

## THERAPIST ASSISTED ONLINE (TAO) INFORMED CONSENT

### Explanation of TAO Services

TAO is a seven to ten week, interactive, web-based program for common problems such as anxiety and depression. TAO is based on well-researched and highly effective strategies. In a research study of TAO with over 100 students at a large university, those who were treated with TAO showed more improvement than students who were treated with traditional individual, face-to-face counseling. Satisfaction was very high and 96% would recommend TAO to a friend.

TAO provides you with the skills and tools to help overcome your difficulties such as anxiety and depression, with some on-going support and help from a therapist at SHS. Each week of the program, you will watch videos, complete exercises, and meet with a counselor either in person or via video conferencing. Weekly exercises take approximately 30-40 minutes to complete. Daily treatment can be completed on a smart phone, tablet, computer, or on paper.

### TAO Requirements

You will need to schedule time to complete your TAO treatment each week. Before each session with your counselor, you will need to complete a 20 item questionnaire (BHM-20) asking about your experience that week. You will be required to complete BHM- prior to your therapist appointment. Your counselor will be able to review your results and track your progress. At times your counselor may want to share the results with you and talk about how you are responding to this treatment.

To participate in TAO, you will need a private space with a computer or laptop equipped with a camera and microphone for videoconferencing, speakers or headset, and a good internet connection. In addition, it is helpful to have a tablet or smart phone for the online exercises, but this can also be done on paper. While TAO is very effective and well received by most users, some people do not feel comfortable with technology and with online treatment. If you find that the TAO program is not working for you, please talk with your counselor and we will help you transfer to another mode of therapy.

TAO will require some identifying information while you are in treatment so that we can provide technical support and to facilitate interaction with your counselor. Identifying information includes your name, email address, and phone numbers. Once you have completed the treatment, this identifying information will be deleted; however we will keep most of your entries in TAO. This information is used to continue evaluating and improving TAO.

Video conference sessions missed or not cancelled 24 hours in advance will result in a \$20 fee.

### Crisis Information

In any mental health treatment or counseling process a small number of people do not respond or improve. We depend on you to follow the procedures below if you are in crisis:

***In the event of a crisis, during normal SHS business hours, please either come directly to SHS or you may call us at 314 935-6695 and identify the situation as an emergency.***

**After-hours emergency:**

- **For emergencies on campus call : WUPD 314-935-5555**
- **For emergencies off campus call: 911**

To monitor and respond to anyone who might be struggling or deteriorating, we review your results on the BHM-20 while you are using the TAO program. If we are concerned about you or we lose contact with you, or if you fail to show for a scheduled video conference, we will contact you by phone to check on your well-being. In addition, if you are showing signs of being in real trouble, we require permission to contact someone to ensure your safety.

We require two levels of contacts:

1. Professional or personal contact (e.g. student affairs professional, a residence hall director, advisor, adult family member)

Professional/personal contact: \_\_\_\_\_  
Name Relationship Phone

2. The office or Agency that does crisis well-being checks in your community (e.g. a 24 hour crisis service or the police department)

Crisis Response: Washington University Police Dept. 314-935-5955  
Agency Phone

If I show signs of deterioration that indicate that I may be in danger, I grant the counseling center and my therapist permission to contact me by phone. \_\_\_\_\_  
Initials

If I show signs of deterioration that indicate that I may be in danger, and I fail to respond to the phone messages, I grant the counseling center permission to communicate with my professional/personal contact to verify my well- being. \_\_\_\_\_  
Initials

If I show indicators that I may be at serious risk for self-harm or harm to others, I understand that the counseling center is required to contact the crisis response contact above to ensure my safety. \_\_\_\_\_  
Initials

I have been informed about the purpose, expectations, possible benefits, risks and crisis procedures and I agree to participate in TAO. I consent to participate in on-line treatment with TAO. I hereby authorize the collection and use of my data for program evaluation purposes.

\_\_\_\_\_  
Signature of person consenting to treatment

\_\_\_\_\_  
Date |

\_\_\_\_\_  
Print Name Wash U email address

\_\_\_\_\_  
Phone Number