

## **Appendix A: Participation Invitation Letter**

Dear Invitee,

My name is Sherri Spain. I am a doctoral student at Walden University's Clinical Psychology Program. I am kindly requesting your participation in a doctoral research study that I am conducting titled: Client-Therapist Working Alliance within Interpretive and Non-interpretive Mental Health Services for Deaf Individuals. The intention is to assess for differences in the client-therapist working alliance within interpretive and non-interpretive psychotherapy services for Deaf individuals.

The study involves completing basic demographic information and two surveys: Working Alliance Inventory (Horvath & Greenberg, 1994) and Client Attachment to Therapist Scale (Mallinkrodt, Coble, Gantt, 1995).

Participation is completely voluntary and you may withdraw from the study at any time. The study is completely anonymous, therefore, it does not require you to provide your name or any other identifying information.

If you would like to participate in the study please read the Informed Consent letter below. To begin the study, click the survey link at the end.

Your participation in the research will be of great importance to assist in social change in ensuring that Deaf individuals are receiving adequate and effective psychotherapy services by assessing the strength of working alliance within interpretive and non-interpretive services.

Thank you for your time and participation

Sincerely,

Sherri Spain, M.A. M.S, Doctoral Student, Walden University

### **Letter of Consent**

You are invited to take part in a research study about the type of mental health services that Deaf individuals receive. The researcher is inviting culturally Deaf individuals over the age of 18 who are currently receiving mental health therapy/counseling services to be in the study. You may have gained access to this study through an organization that agreed to participate to assist in recruiting potential participants. This form is part of a process called "informed consent" to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher named Sherri Spain, who is a doctoral student at Walden University.

### **Background Information:**

The purpose of this study is to assess differences in the role of the client-therapist alliance between therapy/counseling services with or without an interpreter present.

**Procedures:**

If you agree to be in this study, you will be asked to:

- You will be asked to complete a brief demographic questionnaire that includes five questions that will take approximately one minute to complete.
- You will be asked to complete a survey (Working Alliance Inventory) that includes 36 questions that will take approximately 30 minutes to complete.
- You will be asked to complete a survey (Client Attachment to Therapist Scale) that includes 36 questions that will take approximately 30 minutes to complete.

Here are some sample questions:

1. I find what I was doing in therapy confusing.
2. I was clear with what my responsibilities were in therapy.
3. We agreed what was important for me to work on.
4. I think my counselor disapproves of me.
5. I wish my counselor could be with me on a daily basis.

**Voluntary Nature of the Study:**

This study is completely voluntary. Everyone will respect your decision of whether or not you choose to be in the study. No one associated with this survey will treat you differently if you decide not to be in the study. Additionally, this study is completely anonymous, no one will know if you did nor did not participate. If you decide to join the study now, you can still change your mind later. You may stop at any time.

**Risks and Benefits of Being in the Study:**

Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as fatigue, stress, and concerns the type of relationships with your service provider. Being in this study would not pose risk to your safety or wellbeing.

The benefits of the study include voicing your thoughts and concerns regarding the therapy/counseling services that you are currently receiving. This study aims to provide research in the accommodations and the type of mental health therapy/counseling services that Deaf individuals receive.

**Payment:**

This study is completely voluntary; there will be no reimbursement or payment for time.

**Privacy:**

Any information you provide will be kept anonymous. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Data will be kept secure by password protection and data encryption. Data will be kept for a period of at least 5 years, as required by the university.

**Contacts and Questions:**

If you have questions now or at a later time, you may contact the researcher, Sherri Spain, via [sherri.armistead@waldenu.edu](mailto:sherri.armistead@waldenu.edu). You can ask any questions you have before you begin the survey.

If you want to talk privately about your rights as a participant, you can call the Research Participant Advocate, Dr. Leilani Endicott, at my university at 612-312-1210 Walden University's approval number for this study is **08-09-16-0349912** and it expires on **August 8, 2017.**

Please print or save this consent form for your records.

### **Statement of Consent**

I have read the above information. I feel I understand the study well enough to make a decision about my involvement. By clicking the link below, I understand and agree to the terms described above. Please indicate your consent by clicking the link below.

### **Link to Survey:**

<https://www.surveymonkey.com/r/client-therapist-alliance>