

Informed Consent (IC)

Dear participant, you are being invited to participate as a volunteer in the research "Mindfulness-Based Cognitive-Behavioral Program for university students with depression, anxiety and stress symptoms", coordinated by Prof. Dr. Maycoln Leôni Martins Teodoro and psychologist Alessandra de Fátima Almeida Assumpção of the Department of Psychology of the Federal University of Minas Gerais. The research will be developed at the UFMG Applied Psychology Service (SPA) and aims to verify the effectiveness of the program in the treatment of university students with mild and moderate symptoms of depression, anxiety and stress.

The treatment will be performed in a group format, lasting six weekly sessions of 90 minutes each. To evaluate the treatment, some scales and psychological tests will be used, at the beginning of the treatment, in its end and three months after the end of the intervention. Interviews and treatment sessions do not pose risks to your physical and psychological health and have the potential to reduce depressive, anxiety and stress symptoms as well as improve quality of life and self-esteem. During the evaluation or treatment you may feel uncomfortable, tired or upset, but if something like that researchers are prepared and will know how to help you. The sessions will be recorded aiming to improve the psychologists involved, but under no circumstances the data be revealed without the prior consent of the whole group.

You are guaranteed your right not to participate or to withdraw your permission, at any time, without any kind of loss or retaliation, for your decision. You can also request more information at any time by contacting the researcher. You will not have any type of expenses to participate in this research besides the cost with the trip to the SPA, and nothing will be paid for your participation. The indemnification in cases of damages is guaranteed, evidently arising from its participation in the research, according to judicial or extra-judicial decision.

The results obtained may be published in scientific articles and events. However, in no case will the participants be identified by their names, and their identity will be kept confidential. The instruments and documents used in this evaluation will be stored for 5 (five) years, in an appropriate place in the Department of Psychology, being the responsibility of the researchers, being

guaranteed the restricted access to this information and the confidentiality thereof.

If you agree to participate in this research, you must initial this consent form and complete the authorization below with your information and sign it with the researchers. This document has two ways, one of them his, and the other, the researcher responsible for the research. We are available for any clarification regarding any questions that may arise regarding this research. Following are the telephones and the institutional address of the responsible researchers and the Research Ethics Committees - CEP, where you can ask questions about the project and its participation in it, now or at any time.

I, _____,
declare that I was informed of the goals and purposes of the study "Mindfulness-Based Cognitive-Behavioral Program for College Students of Depression, Anxiety, and Stress Symptoms." I read and understood the information. I had the opportunity to ask questions and clear my doubts. This form is being voluntarily signed by me and I agree to participate in the study until I decide otherwise, as well as authorize the disclosure and publication of the information I gave, except for my personal data, in scientific events and publications. I also authorize the recording of therapy sessions and I am aware that my consent to these recordings may be withdrawn at any time, as I wish. Therefore, I sign this document, along with the researcher, in two ways of equal content, one way being under my responsibility and the other way with the researcher.

Belo Horizonte, ____ of _____ 2018.