Evaluating Brief Behavioural Activation for depression in adolescents with acquired brain injury: A single-case design protocol

**INTERVENTION CONSENT FORM FOR PARENTS**

To be completed alongside the Intervention Assent Form for Young People (aged 12-15)  
  
**Chief Investigator:** Conor O’Brien, Trainee Clinical Psychologist, University of Exeter, UK  
**Research Supervisor:** Professor Anna Adlam, University of Exeter, UK

1. I confirm that I have read the information sheet dated ….. (version 2) and understand what is expected of my child in this study.
2. I confirm that I have had opportunities to ask questions about this intervention and that these have been answered sufficiently.
3. I understand that my child is participating on a voluntary basis and is free to withdraw at any time without consequence.
4. I understand that the information about my child will be kept confidential and may only be viewed by members of the research team.
5. I understand that all collected information about my child will be anonymised and that there will be no identifiable information published following this study.
6. I understand that any identifiable data will be destroyed within a month of my child’s final follow-up session.
7. I agree that my contact details can be kept securely for the research team to contact me and my child about the findings of the study.
8. I give my consent for my child to receive the intervention in this study.

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| **I agree to points 1-8 above.\*** |  |
| **I agree that my contact details can be kept securely and used by researchers from the University of Exeter to contact me about future research projects.** |  |
| **Participant first name\*** |  |
| **Participant surname\*** |  |
| **Name of parent/guardian\*** |  |
| **Date form completed** |  |