

Informed Consent Form
Trauma Practice Research Project

Dear Participant:

Recently, there has been interest in a new type of trauma therapy developed by Dr. Anna Baranowsky and Dr. Eric Gentry. These clinicians, along with Dr. Robert Muller at York University, are conducting a study to investigate this therapy.

The study consists of 5 different parts. Part 1 involves you completing a number of questionnaires about how you feel about yourself, your thoughts and feelings surrounding your experiences and current life environment, how you cope with difficult feelings, and what kind of symptoms like sadness and anxiety you may sometimes have. Parts 2-5 involve completing some of the same questionnaires throughout treatment, as well as 3 months after therapy has ended. There are no “right” or “wrong” answers to these questions; we are looking for your views about these issues. Total time to complete each set of questionnaires will be approximately 45 – 60 minutes. Throughout the study, from time to time, our research assistants Sara or Kristina will contact you.

Your participation in this study is completely voluntary; refusal to participate or answer any particular questions will not affect the services you receive or the nature of your relationship with the researchers and/or your therapist. You are free to withdraw from the study at any time without prejudice or consequence now or in the future. If you decide to withdraw from the study, all of the data collected from your participation will be immediately destroyed and excluded from the study whenever possible (e.g., prior to any publications or presentations).

The risks in participating in the study are minimal. Occasionally, you may feel uncomfortable answering questions about some of your experiences and feelings. You are free to skip certain questions if they make you feel uncomfortable.

All of the information collected from the study will be kept confidential at all times. Only the research team will have access to the questionnaire responses except as required by law (e.g., risk of harm to self or others may require disclosure to ensure safety). Participant code numbers will be used instead of names, and all of your information will be safely stored in a locked

filing cabinet located in a locked room at York University for up to ten years following the completion of the study, after which they will be destroyed. Any electronic data from the study will be encrypted with a password. Information will be pooled for statistical analysis and reporting. The results of the study will be used to better understand people with histories like yours, however your personal information will be kept anonymous; we will never use your name or identifying information in any reports of findings.

For those interested, a copy of the results of the study will be available once the information has been analyzed. If you wish a summary of the results mailed directly, you may fill in your name and address on a consent form and we will send you a copy when the study is completed.

This research has received ethics review and approval by the Human Participants Review Sub-Committee, York University's Ethics Review Board and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines.

If you have any questions about the study, you may contact one of our research assistants at York University: Sara Rependa, M.A. (srependa@yorku.ca) or Kristina Cordeiro, B.A. (krismc85@yorku.ca).

If you have any questions about this process or about your rights as a participant in the study, please contact the Sr. Manager & Policy Advisor for the Office of Research Ethics, 5th Floor, Kaneff Tower, York University (telephone 416-736-5914 or e-mail ore@yorku.ca).

Thank you very much for taking the time to consider participating in this study!

Agreement:

Your signatures below indicate that you have read the information in this agreement. Your signatures also indicate that you agree to be in the study and have been told that you can change your mind and withdraw consent to participate at any time.

You have been told that by signing this consent agreement you are not giving up any of your legal rights

Name of Participant (please print)

Signature of Participant

Date

Signature of Investigator

Date

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