

WESTCHESTER, NY

TRAUMA RECOVERY NETWORK (TRN)

INFORMED CONSENT FOR WESTCHESTER, NY TRAUMA RECOVERY NETWORK

QUALITY IMPROVEMENT PROJECT

**Purpose of the Study:** The purpose of this project is to examine the effectiveness of the interventions of the Westchester Trauma Recovery Network following community crises and disasters. In signing this document, you are giving your consent for us to analyze and report on the data we collect as part of the Westchester TRN services you and others receive. You will be asked to fill out or answer forms measuring various symptoms during the treatment sessions and then again 3-12 months after your last session. Demographic data will be collected with an intake form.

**Potential Risks and Benefits:** EMDR is an evidenced-based psychotherapy for trauma. Your TRN clinician is providing you with one of several forms of EMDR specifically focused on helping people heal from recent traumatic events. EMDR has also been found to be helpful for depression, anxiety and other mental health problems. EMDR involves recalling an event while experiencing rapid bilateral stimulation (eye movements, tones or tapping) to facilitate the healing process. The quality improvement project will help us to understand better the effectiveness of this treatment, and help us in providing these services to other people who have similar experiences. Sometimes during any psychotherapy, distressing unresolved memories surface, however, we will work with you to manage any disturbing feelings that may arise. If additional psychotherapy is requested or needed at the end of the pro-bono sessions, you can discuss options for further treatment with your clinician.

**Voluntary Participation:** Participation in this project is voluntary. *YOU CAN STILL RECEIVE SERVICES EVEN IF YOU DECIDE YOU DO NOT WANT YOUR DATA USED IN ANY QUALITY IMPROVEMENT PROJECT.* You may withdraw your permission for the use of your responses at any time without penalty or loss of benefits to which you are otherwise entitled. A signed copy of this consent will be given to you.

**Confidentiality:** Confidentiality will be maintained because we will give each set of questionnaires and forms a unique identification number that is not linked to your name and identity, so the research staff will not know who has received services. Only your clinician(s) and sometimes the TRN coordinators will know your identity. Please be advised that the law imposes on licensed therapists/mental health clinicians the duty (1) to report suspected abuse and neglect of children, the disabled and the elderly, (2) to intervene with clients who intend to harm themselves or others, (3) and to release court-subpoenaed records. If published, results from this project will be reported with no disclosure of your identity or identifying information.

You have been provided with a copy of the therapist's Notice of Privacy Practices. If you have questions regarding the Privacy Notice or your privacy rights, you should speak to your therapist. You may obtain a summary of or copy of your records upon written request and payment for copying charges, if any.

**Contact:** If you have any questions, at any time, about this quality improvement project, please contact westchestertrn@emdrhap.org or leave a message 914-775-8445.

By signing this form, you are indicating that you understand that you agree to participate in this study according to the terms outlined in the Consent Form.

\_\_\_\_\_  
Respondent Name (printed)

\_\_\_\_\_  
Respondent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (printed)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Westchester, NY TRN Quality Improvement Project