


LONG ISLAND UNIVERSITY
UNIVERSITY OFFICE OF SPONSORED RESEARCH
BUSH-BROWN HALL, UNIVERSITY CENTER

NOTICE TO ALL RESEARCHERS:

Please be aware that a protocol violation (e.g., failure to submit a modification for any change) of an IRB approved protocol may result in mandatory remedial education, additional audits, re-consenting subjects, researcher probation, suspension of any research protocol at issue, suspension of additional existing research protocols, invalidation of all research conducted under the research protocol at issue, and further appropriate consequences as determined by the IRB and the Institutional Officer.

TO: Professor Danielle Knafo, Psychology
Ms. Grace Feyjinmi, Doctoral Student Principal Investigator

FROM: Patricia Harvey, University IRB Administrator 
LIU Post Institutional Review Board

DATE: April 7, 2017

PROJECT TITLE: Premature discontinuation in the cross-cultural therapeutic dyad: Beginning therapists' experiences

PROJECT ID NO: 17/01-008

REVIEW TYPE: Expedited

ACTION: Approved

With the receipt of the additional information your project has been given **full approval**. Please note the following:

1. Approval for sites other than Long Island University, if any, is given only for those indicated in the original application and from which appropriate letters of approval have been received by the IRB.
2. Your approval period for this project expires **April 6, 2018** unless you submit an appropriate continuation request. No activities involving human participants may take place after this expiration date.
3. The project must be conducted as presented in the application. No changes or alterations may be made to study methods, recruitment process, subject pool, test instruments, consent forms, etc without prior IRB approval. Revisions and amendments to the research activity must be promptly reported to the IRB for review and approval prior to the commencement of the revised protocol (the only exception is in those situations where changes in the protocol are required to eliminate apparent, immediate hazards to the subject).

4. The IRB must be notified immediately of any unanticipated problems or adverse events affecting risk to subjects.
 5. If consent form(s) have been approved for the research activity, only IRB approved, stamped consent forms may be used in the consent process (copy attached if appropriate). Please destroy all previous versions. Make sure to retain a copy of the approved, stamped consent document, as it must be submitted to the IRB at the time of submission of your annual renewal. One signed copy of the stamped form must be given to the subject, one must be placed in subject's file/chart (if appropriate), and the principal investigator must keep one. You are responsible for maintaining signed consent forms for a period of at least three years after study completion.
 6. If consent is on-line, the on-line form should include language/indication of the IRB approval and expiration date as would be found on a hard-copy/paper form.
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Verification of Institutional Review Board (IRB) Approval

LIU Project ID: 17/01-008

Project Title: Premature discontinuation in the cross-cultural therapeutic dyad:
Beginning therapists' experiences

Expiration Date: April 6, 2018

Signature: _____

A handwritten signature in blue ink, appearing to read "Patricia Harvey", is written over a horizontal line.

Name/Title: Patricia Harvey, University IRB Administrator

Appendix A

Email to Program Administrator Concerning Dissertation Study

Dear Program Administrator:

I am writing to request your assistance in recruiting participants for my doctoral dissertation, being conducted in partial fulfillment of my Doctor of Philosophy in Counseling Psychology degree at Long Island University, Post Campus. I am seeking graduate clinical or counseling students who identify as a different racial or ethnic group from someone that they provided therapy for, and have prematurely terminated with. I am trying to understand processes that contribute to client dropout in cross-cultural therapy.

Thank you and looking forward to hearing from you!

Sincerely,

Grace Feyijinmi

Doctoral Candidate, Long Island University, Post Campus

IRB Approved: 4/07/17
Expiration Date: 4/8/18
LONG ISLAND UNIVERSITY

Appendix B – Email and/or Facebook Posts to Prospective Study Participants

Dear Prospective Study Participant,

My name is Grace Feyijinmi. I am a Clinical Psychology Doctoral Candidate in the Long Island University Post campus. I am seeking participants for my doctoral dissertation, entitled “Premature Discontinuation in the Cross-Cultural Therapy Dyad.” I am trying to understand processes that contribute to client dropout in cross-cultural therapy. I am seeking graduate clinical or counseling students who identify as a different racial or ethnic group from someone that they provided therapy for, and have prematurely terminated after at least one session. Graduate students who are in their internship year are not eligible. **If you are interested, please click on the link here: (INSERT LINK HERE).** Thank you and looking forward to hearing from you!

Sincerely,

Grace Feyijinmi

Doctoral Candidate, Long Island University, Post Campus

IRB Approved: 4/2/17
Expiration Date: 7/6/18
LONG ISLAND UNIVERSITY

Appendix D—Online Informed Consent Form for Human Research Subjects

Long Island University/Post Campus

You are being asked to volunteer in a research study called “Premature Discontinuation in the Cross-Cultural Therapeutic Dyad,” conducted by Grace Feyijinmi, Ed.M., M.S., Clinical Psychology Doctoral Student, a Long Island University, Post Campus under the supervision of Dr. Danielle Knafo, Ph.D., a professor of psychology in the Clinical Psychology Doctoral Program. This study is being conducted in order to meet the degree requirements of Ms. Feyijinmi’s doctoral program.

The purpose of this research is to explore the experiences of beginning clinicians who have experienced premature discontinuation (a.k.a. client dropout) in a cross-cultural therapeutic dyad. A benefit to participating is a \$25 Visa gift card for each subject as compensation following completion of the study. An additional possible benefit is the knowledge of knowing that you will be adding to the knowledge base of psychology as it pertains to processes within psychotherapy. You may experience minimal emotional discomfort in discussing the aforementioned topic. There are no other risks anticipated. The results from this study may provide information of value for the field of psychology. Referrals for counseling afterwards will be provided as needed.

You are eligible to participate because you identify as a member of one racial or ethnic group, and have worked with at least a member of another racial or ethnic group for at least one session before they have prematurely terminated (discontinued treatment). You must currently be pursuing a doctoral degree in an APA-accredited clinical or counseling psychology program. You must not have started internship as part of your degree requirements. As a participant, you will be asked to be interviewed individually

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either in person or via Google video chat. The interview will last between 60-90 minutes long and will be audio recorded. Your identity will be coded to preserve anonymity. Date and time of the interviews will depend on your availability and schedule. You will be entered into a raffle for a \$25 Visa gift card either in the mail or online after the interview.

Your identity as a participant will remain anonymous and confidential. Your name will not be included in any forms, questionnaires, etc. This consent form is the only document identifying you as a participant in this study; it will be stored securely in a locked cabinet in the Psychological Services Center of Long Island University available only to the investigator and faculty investigator will have access to this information. Data collected will be destroyed at the end of a legally prescribed period of time. Results will be transcribed by the principal investigator and securely stored. Transcriptions will be stored in password-protected files on the principal investigator's computer until her dissertation is completed. Google Video Chat services are encrypted with Secure Sockets Layer (SSL), the standard security technology for encrypting, and keeping private, a link between a web server and browser (Google, 2016, "Policies & Principles: Privacy Policy"). Upon completion of this dissertation, data related to this dissertation will be transferred to a locked file room at LIU Post Psychology Doctoral Program, where data will be retained for 3 years. If you are interested in seeing these results, you may contact the principal investigator.

If you have questions about the research you may contact the investigator, Grace Feyijinmi, Ed.M., M.S., at Grace.feyijinmi@my.liu.edu or or the faculty sponsor, Dr. Danielle Knafo, phone number: 516-299-3893. If you have questions concerning your

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rights as a subject, you may contact the Executive Secretary of the Institutional Review Board, Ms. Patricia Harvey at (516) 299-3591.

Your participation in this research is voluntary. Refusal to participate or discontinue participation at any time will involve no penalty or loss of benefits to which you are otherwise entitled.

By clicking on the agree button, you indicate that:

- You have read the above items
- You agree to participate in research study.
- You are above the age of 18.
- You understand the purpose and nature of this study and are participating voluntarily.
- You understand that I can withdraw from the study at any time without penalty or consequences.

If you do not wish to participate in the research study, please decline participation by clicking on the "disagree" button.

- Agree
- Disagree

I grant permission for the interview session to be recorded and saved for purpose of review by the primary investigator, the research coders and the dissertation supervisor.

- Yes
- No

(If "No," participant will be redirected to a screen that

By signing your initials below, you indicate that you have fully read the above text and have had the opportunity to ask questions about the purposes and procedures of this study. Your signature also acknowledges receipt of a copy of the consent form as well as your willingness to participate.

____ Sign initials

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Appendix E: Script

Good morning/afternoon. Thank you for agreeing to participate in my study. My name is Grace Feyjinmi. I am the principal investigator for this interview. I am interested in learning more about your experiences with premature termination as a beginning therapist. Please share what you feel comfortable sharing. The interview will be audio--recorded to ensure that I do not miss any of your comments. Your comments will be transcribed, and ultimately coded to preserve anonymity. Your participation is voluntary and you can withdraw from the interviews at any time. The interview may last between 1 hour to 90 minutes. After the interview, we will engage in a debriefing, in which you may ask additional questions if you wish. If you feel uncomfortable for any reason during the interview, I can provide you with referral information for counseling. Do you have any questions before we begin? Great, let's get started.

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