

Informed Consent

TITLE OF STUDY

Software-Generated Psychological Assessment Reports: An Innovative Solution to the Waitlist Problem

PRINCIPAL INVESTIGATOR

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PURPOSE OF STUDY

You are being asked to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully. Please ask questions if there is anything that is not clear or if you need more information.

The purpose of this doctoral research is to evaluate the proficiency (i.e., quality) of the software-generated psychological assessment reports proposed as a possible solution to the waitlist problem in Ontario. The research will be conducted to investigate the correlations between a) psychologists' ratings of the sample software-generated psychological assessment report's proficiency and the likelihood that they would use the software to write their reports in the future; b) the average number of weeks that clients wait to commence their assessment services and the likelihood that psychologists would use the software to write their reports in the future; and c) the average number of hours psychologists spent writing or reviewing psychological assessment reports and the likelihood that they would use the software to write their reports in the future.

STUDY PROCEDURES

You were selected from the College of Psychologists and Behaviour Analysts of Ontario's (CPBAO) Public Registry to participate in this study. Should you agree to participate, please sign and return this consent form. Upon returning the signed consent form you will receive 1) a digital read-only copy of a software-generated psychological assessment report and 2) the research questionnaire via a secure Google Drive access. You will have a maximum of two weeks to read/review the report then complete the research questionnaire. Access to the report and questionnaire will expire after two weeks, which will conclude the data collection phase of the study.

Participant's Initials _____

RISKS

The study involves minimal risk to you. Moreover, a numerical code, as opposed to your personal identifying information, will be assigned to your study data. Therefore, should you consent to participate, you will be providing your ratings anonymously, which would mitigate any unforeseen psychological risks associated with participating in the research. Additionally, you may decline to answer any or all questions and you may terminate your involvement in the study at any time, if you choose.

BENEFITS

The current study is being conducted within the context of ongoing efforts by Toronto Psychological Services and Research Centre (TPSrc) to present psychologists with a viable option for writing their psychological assessment reports. That is, psychologists conducting psychological assessments will be able to utilize TPSrc's psychological assessment report writing software to complete their assessment reports. In turn, access to the software-generated reports could enable psychologists to reallocate the time spent on writing assessment reports to serving clients on their waitlists and other professional responsibilities.

CONFIDENTIALITY

Your responses to the study survey will be anonymous. Therefore, please do not write any identifying information on the research questionnaire. The following measures have been implemented to ensure your confidential participation:

- An independent third party (i.e., a professor at a post-secondary institution in Ontario, Canada) will administer the sample software-generated report and research questionnaire to you. They will also remove any identifying information and assign a numerical code before handing over your research data.
- Additionally, the signed consent forms and de-identified research data will be kept in a HIPPA-Compliant cloud server for a minimum of 5 years to facilitate verification and replication of the research findings.

CONTACT INFORMATION

Please contact me if you have questions at any time about this study, or you experience adverse effects as a result of participating in this study. My contact information is provided on the first page of this consent form. If you have questions regarding your rights as a research participant, or if problems arise that you do not feel you can discuss with me, please contact my Institutional Review Board at amanda.jandris@trident.edu

VOLUNTARY PARTICIPATION

Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign this consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect any current or future relationship you may have with me.

Participant's Initials _____

If you withdraw from the study before data collection is completed, your data will be destroyed.

CONSENT

I have read, and I understand the provided 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 agree to take part in this study.

Participant's signature: _____ Date: _____

Investigator's signature: G. Townsend

Date: April 4, 2025