

APPENDIX A

Release to Use Art Therapy Products for Research & Educational Purposes (complete Parts 1 & 2)

I (print full name), _____, by my signature below, give permission to Carole McNamee to use my art work from psychotherapy for research and education in art therapy.

I understand that my identity will not be deliberately disclosed, unless I have agreed to such disclosure, as indicated specifically below. At the same time, I understand that any autobiographical or identifying features of my work – a representational self portrait, for example -- may result in my identity becoming known to others inadvertently, even if I do not give explicit permission for deliberate disclosure below.

This consent may be revoked by me at any time, though I am aware that research or publications based upon it can not be retracted retroactively. In the event I decide to revoke this consent, Ms. McNamee will no longer be allowed to use my work in any uncompleted research or publication, but obviously has no control over any publication or research completed prior to such revocation.

1. By signing below I give permission for my work to be used in research and education:

Client _____ Date _____

Date of Birth _____

Witness _____ Date _____

2. (Check one) I give permission for my identity to be disclosed _____

I do not give permission for my identity to be disclosed _____

APPENDIX B

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Informed Consent for Participants

In Research Projects Involving Human Subjects

Title of the Study: Using bilateral art to examine the supervisor/supervisee relationship

Investigators: Carole M. McNamee, Ph.D., Doctoral Candidate, Lenore McWey, Ph.D.

I. Purpose of this Research/Project

The purpose of this study is to examine the effectiveness of bilateral art as a tool for exploring the relationship between marriage and family therapy interns and their supervisors.

II. Procedures

Participation in this study means that you will meet with the investigator once, either individually or in a group, to participate in the bilateral art activity and complete a follow-up questionnaire two weeks following the meeting.

III. Risks and Benefits

There are minimal risks associated with participation in this study. While not anticipated, should any of these assessments result in emotional distress, my participation in the study will be terminated and referrals will be provided.

IV. Benefits

Benefits include increased awareness resulting from the assessment process and investigator feedback. Upon request, you may receive a copy of the findings.

V. Extent of Confidentiality and Anonymity

No identifying information will be retained. Identifying information will be retained only until completion of the final session. From that point, assigned numbers will be used to identify data. The identifying information will be accessible only by the investigator.

VI. Freedom to Withdraw

The informed consent will apprise participants of the purpose of the study, their right to terminate participation at any time, and their guarantee of confidentiality. The informed consent will be viewed only by the investigator.

VII. Approval of Research

This research has been approved, as required, by the Institutional Review Board for Research Involving Human Subjects at Virginia Polytechnic Institute and State University and by the Department of Human Development.

October 7, 2003
IRB Approval Date

October 7, 2004
Approval Expiration Date

IX. Subject's Responsibilities

I voluntarily agree to participate in this study. I have the following responsibilities to participate in two sessions to be scheduled with the investigator. The first session will take approximately forty-five minutes. The questionnaire will take approximately twenty minutes. If interested you may participate in a follow-up session to explore the results of your assessments.

X. Subject's Permission

I have read and understand the Informed Consent and conditions of this project. I understand that the results of this study including drawings may be used for research and educational purposes. I have had all of my questions answered. I hereby acknowledge the above and give my voluntary consent.

Participant's signature Date_____

Should I have any questions about this research or its conduct, I may contact either:

Carole M. McNamee or Dr. Lenore McWey
Investigators
The Family Therapy Center
840 University City Blvd, Suite #1
Blacksburg, VA 24060
(540) 231-7261 voice mailbox #5
Email: cmcnamee@vt.edu, lmcwey@vt.edu

Dr. David, Moore
Chair IRB
Office of Research Compliance
Research and Graduate Studies
(540) 231-4991
Email: moored@vt.edu

Subjects must be given a complete copy (or duplicate original) of the signed Informed Consent.