & Kokotovic, 1989) is a 12-item questionnaire used to assess the participants' therapeutic alliance ratings along three domains: goal, task, and bond. Each item is scored on a five-point scale, ranging from 1 (*Seldom*) to 7 (*Always*), and an average score is calculated for each domain. The Spanish version of the WAI-S has excellent internal consistency and convergent validity (Andrade-Gonzalez & Fernandez-Lira, 2015). The WAI-S will be administered after the last therapy session to assess the participant's ratings of the therapeutic alliance.

Treatment Attrition and Attendance. Treatment attrition will be calculated as the dropout percentage after enrollment. In addition, treatment attendance will be operationalized as the total number of treatment sessions attended out of the 15 planned sessions and the average will be calculated across participants. The reason for termination will be recorded if a participant decides to discontinue treatment before completion.

Treatment Practice Adherence. After each treatment session, the participant's practice completion (e.g., pleasant activities, savoring exercises) will be measured using a 0-100% scale, with 0% indicating that they did not complete any practice outside of therapy sessions, and 100%

indicating that they completed all scheduled practice. Overall practice completion will be calculated as the average of practice outside of sessions completed across 14 sessions, since no homework will be assigned for the first session.

Client Credibility and Expectancy. The Credibility/Expectancy Questionnaire (CEQ; Devilly & Borkovec, 2000) will be used to examine the participant's treatment expectancy of positive outcomes and credibility on the treatment rationale. It is a 6-item self-report measure, divided into credibility and outcome expectancy questions. The CEQ has been validated in English-speaking clinical populations (Devilly & Borkovec, 2000). The measure is currently being validated in a Spanish-speaking sample; therefore, we will use a direct translation of the measure, given that it is not yet publicly available.

Recruitment feasibility. Feasibility of recruitment will be examined using three parameters: number of individuals screened per month, number of participants enrolled per month, and average time from screening to enrollment including the reason for any long delays. In addition, the reason for lack of enrollment (e.g., not eligible, not interested, lost to follow-up) will be recorded.

Qualitative Feedback. To examine treatment feasibility and acceptability through qualitative data and assess if more culturally adapted modifications are needed, participants will complete written open-ended items in Spanish asking about (1) treatment feasibility, (2) treatment acceptability, (3) treatment satisfaction, (4) treatment comprehension, (5) perceived effectiveness, (6) suggestions, and (7) other general comments. The qualitative survey will be administered after the last therapy session.

Preliminary Efficacy Outcome Measures

Positive Affect. As a replication of the randomized-controlled trial of PAT (Craske, Meuret, et al., 2023), the Positive and Negative Affect Scale (PANAS; Watson et al., 1988) will be used to measure positive affect, the primary treatment target. The PANAS is a self-report measure of positive and negative affect. The scale includes 20 items, 10 indicating positive affect (e.g., excited) and 10 corresponding to negative affect (e.g., scared). Each item is rated on a five-point scale, with higher scores indicating a higher level of positive or negative affect. Each subscale ranges from 10 to 50. Psychometric properties of the Spanish version of the PANAS mirror the English version's properties with a two-factor structure and adequate convergent and discriminant validity, internal consistency (alphas=.87 and .91), and sensitivity to change in clinical samples (Diaz-Garcia et al., 2020). The PANAS-Positive subscale will be used as a screening and primary outcome measure.

Depression, Anxiety, and Stress Symptoms. We will use the Depression Anxiety Stress Scale- 21 (DASS-21; Lovibond & Lovibond, 1995) to measure symptoms of depression, anxiety, and stress, which have been shown to decrease in trials of PAT (Craske, Meuret, et al., 2019, 2023). The DASS-21 is a 21-item self-report shorter version of the original 42-item scale. The items are scored on a four-point scale from 0 (*Did not apply to me at all*) to 3 (*Applied to me very much or most of the time*) to measure how much the participant endorses each item over the past week. Higher scores indicate higher symptom severity. The items are summed for a total score, and there are three subscales, corresponding to depression, anxiety, and stress symptoms. The Spanish version of the DASS-21 has been validated in Spanish-speaking samples and demonstrates comparable psychometric properties to the English version, with internal consistency alphas

ranging from .86 to .96 and adequate construct and convergent validity (Daza et al., 2002; Zhou et al., 2024). The DASS-21 subscales will be used as screening measures and the total score will be used as a primary outcome measure.

Other Measures

Clinical Psychological Diagnoses. The Structured Clinical Interview for DSM-5 – Research Version (SCID-5-RV; First et al., 2015) will be used to assess eligibility criteria (i.e., exclusion diagnoses) and to provide a description of the participants included in the study. At a 1-month follow-up assessment, a trained researcher will conduct the SCID-5-RV without the exclusion criteria modules to describe the participants' clinical diagnoses after treatment. The SCID-5-RV has been translated into Spanish by an international publisher (Telesage) in collaboration with the American Psychiatric Association (APA) Publishing.

Clinically Significant Impairment. The Sheehan Disability Scale (SDS; Sheehan et al., 1996) will be used to assess clinically significant impairment for eligibility criteria. The SDS is a 3-item measure that assesses the severity of distress resulting from impairment in work, family life/home responsibilities, and social/leisure activities. Each domain is rated on a 10-point scale from 0 (*Not at all impaired*) to 10 (*Very severely impaired*). The Spanish version of the SDS has been validated in a Spanish-speaking sample, demonstrating similar psychometric properties to the English version, with an internal consistency of alpha=.83 (Luciano et al., 2009).

Interviewer-rated Anhedonia. As a descriptive measure of the participant's level of anhedonia using an interview-like measure, a Spanish-speaking interviewer will rate the participant's 'loss of interest', 'loss of pleasure', and 'loss of motivation' during the past week. The interview will be done as part of the SCID-5-RV sessions at baseline and 1-month follow-up.

Suicidality. The Beck Depression Inventory-II (BDI-II; Beck et al., 1996) is a 21-item self-report measure used to assess key symptoms of depression, but only item 9 will be used to assess suicidality before each treatment session. The item is rated on a four-point scale from 0 to 3, with higher scores indicating greater severity. The Spanish version has been validated in Spanish-speaking adults, with internal consistency alphas ranging from .89 to .92 (Sanz et al., 2003).

Intervention

All participants will participate in a full treatment course of PAT. PAT consists of a total of 15 sessions designed to include psychoeducation, behavioral skills, cognitive skills, positive emotions cultivation skills, and a relapse prevention session. The first module (sessions 1-7) consists of behavioral activation to rewarding experiences, followed by a savoring exercise in which the participant recounts positive experiences and reinforces the positive mood effects. These exercises are expected to continue throughout the full treatment course. The second module (sessions 8-10) focuses on three cognitive skills: identifying the positive aspects of a past event, taking responsibility for positive outcomes, and imagining future positive events. The third module (sessions 11-14) comprises four exercises designed to cultivate positive emotions through daily mental and physical practices in Loving-Kindness, Generosity, Gratitude, and Appreciative Joy. After each session, the participant is encouraged to complete 5-7 practice exercises of the skill learned in session (e.g., engaging in a pleasant activity, completing a Loving-Kindness exercise) between sessions. The final session includes a review of the relapse prevention plan to reinforce all the skills learned during treatment.

The PAT therapist manual and client workbook have been translated into Spanish by the UT Southwestern Spanish Language Resources (SLR). The SLR provided an evidence-based translation process to ensure that the study materials are culturally appropriate and conceptually equivalent ("Office of Community Health & Research Engagement", n.d.). The team was comprised of native speakers and individuals certified in verbal, written and medical Spanish language proficiency. The team followed a Translation, Editing, and Proofreading (TEP) methodology, where three certified individuals review the materials (compared to many translation vendors that use a 1-person translation process). First, the materials were translated by capturing the content, style, and form of the original text. Then, a second certified individual ensured that the translation is accurate, complete, and culturally appropriate. Lastly, the final translation was reviewed by a third certified translator and ensures the translation meets the highest standards.

Data Analysis Plan

First, baseline demographic and clinical characteristics will be summarized to describe the sample. For our primary aim, several a priori benchmarks will be used to evaluate the acceptability and feasibility of PAT based on the data from PAT trials with English-speaking samples (Craske, Meuret et al., 2019, 2023) and other treatment pilot studies with Spanish-speaking individuals (Collado et al., 2014, 2026; Reinosa et al., 2024).

Client Satisfaction. The CSQ-8's (Attkison & Zwick, 1982) total score ranges from 8-32, however, it does not have a standardized interpretation rating scale. As our *Benchmark 1, 80% of the completed sample will score at least a 28*, which was the minimum score of a telehealth BA trial with Spanish-speaking participants (Reinosa et al., 2024).

Therapeutic Alliance. Therapeutic alliance using the WAI-SR (Hatcher & Gillaspy, 2006) was high for all categories in previous randomized controlled trials of PAT (Craske et al., 2019, 2023); for affective bond (M=4.68; SD=0.55 and M=4.55; SD=0.58), agreement on tasks (M=4.77; SD=0.45 and M=4.25; SD=0.77) and goals (M=4.54; SD=0.58 and M=4.59; SD=0.56). As our *Benchmark 2, the average scores for each subscale will be greater than 4*.

Treatment Attrition and Attendance. The average attrition rate (i.e., completed less than 10 out of 15 sessions) across the three completed PAT trials was 27% (33% for Craske et al., 2019; 24% for Craske et al., 2023; and 25% for Meuret et al., in prep). Overall, the average number of sessions attended were 11.4 (Craske et al., 2019) and 12.21 (Craske et al., 2023). Based on a review of internet-based CBT for depression, the average dropout rate is 32% (Schmidt et al., 2019). Therefore, *our Benchmark 3 is 8 participants will attend at least 10 treatment sessions (30-37% dropout rate)* and *Benchmark 4 is the average number of sessions attended will be greater than ten.*

Treatment Practice Adherence. *Benchmark 5 is that on average, participants will complete at least 75% of practice completion*, which will be comparable to practice completion reported in two BA trials will Spanish-speaking participants (86.54% in Collado et al., 2014 and 75.18% in Collado et al., 2016).

Client Credibility and Expectancy. The previous PAT trials reported high credibility/expectancy scores using the CEQ (Devilly & Borkovec, 2000) with a range of means across modules 6.31-6.85 on Craske et al., 2019 and M=7.28 on Craske et al., 2023. *Benchmark 6 will be an average score on the CEQ greater than 6.*

Recruitment feasibility. *For Benchmark 7, we will recruit at least three participants per month* which is on par with the approximate average rate of recruitment for the second randomized controlled trial of PAT (Craske et al., 2023). There will be no a priori benchmarks for the number of individuals screened per month or the average time from screening to enrollment.

For our secondary aim, we will test whether there was a significant decrease in symptom severity after treatment as a preliminary evaluation of treatment efficacy. We will use a full intent-to-treat sample using two univariate multilevel modeling (MLM) to examine changes in (1) positive affect (PANAS-P), and (2) depression, anxiety, and stress symptoms (DASS-Total) from baseline to 1-month follow-up. The repeated assessments (Level 1) will be nested within individuals (Level 2). Time will be centered at posttreatment. Given the small sample size, restricted maximum likelihood estimation will be used with Kenward-Roger degrees of freedom approximation (Kenward & Roger, 1997). We will use baseline scores as covariates.

For our third aim, we will use Braun and Clarke's six phase thematic analysis framework (Braun & Clarke, 2006; Ahmed et al., 2025) to identify themes across the participant's response for each question of the qualitative feedback survey. I will follow the following six steps: 1) familiarize with the data, 2) generate initial codes, 3) search for themes, 4) review themes, 5) define and name themes, and 6) write the report.

Consent to Participate in Research

Study Title: Positive Affect Treatment Study for Depression and Anxiety in Spanish-Speaking Individuals

Mentor ID #: 25-093

Principal Investigator: Sofia Uribe, M.A.

Faculty Sponsor: Alicia Meuret, Ph.D.

Study Site: Online (Zoom)

You are being asked to participate in a research study. Your participation in this research study is voluntary and you do not have to participate. This document contains important information about this study and what to expect if you decide to participate. Please consider the information carefully. Feel free to ask questions before making your decision whether or not to participate.

The purpose of this form is to provide you with information that may affect your decision as to whether or not you may want to participate in this research study. The person performing the research will describe the study to you and answer all your questions. Please read the information below and ask any questions you might have before deciding whether or not to give your permission to take part. If you decide to be involved in this study, this form will be used to record your permission.

Purpose

If you participate in this research study, you will be invited to engage in therapy referred as Positive Affective Treatment (PAT) to target symptoms of low positive affect and depression, anxiety or stress. All components of the therapy focus on enhancing positive affect through changes in behaviors, thoughts, and feelings. We want to examine the feasibility and acceptability of PAT in a Spanish-speaking population.

TREATMENT

During participation in the study, you will engage in weekly psychotherapy sessions that will be conducted by a trained therapist through encrypted video-conferencing platform (i.e., Zoom). The total number of therapy sessions you receive will be 15. All study participants will receive the same treatment. There is no placebo condition. All components of the therapy have been shown to be effective in reducing depression, anxiety, and stress, and focus on enhancing and increasing positive coping and life strategies, as well as examining thoughts and modifying behaviors. Treatment sessions will be conducted by a fully trained therapist (senior graduate student) supervised by licensed, clinical psychologist with extensive experience. All of the treatment

sessions will be audio- and video-recorded. This is done in order to ensure quality in the care that you receive and to monitor consistency among the therapists.

If you are on any medications, you will be asked to remain on a consistent dose/regimen of your medication until after completion of the study, including throughout treatment (15 weeks), and post-treatment assessment (to be completed one month after your final treatment session). You should always consult with your primary provider before making changes to medication, dose, or discontinuation of current medication. Also, you will be asked to inform us if you seek other forms of medical or psychological treatment for depression, anxiety, or stress before completion of the treatment study.

Treatment will consist of 15 weekly therapy sessions. You may be removed from the study if you miss more than three treatment sessions without notifying study staff within 24-hours of your scheduled session.

ASSESSEMENTS
You will also be asked to complete a short series of clinical monitoring surveys before each weekly therapy session to track your progress. The therapist will send you the questionnaires the morning of your session so that you complete them at any time before your session. In addition, you will be asked to complete them again one month after completing treatment.

TIMELINE AND DURATION
Overall, your involvement will be approximately 19 weeks, with 15 weeks for treatment and 1-month follow-up diagnostic interview.

Study Stage	Activity	Approximate Duration
Screening	Online or Phone Screening	30 minutes
	Eligibility Diagnostic Interview	90-120 minutes
Informed Consent	Informed Consent	30 minutes
	Baseline Questionnaires	15 minutes
Study Participation	Weekly Questionnaires	Sessions 1-15: 10 minutes
	Weekly Therapy Sessions	Session 1: 90 minutes Sessions 2-15: 60 minutes
	Post-first session Questionnaire	5 minutes
	Post-treatment Questionnaires	30 minutes
	1-month Follow-Up Questionnaires	10 minutes
	1-month Follow-Up Interview	60 minutes
APPROXIMATE TOTAL STUDY DURATION		1380 minutes = 23 hours

You have the right to refuse to answer any question that you do not wish to answer, and to refuse any task that you do not wish to do. You can stop your participation in the study at any time without penalty.

Risks or Discomforts

Potential risks, stress and/or discomforts of participation may include discomfort you might experience talking about your medical and psychological history. During the treatment phase of the study, you may experience anxiety from being asked to face things that cause you distress or from being asked to confront situations and feelings that you find anxiety provoking. Because this is a research study, there may be some unknown risks that are currently unforeseeable. You will be informed of any significant new findings.

Audio or video recordings will be transcribed and then destroyed or modified to eliminate the possibility that study participants could be identified. The identifiable audio and video recordings will not be used at scientific meetings or training sessions, only during supervision between the therapist and supervisor the active data collection stage. The data will be deleted after five years.

Benefits

The potential benefits which may reasonably be expected to result from this study may include significant reductions in your symptoms of anxiety, depression or stress, and increases in your experience of positive (i.e., pleasurable) emotions. We cannot and do not guarantee or promise that you will receive any benefits from this study.

Findings from this study may help clinicians provide more effective treatments for psychological disorders. Research has shown that these treatment approaches are likely to be of benefit to those who show symptoms similar to yours. It is important to note that individuals respond differently to therapy, and so it is not possible to know in advance if the treatment will be helpful in your particular case.

Confidentiality of Information

Any information obtained in connection with this study that can be identified with you will remain confidential to the extent allowed by law. No identifying information will be revealed in the presentation or publication of any results from the project.

Some identifiable information about you will be replaced with a code. A list linking the code and your identifiable information will be kept separate from the research data. All research data and records will be maintained in a secure network with password protection through SMU.

All of the diagnostic evaluations and treatment sessions will be video-taped and later reviewed by the therapist and supervisor for educational purposes and determine whether the assessments and treatment have been delivered appropriately (quality assurance) as well as

subsequent analysis. The data and video/audiotapes will be stored in a password protected folder for five years after the study has been completed, and then they will be destroyed.

Emergency contact: We ask you to provide us with your emergency contact. We will contact your emergency contact only if we have consistently failed to reach you using a variety of channels (phone, email) and if we are concerned about your safety. We will disclose to your emergency contact only that you are participating in a SMU research study and that we have been trying to reach you but failed to do so. We will disclose that we are concerned about your safety if that is the case. We will not disclose the nature of the study or any other information you have provided to us.

Limits to confidentiality

All of the information you provide will be confidential. However, there are some situations in which clinicians are legally obligated to take actions, such as when a clinician believes actions are necessary to attempt to protect others from harm. Under these circumstances, your therapist may release some information about your treatment.

• If there is cause to believe that a child under 18 has been or may be abused or neglected (including physical injury, substantial threat of harm, mental or emotional injury, or any kind of sexual contact or conduct), or that an elderly or disabled person is in a state of abuse, neglect, or exploitation, the law requires that a report is made to the appropriate governmental agency, usually the Texas Department of Family and Protective Services. Once such a report is filed, your therapist may be required to provide additional information.

• If a clinician determines that there is a probability that a client will inflict imminent physical, mental, or emotional harm upon him/herself or others, he/she may be required to take protective action by disclosing information to medical or law enforcement personnel or by securing hospitalization of the client. Depending on how intense the thoughts are or how much you feel like hurting yourself, the research staff may provide you with referrals for treatment; work with you to contact your personal physician or trusted family member to discuss your thoughts of harming yourself; or work with you on a plan that may include getting you to a hospital for safety.

If such a situation arises, your therapist will make every effort to fully discuss it with you before taking any action and limit the disclosure to what is necessary

Government or university staff sometimes review studies such as this one to make sure they are being done safely and legally. If a review of this study takes place, your records may be examined. The reviewers will protect your privacy. The study records will not be used to put you at legal risk of harm.

ClinicalTrials.gov Registration

A description of this clinical trial will be available on http://www.ClinicalTrials.gov, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

Use of your information for future research

All identifiable information (e.g., your name, date of birth) will be removed from the information or samples collected in this project. After we remove all identifiers, the information or samples may be used for future research or shared with other researchers without your additional informed consent.

Incentives to participate

You will be able to earn a $15 gift card sent to your email for completing the post-treatment assessments and an additional $25 gift card for completing the 1-month follow-up assessments.

Consent to video / audio recording / photography solely for purposes of this research

This study involves video recording of all therapy sessions and diagnostic interviews. If you do not agree to be recorded, you CANNOT take part in the study.

_____ YES, I agree to be video/audio recorded/photographed.

_____ NO, I do not agree to be video/audio recorded/photographed.

Questions

For questions, concerns, or complaints about the study you may contact Alicia E. Meuret, Ph.D., Professor of Psychology, Director of the Anxiety and Depression Research Center at SMU, at (214) 768-3422 or Sofia Uribe, M.A., Clinical Psychology Graduate Student at SMU at (214) 768-6014.

If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the Southern Methodist University (SMU) Institutional Review Board to speak to someone independent of the research team at (at ResearchCompliance@smu.edu.

Signing the consent form

I have read (or someone has read to me) this form, and I am aware that I am being asked to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to participate in this study.

I am not giving up any legal rights by signing this form. I will be given a copy of this form**.**

Printed name of subject	**Signature of subject**	**Date**