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THE NEW SCHOOL FOR SOCIAL RESEARCH

Title of Research: Process and Outcome in Cross-Racial Therapeutic Dyads: An Exploratory Study
Principal Investigator: (Principal Investigator's Name Here), Department of Psychology, New School University

Federal and university regulations require signed consent for participation in research involving human subjects. After reading the statements below, please indicate your consent by signing this form.

Explanation of Research: This is an interview study that invites a small group of individuals who have previously sought counseling or therapy to share their thoughts regarding their experiences working with an ethnically different therapist. Through individual interviews, we hope to learn the variety of ways in which culture and ethnic differences might play a role in psychotherapy process and outcome. Your comments will contribute to a larger research program aimed at (a) exploring the therapeutic implications of ethnic mismatches between client and therapist and (b) developing strategies for more effective treatment with culturally diverse individuals who utilize mental health services. The interview will last no longer than 2 hours.

Risks and Benefits: This study represents an informal and open discussion on your subjective experiences in psychotherapy with an ethnically different therapist. You will be compensated $30 for your participation. Additional benefits of participation include having the opportunity to share your experiences of working with a therapist of a different racial or ethnic background. In the interest of promoting better therapeutic practice and cross-cultural understanding, you will be viewed as an "expert" and will be invited to offer your suggestions for how therapists should think about racial, ethnic, and cultural differences in therapy. The risks of this research are minimal. Your participation is fully voluntary and you may decline to answer any question that you wish without loss of benefits. All topics to be discussed in the interview pertain to your personal experience as a client and consumers of mental health services. You will not be required to divulge private details of your psychotherapy or mental health issues.

Confidentiality and Records: Your participation in this study is confidential. Although the discussion will be audiotaped for later review, any reports based on these discussions will not include your name or any identifying information. Any statements you make will not be attributed to you by name.

If you have any questions regarding your rights as a research participant or for research-related injuries and complaints, please contact the Institutional Review Board-Human Subjects Committee coordinator, (212) 229-5727 ext. 3102.

I certify that I have read and understand this consent form and agree to participate as a subject in the research conducted by (Principal Investigator's Name Here). My participation in this research is given voluntarily. I understand that I may discontinue participation at any time without penalty or loss of any benefits to which I may otherwise be entitled. I certify that I have been given a copy of this consent form to take with me.

Signature_____ Date_____

Signature of person obtaining consent _____

Signature of witness (if applicable) _____

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