Aurora University
IRB Application for Review of Research Involving Human Subjects

Submission of the following information is required for all research that involves the use of human subjects. Take care to respond FULLY to all of the questions and attach the following documents:

1. A copy of interview questions, surveys, questionnaires, or other data gathering instruments that may be used in the research project.

2. Proper Consent/Child Assent/Parent Permission Form(s) (if needed).

3. By completing Section 2 below, you will provide: a) the purpose of your study, b) relevant literature (no more than 250 words).

4. A copy of your human subjects research training certificate from the National Institutes of Health website or evidence of comparable training (see IRB webpage at www.aurora.edu).

5. Written permission from the site where the research is to be conducted (if applicable).

These materials will assist the IRB in determining the type of review necessary and facilitate approval of your research. The more complete you make your request for review, the faster your application can be processed.

NOTE: If the data-gathering instrument is changed, a revised version must be submitted to the IRB.

Section 1:

Name of Researcher: Sheila Jones

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Department/College: Social Work

Please check the type of application process (can be found in IRB manual):

_____Standard/Full

__X____Expedited (no more than minimal risk and in need of accelerated review)

_____I am not sure which category

If this is a student research project, be sure to complete all sections including the last section of this application for review.
Section 2:

Research Project Title: *A comparison of personal and professional factors associated with Compassion Satisfaction in a sample of trauma therapists and a sample of general practitioners.*

Sponsor's Name: N/A
(Necessary only if this research project is funded by an external organization.)

Project Start Date: June 15, 2017
End Date (application is good for one year): June 15, 2018

Research Question:

1.) Is there a difference in levels of Compassion Satisfaction when comparing a sample of trauma therapists to a sample of general practitioners?
2.) What personal and professional factors are associated with higher levels of Compassion Satisfaction in a sample of trauma therapists and a sample of general practitioners?

Brief Literature Review (no more than 250 words)

Considerable research has been dedicated to understanding how working with trauma survivors impacts the therapist. Much has been written about the negative effects on the therapist, including secondary traumatic stress symptoms (Figley, 2003), vicarious trauma (McCann & Perlman, 1990), and compassion fatigue (Figley, 1995). Recent studies have expanded the scope of what we know about trauma work by examining the positive effects of working therapeutically with trauma survivors.

Compassion Satisfaction (Stamm, 2005) refers to the therapist's sense of fulfillment which is derived from working effectively with clients. Conrad and Keller-Guenther (2006) propose that compassion satisfaction may mitigate the negative effects of working with complex trauma, based upon their finding that child protective workers in their sample demonstrated an inverse correlational relationship between compassion satisfaction and secondary trauma symptoms. Craig and Sprang (2010) conducted a study exploring compassion fatigue and compassion satisfaction with a large sample of mental health practitioners who treat trauma, finding years of experience as a significant factor in the experience of compassion satisfaction. The proposed study hopes to add to these findings by comparing compassion satisfaction levels from a sample of trauma therapists with levels from general practitioners. This will help researchers understand if there is a difference in experiences amongst types of mental health providers. Analysis of personal and professional factors may help researchers further understand what factors correlate with higher levels of compassion satisfaction, which may lead to training implications.

Description of your research project and the procedures to be followed.
(You may attach a copy of your procedures.)
This is a cross-sectional exploratory study to analyze potential differences in Compassion Satisfaction levels and relevant personal/professional factors in a sample of trauma therapists and a sample of general practitioners. For the purposes of this study, a trauma therapist is a therapist who reports that their caseload consists of at least 50% of clients who present with a trauma diagnosis. A general practitioner is a therapist who treats a caseload with less than 50% of clients who present with a trauma diagnosis.

The independent variable is the type of therapist (trauma or general) and the dependent variable is score on the Professional Quality of Life Scale (ProQOL) Compassion Satisfaction and Compassion Fatigue Scale (Appendix A). Other factors that may be considered are: practice setting, years in practice, age, hours of supervision/consultation, hours dedicated to self-care, and type of self-care. This information will be collected on a demographic survey created for this study (Appendix B).

1.) Researchers will identify a variety of practice settings in the local area through internet search. In the case of social service agencies, researchers will then contact Clinical Director to gain site permission to attend a staff meeting or designate a specific time when multiple therapists will be present.
2.) Once site permission is obtained, researchers will attend specified meeting to meet with therapists and introduce the study. Researchers will ask therapists to read and sign the attached consent form (Appendix C), indicating that they are providing informed consent. Participants will be informed through written form that their participation is voluntary and that they may exit the study at any time without penalty by checking the decline box on the consent form. Participants will also be notified of their right to confidentiality throughout and after the research study. Raw data will be maintained in a locked file cabinet in Sheila Jones' office and will be destroyed after three years. Raw data will be de-identified when transferred to a statistical computer program. Computerized data will be stored on a password protected and firewall protected laptop. Researchers will be available onsite in the event that a potential participant has any questions.
3.) Participants will be asked to complete a brief demographic survey regarding their professional experience (Appendix B). They will also be asked to complete the ProQuol scale (Appendix A).
4.) After data is collected, Researchers will separate participants' responses into categories of "trauma therapist" and "general practitioner". Researchers will then utilize Excel to conduct a number of statistical tests in efforts to answer research questions.

Describe the pool of subjects:
Participants will be professional therapists who practice in and around Chicagoland area. To include a representative sample of therapists, multiple social service programs were contacted, as well as a number of individual and group practice therapists. The following sites have been contacted for purposes of recruiting participants:

XYZ Residential Treatment Center
Healing Waters Counseling Center
Oakton Community Hospital
Williamsburg IOP

How are the subjects to be recruited?

Researchers will identify local therapists through internet searches, and make contact with Clinical Director (in the case of agencies) or with the individual therapist (in the case of private practice settings) and ask permission to come to setting to conduct research. Once site permission is obtained, researchers will attend scheduled staff meetings/trainings to invite therapists to join research study. Informed consent form will be provided and researchers will be available in the event that participants have questions.

What discomfort/risk to the subjects, if any, do you anticipate?
The researchers anticipate minimal risk to participants of the study. Participants may experience some emotional discomfort or sensitivity when completing survey and scale. If discomfort occurs, participants may skip questions that they are uncomfortable answering or withdraw from the study.

How will the subjects be informed that they do not have to participate in the study, and that they may withdraw at any time with no penalty?
The written Informed Consent form will notify participants that this study is voluntary. Accordingly, they can decline to participate in the study. The form also makes potential participants aware that even if they begin the study, they may withdraw from the study at any time. Declining participation or withdrawing from the study will not result in any negative consequence.

Participants may be indicate that they decline participation by checking the "decline participation" option on the consent form. Each survey/scale form will be linked to the Informed Consent form by a common number. This is done so that researchers will be able to remove any survey/scale in which the participant has declined/withdrawn consent. Researchers have implemented this method to ensure that therapists do not feel coerced to participate in front of colleagues or researchers and have a discreet manner in which to decline participation.

In what way have the confidentiality and privacy of the subjects' responses been ensured?
Researchers will make all efforts to ensure confidentiality and privacy of participants. Informed consent forms will be linked to survey/scales through a common number. Once all raw data sheets are completed, researchers will transfer data to computer program (Excel), where information will be de-identified.

Researchers will lock written data in a file cabinet in Sheila Jones' office. Written data will be shredded after three years. Computerized data is protected by a password and firewall. The completed study will not name the specific locations from which participants were recruited; only type of setting (ie "residential treatment center" or "group practice") may be referenced.

Has consent been obtained from the authorities where the research is to be conducted?
Researchers have provided Clinical Directors of identified programs a template for site permission (Appendix D). Researchers have received two site permission form back (Appendix E) and await others. Researchers will not conduct any research at agencies without having received signed site permission.

Section 3 – Consent Forms
Consent to participate must be obtained from the subjects if at all possible: Attach a copy of your written Informed Consent form to this request. If it is not possible to obtain a written consent form, describe, in written form and full detail, the explanation which will be given to the subjects and through what means you will provide this explanation: orally, use of an interpreter, other. In this case, a shortened written consent form may be appropriate. If written consent is completely

anonymous or impossible to gain without maintaining confidentiality, please consider a waiver of consent. See website for informed consent checklist, sample, and waiver of consent.

If the subjects are minors or members of a population classified as vulnerable (prisoners, mentally disabled individuals, etc.), a parental/guardian consent is required as well as assent of the subject. Include a copy of the parental/guardian consent form you plan to use in such instances.

Section 4 – Student Research

Student's Faculty Advisor's (supervising the research) Signature; your signature states that you have read the proposal and that you believe it is ready for submission to the IRB.

_____

Name Printed

_____

Signature **Date**

Student's class for which research is being conducted as a class project.

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