

APPENDIX _

Informed Consent for Research Participation

Title of Research Project: Exploring Virtual Expressive Arts Therapy: A Qualitative Study of Registered Expressive Arts Therapists' Experiences

Dear Participant, thank you so much for your interest to participate in my research project. Please, read the information below to ensure your understanding of your rights and what your agreement involves. I welcome your questions and feedback should you have them.

~ I volunteer to participate in a research project conducted by (*Student's Name*), a doctoral candidate from University of Holy Cross. I understand that this study is designed to gather information about my experiences as a registered expressive arts therapist.

~ My participation in this research study is voluntary. I understand that I will not be compensated for my involvement. I may withdraw and discontinue participation at any time without consequence.

~ Interview questions will be related to my experiences as a registered expressive arts therapist. I have been made aware of the possible risks associated with this study. If I feel uncomfortable during my interview, I have the right to decline to answer any question or end the interview. If I experience distress, I understand that I have access to The Thomas E. Chambers Counseling and Training Center, at the University of Holy Cross Campus in New Orleans, LA at (504) 398-2168. If I am not local to New Orleans, LA. I understand that I will be provided with a 24/7 hotline number to call from wherever I am, including the national #988.

~ The interview will last approximately 60-90 minutes and captured using digital voice recording devices. After the data is transcribed, all audiotaping will be properly destroyed.

~ The researcher will not identify me by name in any reports using information from the interview. A pseudonym will be created to secure my confidentiality. The records of this study will be kept private and locked in a file. The researcher will be the only one who has access.

~ This research study has been reviewed and approved by the Human Subjects Protection Review Committee Board at University of Holy Cross. The Human Subjects Protection Review Committee Board may be contacted through the Co-Chair, Dr. Michaela Hartline at mhartline@uhcno.edu or 504.398.2233 should you have questions or feedback.

By signing this form, you acknowledge your understanding of your rights and the statements above. You agree that you are the legal age required to participate in this research project and that you have the ability to make independent sound decisions for yourself.

Participant Signature

Date

Researcher Signature: (*Student's Name*)

Date