Date: 4-26-2025

IRB #: IRB-FY24-25-1496
Title: Experiences of Religious Residents in Counseling Working with Clients Who Have Experienced Religious Trauma
Creation Date: 2-26-2025
End Date:
Status: Approved
Principal Investigator: Nicole Taylor
Review Board: Research Ethics Office
Sponsor:

Study History

Submission Type	Review Type	Decision
Initial	Limited	Exempt - Limited IRB

Key Study Contacts

Member	Stacey Lilley	Role	Co-Principal Investigator	Contact	sclilley@liberty.edu
Member	Stacey Lilley	Role	Co-Principal Investigator	Contact	sclilley@liberty.edu
Member	Nicole Taylor	Role	Principal Investigator	Contact	nmaupin@liberty.edu
Member	Nicole Taylor	Role	Primary Contact	Contact	nmaupin@liberty.edu

Initial Submission

IRB Overview

Application for the Use of Human Research Participants

Before proceeding to the IRB application, please review and acknowledge the below information:

Administrative Withdrawal Notice

This section describes the IRB's administrative withdrawal policy. Please review this section carefully.

Your study may be administratively withdrawn if any of the following conditions are met:

- Inactive for greater than 60 days and less than 10% of the app has been completed
- Duplicate submissions
- Upon request of the PI *(or faculty sponsor for student submissions)*
- Inactive for 90 days or more *(does not apply to conditional approvals, the IRB will contact PI prior to withdrawal)*

*required

✓ I have read and understand the above information.

Study Submission & Certification

This section describes how to submit and certify your application. Please review this section carefully. Failure to understand this process may cause delays.

Submission

- Once you click complete submission, all study personnel will need to certify the submission before it is sent to the IRB for review.
- Instructions for submitting and certifying an application are available in the IRB's Cayuse How-tos document.

Certification

- Your study has not been successfully submitted to the IRB office until it has been certified by all study personnel.
- If you do not receive a “submission received by the IRB office” email, your study has **not** been received.
- Please check your junk folder before contacting the IRB.

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*required

✓ I have read and understand the above information.

Moving through the Cayuse Stages

In Cayuse, your IRB submission will move through different stages. We have provided a quick overview of each stage below.

In Draft

- The In Draft stage means that the study is with the study team (you). In this stage, the study team can make edits to the application.
- When the IRB returns a submission to the study team, the submission will move back to the In-Draft stage to allow for editing.

Awaiting Authorization

- **Each time** a study is submitted, it will move from In-Draft to Awaiting Authorization.
- During this stage, the submission must be certified by all study personnel listed on the application (PI, Co-PI, Faculty Sponsor). This ensures that every member of the study team is satisfied with the edits.
- Please note, the IRB has not received your submission until all study personnel have clicked “certify” on the submission details page.

Pre-Review

- When your application is submitted and certified by all study personnel, your study will move into the Pre-Review stage.
- Pre-Review means the IRB has received your submission. The majority of the IRB review occurs during the Pre-Review stage.
- Once received, an IRB analyst will conduct a **cursory review** of your application to ensure we have all the information and documents necessary to complete a preliminary review. This cursory review usually occurs within 3 business days of receipt.
- If additional information or documents are needed to facilitate our review, your submission will be returned to you to request these changes.
- Your study will be assigned to an analyst once it is ready for review.
- **Preliminary and any subsequent reviews may take 15–20 business days to complete depending on the IRB's current workload.**

Under Review

- Studies will only move into the “Under Review” stage when the analyst has completed his or her review and the study is ready for IRB approval.

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*required

✓ I have read and understand the above information.

Finding Help

The IRB has several resources available to assist you with the application process. Please review the below information, or contact our office if you need assistance.

Help Button Text (?)

- Some questions within the application may have help text available.
- Please click on the question mark to the right of these questions to find additional guidance.

Need Help? Visit our website, www.liberty.edu/irb, to find:

- Cayuse How-Tos
- FAQs
- Supporting document templates

Contact Us:

- irb@liberty.edu
- 434-592-5530
- Office Hours: M-F; 8:00AM-4:30PM

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*required

✓ I have read and understand the above information.

*required

Acknowledgement

Please acknowledge that you have reviewed and understand the above information. You can refer back to this information at any time.

✓ I acknowledge that I have read and understand the above information. Take me to the IRB application.

Project Information

*required

What type of project are you seeking approval for?

Please make the appropriate selection below.

✓ **Research**

- Research is any undertaking in which a faculty member, staff member, or student collects information on living humans as part of a planned, designed activity with the intent of contributing relevant information to a body of knowledge within a discipline.

Archival or Secondary Data Use Research ONLY

- Archival data is information previously collected for a purpose other than the proposed research. Examples include student grades and patient medical records.
- Secondary data is data that was previously collected for the purpose of research. For example, a researcher may choose to utilize survey data that was collected as part of an earlier study.

Doctor of Nursing Practice (DNP) Scholarly Project

- This option is specific to doctor of nursing practice (DNP) students' evidence-based practice scholarly projects.

Doctor of Ministry (DMin) Project

- This option is specific to Doctor of Ministry (DMin) student projects.

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*required

Please indicate the primary purpose of this project:

Why is this project being proposed?

Doctoral Research

Masters Research

Undergraduate Research

Faculty or Staff Research

✓ Class Project

***Note: Students must enter themselves as PI and their faculty sponsor under Faculty Sponsor unless otherwise instructed.**

Other

Study Personnel

Please fill in all associated personnel below.

Please note: All study personnel must complete CITI training prior to receiving IRB approval. *The IRB will accept either of the following CITI courses: "Social & Behavioral Researchers" or "Biomedical & Health Science Researchers."*

- *IRB Training Information*
- CITI Training Website

*required

Primary Contact

The individual who will receive and respond to communication from the IRB should be listed as the primary contact. For student projects, the primary contact will be the student researcher(s). For faculty projects, the primary contact may be the researcher

or a student(s), administrative assistant, etc. assisting the faculty member. The same individual may be listed as the primary contact and the principal investigator.

Name: Nicole Taylor
Organization: Community Care and Counseling
Address: 1971 University Blvd , Lynchburg, VA 24515-0000
Phone: 4343299768
Email: nmaupin@liberty.edu

*required

Principal Investigator (PI)

The principal investigator (PI) is the individual who will conduct the research or serve as the lead researcher on a project involving more than one investigator. For theses or dissertations, the student should be listed as PI.

Name: Nicole Taylor
Organization: Community Care and Counseling
Address: 1971 University Blvd , Lynchburg, VA 24515-0000
Phone: 4343299768
Email: nmaupin@liberty.edu

Co-Investigator(s)

Co-investigators are researchers who serve alongside the principal investigator and share in the data collection and analysis tasks.

Name: Stacey Lilley
Organization: Counselor Ed and Fam Studies
Address: , ,
Phone:
Email: sclilley@liberty.edu

*required

Faculty Sponsor

Projects with students serving as the PI must list a faculty sponsor, typically a dissertation or thesis chairperson/mentor.

Name: Stacey Lilley
Organization: Counselor Ed and Fam Studies
Address: , ,
Phone:
Email: sclilley@liberty.edu

*required

Will the research team include any non-affiliated, non-LU co-investigators?

For example, faculty from other institutions without Liberty University login credentials. Note: These individuals will not be able to access the IRB application in Cayuse;

however, the information provided below allows the LU IRB to verify the training and credentials of all associated study personnel.

Yes

✓ No

Conflicts of Interest

This section will obtain information about potential conflicts of interest.

*required

Do you or any study personnel hold a position of influence or academic/professional authority over the participants?

For example, are you the participants' supervisor, pastor, therapist, teacher, principal, or district/school administrator?

Yes

✓ No

*required

Do you or any study personnel have a financial conflict of interest?

For example, do you or an immediate family member receive income or other payments, own investments in, or have a relationship with a non-profit organization that could benefit from this research?

Yes

✓ No

Funding Information

This section will request additional information about any funding sources.

*required

Is your project funded?

Yes

✓ No

*required

Use of Liberty University Participants

Please make the appropriate selection(s) below:

✓ I do not plan to use LU students, staff, and/or faculty as participants.

- *Note: Use of LU students, faculty, or staff also includes the use of any existing data.*

I plan to recruit LU students from a limited number of specific, identified departments, student organizations, clubs, or teams (e.g., students taking a residential psychology course, members of the women's hockey team, etc.).

I plan to recruit students because they meet a specific set of demographic criteria (e.g., male, freshmen, Hispanic, etc.), and I will advertise my study through word of mouth, social media, or flyers hung on campus.

I plan to recruit faculty and/or staff.

*required

Purpose

Please provide additional details about the purpose of this project. This section should be easy to read for someone not familiar with your academic discipline.

Write an original, brief, non-technical description of the purpose of your project.

Please DO:

- *Include a **BRIEF** description of your research hypothesis/question*
- *Provide a narrative that explains the major constructs of your study*
- *Explain how the data will advance your research hypothesis or question*

Please DO NOT:

- *Exceed 500 words*
- *Copy and paste your abstract or proposal into the text box*

The purpose of this study is to understand the perceptions and emotional experiences of Christian counseling residents working with clients who have experienced religious trauma.

Counseling residents with religious backgrounds bring their own spiritual perspectives into their professional roles. Their personal faith traditions, theological beliefs, and values may influence how they perceive and engage with clients who have experienced religious trauma. While some religiously affiliated counselors may approach such trauma with deep empathy and understanding, others might struggle with cognitive dissonance when a client's experiences conflict with their own faith convictions. This study seeks to explore how religious counseling residents navigate these complexities.

By conducting focus groups, this study will delve into the lived experiences of religious counseling residents, highlighting the challenges, insights, and ethical considerations they encounter in working with clients who have experienced religious trauma. Understanding these perspectives can inform counselor education, training, and supervision to better equip future clinicians for sensitive and effective engagement with this population.

Investigational Methods

Please indicate whether your project involves any of the following:

*required

Does this project involve the use of an investigational new drug (IND) or an approved drug for an unapproved Use?

Yes

✓ No

*required

Does this project involve the use of an investigational medical device (IDE) or an approved medical device for an unapproved Use?

Yes

✓ No

Participant Information

Participant Criteria

Please provide additional information about your participants.

*required

What characteristics make an individual eligible to be in your study (i.e., your inclusion criteria)?

- *For example, do your participants have to be 18 or older? Must they work in a specific career or field? Do they have to be part of a specific racial or ethnic group?*
- *If you will have multiple participant populations/groups, like a teacher group and an administrator group, please list the populations/groups separately and provide the inclusion criteria for each.*
- *If your participants will necessarily be 18 years old or older due to their occupation (e.g., licensed teachers, military personnel, etc.) or another aspect of your criteria (e.g., senior citizens), the 18-or-older age requirement does not need to be listed below.*

Participants must be graduates of a clinical mental health counseling program within the past five years, be a resident in counseling, and identify as a Christian.

*required

What characteristics make an individual ineligible to be in your study (i.e., your exclusion criteria)?

- *For example, will you exclude persons under 18 years of age?*
- *Note: Exclusion criteria are not simply the inverse of inclusion criteria--these are specific characteristics that would disqualify an individual from participating.*

Participants who have not graduated from a master's program in clinical mental health counseling will be excluded from this study. In addition, participants under the age of 18 or who do not identify as Christian will be excluded from this research study. Participants will be excluded if they are a licensed professional counselor, counseling supervisor, or faculty in a counseling department.

*required

Are you related to any of your participants?

Yes

✓ No

*required

Types of Participants

Who will be the focus of your study? (Check all that apply).

✓ Adult Participants (18+)

Minors (under 18 years)

Seniors (65+)

College or University Students

Armed Forces Members (active duty, retired, discharged, etc.)

Persons Residing in the European Union (EU)

Inpatients, Outpatients, or Patient Controls

Pregnant Women

Fetuses

Individuals with Cognitive Disabilities

Individuals with Physical Disabilities

Individuals Incapable of Giving Consent

Prisoners or Institutionalized Individuals

Specific Ethnic or Racial Group(s)

Other Potentially Elevated Risk Populations

*required

Please provide a rationale for selecting the above groups(s).

(i.e., Why will these specific groups enable you to answer your research question? Why is the inclusion of these groups necessary?)

Adult participants are selected to ensure the data collected fits within the study parameters.

*required

Provide the maximum number of participants you plan to enroll for each participant group.

You will not be approved to enroll a number greater than the number listed. If at a later time it becomes apparent that you need to increase your sample size, you will need to amend your protocol prior to doing so. As appropriate, sample sizes should be justified in accordance with the study design and methodology.

Each focus group will have a maximum of five people including the researcher. There will be a maximum of two focus groups. The maximum participants that meet the criteria for the study and are included in the study is 10.

Screening

Please make note of the following guidelines:

- *Screening involves ensuring that the individuals who express interest in your study meet your study criteria.*
- *Screening occurs **before** study data is collected from individuals.*
- *Screening may involve the collection of **some** demographic information, but that is not the purpose of screening.*
- *Screening does not involve deciding who among your screened and consented participants will engage in your separate study procedures.*

*required

How and when will you screen your potential participants?

Common options are listed below:

Potential participants will answer screening questions when they talk to me in person/call/email me to express their interest in my study.

✓ Potential participants will click on a link in the recruitment email to a screening survey.

Potential participants will be emailed a link to a screening survey after they contact me to express their interest in my study.

I/a designated official from my study site(s) will identify individuals who meet my study criteria and contact them by email, etc.

I will list my participant criteria in my recruitment document and consent form, but I will not utilize additional screening procedures.

Other (describe):

If you will use a screening survey/questions, please attach your screening document(s) as separate Word documents* here.

**If you are using a proprietary screening tool (e.g., PAR-Q), it can be submitted as a PDF.*

Screening Questions.docx

> ***Note:*** *If any screening documents will need to be provided in a different language, the translated documents should also be attached here.*

Recruitment of Participants

This section will collect additional information on the recruitment of potential participants.

*required

How will you contact potential participants to recruit them for your study?

Select the recruitment method(s) you plan to use:

✓ Email/Phone

My potential participants are personal acquaintances, and I will contact them via their personal email addresses/phone numbers.

The email addresses/phone numbers of my potential participants are posted online and are publicly accessible.

I will request the names and email addresses/phone numbers of potential participants from my study site(s).

✓ My study site(s) will not be able to give me the names and email addresses/phone numbers of potential participants due to FERPA, HIPAA, etc., so I will ask my study site(s) to send my recruitment email/call potential participants on my behalf.

✓ Other (describe):

*required

I will provide my recruitment email to various program directors and supervisors for residents in counseling to pass along to any participants they feel would meet the screening criteria.

Social Media

Flyer/Handout

In-person/Verbal

Other (describe):

*required

Does your study have a limited recruitment window?

E.g., The study site is a summer camp that is only open for three months out of the year, the site only allows data collection during specific months, etc.

Yes

✓ No

*required

Attach your recruitment documents as separate Word documents here.

Depending on your above responses, you may need to attach multiple recruitment documents:

- *Email(s)*
- *Letter(s)*
- *Social media post(s)*
- *Flyer(s), etc.*

Taylor_1496_PrelimRecruitment(Email).docx

Taylor_1496_PrelimRecruitment(FollowUp).docx

Sample documents: Recruitment (Flyer) , Recruitment (Email/Letter) , Recruitment (Follow-up) , Recruitment (Verbal) , Recruitment (Social Media)

Note: *If any recruitment documents will need to be provided in a different language,* the translated documents should also be attached here.

Consent

Determination of Consent Waiver Eligibility

The below questions will help us determine if your project qualifies for a waiver of consent, consent elements, or signed consent.

*required

Does your project involve deception?

Deception may include, but is not limited to, the following:

- *Withholding the full/true purpose of the study.*
- *Withholding information about experimental/controls groups.*
- *Audio/video recording or photographing participants without their knowledge.*

Yes

✓ No

*required

Does your project involve anonymous data collection methods?

Anonymous means you will not be able to link individual participants to their personal responses at any time (e.g., anonymous surveys).

Yes

✓ No

*required

Does your project involve a participant population where signing forms is not the norm?

A "yes" response would only apply in very specific situations with certain cultural groups where signing documents could put the person in danger, or where signing a name would be seen as culturally improper/offensive.

Yes

✓ No

Obtaining Parental Consent and Child Assent

This section will gather details about the parental consent and child assent processes.

*required

Does your study require parental/guardian consent?

If any of your participants are under 18 years of age, parental consent is most likely a requirement.

Yes

✓ No

*required

Is child assent required for your study?

Assent is required unless the child is not capable of assenting due to age, psychological state, or sedation OR the research holds out the prospect of a direct benefit that is only available within the context of the research.

- *Children under the age of 13 should receive a separate child assent form written at their grade level that they can read or that can be read to them.*
- *Children between the ages of 13 and 17 can provide assent on the parental consent form.*

Yes

✓ No

General Data Protection Regulation (GDPR) Consent

This section will gather details about the consent process for persons residing within European Union (EU).

*required

Does your study involve the collection of data from or about persons in the European Union (EU)?

- Yes
- ✓ No

*required

Obtaining Consent

This section will gather details about the consent process.

*required

How and when will you provide consent information to participants?

Depending on your research plan, you may utilize more than one option. As appropriate, please select the method(s) you plan to use:

- Consent information will be provided as a Word/PDF attachment to my recruitment email(s).
- Consent information will be provided as a Google Form or other online document linked to my recruitment document/sent via a separate email.
- Consent information will be sent as an email attachment after a potential participant responds by phone/email/private message to my recruitment call/email/social media post.
- ✓ Consent information will be provided as the first page participants see after clicking on the survey link/scanning the QR code embedded in my recruitment email/flyer.
- Consent information will be handed to the potential participant(s) in person (i.e., a physical copy) prior to taking part in any study activities.
- ✓ Other (describe):
  *required
  Consent information will be provided via email to individuals who are selected to participate in the focus group.

*required

How and when will signed consent be obtained?

*Most studies will involve either anonymous data collection **or** confidential data collection. However, some may involve both (e.g., an anonymous survey and confidential interview). With this in mind, please make the appropriate selection(s) below:*

My study involves anonymous data collection methods.

- Anonymous means you will not be able to link individuals to their data at any time.

My study involves confidential data collection methods.

✓ - Confidential means you will be able to link individuals to their data, but will use pseudonyms or codes to conceal identities.

*required

Please make the appropriate selection(s) below:

Participants will type their name and the date on the consent form before they complete my online, confidential survey.

Participants will be asked to save a copy of the consent form to their computer, type their name and the date on the form, save the completed form, and return it to me as an emailed attachment before the study procedures begin.

✓ Participants will be asked to provide an electronic signature using Adobe Sign, DocuSign, or a similar program. Once they've applied their signature, the document will be automatically returned to me.

Participants will be asked to print the consent form, physically sign it, and return it to me as a scanned attachment via email/by mail/by taking a picture with their phone and texting it to me.

Participants will sign a hard copy of the consent form in person at the time of the study (e.g., when we meet for their interview/data collection).

I'm not sure.

Please attach your consent form(s) as separate Word documents.

If you have multiple participant groups, you may need to submit a consent form for each group.

Taylor_1496_PrelimConsent.docxSample documents: Consent (General) , Consent (Medical) , Consent (Blood Draw) , Information Sheet , Consent (Anonymous Data) , Consent (Confidential Data)

***Note:** If any documents written in a language other than English will need to be provided to potential participants,* the translated documents should also be attached here.

Procedures

Study Design

This section gathers additional information about planned procedures.

*required

Will your study involve any of the following?

Check the applicable boxes. If none apply, select "N/A."

- Extra costs to the participants *(tests, hospitalization, etc.)*
- Alcohol consumption
- Protected Health Information *(from health practitioners/institutions)*
- VO_2 Max Exercise
- Pilot study procedures *(which will be published/included in data analysis)*
- Use of blood
- The use of rDNA or biohazardous material
- The use of human tissues or cell lines
- Fluids that could mask the presence of blood *(including urine/feces)*
- Use of radiation or radioisotopes
- ✓ N/A

Procedures

This section will gather additional information about all planned study procedures.

*required

In an ordered list, please describe the procedures for each participant group.

Be concise. Please include time estimates for each procedure. For example:

1. *Online survey. 10 minutes.*
2. *Interview. 30-45 minutes.*

If different participant groups are involved, you must also specify which procedures correspond to each group. For example:

1. *Online Survey. 15 minutes. (All participants).*
2. *Focus Group. 45 minutes. (4-5 participants from Group A).*
3. *Recorded Interview. 30 minutes. (3 participants from Group B).*

1. Video Recorded Focus Group - 90 minutes

Please attach all of your data collection instruments as separate Word documents*.

**If any of your data collection instruments are proprietary/validated instruments, you may submit them as PDFs.*

Possible attachments may include:

- *Survey/Questionnaire questions*
- *Interview questions*
- *Observation protocols*
- *Session outlines*
- *Prompts*
- *Checklists*
- *Educational handouts, etc.*

Focus Group Questions.docx

> ***Note:*** *If any documents written in a language other than English will need to be provided to participants,* the translated documents should also be attached here.
>
> **Note:** If you are using a survey link, the survey link must also be provided above using the attach button.

Compensation

For research purposes, compensation involves reimbursing participants for their time and effort spent completing your research procedures. Compensation is not the same as benefits

to participation, which are addressed later in the application.

Please make note of the following guidelines:

- *Compensation for students or others in a group setting cannot be offered unless each participant will receive the same amount of compensation for each completed procedure. An opportunity involving equal time and effort to receive the same compensation must be made available for individuals who choose not to participate.*
- *Certain states outlaw the use of lotteries, raffles, or drawings as a means of compensating research participants. Your IRB analyst may offer additional guidance regarding this matter.*
- *Research compensation exceeding $600 per participant within a one-year period is considered income and will need to be filed on the participants' income tax returns.*
- *If your study is grant funded, the Office of Sponsored Programs (OSP) policies may affect how you compensate participants. Contact the IRB or OSP for additional information*.

*required

Will this project involve participant compensation?

Compensation may include gift cards, meals, extra credit, etc.

✓ Yes

No

*required

Please describe your planned compensation by addressing each of the below points in order:

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1. What will participants receive (e.g., a Visa gift card, a small toy, a meal/snacks, etc.)?
2. If applicable, what is the monetary value of the compensation?
3. Who will be compensated (e.g., all participants, only those who complete X procedure)?
4. When and how will participants be compensated?*
5. Will compensation be prorated based on the procedures completed or time spent as a participant?

All participants who complete a focus group will be entered into a raffle to win one $15 Amazon gift card to be delivered via the email provided in the screening survey.

***Note:** If your study will involve anonymous data collection procedures (e.g., an anonymous, online survey), you may not collect participant names or contact information for the purpose of compensation in a manner that will link participants to their responses.

Study Sites & Permissions

This section with gather information about study locations and any necessary permissions.

*required

Please state the actual location(s)/site(s) at which the study will be conducted. If the study will occur online, state "online/virtual."

Be specific. Include the city, state, school/district name, clinic name, etc.

This study will be online/virtual.

*required

Will you need to receive conditional IRB approval before your study location(s) will grant permission?

The conditional IRB approval letter states that a study is ready for complete IRB approval once documentation of permission is received.

Yes

✓ No

Please submit any permission letters you have obtained.

- *If you are still in the process of obtaining permission letters, they can be uploaded at a later time.*
- *If you would like us to review your permission request template(s) or permission letter template(s), please submit those here.*
- ***Acceptable permission documentation includes signed statements on official letterhead and/or time and date stamped email correspondence originating from an appropriate official/authority.***

Sample documents: Permission Request , Permission Response

Privacy & Data Analysis

This section will collect additional information about how you plan to protect privacy and analyze your data.

*required

For each procedure you listed in the procedures section, describe the steps you will take to protect the privacy of your participants. Guidance is provided below:

- *If you will conduct interviews, will they take place in a private setting where others cannot overhear the conversation? Where will your interviews occur?*
- *If you will collect health-related, physical, athletic performance data, or biospecimens, will you do so in a place and manner that allows for participant privacy? Examples of data include height, weight, BMI, running speed, and blood samples. Where will your data collection occur?*
- *If you plan to use online surveys, will you utilize a survey platform that offers adequate security? How does the platform ensure privacy?*
- *If you plan to use paper surveys, how will the surveys be collected in a manner that will prevent others from viewing individual responses? How will they be collected and by whom?*

The online screening survey will be completed through Qualtrix and the results will only be immediately available to the primary researcher. The focus group[s] will be conducted on a secure online platform and participants will be reminded to be in a private area during the focus group.

*required

Where will the data be stored and who will have access to the data?

- *Examples of where include a password-locked computer, a locked drawer, a locked filing cabinet, etc.*
- *Examples of who include the researcher, the researcher and faculty chair/sponsor, etc. (Student researchers must list their faculty chair/sponsor as someone who will have access to the data.)*

The data will be stored on a private computer that is password protected. The researchers will be the only individuals who have access to the data.

*required

Will you destroy the data after the retention period ends?

*It is strongly advised that data be retained for **a minimum of 3 years after the study has been completed.***

✓ Yes

*required

Describe how the data will be destroyed.

I.e., it will be deleted from the computer, paper copies will be shredded, etc.

Data will be deleted from the computer and cleared from Qualtrics.

No

*required

Will you retain the data or biological samples, if applicable, for future research?

Yes

✓ No

*required

How will the data be analyzed?

As applicable to your methodology (i.e., quantitative, qualitative, mixed methods), briefly describe the method(s) you will use to analyze your data.

Data will be reviewed through a thematic analysis of the transcriptions to determine key themes from the focus group.

*required

Please describe any plans you may have for the publication or presentation of your data.

Plans include publication for your thesis or dissertation, if applicable.

This research will be developed into an article to submit to a counseling journal or conference that has yet to be identified.

*required

Will this project involve the use of archival data or secondary data?

- Archival data is information previously collected for a purpose other than the proposed research. Examples include student grades and patient medical records.
- Secondary data is data that was previously collected for the purpose of research. For example, a researcher may choose to utilize survey data that was collected as part of an earlier study.
- If you plan to collect documents from participants or an organization *(e.g., meeting minutes, policies, syllabi, notes, etc.)* please choose "yes."

Yes

✓ No

*required

Media Use

This section gathers additional information about any planned use of media and/or audio/video devices.

*required

Will this project involve any of the following?

Check the applicable boxes. If none apply, select "N/A."

Audio recording of participants

✓ Video recording of participants

Taking photographs of participants

N/A

*required

Which procedure(s) involve recording and/or photography?

For example, "Only the interview will be recorded." OR "Both the interview and focus group will be recorded."

Only the focus group will be recorded.

*required

How will the recording(s) and/or photographs be made/collected?

For example, Zoom, tape recorder, digital recorder, cell phone, etc.

The recording will be made through Microsoft Teams.

*required

If a participant chooses to withdraw from the study, how will their recordings and/or photographs be disposed of?

Participants who withdraw are asked to contact the primary researcher and are notified via the informed consent that any data independent of the focus group will be destroyed.

Note: If you would like to use participant documents or photographs in presentations or publications beyond your research, you will need to have them sign a materials release form.

*required

Does your study involve anonymous data collection methods, confidential data collection methods, or both?

- ***Confidentiality*** *means that the researcher can identify participants and link them to their data, but the researcher will not reveal participant identities to anyone outside of the study.*
- ***Anonymity*** *means that although the researcher knows whom he or she invited to participate in his or her study, once the data is collected, the researcher cannot link individuals to their personal data. This means that no personally-identifying information can be collected in an anonymous study.*

My study involves anonymous data collection methods.

✓ My study involves confidential data collection methods.

My study involves both anonymous and confidential data collection methods.

*required

Confidential Data Collection

This section will gather additional information about the confidential aspects of your project.

*required

Describe the process you will use to ensure the confidentiality of the participants during data collection and in any publication(s).

For instance, you may be able to link individuals to the data you collect from or about them (e.g., survey or questionnaire responses, interview transcripts, data collection sheets, etc.), but you will replace names or other identifiers on the data with pseudonyms or numbers to conceal identities.

Participants will provide their email when agreeing to be considered for the study. No identifying information will be gathered during the focus groups but it is possible some members may know each other. All identifying information will be replaced with pseudonyms to conceal identities.

*required

When you replace names or other identifiers with pseudonyms or numbers, you will need to create and maintain a list that links pseudonyms or numbers to participant identities and store the linking list in a separate location from the data. Will you create and maintain a linking list?

✓ Yes

*required

In the below box, state:

1. Where the linking list will be stored.
2. Who will have access to the linking list. (Student researchers must list their faculty chair/sponsor as someone who, upon request, will have access to the linking list.)

For example:

1. *In a locked cabinet or drawer; in a separate password-protected folder.*
2. *Only the researcher and, upon request, the researcher's faculty supervisor/chair.*

1. Linking information will be stored in a separate password-protected folder.
2. Only the primary researcher and, upon request, the researcher's faculty supervisor will have access to the linking list.

*required

The researcher(s) affirm that the linking list will be stored separately from the raw data.

Failure to store the linking list separately from the data would defeat the purpose of providing pseudonyms or codes to participant identities, as one would be able to easily deduce participant identities.

✓ Yes

No

Risks

This section will gather information about any potential risks involved with your project.

*required

No study is without risks. Please check the applicable box(es) for any potential risks associated with your study:

- ✓ Information risks (e.g., loss of privacy and/or breach of confidentiality if the data is lost or stolen)
- ✓ Psychological or emotional risks (e.g., fear, stress, guilt, triggering of past emotional experiences, etc.)
- Social risks (e.g., social stigma)
- Economic risks (e.g., loss of employment or insurability)
- Physical risks (e.g., fatigue; pain or discomfort; potential for injury, illness or disease, or death)
- Legal risks (e.g., risk of prosecution, mandatory reporting)
- Genetic privacy risk (e.g., stigmatization, self-stigmatization, limits to insurance coverage or employability, etc.)

*required

List the steps you will take to minimize each of the risks you've just identified above.

For example, data will be stored on a locked computer only accessible to the researcher/study team; study participants will be directly monitored for any signs of fatigue/illness, etc.

Information gathered from the study will be maintained in a locked computer to reduce the risk of data being stolen. Participants will be requested to maintain confidentiality as a part of the focus group but this cannot be guaranteed by the researcher.

Participants will be monitored for emotional or psychological distress and will be provided resources as appropriate. Participants will also be encouraged to discuss any needs or concerns with their clinical supervisor.

*required

Will alternative procedures or treatments that might be advantageous to the participants be made available?

Yes

✓ No

*required

Is this project considered *greater* than minimal risk?

*Remember, minimal risk means that the probability **and** magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.*

Yes

✓ No

Benefits

This section will gather information about any potential benefits involved with your project.

- Direct benefits are those benefits that **the participants may receive** from taking part in your study.
- Compensation for participation is not a benefit, so it is not listed in this section.

*required

Please check the applicable box(es) for any direct benefits associated with your study:

Psychological or emotional benefits

Learning benefits

Physical benefits

Diagnostic or therapeutic benefits

✓ Other (describe):

*required

There are no direct benefits associated with this study.

*required

Provide details about the expected direct benefits.

For example, participants will increase their knowledge/skills as a result of the intervention provided; participants will receive a copy of their diagnostic test results, etc.

Participants should not expect to receive a direct benefit as a result of their participation in this research.

- Benefits to society are those benefits that individuals who share characteristics with your participants but were not part of your study may receive, along with general benefits to science and humanity.

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*required

Provide details about the expected benefits to society.

For example, increased public knowledge on the topic, improved learning outcomes, etc.

Benefits to the counseling field include improving supervision and training for counseling residents working with religious trauma survivors. This research will also help inform future counseling education and practice.

Evaluation of Risks and Benefits

This section establishes whether or not the study is worth doing based on the risks and benefits described.

*required

Evaluate the risk-benefit ratio.

Why is the study worth doing, even with any identified risks?

This study is beneficial because it can inform counselor education, training, and supervision to equip future clinicians and supervisors to manage religious trauma. While there is an emotional risk due to engaging in discussion of religious harm and personal dilemmas related to this topic, there is a greater benefit to learn how to best support counselors in training when engaging in clinical work.

Attachments

Human Subjects Training Documentation

*Note: This upload is **only required for non-affiliated, non-LU personnel**. If you are affiliated with LU, we are able to view your CITI training report.*

Sample documents: CITI Program Website

External Investigator Agreement

*Note: This upload is **only required for non-affiliated, non-LU personnel**. If you are affiliated with LU, you are able to provide certification within the Cayuse system.*

Proof of Permission to Use LU Participants, Data, or Groups

*Note: If you are **not using LU participants, data, or groups**, you do not need to include an attachment here.*

DNP Permission

*Note: If you are not in the **Doctor of Nursing Practice Program (School of Nursing)**, you do not need to include an attachment here.*

Sample documents: Permission Request , Permission Letter

Screening

*Note: If your study **does not involve a screening instrument**, you will not need to provide an attachment here.*

Screening Questions.docx

Recruitment

*Note: If you are strictly using **archival data**, you may not need to include an attachment here.*

Taylor_1496_PrelimRecruitment(Email).docx Sample documents: Recruitment (Flyer) , Recruitment (Email/Letter) , Recruitment (Follow-up) , Recruitment Taylor_1496_PrelimRecruitment(FollowUp).docx(Verbal) , Recruitment (Social Media)

Parental Consent

*Note: If your study **does not involve minors**, you will not need to provide an attachment here.*

Sample documents: Parental Consent , Parental Opt-Out

Archival Data Forms, Templates, or Collection Sheets

*Note: If you are **not using archival data**, you will not need to provide an attachment here.*

Archival Data Permission

*Note: If you are **not using archival data**, you will not need to provide an attachment here.*
Sample documents: Permission Request , Permission Letter

Data Collection Instruments

*Note: If you are **strictly using archival data**, you may not need to provide an attachment here.*
Focus Group Questions.docx

Site Permission

*Note: If you do not require **external permission(s)** to conduct your study, you may not need to provide an attachment here.*
Sample documents: Permission Request , Permission Response

Child Assent

*Note: If your study **does not involve minors**, you will not need to provide an attachment here.*
Sample documents: Child Assent

Consent Templates

*Note: If you are **strictly using archival data,** you may not need to provide an attachment here.*
Taylor_1496_PrelimConsent.docxSample documents: Consent (General) , Consent (Medical) , Consent (Blood Draw) , Information Sheet , Consent (Anonymous Data) , Consent (Confidential Data)

Debriefing

*Note: If your study **does not involve deception,** you will not need to provide an attachment here.*

Sample documents: Debriefing

GDPR Consent

*Note: If your study **does not involve European Union (EU) residents**, you will not need to provide an attachment here.*

Sample documents: GDPR Consent