CIIS Human Research Review Committee

HRRC APPLICATION PACKET

BEFORE COMPLETING THE APPLICATION, you must have:

- ☐ A complete research proposal reviewed by your chair*
- ☐ Guidance from your chair in completing the HRRC application and her/his permission to submit it

  * "Chair" means the person overseeing your research (e.g., dissertation chair, thesis advisor, or staff supervisor

WHEN TO SUBMIT THE APPLICATION:

- ☐ **By the 1st of any month**.
  HRRC DECISIONS are emailed by the end of the month (except in January and August when the committee does not meet). Revisions may be required.

REQUIRED SIGNATURES*:

- ☐ Make sure you secure signatures (dissertation chair and program or department director) on the application where noted.
- ☐ The dissertation chair signature is needed for HRRC submission.
- ☐ The program/department director signature is needed before research begins, but the application can be submitted for HRRC review without the program director signature.

*Not needed for faculty submissions

HOW TO SUBMIT THE APPLICATION:

- ☐ **Email** the application as one Word document or PDF to hrrcoffice@ciis.edu.
- ☐ Submit the application as **one document only**. One way to do this is to print all application documents, then scan for upload once the Coversheet is filled out.
- ☐ Please **do not** include your proposal, the HRRC application packet, or this page.
- ☐ Look for an **email confirmation** that your application has been received. If you do not receive confirmation within three business days, your application has not been received.

Dear Applicant:

Enclosed herein are the instructions and forms for completing and submitting an application for Human Research Review Committee (HRRC) approval.

What is the difference between your dissertation proposal and the HRRC application?

- Your application should focus on a brief description of the overall project, then a more extended description based on the categories outlined in this handbook. The application should be no longer than 15 pages not including appendices.
- You do not need to include your literature review or an extended description of the justification of your methods.
- The HRRC committee reviews your research protocols for protecting human participants' anonymity, confidentiality, and physical and mental safety in accordance with Federal guidelines. *Approval from the HRRC is required before you can begin your research.*

Who should apply?

- CIIS researchers (students, faculty, or staff) whose research project involves human participants
- In addition to qualitative methods such as narrative, case study, and ethnography, HRRC approval is required for quantitative, theoretical, meta-analysis, or other literature-based research that uses narrative data from participants (as is often done to enliven theory or to offer lived experience as examples of concepts).
- Researchers who will use archived data (e.g., records, transcripts, field notes, correspondence, and recordings).

If you are unsure if HRRC review is required, consult with your chair. If there is still some doubt, apply for **request for exempt status** to get a cursory review from the committee. When in doubt it is always better to err on the side of caution with respect to the protection of human participants. Instructions are included in this application.

When can I begin my research?

- When your Proposal has been approved by your committee, the person overseeing your research, and Program Chair, and when your HRRC application has been approved by the HRRC. (Before data collection begins, the Program Chair signs the HRRC coversheet indicating that your proposal is approved by your full committee.)

For how long is an HRRC approval good for?

- 3 years

Apply for an extension if you have not completed the data gathering phase within 3 years. Send an email to hrrcoffice@ciis.edu requesting extension and stating that no unapproved changes have been made to your study.

What if I need to make changes to my study?

Send an email to hrrcoffice@ciis.edu in advance of making any changes to your study. Indicate all changes requested, rationale for making the changes, and your research supervisor/chair's approval of these changes. (Cc the chair/person overseeing your research to this email.)

Documents included in the HRRC application

Your HRRC application will include a completed:

- ☐ Coversheet including proper signatures in legible writing or print
- ☐ Application fully answering the 14 criteria
- ☐ Appendix

Forms and detailed Instructions for these documents follow.

Coversheet instructions (See form on next page)

Fill in the Coversheet. Categorize your research as High or Low Risk or Request for Exempt Status. Secure chair and program chair/department director signatures.

High Risk, Low Risk, or Request for Exempt Status?

- Choose *High Risk* if:
  - Research participants are more vulnerable than the general population (e.g., children; incarcerated participants; the psychologically fragile; victims of trauma, physically challenged, the elderly)
  - Research participants are engaged in illegal activities that constitute the focus of your research (e.g., illegal immigrants; drug users; users of psychedelics, gang members; sex workers)
  - The research methodology has above average risk in causing participants significant distress (e.g., triggering trauma)
  - Participants are to engage in strenuous physical activity or are subject to challenging physical settings
  - The *researcher* is put at risk (e.g., research conducted in politically unstable countries, in high-crime neighborhoods, where psychedelics or other drugs are illegally used)

- Choose *Request for Exempt Status* if you and your chair are unsure if your research should have HRRC review. For Exempt review, submit:
  - The Coversheet
  - An abbreviated, Request for Exempt Status application (pg. 5)
  - Submissions can be reviewed at any time throughout the month.

- Choose *Low Risk* for all other research.

HRRC COVERSHEET TO ACCOMPANY ALL APPLICATIONS

CALIFORNIA INSTITUTE OF INTEGRAL STUDIES
HUMAN RESEARCH REVIEW COMMITTEE APPLICATION

Researcher's Last Name _____ First Name _____

_____ (____)_____ _____
CIIS Program Researcher's Telephone Researcher's E-mail

_____ _____
Researcher's Street Address City

_____ _____ _____
State Country Zip Code

_____ _____
Signature of Researcher Date this application was emailed

_____ (___)_____ _____
Printed name of Chair of Thesis/Dissertation Committee (or Supervisor of Research) Telephone E-mail

Your signature as Thesis/Dissertation Chair (or Supervisor of Research) indicates that you accept responsibility for the research described, and that you are fully aware of all procedures to be followed, will monitor the research, and will ensure that the HRRC is notified of any significant problems or changes.

_____ _____
Signature of Chair of Thesis/Dissertation Committee (or Supervisor of Research) Date

This application may be submitted just before committee approval of the thesis/dissertation proposal. However, before fieldwork commences, the Program Chair/Director's signature must be secured, indicating that the proposal has been approved by the committee.

_____ _____
Program Chair/Director (required before research begins, but not required before HRRC application is submitted for review) Date

_____

Title of Research Project (typed or written clearly)

REVIEW CATEGORY REQUESTED:

_____ High Risk (see special instructions on page 6)

_____ Low Risk

_____ Request for EXEMPTION

Request for Exempt Status Application

Complete the abbreviated application only if you are unsure whether you need to apply for HRRC approval.

Complete the coversheet and attach it to the abbreviated application.

Abbreviated Application:
In 1-2 pages, describe your proposed research covering the following points:

- One-paragraph description of the research focus
- Method to be used
- Explanation of human participant data that will be collected
- All possible risks to anonymity, confidentiality, and safety
- How risks are minimized

Note: All research that includes human subject participation or their previously collected information bears some risk. The researcher must demonstrate his or her sensitivity to potential issues.

High Risk Application Special Instructions

- High Risk studies are required to have at least one dissertation committee member who is a licensed mental health professional with training appropriate to supervise the development of the research proposal for the population in question and clinical phenomena in question.
    - Include a description of the dissertation chair's clinical qualifications related to the study and CV. If the chair does not have the clinical qualifications, a clinical consultant or committee member familiar with the risks associated with the study is needed. This supervisor must oversee risks involved in the development of the study from its initial planning stages. Include the supervisor's name, clinical qualifications, and CV in this application.

- Research in which participants may become stressed, anxious, or in other ways psychologically impacted in a negative manner needs a referral path to a mental health professional. Please provide license numbers, addresses, and phone numbers for all referrals. Indicate that referral professionals have been directly contacted by you and are aware of the study and its risks and have agreed to accept participants should referral be needed. Include this information in the application and in the Informed Consent. In the event you are conducting research in multiple locations and cannot reasonably identify particular individuals, consider identifying a referral source that is national and a clinician or service who will act in the role of facilitating referrals.

Research Involving Psychedelics

- The CIIS student researcher cannot be present or be a participant observer at a

venue where substances illegal in the US are being stored or are being ingested.

- CIIS students who participate or volunteer in the creation of venues that involve psychedelics will not have their HRRC proposals approved.

- Faculty with adequate credentials can conduct psychedelic research and ingest substances in counties where such substances are legal and in the US where venues have legal permission to use psychedelics (e.g. Santo Daime, UDV, Native American Church)

- CIIS students cannot ingest or be under the influence of psychedelics that are illegal in the US in any CIIS campus building or at any CIIS sponsored event.

- Doctoral CIIS students can conduct psychedelic research at CIIS after their HRRC applications have received full approval, but in doing so they cannot encourage the use of or distribute, etc. substances illegal in the US.

Application Instructions
(Not to exceed 15 pages)

1. **Study, Aim, Background**
   - *Concisely* (less than a page) note the purpose of the study, the inquiry question, and the discipline(s) to which relevant literature to the study is associated.

2. **Methodology and Method**
   - Name the methodology and method. Here are some examples of methodology paired with methods:
     - Qualitative: Narrative
     - Qualitative: Ethnography
     - Qualitative: Case study
     - Qualitative: Arts-based research
     - Mixed method: Statistical analysis of empirical data and semi-structured interviews
     - Theoretical: Literature review with excerpts from case notes

   - Make clear the relationship between the researcher and participants that the methodology supports. Cite literature where this relationship is discussed.

3. **For High Risk Studies, Supervisor Qualifications**
   Include a description of the dissertation chair's clinical qualifications related to the study and CV. If the chair does not have the clinical qualifications, a clinical consultant or committee member familiar with the risks associated with the study is needed. This supervisor must oversee risks involved in the development of the study from its initial planning stages. Include the supervisor's name, clinical qualifications, and CV.

4. **Participant Inclusion/Exclusion Criteria**
   - Begin by concisely listing the inclusion criteria and exclusion criteria.
   - Describe the following inclusion criteria and rationale if not obvious:
     - Pertinent demographics: age, gender, ethnicity, etc.
     - Specify that participants are above the age of 18 if your study does not involve children
     - Geographic location
     - How many participants you are planning to recruit
     - Other participant characteristics required by the study
   - Describe exclusion criteria and rationale:
     - In addition to not fitting the inclusion criteria (not the inverse of the inclusion criteria), what other characteristics will exclude would-be participants (e.g., current mental health, non-English speaking). State your rationale for each exclusion criterion if not obvious.
     - Include the protocol to assess for exclusionary characteristics. (e.g., interview, psychological test)
     - Include your professional and/or personal background if relevant to assessing exclusion criteria (e.g., counselor, therapist, community member, teacher).

- If your study is high risk, describe the protocols you and your supervisor will use together to assess exclusionary characteristics.

5. Recruitment Protocols

- Describe how you will contact potential participants (e.g., referrals; snowball method, flyers; listserv).
  - In the Appendix, provide samples of all recruitment material (e.g., sample e-mail communications, flyers, letters, phone scripts).
  - If you use referrals or snowball method, specify that participants will be given your contact information to contact you if they are interested in the study.
- Describe how you will screen participants (e.g., phone, in person, via Skype). Detailed and thorough screening protocols are needed for studies involving the risk of negatively impacting participants who are not screened out.
- Describe how you will contact accepted participants to convey next steps.
- Describe how you will contact excluded participants and what rationale you will give them for their exclusion. Please be sensitive in language to excluded participants. For example, you may simply want to state that your study has the number of participants it needs, rather than specify the participant's exclusionary characteristics. Offer psychological resources if appropriate.

6. Data Gathering Protocols

- Describe the procedure for collecting data: how the appointment will be established, where it will take place, what will happen during the appointment, how long the appointment will take, and who, if anyone other than researcher and participant will be there (e.g., parent, guardian, support person).
- Please designate a neutral, safe location to work with participants that also ensures confidentiality, privacy, anonymity, and safety for the student researcher. Indicate how the location will meet these standards in your application—researcher or participant homes are not acceptable unless a compelling rationale can be given).
- If a group interview will be conducted, please describe how confidentiality will be maintained for individuals sharing personal information in the group setting. A Confidentiality Form should be created by the researcher and signed by participants before a group interview begins and included in the Appendix.
- If co-facilitators are assisting in your study, indicate who these individuals are, their relevant qualifications and backgrounds, and your protocols for maintaining confidentiality. Specify that anyone other than the researcher and supervisor with access to identified data will sign a confidentiality agreement.
- Some research (e.g., anthropological, ethnographic, case study) involves observation and participation with groups and communities and requires relationships with leaders, respected community members, or members formally responsible for a group's welfare (e.g., school principles and instructors). Describe your relationship to the community and how this is included in your protocol for informing participants and receiving their consent.
- Describe how you will put the participant at ease.

- As appropriate, indicate that you will present Informed Consent and Participant Bill of Rights (see #9 and #10 below) for participants' review prior to their appointment with you. Indicate that you will obtain a signed Informed Consent before data collection, first answering any questions they may have.
- Describe how data will be collected, (e.g., notes, audio tape, video recording, participant artwork) stored, and destroyed. Electronic data must be password protected and hardcopy data must be stored in a locked area accessible only by the Principle Investigator. Electronic and hardcopy data must be destroyed within three years of completion of this research project.
- If you have collected participant artwork, journals, or other materials for data analysis, please indicate that you will return these materials following completion of the study.

7. Psychological and Physical Risks and Protocols to Minimize

- Describe in detail all the potential psychological risks to participants and how you intend to minimize them. No study is without risk; your sensitivity and awareness of potential risks should be demonstrated in this criterion.
- High risk studies must offer referral to a mental health professional in case participants become stressed, anxious, or in other ways psychologically impacted in a negative manner during data gathering. In this section and in the Informed Consent, provide the license numbers, addresses, and phone numbers for all referrals. Indicate that referral professionals have been directly contacted by you and are aware of the study and its risks and have agreed to accept participants should referral be needed.
- Describe in detail physical risks, if any, and how you intend to minimize them. This includes but is not limited to making sure that the physical space where the study is being conducted addresses potential physical risks to the participants.
- For studies using online survey software (e.g., Google Forms, Survey Monkey), please include the following discussion of risk:
  As with any online related activity, the risk of a breach of confidentiality is always possible. To the best of our ability this study will remain confidential. To minimize risk, all data collected will be stored on password protected computers. Cloud-based data storage and SSL (Secure Sockets Layer) will be enabled.

8. Benefits

- Name any monetary or material compensation. Describe potential indirect benefits including benefits of the research to participants, the academic discipline, or to society. Indicate that there can be no guarantee of direct benefit from this study.

9. Type of Informed Consent

The type of your Informed Consent is based on the method and participants involved in your study.

Indicate the type you will be using from those noted below:

- *Written Consent* (most common): Participants sign an Informed Consent form indicating that they have been informed about the research and their part in it, and they have agreed to participate.

- *Assent*: Children of certain ages as well as certain adults need a parent, guardian, or a conservator to sign the Informed Consent form. A separate assent form or a handout with a simpler language explaining the study and its procedures is sometimes used to help with the consent process. Older children and adolescents should be included in the consent process, even though parent/guardian (written) consent is required.
- *Waiver of Signed Consent*: Federal regulations allow the HRRC to waive the requirement for the investigator to obtain a *signed* consent form if it finds either:
  (a) that the only record linking participants and the research would be the consent document, and the principal risk would be potential harm resulting from a breach of confidentiality; OR
  (b) that the research presents no more than minimal risk to participants and involves no procedures for which written consent is normally required outside of the research context.

  Thus, the HRRC may approve a request for waiver of signed consent in the following situations: (a) when the identities of participants will be completely anonymous (as with some surveys) and there is minimal risk in the study; (b) when obtaining signed consent is not appropriate or feasible according to the cultural standards of the population being studied and the study involves minimal risk; (c) when there is a legal, social, or economic risk entailed in signing the consent form, (e.g., for immigrants who might be identified as illegal, or for HIV antibody-positive individuals who might be identified as such). Please note that in some cases you may still be required to provide a written consent form, even if no signature is obtained.

10. Informed Consent Form

Prepare an Informed Consent Form and include it in the Appendix of your HRRC application. (A sample Informed Consent Form can be found in the "Appendices to Submit with your HRRC Application" in this packet)

The following information has to be presented in the Informed Consent Form, or where written consent is not required, it needs to be orally presented. Please make sure that your Informed Consent Form is written as a stand-alone document and is consistent with how you describe your study in the HRRC application. The following points must be clearly presented:

- Introduce yourself, the study, and the protocols in non-technical language appropriate to the (aural or reading) level of the participants.
- In detail, explain exactly what participation will involve (e.g., a questionnaire which will be sent via email and should take approximately 20 minutes to complete; an in-person interview that will not exceed 90 minutes, held in a private room reserved in advance at a public library to ensure confidentiality, privacy, and anonymity).
- State that participation is voluntary.
- State that participants have the right to refuse to answer particular questions, as well as to discontinue participation at any time without penalty.

- If audiotape, videotape, or other types of recordings will be made, participants must be informed of this, along with where and how securely these recordings will be stored and how long they will be kept before they are disposed. Indicate that data will be destroyed within three years after study completion.
- If a transcription service is used, indicate who will transcribe recordings and how confidentiality will be assured. Provide a copy of the Transcription Services Confidentiality form to the participants and include it with your HRRC application.
- Describe how confidentiality and individual privacy will be maintained in published and written data resulting from the stud. If the data are sensitive or the study is High Risk, you must be specific about confidentiality procedures (e.g., "Questionnaires with all identifying information removed will be kept in the investigator's home in a locked file cabinet to which only she has the key, and the master list of names will be kept in a separate locked file cabinet").
- Indicate where data will be published and in what form.
- Describe the risks and/or expected benefits to participants. State that there can be no guarantee of direct benefit from the study.
- Include the researcher's name, signature line, and contact information. Do not include the dissertation chair's contact information. All concerns should be reported to the HRRC.
- State that if participants have any concerns or are dissatisfied at any time with any part of the study, they may report their concerns (anonymously, if they wish) to:

  California Institute of Integral Studies (CIIS)
  Coordinator of the Human Research Review Committee
  hrrcoffice@ciis.edu
- Include a statement of agreement directly above or below the consent signature line that participants have received a copy of the Informed Consent Form and the Participant Bill of Rights. Indicate that the researcher will retain a copy signed by the participant (e.g., "By signing below I acknowledge that I have received a copy of this Informed Consent Form and the Participant Bill of Rights").
- The Informed Consent Form must have a space for a name, signature and date line for all participants.
- If you are asking for consent to use photographs or videos taken of participants for educational purposes, include a separate line of consent and indicate how photographs or videos will be used.

11. Human Participant Bill of Rights

It is the researcher's responsibility to see that participant rights are protected. California law requires that the Experimental Subjects Bill of Rights be given to participants in research using any form of medical treatment, including *psychotherapy*, in a language in which they are fluent. Copies of these documents are included herein. Make note that you will orally inform

participants of these rights and provide participants with a written copy. Include in your Informed Consent Form, a signature line where upon signing, the participant confirms that he or she has been given this form.

12. Funding Agency or Sponsor

- Indicate if this research is being funded and identify the agency or sponsor and their contact information.

13. Supervision by an Institution Other Than CIIS

- If other institutions are involved in your study, make note that a letter of agreement signed by the appropriate authority is in the Appendix.
- If you are using archival data collected by another institution and/or researcher, provide a copy of a letter giving you permission to use the data. If the archival data were part of the study that underwent institutional review (IRB), include a copy of the approval letter in this application as well.
- If your study will be or has been conducted under the supervision of another institution, also include copies of their HRRC/IRB review in the Appendix.

14. Samples of Interview Questions and Other Data Collection Materials.

- Include all communication and data collection materials in the Appendix. This includes but is not limited to planned email communications, interview protocols, demographic information forms, and questionnaires used in your study.
- If you are using materials in a language other than English, please make sure to provide them in the original language as well as corresponding English translations.

CIIS HRRC Application

(Please follow "Application Instructions" above)

1. **Study, Aim, Background**

2. **Methodology and Methods**

3. **For High Risk Studies, Supervisor Qualifications**

4. **Participant Inclusion-Exclusion Criteria**

5. **Recruitment Protocols**

6. **Data Collection Protocols**

7. **Psychological and Physical Risk and Protocols to Minimize Them**

8. **Benefits**

9. **Type of Informed Consent**

10. **Informed Consent Form**

11. **Human Participant Bill of Rights**

    (Make note where this form can be found in the Appendix.)

12. **Funding Agency or Sponsor**

13. **Supervision by an Institution or an Organization outside of CIIS**

14. **Sample Interview Questions and Other Materials**
    (Make note where these materials can be found in the Appendix.)

Appendices to Be Submitted with HRRC Application

- Informed Consent Form (see samples following) and/or, if applicable, an Assent Form/Protocol
- Human Participant Bill of Rights
- Recruitment materials (e.g., sample e-mail communications, flyers, letters, phone scripts)
- Communication to inform participant that they are included/invited to participate in the study
- Communication to inform participant they are not included
- Interview questions, questionnaires, and other materials used to collect data
- Letters of agreement with organizations who provide space, supervision, or access to their participants or other data
- Permissions to use a space for data collection (e.g., rental agreement), as applicable)
- If applicable, letter from supervising organization other than CIIS, indicating its supervisory role and relationship to the study
- Confidentiality Agreement Form to be signed by transcriber if transcription service is used (see following)

Informed Consent Form – HIGH RISK SAMPLE

(This is a sample only; this form should align with the relevant sections in the body of your application.)

John Smith, a doctoral candidate in clinical psychology, at the California Institute of Integral Studies in San Francisco, California, is conducting a study on the experience of individuals in recovery from alcoholism and addiction.

(Include all the details of what participation will involve.) As a person identified as having such experience, you are invited to participate in this study. It will involve completion of an online questionnaire, and the audio recording of a semi-structured interview at a time convenient to you and the interviewer. The interview will be held in a private room reserved in advance at a public library to ensure confidentiality, privacy, and anonymity. The interview has been designed to last approximately one hour and no longer than one-and-a-half hours. During that time, you will be invited to talk in a manner you find safe and comfortable concerning your personal understanding of recovery from alcoholism and addiction. No preparation on your part is required for any part of the process.

For the protection of your privacy, all information will be kept strictly confidential and your identity will be protected within the limits of the law. The research procedure has been designed to not collect unnecessary identifiers, and personal information will be kept separate from the questionnaire and interview data. The interviewer will also ask you to refrain from giving names and when necessary to use pseudonyms when referring to any other persons in the questionnaire and interview. All audio recordings will be erased following transcription. Additionally, any identifying information will be removed from both sets of data. Your request to omit from the dissertation particular details that you specify to the Principle Investigator will be honored.

Only the principal investigator, John Smith, M.A., and his dissertation Chair, Dr. Alex Adviser, Ph.D., will have access to the data associated with this study. Electronic data will be password protected and hardcopy data will be stored in a locked area accessible only by the principal investigator and destroyed within three years of completion of this research project. To further ensure your privacy, the investigator will use numeric identifiers of all data used by any third-party transcribers. In the publication or presentation of the findings, no information that could personally identify any of the participants will be used.

For your participation, no direct benefit, including any monetary recompense or treatment is offered or guaranteed. If you choose to take part, your contribution will help increase understanding about the nature of long-term recovery from alcoholism or addiction, an area of knowledge that has rarely been discussed in the professional literature. In addition, participation in the study may benefit others seeking to enter recovery, those already in recovery, or you directly. That is, based on the experiences of participants in similar research studies, I expect you may find the interview affords an enjoyable opportunity for reflection and self-expression.

(Include all risks discussed in your application.) Before you agree to participate, it is important to understand that, while this study is designed to minimize potential risks, this inquiry may touch sensitive areas. In other words, depending on your unique history with the topic, it is possible to experience discomfort when discussing situations that were challenging for you. If you have any concerns or questions before, during, or after your interview, the principal investigator will make every effort to discuss them and inform you of options for resolving your concerns.
The following crisis numbers are available to you:

- San Francisco Suicide Prevention Drug Line: 1-800-000-000
- San Francisco Suicide Prevention Relapse Line: 415-000-0000

Please see information on San Francisco12-Step meeting times and locations:

Sun	7:00 AM	Marina	**2118 Greenwich St** at Fillmore St The Dry Dock	Daily, Big Book
Sun	7:00 AM	Mission	**2900 24th St** at Florida St Mission Fellowship	Daily, Wheelchair Access
Sun	8:00 AM	Bernal Heights	**515 Cortland Ave** at Andover St Neighborhood Center	Book Study, Steps & Traditions

The following Licensed Clinical Psychologists have experience working with individuals in recovery from alcoholism and addiction, are aware of this study, and are willing to accept referrals:

- John Doe (license number # 1234); Address: 0000 Mission Street, San Francisco, CA 94103; Phone: 415-000-0000.
- Jane Doe (license number # 5678); Address: 0000 Mission Street, San Francisco, CA 94103; Phone: 415-000-0000.

In addition, should you at any time wish to discuss issues related to your contribution to this study, including questions regarding your rights as a participant, suggestions for how to minimize potential risk, or concerns that you have been put at risk, you may share your concerns (anonymously, if you wish) with the Human Research Review Committee at the California Institute of Integral Studies 1453 Mission Street, San Francisco, CA 94103 by email: hrrcoffice@ciis.edu.

Participation in this study is completely voluntary. If you decide to participate, you may refuse to answer any question(s), withdraw your consent, and/or discontinue your participation at any time and for any reason without penalty or prejudice. You may also request a summary of the research findings by providing a mailing address along with your signature below.

I, _____(*your name*), *attest that:*

- *I have read, understood, and received a copy of this Informed Consent form, the Participant Bill of Rights, and the Confidentiality Statement;*
- *I have had any questions about this research answered to my satisfaction;*
- *I understand that my confidentiality will be protected within the limits of the law;*
- *I consent to participate in this study;*
- *I am willingly and voluntarily participating in this research.*

_____ _____

Participant's Signature Date

If you would like to receive a written summary of the results of the study, please provide an address where it can be sent to you.

Informed Consent Form – LOW RISK SAMPLE

(This is a sample only; this form should align with the relevant sections in the body of your application.)

"Project Kindness" is a survey conducted by Mary Johnson for her dissertation as part of the requirements for a Doctorate of Clinical Psychology at the California Institute of Integral Studies. The purpose of this research project is to explore and better understand the experiences of adolescents at the Kindness Outreach Center (KOC). You are invited to participate in this research project because you have been identified as someone who has participated in KOC's Teen Program and are between the ages of 18-24 years old.

Participant Rights:

Your participation in this research study is completely voluntary. You may choose not to participate. If you decide to participate in this research survey, you have the right to refuse to answer particular question(s), as well as to discontinue participation at any time. If you decide not to participate in this study or if you withdraw from participating at any time, you will not be penalized in any way.

(Include all the details of what participation will involve.) This study involves filling out a survey, using the website Survey Monkey, that will take approximately 20-30 minutes. The survey questions will be about your personal experiences as they relate to meditation, spirituality, your participation in KOC's Teen Program, and what these experiences mean to you personally. There are no right or wrong answers, rather the researcher is solely interested in your honest opinions and beliefs.

All responses are treated as confidential. This means that your individual answers to survey questions will only be reviewed by this researcher and her dissertation chair, Dr. My Adviser. All data from this survey will be stored in a locked file cabinet accessible only by Mary and, when appropriate, stored in a password protected electronic format. The results of this survey will be presented as group information whenever possible and used in this dissertation only. All hardcopy and electronic data for the study will be destroyed within three years of completion of this research project.

All participants who complete this survey will be eligible to participate in an optional interview, which will ask open-ended questions to further explore your experiences with kindness in the Teen Program. This will last no longer than 60 minutes and will be audio-recorded. If you choose to participate, the interview will be held in a private room reserved in advance at a public library to ensure confidentiality, privacy, and anonymity. A time will be scheduled convenient for you and the researcher. The recordings from this interview will be stored in a locked file cabinet and will be password protected on the recording device itself to protect your confidentiality. These recordings will be disposed upon completion of the research project.

(Include all risks discussed in your application.) The foreseeable risks or negative consequences of participating in this research are expected to be low. Talking about personal experiences has the potential to cause distress, in addition to the time/energy

commitment to complete the survey and interview. For completion of the survey using Survey Monkey, as with any online related activity, the risk of a breach of confidentiality is always possible. To the best of our ability this study will remain confidential. To minimize risk, all data collected will be stored on password protected computers. Cloud-based data storage and SSL (Secure Sockets Layer) will be enabled.

There are also no direct benefits to individual participants except for the potential of finding it enjoyable and meaningful to share your experiences and gain insight through your own process. Participants may also have the opportunity to learn from the results of the study once it is completed. To compensate for the time/energy commitment, you will be entered in a drawing to win a $25.00 gift card for completing the survey, and another $25 gift card if you chose to complete the optional interview.

If you have any questions about this study or would like to obtain additional information, please contact Mary Jonson at mjjssn@gmail.com.

This research has been reviewed and approved by the Human Research and Review Committee (HRRC) at the California Institute of Integral Studies for research involving human participants. If you have any concerns or are dissatisfied at any time with any part of the study, you may report your concerns (anonymously, if you wish) to the Coordinator of the Human Research Review Committee, California Institute of Integral Studies, 1453 Mission Street, San Francisco, CA 94103, by email to hrrcoffice@ciis.edu.

Signing below indicates that:

- you have read and understood the above information
- you have received a copy of this Informed Consent and the Participant Bill of Rights
- you voluntarily agree to participate
- you are at least 18 years of age
- you have participated in at least one KOC Teen Program event and/or activity

_____ _____

Participant's Signature Date

If you would like to receive a written summary of the results of the study, please provide an address where it can be sent to you below.

Participant Bill of Rights

You have the right to...

- be treated with dignity and respect;
- be given a clear description of the purpose of the study and what is expected of you as a participant;
- be told of any benefits or risks to you that can be expected from participating in the study;
- know the researchers' training and experience;
- ask any questions you may have about the study;
- decide to participate or not without any pressure from the researcher or his or her assistants;
- have your privacy protected within the limits of the law;
- refuse to answer any research question, refuse to participate in any part of the study, or withdraw from the study at any time without any negative effects to you;
- be given a description of the overall results of the study upon request;
- discuss any concerns or file a complaint about the study (anonymously, if you wish) with the Human Research Review Committee, California Institute of Integral Studies, 1453 Mission Street, San Francisco, CA 94103, via email: hrrcoffice@ciis.edu

SAMPLE Confidentiality Statement

Your privacy with respect to the information you disclose during participation in this study will be protected within the limits of the law. However, there are circumstances where a researcher is required by law to reveal information, usually for the protection of a patient, research participant, or others. A report to the police department or to the appropriate protective agency is required in the following cases:

1. if, in the judgment of the researcher, a patient or research participant becomes dangerous to himself or herself or others (or their property), and revealing the information is necessary to prevent the danger;
2. if there is suspected child abuse, in other words if a child under 16 has been a victim of a crime or neglect;
3. if there is suspected elder abuse, in other words if a woman or man age 60 or older has been victim of a crime or neglect.

SAMPLE Confidentiality Agreement
Transcription and/or Translation Services

I, _____, transcriptionist and/or translator, individually and on behalf of [name of business or entity if applicable] , do hereby agree to maintain full confidentiality in regards to any and all audiotapes, videotapes, and oral or written documentation received from _____[researcher's name] related to his/her research study titled _____.

Furthermore, I agree:

1. To hold in strictest confidence the identification of any individual that may be inadvertently revealed during the transcription of audio-taped or live oral interviews, or in any associated documents;
2. To not disclose any information received for profit, gain, or otherwise;
3. To not make copies of any audiotapes, videotapes, or computerized files of the transcribed interview texts, unless specifically requested to do so by [researcher's name];
4. To store all study-related audiotapes, videotapes and materials in a safe, secure location as long as they are in my possession;
5. To return all audiotapes, videotapes and study-related documents to _____[researcher's name] in a complete and timely manner.
6. To delete all electronic files containing study-related documents from my computer hard drive and any backup devices.

Please provide the following contact information for the researcher and the transcriber and/or translator:

For Transcriber/Translator:

Address:_____

Phone number: _____

For Researcher:

Address:_____

Phone number: _____

I am aware that I can be held legally liable for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the audiotapes, videotapes and/or paper files to which I will have access. I am further aware that if any breach of confidentiality occurs, I will be fully subject to the laws of the State of California.

Transcriber/ Translator's name:

_____

Transcriber/Translator's signature:

_____

Transcriber/Translator's Name of Business and Title (if applicable):

_____

Date: _____

SAMPLE Letter of Authorization to Conduct Research at Facility

Correspondence must be on the facility's letterhead

[cut and paste all below to your document]

Human Research Review Committee (HRRC)
California Institute of Integral Studies
1453 Mission Street
San Francisco, CA 94103
hrrcoffice@ciis.edu

Subject: Letter of Authorization to Conduct Research at

Dear HRRC:

This letter will serve as authorization for the California Institute of Integral Studies (CIIS) researcher/research team, [name must be included] to conduct the research project entitled at [facility name and location] .

The [Facility] acknowledges that it has reviewed the protocols presented by the researcher, as well as the associated risks to the Facility. The Facility accepts the protocols and the associated risks to the Facility and authorizes the research project to proceed. The research project may be implemented at the Facility upon approval from the CIIS HRRC.

If we require additional information, we will contact the researcher. If we have concerns, we will contact the CIIS HRRC via email: hrrcoffice@ciis.edu.

Sincerely,

_____ _____

(Signature of Facility's Authorized Signatory) Date

_____

Printed Name and Title of Authorized Signatory

Checklist used by HRRC to Guide Application Evaluation

1. Study:

____Purpose, inquiry question, and discipline.

2. Methodology:

____ Methodology and method.
____ Relationship between researcher and participants the methodology supports.

3. For High Risk Studies, Supervisor Qualifications:

____Description of the dissertation chair or consultant's clinical qualifications related to the study and CV.

4. Participant Inclusion/Exclusion Criteria:

____List of the inclusion criteria and exclusion criteria.
____Pertinent demographics: age, gender, ethnicity, etc.
____Specify that participants are above the age of 18 if study does not involve Children.
____Geographic location.
____ Other participant characteristics required by the study.
____ Other characteristics to exclude would-be participants (e.g., current mental health, non-English speaking).
____Protocol to assess for exclusionary characteristics.
____Professional and/or personal background if relevant to assessing exclusion criteria.
____If high risk, describe the protocols you and your supervisor will use together to assess for exclusionary characteristics.

5. Recruitment Protocols:

____How you will contact potential participants.
____If you use referrals or snowball method, specify that participants will be given your contact information to contact you if they are interested in the study.
____Samples of all recruitment material.
____How you will screen participants (Detailed and thorough screening protocols for studies involving the risk of negatively impacting participants who are not screened out).
____How you will contact accepted participants to convey next steps.
____How you will contact excluded participants and what rationale you will give them for their exclusion (Sensitive in language to excluded participants).

6. Data Gathering Protocols:

____Procedure for collecting data.

____Designate neutral, safe location to work with participants that also ensures confidentiality, privacy, and anonymity. Compelling rational provided for using researcher or participant homes.
____If group interview, describe how confidentiality will be maintained.
____If co-facilitators, indicate who these individuals are, their relevant qualifications and backgrounds, and your protocols for confidentiality.
____Relationship to the participant community.
____How you will put the participant at ease.
____How you will present Informed Consent and Participant Bill of Rights.
____How data will be collected, stored, and destroyed. Electronic data must be password protected and hardcopy data must be stored in a locked area accessible only by the Principle Investigator. Electronic and hardcopy data must be destroyed within three years of completion of this research project.
____If collected participant artwork, journals, or other materials, indicate that you will return these materials.

7. Risks:

____Describe in detail all the potential psychological risks to participants and how you intend to minimize them.
____If high risk, referral to a mental health professional. Provide the license numbers, addresses, and phone numbers for all referrals. Indicate that referral professionals have been directly contacted by you and are aware of the study and its risks and have agreed to accept participants should referral be needed.
____Describe physical risks, if any, and how you intend to minimize them.
____If using online survey software, include appropriate discussion of risk.

8. Benefits:

____Name any monetary or material compensation and indirect benefits to participants, the academic discipline, or to society. Indicate that there can be no guarantee of direct benefit from this study.

9. Type of Informed Consent:

____Written consent, assent, or waiver of signed consent.

10. Informed Consent process and documentation:

____Introduce yourself, the study, and the protocols.
____In detail, explain exactly what participation will involve.
____State that participation is voluntary.
____State that participants have the right to refuse to answer particular questions, as well as to discontinue participation at any time without penalty.
____Participants informed if audiotape, videotape, or other types of recordings will be made, where and how securely these recordings will be stored, and how long they will be kept before they are disposed. Destroying data three years after study is recommended.

____If transcription service used, who will transcribe recordings, how confidentiality will be assured, and a copy of Transcription Services Confidentiality form provided to the participants.
____How confidentiality and individual privacy will be maintained in published and written data resulting from the study.
____Where data will be published and in what form.
____Risks and/or expected benefits to participants. State that there can be no guarantee of direct benefit from the study.
____Researcher's name, signature line, and contact information.
____Do not include the dissertation chair's contact information.
____State that if participants have any concerns or are dissatisfied at any time with any part of the study, they may report their concerns (anonymously, if they wish) to:

California Institute of Integral Studies (CIIS)
Coordinator of the Human Research Review Committee
hrrcoffice@ciis.edu

____Statement of agreement that participants have received a copy of the Informed Consent Form and the Participant Bill of Rights.
____Indicate that the researcher will retain a copy signed by the participant.
____A space for a name, signature and date line for all participants.
____If you are asking for consent to use photographs or videos taken of participants for educational purposes, include a separate line of consent and indicate how they will be used.

11. Human Participant Bill of Rights

_____ Orally inform participants of participant rights and provide participants with a written copy.

12. Funding Agency or Sponsor

____If this research is being funded, identify the agency or sponsor and their contact information.

13. Supervision by an Institution Other Than CIIS

____If other institutions are involved in your study, include letter of agreement signed by the appropriate authority.
____If using archival data collected by another institution and/or researcher, provide letter giving you permission to use the data.
____If the archival data were part of the study that underwent institutional review (IRB), include a copy of the approval letter.
____If conducted under the *supervision* of another institution, include copies of their HRRC/IRB review.

14. Samples of Interview Questions and Other Data Collection Materials.

____Sample questions, email communications, interview protocols, demographic information forms, and questionnaires included