Research Ethics Board Application for
Ethical Review of Human Participant Research

Adler School of Professional Psychology - Vancouver Campus

1. RESEARCH TEAM

1.1. **Thesis Title**

Mental Health Professionals' Meaning and Understanding of the Prospective Experience(s) of Working with Clients Interested in Physician-Assisted Suicide

1.2. **Applicant (usually Student Researcher)**

Name: Kelsey Jarvis Phone: Email:

1.3 **Faculty Thesis Advisor (Supervising Researcher)**

Name: Marianna Terrett Email: mterrett@adler.edu

1.4. **Second Reader/Committee Members/Consultants**

Name: Kathleen Irvine Email: kirvine@adler.edu
Affiliation: Adler School of Professional Psychology

1.5 **Researcher Experience**

Describe your previous research experience and your knowledge of the participant population. Include any training, experience, degrees, and/or courses that are relevant to the research outside of your undergrad or masters course requirements.

- Kelsey Jarvis has a Bachelor of Arts degree from the University of Western Ontario with a major in anthropology and a minor in psychology.

- Kelsey Jarvis will be conducting the study in accordance with the requirements for the Master of Arts in Counselling Psychology program at the Adler School of Professional Psychology. As an additional requirement for this degree, Kelsey Jarvis is completing an 8-month clinical practicum at Lifemark Health, where she is involved in counselling adults suffering from chronic pain as the result of workplace injuries. In addition, Kelsey Jarvis is completing an additional 8-month clinical practicum at Maple Ridge/Pitt Meadows Community Services, which involves counselling adolescents, adults and couples for a variety of reasons including, but not limited to, depression, anxiety and coping with difficult life circumstances.

- Kelsey Jarvis has read research exploring experiences of physician-assisted suicide from the perspectives of patients, their family members and loved ones, as well as mental health professionals (Cohen-Cole & Friedman, 1982; Farrugia, 1998; Ganzini, Goy and Dobscha, 2007, 2008; Kirchberg, Neimeyer, & James, 1998; Manis & Bodenhorn, 2006; Pearlman, Hsu, Starks, Back, Gordon, Bharucha, Koenig, & Battin, 2005; Perkins, Cortez, and Hazuda, 2009;

Peruzzi, Canapary and Bongar, 1996). She has additionally read research about current statistics on physician-assisted suicide worldwide (Dying with Dignity Canada Inc., 2011; Onwuteaka-Philipsen, Brinkman-Stoppelenburg, Penning, Jong-Krul, Delden & Heide, 2012; Oregon Public Health Division, 2012; Washington State Department of Health, 2011) and theories on the experiences of death and dying (Balducci, 2012; Ganzini et al., 2007, 2008; Glasser, 1998; Kübler-Ross, 1969; Pearlman et al., 2005; Rando, 1984).

Describe your supervisors' and additional committee members' training, experience and/or degrees that are relevant to the research study or population

- Kelsey Jarvis' thesis advisor, Dr. Marianna Terrett, is a registered clinical counsellor in British Columbia. Dr. Terrett has extensive experience with the narrative methodology, which she utilized to co-construct individual and common themes narratives for her master's thesis and employed for the entirety of her doctoral dissertation. Dr. Terrett has also developed extensive knowledge of the narrative methodology through courses within and outside of the faculty of Counselling Psychology. Dr. Terrett has supervised a Master of Arts in Counselling Psychology student's thesis at the Adler School of Professional Psychology in narrative research from start to finish.

- Kelsey Jarvis' second reader, Dr. Kathleen Irvine, is a registered psychologist in British Columbia. Dr. Irvine has experience and knowledge of ethics concerning the professional practices of mental health professionals.

1.6 **Additional Study Team Members (if applicable)**

- N/A

1.7 **Tri Council Policy Statement (TCPS 2) Tutorial**

Date applicant completed the TCPS 2 Tutorial: January 7, 2014

1.8 **Most Recent Date REB FAQs Checked**

September 20, 2014

1.9 **Submission Date**

October 31, 2014

2. SUMMARY OF STUDY AND RECRUITMENT

2.1 A. **Overview of research study (Maximum 300 words)**

Summarize the research proposal using the following headings 1) Purpose, 2) Research Question or Hypothesis, 3) Rationale, 4) Objectives

1) Purpose:

To explore mental health professionals' stories and experience(s) of physician-assisted suicide and what it could be like for them to work with clients interested in physician-assisted suicide in the future.

2) Research Questions:

- a) How do mental health professionals make meaning of physician-assisted suicide?
- b) What would it be like for mental health professionals to work with someone who wants to talk about physician-assisted suicide?

3) Rationale:

- Physician-assisted suicide is increasingly being practiced around the world (Dying with Dignity Canada, Inc., 2011; Onwuteaka-Philipsen et al., 2012; Oregon Public Health Division, 2012; Washington State Department of Health, 2011).
- Individual thoughts, feelings and beliefs about death and dying are dependent on various factors (Balducci, 2012; Ganzini et al., 2007, 2008; Glasser, 1998; Kübler-Ross, 1969; Pearlman et al., 2005; Perkins, Cortez, and Hazuda, 2009; Rando, 1984).
- Mental health professionals may be involved with physician-assisted suicide (Abbing, 1998; Bernstein, 1980; Bosmann, Kay & Conter, 1987; Butler, 1973; Cohen-Cole & Friedman, 1982; Farrugia, 1993; Howard, 1974; Keilitz, Bilzor, Hafemeister, Brown & Dudyshyn, 1989; Lynn, 1988; Peruzzi et al., 1996; Smith & Maher, 1991; Sullivan, 1983).
- Mental health professionals' meaning and understanding of physician-assisted suicide may influence their prospective experience(s) of working with clients interested in physician-assisted suicide (Kirchberg, Neimeyer & James, 1998; Manis & Bodenhorn, 2006; Perkins et al., 2009).
- There is a lack of qualitative research addressing mental health professionals' thoughts and feelings of physician-assisted suicide and the prospective experience(s) of working with clients interested in physician-assisted suicide. This study will attempt to address these gaps in the literature and provide information that could inform the future practices of mental health professionals.

4) Objectives:

This study will seek to identify common themes in mental health professionals' experience(s) of physician-assisted suicide and the prospective experience(s) of working with clients interested in physician-assisted suicide.

2.1 B. **Summary of Research Procedures (Maximum 500 words)**

Describe in a step-by-step manner the research procedures. The description should include the sampling method (e.g., non-random sampling, convenience), group assignment (e.g., by culture,

gender, age), type of research methodology (e.g., ethnography), rationale for utilizing this methodology and type of statistical analysis if relevant.

- A qualitative narrative inquiry was chosen because it provides participants with the opportunity to tell stories that connect past, present, and future selves in a manner most meaningful to their experience(s) (Riessman, 1993). Five participants will be recruited using non-random, convenience sampling.

Research steps:

1) The Recruitment Inquiry Letter (Appendix A) will be sent to mental health service providers, coffee shops, community centres and libraries in Vancouver. Following approval, the Recruitment Poster (Appendix B) will advertise the study on-site and/or online based on the organizations' preferences. These organizations may e-mail the Recruitment Poster and the Recruitment E-mail to Participants (Appendix C) to their members. The Recruitment Poster will be posted on a Facebook page dedicated to the study, and on www.craigslist.ca and www.kijiji.ca.

2) Potential participants who contact the student researcher will be screened and informed about the study over the phone using the Initial Participant Contact Scripts (Appendices D-F).

3) Interested potential participants who meet the study's criteria will be sent the Informed Consent Form (Appendices G-I) to review. The student researcher will contact potential participants to inquire about their interest in participating and answer any questions if she has not heard back in 10-days.

4) Once general participants have provided verbal consent to participate in the study, the initial, audio-recorded, in-person interview will be scheduled with the student researcher. In-person interviews will occur at a mutually agreed upon location, such as a library, community centre, or a private room at the Adler School.

5) Before audio recording of the initial in-person interview begins, the Informed Consent Form for General Participants (Appendix G) will be discussed and potential general participants may sign the form. This interview will utilize the Orienting Statement and Interview Guide (Appendix J). A second audio-recorded interview may be scheduled if necessary.

6) The audio-recorded interviews will be transcribed following Lapadat and Lindsay's (1999) approach.

7) Lieblich and colleagues' (1998) holistic-content analysis approach will help co-construct the individual narratives for each general participant based on the transcriptions.

8) General participants will review their individual narrative over two weeks before attending an unrecorded 30 – 60 minute validation interview occurring in-person or over the phone. The Validation Interview Guide Questions (Appendix K) will be used and general participants will collaborate with the student researcher to revise or remove aspects of their

individual narrative that they are uncomfortable with.

9) Lieblich and colleagues' (1998) categorical-content analysis approach will help co-construct a common themes narrative that speaks to the common experiences across the individual narratives.

10) General participants will review the common themes narrative over two weeks before attending an additional unrecorded 30-minute validation interview occurring in-person or over the phone utilizing the Validation Interview Guide Questions (Appendix K).

11) Unrecorded peer and expert validation interviews that review the collective narrative may occur in-person or over the phone utilizing the Validation Interview Guide Questions (Appendix K).

12) Information from the peer and expert validation interviews will be presented as validation checks in the results section of the study.

2.2 **References**

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2.3 **Inclusion Criteria**

Inclusion Criteria for General Participants and the Peer Reviewer:

- The participant identifies as a mental health professional with at least a master's level degree in a discipline of mental health.
- The participant is currently working as a mental health professional within the field of mental health services (i.e. psychiatrist, psychologist, counsellor, social worker, nurse, doctor etc.) in Vancouver and/or the greater Vancouver area.
- The participant is able to provide a definition of physician-assisted suicide that is comparable to the following definition provided by Dying with Dignity Canada Inc. (2011): "Physician-assisted suicide is a form of medically assisted dying whereby a physician writes a prescription for a lethal dose of medication that is subsequently filled and self-administered by the patient to cause death."
- The participant has an interest in exploring personal experience(s) in relation to physician-assisted suicide.
- The participant has had no previous experience(s) working with a client who wants to talk about physician-assisted suicide.
- The participant is willing to speak about the prospective experience(s) (possible future experience(s)) of working with clients interested in physician-assisted suicide.
- The participant can speak and read English.
- The participant is comfortable completing up to 5 hours of interviews over a one-year period.

These inclusion criteria were selected because:

- The study is concerned with the specific experience(s) of mental health professionals who have not had any previous experience(s) working with clients interested in physician-assisted suicide. This lack of experience is necessary in order to explore participants' prospective experience(s).
- The participants are required to be able to define physician-assisted suicide in order for them to be able to talk about their experience(s) of physician-assisted suicide and consider the

prospective experience(s) of working with clients interested in physician-assisted suicide.

- As mental health professionals, participants in this study may work with clients interested in physician-assisted suicide in the future (Cohen-cole & Friedman, 1982; Farrugia, 1993; Peruzzi et al., 1996) and therefore, they may have thought about the prospective experience(s) of working with such a population.
- Since an exploration of experience(s) associated with physician-assisted suicide may illicit strong emotional reactions in participants (Kirchberg et al., 1998; Manis & Bodenhorn, 2006), it is required that participants have an interest in exploring personal experience(s) (e.g. thoughts and feelings) in relation to physician-assisted suicide.
- According to the narrative methodology, participants must perceive themselves as experiencing/having experienced the phenomena being studied (i.e. experience(s) of physician-assisted suicide and contemplation of the prospective experience(s) of working with clients interested in physician-assisted suicide).
- A prospective approach will be used to reduce risk to participants.
- The student researcher can only speak English and the interviews will be conducted in English.

Inclusion Criteria for the Expert Reviewer:

- The participant is a mental health professional who has expertise on the topic of physician-assisted suicide and has professional expertise working with mental health professionals who have experience(s) of physician-assisted suicide and have thought about the prospective experience(s) of working with clients interested in physician-assisted suicide in Vancouver and/or the Greater Vancouver area.
- The participant holds a relevant master's or doctoral degree.
- The participant can read and speak English.
- The participant is comfortable reading a story for up to 1 hour and participating in a 30-minute interview up to one year after proving consent to participate in the study.

These inclusion criteria were selected because:

- The expert reviewer provides a validation check in narrative research by utilizing their expertise with the population under study to share their opinions regarding the common themes narrative.
- The expert reviewer must have a level of education that matches the requirements for working as a mental health professional in British Columbia (e.g. a master's or doctoral degree in counselling, clinical psychology, psychiatry, social work, etc.).

2.4. **Exclusion Criteria**

- Participants who do not meet the inclusion criteria.

2.5 **Recruitment**

- Relevant mental health service providers (e.g. Maple Ridge/Pitt Meadows Community Services, Canadian Mental Health Association, BC Cancer Society, Pacific Community Resources Society, Vancouver Coastal Health mental health services and Fraser Health mental health services), various hospitals (e.g. Vancouver General Hospital, St. Paul's Hospital, UBC Hospital, Surrey Memorial Hospital, Richmond Hospital, and Burnaby Hospital), hospices/hospice societies (e.g. the Vancouver Hospice Society, St. John Hospice and the Bloom Group facilities including, May's Place and Cottage Hospice) and libraries, coffee

shops and community centres in the Vancouver community will be sent the Recruitment Inquiry Letter (Appendix A) and Recruitment Poster (Appendix B) by e-mail or in-person. If permission is granted by these organizations, participants will be recruited through the use of the Recruitment Poster (Appendix B), which could be displayed on-site at these organizations or on their websites. Furthermore, the Recruitment Poster (Appendix B) may be forwarded by organizations to their members with the Recruitment E-mail to Participants (Appendix C). Additionally, the Recruitment Poster (Appendix B) will also be posted on a Facebook page dedicated to the study and general listings sites including www.craigslist.ca and www.kijiji.ca. The advertisements will only display the student researcher's e-mail address as a form of initial contact information. Potential participants will not be asked to reply to postings on the Facebook page. The student researcher will post a link to the Facebook page on her personal Facebook profile. Friends and colleagues of the student researcher may also post a link to the Facebook page on their personal Facebook profiles to increase the number of people who may view the page. Individuals may choose to "like" the page; however, people will not be able to see who has otherwise viewed the page or chosen to participate in the study. The Facebook security settings will only allow the student researcher to post on the page (i.e Settings-Timeline and Tagging Settings-Who can post on my timeline?-Only me). The ability for other individuals to post to the page will be disabled.

- Recruitment will take place online via general listing sites and on Facebook in order to attract additional attention to the study due to the unique requirements necessary for participation in this study. Postings will be created and managed by the student researcher only. These postings will solely act as a form of advertisement for potential participation in the study and will specify that potential participants must reside in Vancouver or the greater Vancouver area. Potential participants will be asked to inquire further via e-mail to the e-mail address provided by the student researcher. Potential participants will not be required to provide any personal information on Facebook or on general listing sites.

- The student researcher will attempt to set up a telephone screening appointment and/or answer any questions posed by potential participants who contact the student researcher via e-mail. The telephone screening appointments will utilize the Initial Participant Contact Scripts (Appendices D-F). These scripts outline the inclusion requirements of the study as well as the purpose and process of the research.

- Once three general participants have confirmed their participation in the study, additional potential participants will be notified and asked if they would like to be placed on a waitlist in the event that they are interested in becoming a peer reviewer or if (an) additional participant(s) are required for the study to achieve comprehensiveness. All identifying materials, including contact information, for the individuals who did not meet criteria for participation in the study will be destroyed or erased once they have confirmed that they will be unable to participate in the study.

- The expert reviewer will be recruited by the student researcher who will ask mental health professionals that she knows about their interest in participating as an expert reviewer and/or ask if they know of any other mental health professionals who may be interested in participating in the study.

2.6 **External Approvals**

Please outline how you will obtain external approval from other institutions or organizations. This includes outlining which institutions/organizations you believe you need external approval from, who you anticipate speaking with and the anticipated steps to gain approval.

Approvals do not need to be filed with the REB, however, as part of the REB's obligation to conduct ongoing ethical review, we may ask to see copies of all external approvals during the period in which the applicant is conducting research.

- The student researcher will seek external approval from relevant mental health service providers (e.g. Maple Ridge/Pitt Meadows Community Services, Canadian Mental Health Association, BC Cancer Society, Pacific Community Resources Society, Vancouver Coastal Health mental health services and Fraser Health mental health services), various hospitals (e.g. Vancouver General Hospital, St. Paul's Hospital, UBC Hospital, Surrey Memorial Hospital, Richmond Hospital, and Burnaby Hospital), hospices/hospice societies (e.g. the Vancouver Hospice Society, St. John Hospice and the Bloom Group facilities including, May's Place and Cottage Hospice) and libraries, coffee shops and community centres in the Vancouver community.

The process of gaining external approval will involve:

- Sending the Recruitment Inquiry Letter (Appendix A) and Recruitment Poster (Appendix B) by e-mail or in-person to the administrative contact at the relevant mental health service providers, hospitals, hospices/hospice societies, libraries, coffee shops and community centres in the Vancouver community. The Recruitment Inquiry Letter (Appendix A) asks interested organizations to let the student researcher know about any formal guidelines, requirements, or processes that would require the student researcher's attention in order to obtain approval.
- Requesting that the Recruitment Poster (Appendix B) be displayed on-site at libraries, coffee shops and community centres and onsite and/or online through relevant mental health service providers, hospitals, and hospices/hospice societies. The student researcher will also ask that the organizations send the Recruitment E-mail to Participants (Appendix C) along with the Recruitment Poster (Appendix B) to other members of their organizations.

2.7 **Number of Participants**

A.
How many participants will be enrolled in the entire study? (i.e. the entire study world-wide; applies if yours is part of a larger research project)

- Five participants will be enrolled in the entire study. Three of these participants will be general participants who will share their stories with the student researcher in one or two initial interviews and provide feedback in two validation interviews. One of these participants will be an expert reviewer and one of these participants will be a peer reviewer.

- Expert Reviewer: This person will be a mental health professional in the community who the student researcher considers to have expertise on the subject of physician-assisted suicide and

professional expertise working with mental health professionals who have experience(s) of physician-assisted suicide and have thought about the prospective experience(s) of working with clients interested in physician-assisted suicide. They will have a relevant master's or doctoral degree. They will review the common themes narrative and provide insight by answering guided questions posed by the student researcher (Appendix L: Validation Interview Guide Questions, sub-section: Guide Questions for the Validation Interview with Peer and Expert Reviewers).

- Peer Reviewer: This person will be required to meet the inclusion criteria for the study, meaning that they will currently be working within the field of mental health and have had no personal experience(s) working with clients interested in physician-assisted suicide. They will review the common themes narrative after it has been reviewed by the general participants and provide insight by answering guided questions posed by the student researcher (Appendix K: Validation Interview Guide Questions, sub-section: Guide Questions for the Validation Interview with Peer and Expert Reviewers). The peer reviewer will be an individual who contacts the student researcher after three qualified general participants have been obtained. At this time, the individual will be asked if he or she would be interested in being a peer reviewer for the study or being placed on a waitlist in the event that alternative or additional participant(s) are required. The student researcher will clearly explain that the peer reviewer is not a general participant in the study and would not be placed on the general participant waitlist.

- By reviewing the common themes narrative, the peer reviewer offers important information that provides a validity check in narrative research (Lieblich, Tuval-Mashiach, & Zilber, 1998). For general participants, the validation interviews ensure that the common themes narrative accurately reflects the personal experience(s) that the general participants have shared with the student researcher. For the peer reviewer, the validation interview seeks to determine whether a general understanding of mental health professionals' experience(s) of physician-assisted suicide and the prospective experience(s) of working with clients interested in physician-assisted has been achieved. The peer reviewer may speak to whether or not the population being studied as a whole might experience some of the themes that are co-constructed in the research.

B.
How many control participants will be enrolled in the study that you are conducting?

- No control participants will be enrolled in the study.

2.8 **Access to Records**

If existing records (e.g. school records, health records, clinical lists or other records/databases) will be used to IDENTIFY potential participants, please describe how permission to access this information will be obtained and how ethical and legal requirements on the collection and use of this information will be met. (For example: Personal Information Protection Act of BC)

- N/A.

2.9 **Deception:**

Is deception being used in this research?

- No.

3. FUNDING INFORMATION & CONFLICT OF INTEREST

3.1 **Source of Funds**

If you are getting financial support for this study please identify the type of funds, and which organization or individual is funding this?

- N/A.

3.2 **Restrictions on Disclosures**

- N/A.

3.3 **Actual or Perceived Conflict of Interest**

Do any of the following statements apply to the Faculty Thesis Advisor, Applicant and/or their partners'/immediate family members? If you answer "Yes" to any of the points below, please explain the situation/connection and explain how you plan to mitigate the actual or perceived conflict of interest.

- Are you currently or have you in the past been affiliated with, have a dual relationship with, or receive funds from any person or organization that you will be working with or recruiting from in order to complete your research (i.e. current/past workplace, practicum site, volunteer site etc)?

- I am currently affiliated with Maple Ridge/Pitt Meadows Community Services as a practicum student and LifeMark Heath as a former practicum student.
- In order to manage potential dual relationships I will ask all potential participants in the initial e-mail how they found out about the study and, if applicable, whether or not they are affiliated with Maple Ridge/Pitt Meadows Community Services and/or LifeMark Health. If there is the potential for a dual relationship between the student researcher and any of the participants, I will warn potential participants about the potential for a dual relationship and take any steps necessary to address the potential for any resulting harm, in accordance with the BCACC Code of Ethical Conduct, amended June 21, 2014.
- Any former clients of the student researcher will be advised that they cannot participate in the research project due to the parameters of the student researcher's roles at either Maple Ridge/Pitt Meadows Community Services and/or LifeMark Health.
- I will inform potential participants that they will be required to sign an informed consent form stating that they have been warned about the potential for a dual relationship to arise if they choose to participate in this study (see Appendix G).

• Will you receive personal benefits in connection with this study over and above the direct cost of conducting this study? For example, being paid by the organization for consulting. (Reminder: receiving a "finder's fee" for each participant enrolled is not allowed).

- No.

• Do you have a non-financial relationship with the organization or individuals affiliated with the organization from which participants will be recruited (such as practicum student, intern, unpaid consultant, advisor, board member or other nonfinancial interest)?

- I am currently affiliated with Maple Ridge/Pitt Meadows Community Services as a practicum student and LifeMark Heath as a former practicum student.
- In order to manage potential dual relationships I will ask all potential participants how they found out about the study in the initial e-mail, and, if applicable, whether or not they are affiliated with Maple Ridge/Pitt Meadows Community Services and/or LifeMark Health. If there is the potential for a dual relationship between the student researcher and any of the potential participants, I will warn potential participants about the potential for a dual relationship and take any steps necessary to address the potential for any resulting harm, in accordance with the BCACC Code of Ethical Conduct, amended June 21, 2014.
- Any former clients of the student researcher will be advised that they cannot participate in the research project due to the parameters of the student researcher's roles at either Maple Ridge/Pitt Meadows Community Services and/or LifeMark Health.
- I will inform potential participants that they will be required to sign an informed consent form stating that they have been warned about the potential for a dual relationship to arise if they chose to participate in this study (see Appendix G).

• Do you have direct financial involvement with the sponsor (source of funds) via ownership of stock, stock options, or membership on a board?

- No.

• Do you hold patent rights or intellectual property rights linked in any way to this study or its sponsor (source of funds).

- No.

4. RISK LEVEL

4.1. **Sites for Study**

- A private room at the Adler School of Professional Psychology.
- Other private, mutually agreed upon locations (e.g. a private room at a library or a private area at the participant's place of work)

4.2 **Determining Level of Risk**

After reviewing the risk criteria outlined in the TCPS 2, state level of risk in your study and explain your rationale for why you have chosen this level.

- Minimal.
- The reason why this research meets the requirements for a minimal risk study is because general participants will be speaking about their own experience(s) in semi-structured interviews using the narrative methodology. They will be informed that they can talk about as much or as little as they feel comfortable with guided by the research questions. The interviews will mainly be guided by the general participants themselves and only minimal probing questions will be asked in the event that specific aspects of the research questions have not yet been covered.
- As outlined in the inclusion criteria, participants in this study will be mental health professionals who have an understanding of physician-assisted suicide and are interested in exploring what it could be like for them to work with clients interested in physician-assisted suicide in the future. It is expected that only those who are comfortable discussing issues of death and dying will choose to participate in this study. Additionally, identifying as a mental health professional will likely act as a risk management strategy because general participants and the peer reviewer will likely have had previous experience(s) working with end of life issues and/or have learned about end of life issues through school and/or trainings.
- Since it is required that participants do not have any direct previous experience(s) working with clients interested in physician-assisted suicide, then it is expected that participants will only be speculating about the prospective experience(s) of working with clients interested in physician-assisted suicide. The prospective nature of this study will act as an additional risk management strategy since participants will not be speaking about their own direct experiences with clients interested in physician-assisted suicide.
- All participants will be notified in the Informed Consent Forms (Appendices G-I) that interviews are not meant to provide personal counselling. However, since all participants encounter a small risk of experiencing stress through participation in the study it is important that they are made aware of resources that are available to them. Risk management strategies are outlined in section 5.2 and will address the ethical implications of participants' personal disclosures.

4.3. **Peer Review**

For research that is more than minimal risk, the REB must be satisfied about both the **value and the scientific validity** of the study. Under some circumstances, and depending on the level of risk, the REB may request that a peer review be conducted as a condition of approval to assess value and/or scientific validity.

Peer review details:

- N/A.

5. PARTICIPANT INFORMATION AND CONSENT PROCESS

5.1. **Time Requested of Participants** (Includes full participation, waitlist, control group, volunteers)

How much time will a participant be asked to dedicate to the research study?

- General participants will be invited to participate in one in-person, audio recorded interview lasting approximately 60 – 120 minutes. This initial interview will utilize the Orienting Statement and Interview Guide (Appendix J). If any participant(s) express that they were unable to share their stories to a satisfactory level, then an additional audio-recorded interview lasting approximately 60 minutes will be scheduled.

- After the initial interviews are complete, participants will take part in two validation interviews, which will utilize the Validation Interview Guide Questions (Appendix K). The first validation interview will last approximately 30 – 60 minutes and participants will be asked to review their individual narratives. The second validation interview will last approximately 30 minutes and participants will be asked to review the common themes narrative.

- The total time requested of participants will be 2 – 5 hours. The initial, in-person, audio-recorded interview(s) will take between sixty to 180 minutes, depending upon whether or not participants feel they require one or two interviews to share their stories and experience(s). The remaining 60 – 120 minutes will consist of the two validation interviews. Due to the fact that it is difficult to predict the amount of time it will take to recruit all of the participants for the study and complete the second validation interviews in a timely fashion, potential participants will be notified that their participation is expected for up to one year.

- Once three individuals who meet criteria for the study have agreed to be general participants, all additional potential general participants who meet criteria for the study will be asked if they would like to be placed on a waitlist to become a peer reviewer or a general participant if one or more general participants are required. After it has been determined that the necessary number of participants have completed the study and comprehensiveness has been achieved, any individuals remaining on the wait-list will be notified by e-mail or telephone that their participation in the study will not be necessary.

- The total time requested of peer and expert reviewers will be up to 1.5 hours over one year. This time includes the 30-minute validation interview to review the common themes narrative as well as up to 1 hour of reading and reflecting on the common themes narrative prior to the interview. Potential peer/expert reviewers will be notified that their participation is expected for up to one year to ensure that there will be enough time to complete the second round of validation interviews.

5.2 **Risks**

Describe what is known about the risks (harm) of participating in the proposed research and any possible vulnerability that needs to be considered, including relevant literature related to the risks. In what ways will you address these risks should they arise?

Risks to participants

- Participating in a narrative research study requires that personal information be shared and

individual experiences be explored. Therefore, participants may encounter a minimal risk of experiencing stress, discomfort, or emotional reactions (Kvale & Brinkmann, 2009). Although participants are encouraged to only disclose information that they feel comfortable sharing, the possibility remains that some participants may experience stress, discomfort, and/or emotional reactions through the process of considering their past and prospective experiences and/or developing new understandings of themselves (Kvale & Brinkmann, 2009).

Management of risks

The study will utilize ethical risk management strategies proposed by Kvale and Brinkmann (2009) from their book on the subject of the ethical issues involved in qualitative research interviewing. In addition, all participants will be required to provide a definition of physician-assisted suicide to increase the probability that participants understand and are comfortable with the subject matter that will be explored during the interviews.

The risks will be managed by:

- Building research-appropriate rapport with and providing a safe, non-judgmental environment for participants to share their stories and experiences without coercion (Kvale and Brinkmann, 2009).
- Making sure that participants are fully informed regarding the purpose of the study, the basic research design, the previously mentioned potential risks of participation, and the storage of confidential data before the first audio-recorded interviews take place (Kvale and Brinkmann, 2009).
- Informing participants of their rights to: a) withdraw from the study at any time, b) take breaks during the interviews, c) ask to reschedule the interviews for another time, d) ask that the audio recording device be paused or turned off, and e) withdraw their data from the study up to one month after their audio-recorded interviews have taken place (Kvale and Brinkmann, 2009).
- Providing participants with a resource list of counselling services located in the Informed Consent Forms (Appendix G-I) and encouraging participants to utilize this resource list should they experience significant distress or wish to explore experiences that arose from the research process in a counselling context.
- Ensuring through the inclusion criteria that general participants and the peer reviewer do not have any previous direct experience(s) working with clients interested in physician-assisted suicide in order to maintain the prospective nature of the study.

5.3 **Benefits**

Describe what is known about the potential benefits that could arise from participating in the proposed research for participants, the profession and for wider society. For research that is moderate or high risk, include relevant literature related to the benefits of participating in the study.

The benefits include:

- Experiencing validation, satisfaction and/or other positive emotions associated with sharing one's story (Lieblich et al., 1998). By participating in the research, participants may develop new insights about the experience(s) and prospective experience(s) that they have chosen to explore. A crucial component of the narrative methodology is the exploration of what participants are taking away from their involvement in the research (Riesmann, 1993).

Validation interviews will provide participants with an opportunity to reflect on how they may have benefited from participating in the research (see Appendix K: Validation Interview Guide Questions).

- This study may also benefit counsellors and other mental health professionals who may work with clients interested in physician-assisted suicide in the future. Individual thoughts, feelings, and beliefs concerning physician-assisted suicide are not generalizable and as a result, being able to choose when to end one's own life is a highly debated and controversial topic worldwide (Dying with Dignity Canada Inc., 2011; McTeer, 1999; Prado & Taylor, 1999; Rando, 1984). This study could provide valuable information to the field of mental health, and other related fields within the health care industry, regarding end of life decision making and working with clients interested in physician-assisted suicide. Pragmatic value, or "the extent to which a particular study becomes the basis for others' work" (Riessman, 1993, p. 68) is an important validation criterion in the narrative methodology.
- The findings of this research may also benefit individuals who are interested in pursuing physician-assisted suicide for themselves or for their loved ones due to the study's potential to inform current policies and protocols concerning physician-assisted suicide and/or influence the development of new ones. The findings of this research may also be applied to new therapies, treatment plans, and/or ways of conceptualizing of working with clients interested in physician-assisted suicide.

5.4 **Reimbursements and Incentives for Participation**

Describe any reimbursement for expenses (e.g. meals, parking, medications, transportation costs) or payments/gifts-in-kind (e.g. honoraria, gifts, prizes, lotteries or draws, credits) to be offered to the participants. Provide full details of the amounts, payment schedules, and value of gifts-in-kind.

- After signing the Informed Consent Form for General Participants (Appendix G) upon the first meeting with the student researcher, general participants will receive a $50 honorarium as compensation for their travel expenses and time.

- If the validation interview is being conducted in-person, a $20 honorarium will be provided to the peer reviewer after informed consent has been reviewed at the beginning of the validation interview. If the validation interview is being conducted over the phone, a $20 honorarium will be mailed to the peer reviewer after the student researcher has received a signed Informed Consent Form for Peer Reviewers (Appendix H).

- The honouraria will be provided in the form of gift cards to Starbucks, Safeway, or London Drugs. General participants and peer reviewers will have the opportunity to tell the researcher what their preferred gift card would be at the end of the telephone screening conversation following the Initial Participant Contact Script (Appendix D-E).

5.5 **Assessment of Capacity**

A. **Initial assessment of capacity for the purposes of informed consent**

Will every participant have the capacity to give fully informed consent on his/her own behalf? Please provide rationale for your decision.

- Yes.
- Capacity to give fully informed consent will be determined at the time of screening and again

during the process of informed consent.

- General participants in the study will be of legal age and they will be comfortable completing up to five hours of interviews over a 12-month period. The peer and expert reviewers will be of legal age and they will be comfortable completing one 30-minute interview up to 12-months after giving initial consent to participate in the study.
- The screening statements used in the Initial Participant Contact Script (Appendix D) will also be used to assess capacity before the initial interviews for general participants and the peer reviewer.

B. **Ongoing assessment of capacity**

How would capacity be assessed throughout the research? This includes each occasion in which you are in contact with your participants.

- The student researcher will assess the participants' capacity to provide informed consent for continued participation in the study each time that she meets with the participants. This process will include assessment of any potential impairments (e.g. being under the influence of drugs and/or alcohol)
- If it seems plausible that any participant's capacity to provide continued informed consent is impaired, the student researcher will assess the participant's capacity to provide consent by asking the participant to explain what they consented to.
- For general participants, capacity to provide continued informed consent will be assessed at the start of the first and second validation interviews. The Informed Consent Form for General Participants (Appendix G) will be provided to general participants and they will be asked to give their verbal consent as an expression of their desire to continue participating in the study.

5.6 **Explanation of Consent and Assent Forms to Potential Participants**

Please explain the general process for consent:

- How would consent form be reviewed?
- Who would be involved in each step of this process?
- How will time be considered in this process to assure that there is no undue influence present?

- The Informed Consent Forms (Appendices G-I) will be sent via e-mail, mail, or fax to potential participants following a telephone screening with the student researcher utilizing the Initial Participant Contact Scripts (Appendices D-F). The Initial Participant Contact Scripts (Appendices D-F) provide an overview of the research purpose and process. Once potential participants have received the informed consent form, they will have 10 days to review the informed consent form and contact the student researcher to ask any questions and/or to confirm their interest in participating in the study. If after 10 days the student researcher has not been contacted, the student researcher will contact the potential participants by phone or e-mail as discussed during the initial contact with potential participants.

- For potential general participants, the Informed Consent Form (Appendix G) will be discussed thoroughly and potential general participants will have the opportunity to ask the student researcher any further questions about the study before the audio recording initial interview begins. Once all issues have been addressed to the potential general participants' satisfaction, potential general participants may choose to sign the informed consent form, thereby providing

formal consent to participate in the study.

- For all participants, informed consent will be reviewed at the start of the validation interviews. For peer and expert reviewers, the Informed Consent Forms (Appendices H-I) will be discussed thoroughly and the student researcher will answer any questions that the peer/expert reviewers may have about the study. If the peer/expert reviewer would prefer to complete their validation interview over the phone, a signed informed consent form will need to be received by the student researcher before the validation interview process can proceed. If the peer/expert reviewer wishes to complete their validation interview in-person, they may choose to sign the informed consent form with the student researcher present at the beginning of the validation interview.

- For general participants who signed the informed consent form at the beginning of their initial audio-recorded interview(s), a brief review of the informed consent form will take place at the beginning of both the first and second validation interviews. The student researcher will provide a copy of the Informed Consent Form for General Participants (Appendix G) and ask that the general participants review it once more and ask the student researcher any questions before providing verbal consent if they wish to continue to participate in the study and the validation interviews.

5.7 **Explanation of Assent Forms to Potential Participants**

Please explain whether or not you will be using an assent form in your study, and if so, the general process for assent:

- N/A.

5.8. **Assistance with Consent**

If you are including individuals who may require accommodations regarding consent, what are your plans for making those accommodations?

- N/A.

5.9. **Translation**

Will any of your consent or research documents be available in any language other than English?

- No.

Will interactions with participants be taking place in any language other than English?

- No.

If Yes, please provide information regarding the translation process.

- N/A.

All materials must be attached in languages being used for study, and English.

SECURITY OF DATA AND CONFIDENTIALITY OF PERSONAL INFORMATION FOR STUDY

6.1. **Confidentiality of Data**

How will data be stored?

- Original electronic data (including audio recordings, transcriptions, and narratives) will be stored in computerized files on a password protected USB drive. Copies of these files will be backed-up on a second password protected USB drive. These USB drives will be stored in a locked storage container at the student researcher's place of residence at all times unless they are being used by the student researcher.

- All paper copies of forms and documents (including signed consent forms, transcriptions, interview notes, data analysis, and any materials with participant-identifying information) will be stored in a locked storage container at the student researcher's place of residence at all times unless they are being used by the student researcher.

How will security of the data be maintained?

- Original and back-up electronic data (including audio recordings, transcriptions, and narratives) will be stored in computerized files on separate password protected USB drives. These USB drives will be stored in a locked storage container at the student researcher's place of residence at all times unless they are being used by the student researcher. No research material will be saved directly to a computer or portable laptop.

- All paper copies of forms and documents (including signed consent forms, transcriptions, interview notes, data analysis, and any materials with participant-identifying information) will be stored in a locked storage container at the student researcher's place of residence. The student researcher will be the only one who has access to the storage container.

Describe how the personal information and identity of research participants will be protected both during and after the research study, including how participants will be identified on data collection forms

- When potential participants initially contact the student researcher, their contact information will be written on a paper copy of the Initial Participant Contact Scripts (Appendices D-F). This document will be stored in a locked storage container at the student researcher's place of residence during the study and for five years after the completion of the study. The signed Informed Consent Forms (Appendices G-I) will also be stored securely in the same locked storage container at the student researcher's place of residence for the duration of the study and for five years after the completion of the study.

- Audio recordings will only be transcribed in a private space at the student researcher's

residence in order to reduce the risk that a person outside of the study might recognize participant-identifying information in a public setting. Electronic audio recordings and transcriptions will be stored in computerized files on password protected USB drives and stored in a locked storage container at the student researcher's place of residence both during and after the completion of the study. Only the student researcher and her thesis advisor will have access to the audio recordings and transcriptions.

- Participants will be asked to create a pseudonym that they will adopt for the duration of the study. Participants will be referred to as the pseudonym they have chosen during the interview process and in all transcriptions and narratives. Participants' real names or initials will not appear in any versions of the completed study. General participants and peer and expert reviewers' real names will only be connected to their chosen pseudonyms on the Informed Consent Forms (Appendices G-I). All signed forms will be stored securely in a locked storage container in the student researcher's place of residence both during and after the completion of the study.

- Although pseudonyms will be used throughout the study to protect the identity of general participants, there remains a chance that family members, colleagues or other acquaintances may be able to re-identify general participants based on direct quotes or personal anecdotes shared in their interview(s). Peer and/or expert reviewers may also be able to re-identify general participants due to their potential affiliations in relation to the domain of physician-assisted suicide.

- General participants will be made aware of this possibility in the Informed Consent Form (Appendix G) and they will have the opportunity to tell the student researcher if they wish to remove or alter any potentially identifying direct quotes or personal anecdotes in their personal narratives or in the collective narrative.

- In addition, peer/expert reviewers will be required to sign a confidentiality agreement as part of their informed consent in order to protect the identities of the general participants in the case that any of the general participants' personal information is recognizable to the peer and/or expert reviewers (See Appendix H).

If any data or images are to be kept on the Web, what precautions have been taken to prevent it being copied?

- N/A.

6.2. **Access to the Data by Persons within the School**

Who will have access to the data?

- Only the student researcher and her thesis advisor Dr. Marianna Terrett will have access to the data.

How will all of those who have access to the data be made aware of his or her responsibilities?

- The responsibility to protect data confidentiality has been discussed and will continue to be discussed between the student researcher and her thesis advisor for the duration of the study and for five years after the study is completed.

6.3. **Access to Data by Persons Outside of the School**

A.
Will any data that identifies individuals be available to persons or agencies outside of the Adler School of Professional Psychology-Vancouver Campus?

- No.

B.
If YES, describe in detail

- N/A.

6.4 **Storage of Data**
Give details of how and where the data will be stored in a secure manner a) during your research study, and b) for the 5 years once your research is complete. Also provide information about how you plan to destroy the data (including any recordings) after the 5 year time frame.

- During the research study, electronic data (including audio recordings, transcriptions, and narratives) will be stored in computerized files on password protected USB drives. These USB drives will be stored in a locked storage container at the student researcher's place of residence at all times unless being used by the student researcher. All paper copies of forms and documents (including signed consent forms, transcriptions, interview notes, data analysis, and any materials with participant-identifying information) will be stored in the same locked storage container at the student researcher's place of residence at all times unless being used by the student researcher.

- For five years after the research study has been completed, electronic data (including audio recordings, transcriptions, and narratives) will be stored in computerized files on password protected USB drives, which will be stored and locked in a storage container at the student researcher's place of residence. All paper copies of forms and documents (including signed consent forms, transcriptions, data analysis, and any materials with participant-identifying information) will be stored in the same locked storage container at the student researcher's place of residence for five years.

- After the data has been stored for five years, all electronic files will be permanently erased from the password protected USB drives by the student researcher. Additionally, after five years the student researcher will shred all hard copies of forms and documents.

6.5 **Future Use of Data**
Are there any plans for future use of either data including audio/video use of data recordings? Provide details, including who will have access and for what purposes, below. Include this

information on your consent form.

- No.

6.6 **Summary of Results to Participants**

Providing a summary of results to the participants is a common research practice. This is based on the ethical principle of beneficence, and participants may consider it a benefit of participation.

- During the process of informed consent, participants will be provided with the opportunity to choose whether or not they would like to receive a copy of the findings from the research study (i.e. a copy of the student researcher's completed master's thesis) (see Informed Consent Forms (Appendices G-I)).

6.7 **Withdrawal of Data**

How will participants be informed of their right to request their data be withdrawn from the study, and what procedures would need to happen for that to take place? (i.e. information on consent form, script for withdrawal options or process, etc.)

- Participants will be informed of their rights to withdraw their participation from the study at any time. Participants will also be informed of their rights to withdraw their data from the study up to one month after their audio-recorded interview(s) has/have been completed. Peer and expert reviewers will also be informed of their rights to withdraw their data from the study up to one week after their validation interviews have been completed. Participants' rights to withdraw as a participant in the study and/or to withdraw their data from the study will be discussed in the Initial Participant Contact Scripts (Appendices D-F). These rights will be reinforced again in the Informed Consent Forms (Appendices G-I) and the student researcher will ensure that participants are clear about their rights before commencing the initial audio-recorded interview(s). If a participant withdraws their participation from the study but chooses not to withdraw their data from the study within one month after their audio-recorded interview(s) (for general participants) or one week after the validation interview (for peer and expert reviewers), their data may still be used in the research. In the event that this occurs, general participants will have equal opportunity to review their individual narrative and speak with the student researcher about any potential changes and/or the removal of information that may be personally identifying.

- At any point during the interview process, if participants demonstrate significant emotional distress that may interfere with their participation, they will be reminded of their rights to withdraw their participation and/or data from the study. If any participant(s) choose to withdraw from the study, they are asked to inform the student researcher within one month after their audio-recorded interview(s) (for general participants) or one week after their validation interview (for peer/expert reviewers) to ensure that the student researcher will not have to remove data after analysis and/or recruit additional participants at the end of the research process.

7. APPLICATION SUBMISSION AND DOCUMENTATION

7.1 **Process for Submitting REB Application**

7.2 **Letter of Initial Contact with External Institutions or Agencies**

Include scripts or written communication with external organizations seeking assistance from or for recruitment:

- Appendix A: Recruitment Inquiry Letter – This letter will be sent from the student researcher by e-mail to various community organizations as an initial inquiry about participant recruitment. The letter will outline the details of the study and inquire about the display of a participant recruitment poster at the community organizations' location(s), online, and/or forwarded on to organization affiliates who may be interested in the study. This letter will also ask that community organizations provide the student researcher with any guidelines or requirements for research that would need to be approved prior to solicitation of participants.

7.3. **Advertisements to Recruit Participants**

- Appendix B: Recruitment Poster – This poster will be displayed through community organizations' locations and websites and/or online, on a Facebook page dedicated to the study and on www.craigslist.ca, and www.kijiji.ca.
- Appendix C: Recruitment E-mail to Participants – This e-mail will be sent to potential participants along with the recruitment poster. It will be sent by the student researcher and/or by community organizations that would like to e-mail information about the study to their members and/or affiliates.

7.4. **Script(s) for Initial Contact with Participants**

Scripts for verbal contact or copies of written text for initial participant contact:

- Appendix D: Initial Participant Contact Script – This script will be used by the student researcher when screening potential participants by telephone.
- Appendix E: Initial Participant Contact Script for Peer Reviewers – This script will be used by the student researcher when a potential participant meets the study's inclusion criteria and expresses an interests in becoming a peer reviewer.
- Appendix F: Initial Participant Contact Script for Expert Reviewers – This script will be used by the student researcher when screening potential expert reviewers by telephone.

7.5. **Consent Forms**

- Informed Consent Form for General Participants – See Appendix G.
- Informed Consent Form for Peer Reviewers – See Appendix H.
- Informed Consent Form for Expert Reviewers – See Appendix I.

7.6. **Assent Forms**

- N/A.

7.7. **Research Methods**

- Orienting Statement and Interview Guide – See Appendix J.
- Validation Interview Guide Questions – See Appendix K.

7.8. **Additional Appendices**

A. **Other documents**

-

B. **Web site use**

- N/A.

Please insert all Appendices below:

Appendix A: Recruitment Inquiry Letter

To Whom it May Concern,

My name is Kelsey Jarvis. I am a master's student in an M.A. in Counselling Psychology program. I attend the Adler School of Professional Psychology in Vancouver. For my degree, I am conducting a study. The study is about mental health professionals' stories about their experience(s) (e.g. thoughts and feelings) of physician-assisted suicide and what it could be like for them to work with clients interested in physician-assisted suicide in the future. My supervisor is Dr. Marianna Terrett.

This research will involve a time commitment of 2 – 5 hours over 3 – 4 interviews. These interviews include:

- One in-person, audio-recorded interview = 60 – 120 minutes.
- A second 60-minute interview (if necessary).
- Two validation interviews in-person or over the phone:
    - The first validation interview = 30 – 60 minutes,
    - The second validation interview = 30-minutes.

Some respondents will be asked to participate as a peer reviewer. The peer reviewer will only complete the second validation interview.

I am writing to ask about the possibility of advertising to solicit participants through your organization. Please let me know if this may be possible. If so, please specify any guidelines/ requirements your organization has for research recruitment. I am happy to answer any questions you might have about this study. I can also provide information about the institutional standards of my school.

Please find a poster about my study attached to this e-mail. This poster could be displayed on-site or on your organization's website or social media. It could also be shared in print with anyone interested. If you would like to help me recruit participants for my study, please get in touch. I am more than happy to meet in-person, over the phone, or via e-mail to address any concerns.

Thank you for your time and consideration,

Kelsey Jarvis
M.A. in Counselling Psychology Student
Thesis Advisor: Dr. Marianna Terrett
Adler School of Professional Psychology
778-628-6872

Appendix B: Recruitment Poster

A Research Study Exploring

MENTAL HEALTH PROFESSIONALS' NARRATION AND UNDERSTANDING OF THE PROSPECTIVE EXPERIENCE(S) OF WORKING WITH CLIENTS INTERESTED IN PHYSICIAN-ASSISTED SUICIDE

Kelsey Jarvis is running a master's research study. Kelsey is an M.A. in Counselling Psychology student. She attends the Adler School of Professional Psychology in Vancouver. Her supervisor is Dr. Marianna Terrett.

I invite you to participate if you:

- **Identify as a mental health professional with at least a master's level degree in a discipline of mental health;**
- **Currently work as a mental health professional within the field of mental health services (i.e. psychiatrist, psychologist, counsellor, social worker, nurse, doctor etc.);**
- **Are able to provide a definition of physician-assisted suicide;**
- **Have an interest in exploring personal experience(s) (e.g. thoughts and feelings) in relation to physician-assisted suicide;**
- **Have had no previous experience(s) working with a client who wants to talk about physician-assisted suicide;**
- **Be willing to speak about the prospective experience(s) (possible future experience(s)) of working with clients interested in physician-assisted suicide;**
- **Are able to speak and read English; and**
- **Are comfortable completing up to 5 hours of interviews over a one year period.**

Participation in the study will involve:

- **Talking about your thoughts, feelings, understandings and experience(s) of physician-assisted suicide;**
- **About 2 – 5 hours of your time over the course of one year, including:**
    - **One confidential, in-person, 60 – 120 minute(s) audio-recorded interview (<u>with a second 60-minute interview as necessary</u>); and**
    - **Two interviews discussing the study's findings in- person or over the phone:**
        - **The 1st interview = 30 – 60 minutes,**

The 2nd interview = 30-minutes.

*****General participants will receive a $50 gift card for participation and travel expenses*****

Results of the study will be shared with the participants. Pseudonyms will be used in place of any personally identifying information; however confidentiality cannot be guaranteed due to the personal nature of the information comprising this study. If there is potential for a dual relationship, participants will be advised in advance.

<u>FOR INFORMATION PLEASE EMAIL KELSEY AT:</u>

Appendix C: Recruitment E-mail to Participants

Hello,

My name is Kelsey Jarvis. I am an M.A. in Counselling Psychology student. I attend the Adler School of Professional Psychology in Vancouver. I am conducting a study under the supervision of Dr. Marianna Terrett as part of the requirements of my master's degree. The study is about mental health professionals' stories and experience(s) (e.g. thoughts and feelings) of physician-assisted suicide and what it could be like for them to work with clients interested in physician-assisted suicide in the future.

This research will involve 3 or 4 meetings with me over the course of one year. The first meeting will last for 60 – 120 minutes. I will ask you to talk about what physician-assisted suicide means, your experience(s) (e.g. thoughts and feelings) of physician-assisted suicide, and what it could be like for you to work with someone who wants to talk about physician-assisted suicide in the future. You may wish to meet me for another 60-minute interview to talk about anything you might have missed during the first interview. I will be audio recording these interviews and I will ask that we meet in person. Next, I will summarize your story. Then, I will phone you or meet with you in-person for 30 – 60 minutes to make sure you agree and are comfortable with what I have written. After, I will summarize the stories of all of the participants in the study. This time, I will phone you or meet with you in-person for 30-minutes to hear your feedback.

If I hear from you after all the participant spots have filled, I may ask if you would be interested in being placed on a waitlist or participating as a peer reviewer. The peer reviewer will be asked to read and reflect on the common themes narrative for one hour over a two-week period. The peer reviewer will then meet with me for the second 30-minute interview only. This person will share how well he/she feels that his/her experiences are represented in the collective story that includes all of the participants.

I am conducting this study to understand what it could be like for mental health professionals' to work with clients interested in physician-assisted suicide in the future. I am also interested in how mental health professionals make meaning of physician-assisted suicide through their stories and experience(s) (e.g. thoughts and feelings) of physician-assisted suicide.

I invite you to participate in this study if you:

- **Identify as a mental health professional with at least a master's level degree in a discipline of mental health;**
- **Currently work as a mental health professional within the field of mental health services (i.e. psychiatrist, psychologist, counsellor, social worker, nurse, doctor etc.);**
- **Are able to provide a definition of physician-assisted suicide;**
- **Have an interest in exploring personal experience(s) (e.g. thoughts and feelings) in relation to physician-assisted suicide;**
- **Have had no previous experience(s) working with a client who wants to talk about physician-assisted suicide;**
- **Are willing to speak about the prospective experience(s) (possible future experience(s)) of working with clients interested in physician-assisted suicide;**
- **Are able to speak and read English; and**
- **Are comfortable completing up to 5 hours of interviews over a one year period.**

Results of the study will be shared with the participants. Pseudonyms will be used in place of any personally identifying information; however confidentiality cannot be guaranteed due to the personal nature of the information comprising this study.

If there is potential for a dual relationship, participants will be advised in advance.

If you would like to participate in my study please take a look at the poster attached to this e-mail. General participants will receive a $50 gift card for participating in the study. If you want to learn more about my study or would like to participate, please reply to this e-mail.

Thank you for your time and consideration,

Kelsey Jarvis
M.A. in Counselling Psychology Student
Thesis Advisor: Dr. Marianna Terrett
Adler School of Professional Psychology

Appendix D: Initial Participant Contact Script

(If following "Appendix C: Recruitment E-mail to Participants" an individual contacts the student researcher by e-mail and expresses interest in participating in the study, then the student researcher will ask to contact the potential participant by phone to discuss the details of the study further.)

- Thank you for taking the time to speak with me. My name is Kelsey Jarvis and I am a master's student in the counselling psychology program at the Adler School of Professional Psychology. I am conducting this study as part of the requirements for my master's thesis. My supervisor is Dr. Marianna Terrett.
- Before we get started, I would like to ask you a series of short questions to ensure that you meet the requirements for this study.
    1. Do you identify as a mental health professional with at least a master's level degree in a discipline of mental health?
    2. Are you currently working within the field of mental health services?
    3. Are you able to define physician-assisted suicide?
    4. Do you have an interest in exploring personal experience(s) (e.g. thoughts and feelings) in relation to physician-assisted suicide?
    5. Have you ever had any previous experience(s) working with a client interested in physician-assisted suicide?
    6. Are you willing to speak about the prospective experience(s) (possible future experience(s)) of working with clients interested in physician-assisted suicide?
    7. Can you speak and read English?
    8. Are you comfortable completing up to five hours of interviews over a one-year period?

(If the individual replies "no" to questions 1-4 or 6-8 or "yes" to question 5, I will utilize the following script.)

- Thank you very much for your interest in my study. Unfortunately I am only able to invite individuals who meet all of the necessary requirements to participate. I appreciate both your time and interest in participating.

(If the individual replies "yes" to questions 1-4 and 6-8 and "no" to question 5, I will move on to assess whether he/she can define physician-assisted suicide.)

- Next, I would like to ask you to provide a definition of physician-assisted suicide. Please describe what physician-assisted suicide is in your own words. Your definition will be compared to the definition provided by Dying with Dignity Canada, Inc. (2011). Are you comfortable answering this question?

(If the individual replies "no," I will explain why the definition is required and answer any of their questions.)

- In order to determine whether participants will be able to talk about their experience(s) (e.g. thoughts and feelings) of physician-assisted suicide, I need to make sure that both the participant and the student researcher share a common understanding of what physician-assisted suicide means.

(If the individual replies "yes," I will use the following definition as a comparison)

- "Physician-assisted suicide is a form of medically assisted dying whereby a physician writes a prescription for a lethal dose of medication that is subsequently filled and self-administered by the patient to cause death" (Dying with Dignity Canada Inc., 2011).

(*If the individual's answer is not comparable to the above definition, I will utilize the following script)*

- Thank you very much for your interest in my study. Unfortunately I am only able to invite individuals who meet the necessary requirements to participate in this study. I appreciate both your time and interest in participating.

(If the individual's answer is comparable to the above definition, but three individuals have already consented to be general participants, I will utilize the following script)

- Thank you very much for your interest in my study. You qualify for participation. However, I have already filled the number of general participant slots that my study requires. If you're interested, I could put your name and contact information on a waitlist. I would then contact you if more participants are required or if you would like to be a peer reviewer. As a peer reviewer, you would only meet with me in-person or over the phone for one 30-minute interview. Would you be interested in being placed on a waitlist or participating as a peer reviewer? *(If the individual replies "no," I will thank them for their time and interest. If the individual replies "yes," to being placed on the waitlist for general participants, I will proceed to the next script to describe the research purpose and process. If the individual replies "yes," to potentially becoming a peer reviewer, I will utilize "Appendix E: Initial Participant Contact Script for Peer Reviewers.")*

(If the individual's answer is comparable to the above definition, I will proceed to describe the research purposes and process.)

- Thank you for answering my questions. You qualify for participation in my study. I would now like to review the purpose of my research. I will also let you know what you could expect should you decide to participate in this study. Please feel free to stop me or ask questions at any time.
- The purpose of the study is to learn about mental health professionals' stories and experience(s) (e.g. thoughts and feelings) of physician-assisted suicide and what it could be like for them to work with clients interested in physician-assisted suicide in the future.
- The study will involve one in-person, audio recorded interview that lasts approximately 60 to 120 minutes. This initial interview could take place at the Adler School of Professional Psychology, or another location that we decide on together.
- During the first interview, you would be invited to share your experience(s) (e.g. thoughts and feelings) of physician-assisted suicide and talk about the prospective experience(s) of working with clients interested in physician-assisted suicide. You could also talk about what physician-assisted suicide means to you and how this might impact what it could be like for you to work with clients interested in physician-assisted suicide in the future. If after this first interview you felt that important aspects of your story were left untold, a second in-person, audio-recorded interview would be scheduled. During the audio-recorded interview(s), you would be encouraged to share only what you felt comfortable sharing. If there was anything that you wanted erased, I would remove that section of the interview.

- Next, I would summarize your personal story. This is called an individual narrative. I would send you a copy of your individual narrative to read and reflect on over two weeks. After two weeks, we would meet again in-person or over the phone for an unrecorded 30-60 minute interview. During this interview, we would talk about whether you thought that I accurately captured your story and experience(s) (e.g. thoughts and feelings). I would ask you a few questions to guide this process. At this time, you could let me know if there was any information in the individual narrative that you would like changed. If this came up, we would collaborate to change that part of the story.
- I would then put together a second summary that captures the experiences of all of the general participants in the study. This is called a common themes narrative. I would send you a copy of the common themes narrative to read and reflect on for two weeks. After two weeks, we would meet again in-person or over the phone for a 30-minute, unrecorded interview. During this interview, I would invite you to share whether you thought the common themes narrative continued to represent your story and experience(s) (e.g. thoughts and feelings). I would ask you a few questions to guide this process. At this point, only minor revisions would be possible. These revisions would only be made to address a particular theme more appropriately or fix grammar or spelling. The decision to make these minor revisions would be up to me.

- Your participation in this study is completely voluntary. Your participation in this study is completely voluntary. You would receive a $50 gift card for your participation after you signed an informed consent form at the start of the first interview.
- I would ask that you adopt a pseudonym or false name to use during the interview(s) and throughout the narratives to help protect your privacy. Your real name will never appear in any publications of this research.
- During any point in the interview process, you would have the right to decline answering any questions that you are uncomfortable with. You would also have the right to withdraw your participation from the study entirely. After the initial audio-recorded interview(s), you would have one month to let me know if you would like your interview data to be removed from the study.
- Also, it is important for you to know that because I will be including only a small number of participants in my study, it is possible that someone who knows you or your experience(s) may be able to recognize you by reading the individual or common themes narrative. Due to this possibility, I am not able to guarantee confidentiality. However, I will do my best to maintain confidentiality by asking participants to use pseudonyms, and providing everyone with the opportunity to reflect on the individual narrative and suggest any changes. You would have the opportunity to tell me if you thought a phrase was too personally identifying. Lastly, only information in the individual narrative that you reviewed and approved would be used in the collective narrative.

- Overall, if you choose to participate, it is my hope that it would be a pleasant and validating experience for you.
- Do you have any questions?
- If you still might be interested in participating in this study, I can mail or e-mail a copy of the informed consent form to you. It outlines what I have said and other details about the

study. You can review the form and contact me with any questions that may arise. Would you prefer mail or e-mail? What address should I send it to?

- Please look over the informed consent form before making a decision about whether or not you would like to participate. I will review the informed consent form and the consent to audio-record form with you in person. I would ask that you sign both forms before we began audio recording the first interview.
- After you have read the informed consent form and should you choose to participate in this study, please e-mail me and we can talk about a time a location to meet. If you decide that you would not like to participate, I would appreciate if you could contact me to let me know as well.
- If I have not heard back from you within 10 days of sending the informed consent form, I would like to get in touch with you again. Would it be alright if I contacted you by phone or e-mail to ask what decision you have made? Is there a phone number or e-mail address that is best for reaching you? Is there any preferred time and day for me to contact you by phone?
- If you choose to participate in this study, would you prefer a $50 gift card from Starbucks, London Drugs, or Safeway?
- Do you have any questions about the study at this point? Again, please feel free to e-mail me if any questions arise for you. Thank you for your time and interest. *(At this point, I would make sure that all necessary information below is obtained.)*

Name: _____ Age: _____

Phone Number: _____ Email: _____

Preferred Time & Day for Contact:

_____

Address:

_____

Method of Receiving Consent Form:

_____

Appendix E: Initial Participant Contact Script for Peer Reviewers

(If following "Appendix D: Initial Participant Contact Script," an individual meets the appropriate criteria and expresses an interest in becoming a peer reviewer, I will proceed to describe the research purposes and process by using the following script.)

- Thank you for answering my questions. You qualify for participation in my study. I would now like to review the purpose of my research. I will also explain what you could expect if you chose to participate in my study. Please stop me or let me know if you have any questions along the way.
- The purpose of the study is to learn about mental health professionals' stories and experience(s) (e.g. thoughts and feelings) of physician-assisted suicide and what it could be like for them to work with clients interested in physician-assisted suicide in the future.
- General participants in the study will be sharing their experience(s) (e.g. thoughts and feelings) of physician-assisted suicide and how they might feel about working with clients interested in physician-assisted suicide in the future. I will be summarizing the stories from each of the general participants and putting them together into one document. This is called the common themes narrative. I would send you a copy of the common themes narrative to read and reflect on for about one hour over two weeks. After two weeks, we would meet in-person or speak over the phone for a 30-minute, unrecorded interview. During this interview, I would invite you to share whether you thought that the common themes narrative was representative of mental health professionals' experience(s) (e.g. thoughts and feelings) of physician-assisted suicide and what it could be like for them to work with clients interested in physician-assisted suicide in the future. I may ask a few more questions to make sure that I understand what you have shared. The information from this interview would be summarized briefly in the results section of my study.

- Your participation in this study is completely voluntary. You would receive a $20 gift card for your participation after you signed an informed consent form.
- I would ask that you adopt a pseudonym or false name to use during the interview and throughout the narratives to help protect your privacy. Your real name will never appear in any publications of this research.
- During any point in the interview process, you would have the right to decline answering any questions that you are uncomfortable with. You would also have the right to withdraw your participation from the study entirely. After the initial audio recorded interview(s), you would have one month to let me know if you would like your interview data to be removed from the study.

- Overall, if you choose to participate, it is my hope that it would be a pleasant and insightful experience for you.
- Do you have any questions?
- If you still might be interested in participating in this study, I can mail or e-mail a copy of the informed consent form to you. It outlines what I have said and other details about the study. You can review the form and contact me with any questions that may arise. Would you prefer mail or e-mail? What address should I send it to?

- Please look over the informed consent form before making a decision about whether or not you would like to participate. I will review the informed consent form and the consent to audio-record form with you in person. I would ask that you sign both forms before we began audio recording the first interview.
- After you have read the informed consent form and should you choose to participate in this study, please e-mail me and we can talk about a time a location to meet. If you decide that you would not like to participate, I would appreciate if you could contact me to let me know as well.
- If I have not heard back from you within 10 days of sending the informed consent form, I would like to get in touch with you again. Would it be alright if I contacted you by phone or e-mail to ask what decision you have made? Is there a phone number or e-mail address that is best for reaching you? Is there any preferred time and day for me to contact you by phone?
- If you choose to participate in this study, would you prefer a $20 gift card from Starbucks, London Drugs, or Safeway?
- Do you have any questions about the study at this point? Again, please feel free to e-mail me if any questions arise for you. Thank you for your time and interest. *(At this point, I would make sure that all necessary information below is obtained.)*

Name: _____ Age: _____

Phone Number: _____ Email: _____

Preferred Time & Day for Contact:

_____

Address:

_____

Method of Receiving Consent Form:

_____

Appendix F: Initial Participant Contact Script for Expert Reviewers

- Thank you for taking the time to speak with me. My name is Kelsey Jarvis and I am a master's student in the counselling psychology program at the Adler School of Professional Psychology. I am conducting this study as part of the requirements for my master's thesis. My supervisor is Dr. Marianna Terrett.
- Before we get started, I would like to ask you a series of short questions to ensure that you meet the requirements for this study.
    1. Do you have expertise on the topic of physician-assisted suicide?
    2. Do you have professional expertise working with mental health professionals who have experience(s) (e.g. thoughts and feelings) of physician-assisted suicide and have thought about the prospective experience(s) of working with clients interested in physician-assisted suicide?
    3. Do you have a relevant master's or doctoral degree?
    4. Can you speak and read English?
    5. Are you comfortable reading a story for about 1 hour and completing one 30-minute interview up to one year from now?

(If the individual replies "no" to any of the above questions, I will utilize the following script.)

- Thank you very much for your interest in my study. Unfortunately I am only able to invite individuals who meet all of the necessary participant criteria to participate in this study. I appreciate both your time and interest in participating.

(If the individual answers "yes" to all of the above questions, but someone has already consented to be the expert reviewer, I will utilize the following script.)

- Thank you very much for your interest in my study. You qualify for participation in my study. However, at this time I have already filled the expert reviewer position that this study requires. If you're still interested, I could put your name and contact information on a waitlist so that I could reach you if another expert reviewer is needed. Would this interest you? *(If the individual replies "no," I will thank them for their time and interest. If the individual replies "yes," I will proceed to describe the research purposes and process.)*

(If the individual's answers meet the appropriate criteria as outlined above, I will proceed to describe the research purposes and process.)

- Thank you for answering my questions. You qualify for participation in my study. I will now explain the purpose of my research. I will also let you know what you could expect should you decide to participate in this study. Please let me know if you have any questions along the way.
- The purpose of this study is to learn about mental health professionals' stories and experience(s) (e.g. thoughts and feelings) of physician-assisted suicide and what it could be like for them to work with clients interested in physician-assisted suicide in the future.
- General participants in the study will be sharing their experience(s) (e.g. thoughts and feelings) of physician-assisted suicide and how they might feel about working with clients interested in physician-assisted suicide in the future. I will be summarizing the stories from each of the general participants and putting them together into one

document. This is called the common themes narrative. I would send you a copy of the common themes narrative to read and reflect on for about one hour over two weeks. After two weeks, we would meet in-person or speak over the phone for a 30-minute, unrecorded interview. During this interview, I would invite you to share whether you thought that the common themes narrative was representative of mental health professionals' experience(s) (e.g. thoughts and feelings) of physician-assisted suicide and what it could be like for them to work with clients interested in physician-assisted suicide in the future. I may ask a few more questions to make sure that I understand what you have shared. The information from this interview would be summarized briefly in the results section of my study.

- Your participation in this study is completely voluntary. I would ask that you adopt a pseudonym or false name to use during the interview and throughout the narratives to help protect your privacy. Your real name will never appear in any publications of this research.
- During any point in the interview process, you would have the right to decline answering any questions that you are uncomfortable with. You would also have the right to withdraw your participation from the study entirely. After the initial audio recorded interview(s), you would have one month to let me know if you would like your interview data to be removed from the study.

- Overall, if you choose to participate, it is my hope that it would be a pleasant and insightful experience for you.
- Do you have any questions?
- If you still might be interested in participating in this study, I can mail or e-mail a copy of the informed consent form to you. It outlines what I have said and other details about the study. You can review the form and contact me with any questions that may arise. Would you prefer mail or e-mail? What address should I send it to?
- Please look over the informed consent form before making a decision about whether or not you would like to participate. I will review the informed consent form and the consent to audio-record form with you in person. I would ask that you sign both forms before we began audio recording the first interview.
- After you have read the informed consent form and should you choose to participate in this study, please e-mail me and we can talk about a time a location to meet. If you decide that you would not like to participate, I would appreciate if you could contact me to let me know as well.
- If I have not heard back from you within 10 days of sending the informed consent form, I would like to get in touch with you again. Would it be alright if I contacted you by phone or e-mail to ask what decision you have made? Is there a phone number or e-mail address that is best for reaching you? Is there any preferred time and day for me to contact you by phone?
- Do you have any questions about the study at this point? Again, please feel free to e-mail me if any questions arise for you. Thank you for your time and interest. *(At this point, I would make sure that all necessary information below is obtained.)*

Name: _____ Age: _____

Phone Number: _____ Email: _____

Preferred Time & Day for Contact:

_____

Address:

_____

Method of Receiving Consent Form:

_____

Appendix G: Informed Consent Form for General Participants

MENTAL HEALTH PROFESSIONALS' NARRATION AND UNDERSTANDING OF THE PROSPECTIVE EXPERIENCE(S) OF WORKING WITH CLIENTS INTERESTED IN PHYSICIAN-ASSISTED SUICIDE

The Researchers

This research is being conducted by Kelsey Jarvis. She is doing this study for her Master's thesis at the Adler School of Professional Psychology. If you have any questions about the research, you may contact Kelsey Jarvis or her research supervisor. Their contact information is below:

Student Researcher: Kelsey Jarvis. Email: .
Kelsey Jarvis is undertaking this study as part of her Master's thesis at the Adler School of Professional Psychology.

Supervising Researcher: Marianna Terrett, Ph.D., RCC, FOT. Core Faculty, Adler School of Professional Psychology. E-mail: mterrett@adler.edu.

The Research

The research is about: mental health professionals' stories and experience(s) (e.g. thoughts and feelings) of physician-assisted suicide and what it could be like for them to work with clients interested in physician-assisted suicide in the future.

The research asks you to share your experiences and thoughts in a series of interviews.

1. The first initial interview will last 60 – 120 minutes. A second 60-minute interview will be scheduled as necessary. The initial interview(s) will be in-person at a mutually agreed upon location (e.g. a private room at a library or school). The initial interview(s) will be audio recorded to collect and analyze data. During the initial interview(s), you will be asked to share your stories and experience(s) (e.g. thoughts and feelings) of physician-assisted suicide and talk about what it could be like for you to work with clients interested in physician-assisted suicide in the future. You may share as much or as little as you want. You can let the student researcher know if you want any part of the recording erased.
2. The student researcher will develop a story that summarizes the information from the initial interview(s). This is called the individual narrative. You will be able to read this story over 2 weeks. After 2 weeks, a 30 – 60 minute validation interview will be scheduled. This interview can be in-person or over the phone. It will not be recorded. During this interview, you will be asked to answer a few questions and examine the individual narrative. You can let the student researcher know if you would like parts of the story edited or removed. You will be asked to work with the student researcher to make any changes.

3. The student researcher will develop a story that summarizes the themes discussed by all of the general participants. This is called a common themes narrative. You will be able to read this story over 2 weeks. After 2 weeks, a 30-minute final validation interview will be scheduled. This interview can be in-person or over the phone. It will not be recorded. During this last interview, you will be asked to answer some questions. You may also share how well you feel that the common themes narrative continues to represent your story and experience(s) (e.g. thoughts and feelings). At this point, only minor revisions will be possible. These minor revisions could address thematic accuracy or spelling/grammar. The decision to make these final revisions will rest on the student researcher.
4. The individual and common themes narratives will be included in publications of this research. Participants will only be referenced by their chosen pseudonym (false name) in all publications.

You will be asked to spend **2 – 5 hours of your time over 1 year.** You will receive a $50 gift card for participating in this study at the first interview after you have signed this form.

Confidentiality

All identifying information from this study will be kept strictly confidential. You will only be identified using a pseudonym in interview write-ups and narratives. Your real name or initials will never be used in any publications. The student researcher and the supervising researcher will be the only people with access to the audio recordings.

All electronic data (i.e. audio recordings and written interviews) will be stored for 5 years on 2 password protected USB drives. These drives will be placed in a locked storage container when not in use. Hard copies of the data will also be placed in the locked storage container for 5 years. The storage container will be securely stored at the student researcher's home.

After 5 years, hard copies of the data will be shredded. Electronic copies will be erased. You will be able to keep copies of your individual narrative and the common themes narrative. A summary of the research findings will be published in a thesis document. The findings may appear in future publications.

Limits to Confidentiality: Personal information collected will be held confidential unless any of the following are present:

A) If a child or vulnerable adult is at risk of abuse or neglect and is unable to seek help, or is in need of protection;

B) If you or another person is at clear risk of imminent harm;

C) If I am required to comply with a legal order such as a court subpoena;

D) Due to the small number of participants in this study, someone who reads published material about this study may identify you from information in the narratives. Due to the personal nature of the study, this risk is unavoidable. Thus, confidentiality cannot be guaranteed. To reduce this

risk, pseudonyms will be used. You will be able to revise or remove parts of your individual narrative that may be too identifying.

Risks and Benefits

By participating in this study, there is a small risk of experiencing stress. It is possible that you may feel discomfort through reflecting on your experiences. If you feel more stress than you would like, you can:

1. Decide not to answer a particular question.
2. Take a break from the interview.
3. Ask to reschedule the interview.
4. Withdraw from the study at any time.
5. Ask that your data be removed from the research up to 1 month after the first interview.
6. Reach out to your support system.
7. Seek support from the resource referral list below.

Although aspects of this research may pose benefits, the intent of this study is not to provide personal counselling.

Benefits from participating in this study may include experiencing validation and/or positive emotions. You may also gain new insights about your experiences. This study may benefit counsellors and other mental health practitioners who work with, or may one day work with, individuals interested in physician-assisted suicide. It is possible that other mental health professionals may benefit from the findings of this research as it applies to new therapies and treatment plans.

Resource List:

1. Canadian Mental Health Association, BC Division
Five branches across the Lower Mainland including: Delta, North Vancouver, West Vancouver, Richmond, Simon Fraser (New Westminster), and Vancouver-Burnaby
Suite 1200-1111 Melville Street
Vancouver, BC V6E 3V6
Phone: 604-688-3234 or Toll-free (BC only): 1-800-555-8222
E-mail: info@cmha.bc.ca
Website: http://www.cmha.bc.ca

2. BC Association of Clinical Counsellors (BCACC)
Online directory of registered counsellors:

http://bc-counsellors.force.com/CounsellorSearch

3. CounsellingBC.com
Online directory of counsellors, psychologists, social workers, and therapists:
http://counsellingbc.com/directory.html
If you have any concerns about your treatment as a participant, you can contact the Chair of the REB. Her contact information is below:

REB Chair: Debbie Clelland, Ph.D. (604)-699-3570
E-mail: dclelland@adler.edu

Consent

- **I understand that my participation in this study is voluntary.**
- **I know I can refuse to answer any question(s).**
- **I know I can withdraw my participation at any time.**
- **I can ask that information I've provided be removed from the research for up to 1 month after the first interview.**
- **I know that the initial interview(s) will be audio-recorded and short quotes might be used.**
- **I know that my name will NOT be used.**
- **I understand that my story told in the audio recorded interview(s) will be part of the narratives that will be published using a pseudonym. It is possible that someone who knows me may be able to recognize my story. Therefore, I know that confidentiality cannot be guaranteed.**
- **I have been warned about the potential for a dual relationship to arise and I have chosen to participate in this study regardless.**
- I understand that signing this consent does not waive my legal rights in any way.
- I have read and understood this consent form.
- I have received a copy of this consent form for my own records.
- By signing below, I am giving my consent to participate in this study.

_____ _____
Participant Signature **Date**

_____
Participant Name (Printed)

☐ **Check if you would like to receive a copy of the student researcher's completed Master's thesis. If so, please provide your email address below.**

_____
Participant Email

Appendix H: Informed Consent Form for Peer Reviewers

MENTAL HEALTH PROFESSIONALS' NARRATION AND UNDERSTANDING OF THE PROSPECTIVE EXPERIENCE(S) OF WORKING WITH CLIENTS INTERESTED IN PHYSICIAN-ASSISTED SUICIDE

The Researchers

This research is being conducted by Kelsey Jarvis. She is doing this study for her Master's thesis at the Adler School of Professional Psychology. If you have any questions about the research, you may contact Kelsey Jarvis or her research supervisor. Their contact information is below:

Student Researcher: Kelsey Jarvis. Email: .
Kelsey Jarvis is undertaking this study as part of her Master's thesis at the Adler School of Professional Psychology.

Supervising Researcher: Marianna Terrett, Ph.D., RCC, FOT. Core Faculty, Adler School of Professional Psychology. E-mail: mterrett@adler.edu.

The Adler School Research Ethics Board (REB) has approves this research.

The Research

The research is about: mental health professionals' stories and experience(s) (e.g. thoughts and feelings) of physician-assisted suicide and what it could be like for them to work with clients interested in physician-assisted suicide in the future.

This research asks you to read a story for about 1 hour and then share your thoughts in a 30-minute interview.

1. General participants in the study will be sharing their stories and experience(s) (e.g. thoughts and feelings) of physician-assisted suicide and what it could be like for them to work with clients interested in physician-assisted suicide in the future. The student researcher will develop a story that summarizes the themes discussed by all the general participants. This is called a common themes narrative. You will be able to read this story over 2 weeks. After 2 weeks, a 30-minute validation interview will be scheduled. This interview can be in-person or over the phone. It will not be recorded. During this interview, you will be asked to answer some questions. You will be invited to discuss how well the common themes narrative represents mental health professionals' experience(s) (e.g. thoughts and feelings) of physician-assisted suicide and what it could be like for them to work with clients interested in physician-assisted suicide in the future. You will also be encouraged to express your opinion about the common themes narrative.

2. The information form the validation interview will be summarized briefly in the results section of the study. Participants will only be referenced by their chosen pseudonym

(false name) in all publications.

You will be asked to spend up to **1.5 hours of your time over 1 year.** You will receive a $20 gift card for participating in this study after you have signed this form.

Confidentiality

All identifying information from this study will be kept strictly confidential. You will only be identified using a pseudonym in interview write-ups and narratives. Your real name or initials will never be used in any publications. The student researcher and the supervising researcher will be the only people with access to the audio recordings.

All electronic data (i.e. audio recordings and written interviews) will be stored for 5 years on 2 password protected USB drives. These drives will be placed in a locked storage container when not in use. Hard copies of the data will also be placed in the locked storage container for 5 years. The storage container will be securely stored at the student researcher's home.

After 5 years, hard copies of the data will be shredded. Electronic copies will be erased. A summary of the research findings will be published in a thesis document. You will be able to request a copy of the final document. The findings may appear in future publications.

Limits to Confidentiality: Personal information collected will be held confidential unless any of the following are present:

A) If a child or vulnerable adult is at risk of abuse or neglect and is unable to seek help, or is in need of protection;

B) If you or another person is at clear risk of imminent harm;

C) If I am required to comply with a legal order such as a court subpoena;

D) Due to the small number of participants in this study, someone who reads published material about this study may identify you from information in the narratives. Due to the personal nature of the study, this risk is unavoidable. Thus, confidentiality cannot be guaranteed. To reduce this risk, pseudonyms will be used. You will be able to revise or remove parts of your individual narrative that may be too identifying.

Risks and Benefits

By participating in this study, there is a small risk of experiencing stress. It is possible that you may feel discomfort through reflecting on your experiences. If you feel more stress than you would like, you can:

1. Decide not to answer a particular question.

2. Take a break from the interview.

3. Ask to reschedule the interview.

4. Withdraw from the study at any time.

5. Ask that your data be removed from the research up to 1 month after the first interview.

6. Reach out to your support system.

7. Seek support from the resource referral list below.

Although aspects of this research may pose benefits, the intent of this study is not to provide personal counselling.

Benefits from participating in this study may include experiencing validation and/or positive emotions. You may also gain new insights about your experiences and/or the experiences of other mental health professionals. This study may benefit counsellors and other mental health practitioners who work with, or may one day work with, individuals interested in physician-assisted suicide. It is possible that other mental health professionals may benefit from the findings of this research as it applies to new therapies and treatment plans.

Resource List:

1. Canadian Mental Health Association, BC Division
Five branches across the Lower Mainland including: Delta, North Vancouver, West Vancouver, Richmond, Simon Fraser (New Westminster), and Vancouver-Burnaby
Suite 1200-1111 Melville Street
Vancouver, BC V6E 3V6
Phone: 604-688-3234 or Toll-free (BC only): 1-800-555-8222
E-mail: info@cmha.bc.ca
Website: http://www.cmha.bc.ca

2. BC Association of Clinical Counsellors (BCACC)
Online directory of registered counsellors:
http://bc-counsellors.force.com/CounsellorSearch

3. CounsellingBC.com
Online directory of counsellors, psychologists, social workers, and therapists:
http://counsellingbc.com/directory.html

If you have any concerns about your treatment as a participant, you can contact the Chair of the REB. Her contact information is below:

REB Chair: Debbie Clelland, Ph.D. (604)-699-3570
E-mail: dclelland@adler.edu

Consent

- I understand that participating in this study is voluntary.
- I know I can refuse to answer any question(s).
- I know I can withdraw my participation at any time.
- I can ask that information I've provided be removed from the research for up to 1 week after the validation interview.
- I know that my name will NOT be used.
- I agree to keep any personally identifying information about general participant(s) confidential should I happen to re-identify a general participant(s) by reviewing the individual and common themes narratives.
- I have been warned about the potential for a dual relationship to arise and I have chosen to participate in this study regardless.
- I understand that signing this consent does not waive my legal rights in any way.
- I have read and understood this consent form.
- I have received a copy of this consent form for my own records.
- By signing below, I am giving my consent to participate in this study.

_____ _____

Participant Signature **Date**

_____

Participant Name (Printed)

☐ **Check if you would like to receive a copy of the student researcher's completed Master's thesis. If so, please provide your email address below.**

_____

Participant Email

Appendix I: Informed Consent Form for Expert Reviewers

MENTAL HEALTH PROFESSIONALS' NARRATION AND UNDERSTANDING OF THE PROSPECTIVE EXPERIENCE(S) OF WORKING WITH CLIENTS INTERESTED IN PHYSICIAN-ASSISTED SUICIDE

The Researchers

This research is being conducted by Kelsey Jarvis. She is doing this study for her Master's thesis at the Adler School of Professional Psychology. If you have any questions about the research, you may contact Kelsey Jarvis or her research supervisor. Their contact information is below:

Student Researcher: Kelsey Jarvis. Email: .
Kelsey Jarvis is undertaking this study as part of her Master's thesis at the Adler School of Professional Psychology.

Supervising Researcher: Marianna Terrett, Ph.D., RCC, FOT. Core Faculty, Adler School of Professional Psychology. E-mail: mterrett@adler.edu.

The Adler School Research Ethics Board (REB) has approves this research.

The Research

The research is about: mental health professionals' stories and experience(s) of physician-assisted suicide and what it could be like for them to work with clients interested in physician-assisted suicide in the future.

This research asks you to read a story for about 1 hour and then share your thoughts in a 30-minute interview.

1. General participants in the study will be sharing their stories and experience(s) (e.g. thoughts and feelings) of physician-assisted suicide and what it could be like for them to work with clients interested in physician-assisted suicide in the future. The student researcher will develop a story that summarizes the themes discussed by all the general participants. This is called a common themes narrative. You will be able to read this story over 2 weeks. After 2 weeks, a 30-minute validation interview will be scheduled. This interview can be in- person or over the phone. It will not be recorded. During this interview, you will be asked to answer some questions. You will be invited to discuss how well the common themes narrative represents mental health professionals' experience(s) (e.g. thoughts and feelings) of physician-assisted suicide and what it could be like for them to work with clients interested in physician-assisted suicide in the future. You will also be encouraged to express your opinion about the common themes narrative.

2. The information from the validation interview will be summarized briefly in the results section of the study. Participants will only be referenced by their chosen pseudonym (false name) in all publications.

You will be asked to spend up to **1.5 hours of your time over 1 year.**

Confidentiality

All identifying information from this study will be kept strictly confidential. You will only be identified using a pseudonym in interview write-ups and narratives. Your real name or initials will never be used in any publications. The student researcher and the supervising researcher will be the only people with access to the audio recordings.

All electronic data (i.e. audio recordings and written interviews) will be stored for 5 years on 2 password protected USB drives. These drives will be placed in a locked storage container when not in use. Hard copies of the data will also be placed in the locked storage container for 5 years. The storage container will be securely stored at the student researcher's home.

After 5 years, hard copies of the data will be shredded. Electronic copies will be erased. You will be able to request a copy of the final document. A summary of the research findings will be published in a thesis document. The findings may appear in future publications.

Limits to Confidentiality: Personal information collected will be held confidential unless any of the following are present:

A) If a child or vulnerable adult is at risk of abuse or neglect and is unable to seek help, or is in need of protection;

B) If you or another person is at clear risk of imminent harm;

C) If I am required to comply with a legal order such as a court subpoena;

D) Due to the small number of participants in this study, someone who reads published material about this study may identify you from information in the narratives. Due to the personal nature of the study, this risk is unavoidable. Thus, confidentiality cannot be guaranteed. To reduce this risk, pseudonyms will be used. You will be able to revise or remove parts of your individual narrative that may be too identifying.

Risks and Benefits

By participating in this study, there is a small risk of experiencing stress. It is possible that you may feel discomfort through reflecting on your past experiences. If you feel more stress than you would like, you can:

1. Decide not to answer a particular question.

2. Take a break from the interview.

3. Ask to reschedule the interview.

4. Withdraw from the study at any time.

5. Ask that your data be removed from the research up to 1 month after the first interview.

6. Reach out to your support system.

7. Seek support from the resource referral list below.

Although aspects of this research may pose benefits, the intent of this study is not to provide personal counselling.

Benefits from participating in this study may include experiencing validation and/or positive emotions. You may also gain new insights about your experiences and/or the experiences of other mental health professionals. This study may benefit counsellors and other mental health practitioners who work with, or may one day work with, individuals interested in physician-assisted suicide. It is possible that other mental health professionals may benefit from the findings of this research as it applies to new therapies and treatment plans.

Resource List:

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Five branches across the Lower Mainland including: Delta, North Vancouver, West Vancouver, Richmond, Simon Fraser (New Westminster), and Vancouver-Burnaby
Suite 1200-1111 Melville Street
Vancouver, BC V6E 3V6
Phone: 604-688-3234 or Toll-free (BC only): 1-800-555-8222
E-mail: info@cmha.bc.ca
Website: http://www.cmha.bc.ca

2. BC Association of Clinical Counsellors (BCACC)
Online directory of registered counsellors:
http://bc-counsellors.force.com/CounsellorSearch

3. CounsellingBC.com
Online directory of counsellors, psychologists, social workers, and therapists:
http://counsellingbc.com/directory.html

If you have any concerns about your treatment as a participant, you can contact the Chair of the REB. Her contact information is below:

REB Chair: Debbie Clelland, Ph.D. (604)-699-3570
E-mail: dclelland@adler.edu

Consent

- I understand that participating in this study is voluntary.
- I know I can refuse to answer any question(s).
- I know I can withdraw my participation at any time.
- I can ask that information I've provided be removed from the research for up to 1 week after the validation interview.
- I know that my name will NOT be used.
- I agree to keep any personally identifying information about general participant(s) confidential should I happen to re-identify a general participant(s) by reviewing the individual and common themes narratives.
- I understand that signing this consent does not waive my legal rights in any way.
- I have read and understood this consent form.
- I have received a copy of this consent form for my own records.
- By signing below, I am giving my consent to participate in this study.

_____ _____

Participant Signature **Date**

_____

Participant Name (Printed)

☐ **Check if you would like to receive a copy of the student researcher's completed Master's thesis. If so, please provide your email address below.**

_____

Participant Email

Appendix J: Orienting Statement and Interview Guide

Initial Check-In and signing of the Informed Consent form (Appendix G) (before beginning audio recording)

- "How are you feeling about having the interview today?"
- "At any time throughout this interview you may take a break. You may also ask to reschedule the interview or withdraw from the study. Do you have any questions?"

(Begin audio recording)

"This study explores mental health professionals' stories and experience(s) (e.g. thoughts and feelings) of physician-assisted suicide and what it could be like for them to work with clients interested in physician-assisted suicide in the future. Earlier, you identified yourself as such a person."

"Please consider your experience(s) (e.g. thoughts and feelings) of physician-assisted suicide and what physician-assisted suicide means to you." *(I will pause at this time and provide the participant with time to reflect.)* "Please also consider what it could be like for you to work with clients interested in physician-assisted suicide in the future." (*I will pause at this time and provide the participant with time to reflect.)*

"I invite you to share your story of your experience(s) (e.g. thoughts and feelings) of physician-assisted suicide, the meaning(s) that you attribute to physician-assisted suicide, and what it could be like for you to work with clients interested in physician-assisted suicide in the future. I encourage you to tell your story as you see fit. I may ask you to elaborate or clarify parts of your story. However, please only share with me as much as you are comfortable with. My role will mostly be to listen."

"Please consider these two questions: "**What does physician-assisted suicide mean to you? What would it be like for you to work with a client who wants to talk about physician-assisted suicide?** You may begin when you feel ready."

Throughout the interview, I may use guiding questions and/or statements to increase the depth of the interview, such as:

- "Tell me more about how that (experience, moment, time, realization, awareness, insight, etc.) was for you.
- How was that (experience, event, awareness, etc.) significant for you?
- What were your thoughts or feelings at that time?
- How did you become interested in physician-assisted suicide?
- Where did you gain most of your knowledge about physician-assisted suicide?
- What knowledge do you have about the various laws concerning physician-assisted suicide worldwide?
- What are your thoughts about legalization of physician-assisted suicide?
- What thoughts, feelings, opinions etc. come to mind when you think about working with clients interested in physician-assisted suicide in the future?

- How do you think identifying as a mental health professional has affected your thoughts, feelings, and understanding of physician-assisted suicide?
- How do you think legalization of physician-assisted suicide in Canada could affect you as a mental health professional?
- What do you think the benefits of working with a client interested in physician-assisted suicide could be?
- What do you think the challenges of working with a client interested in physician-assisted suicide could be?
- How do you think you would feel if a client wanted to talk to you about physician-assisted suicide?
- How do you think you would feel if a client was interested in pursuing physician-assisted suicide?
- How do you think you might feel differently if a client was interested in physician-assisted suicide because a friend or family member of theirs was pursuing physician-assisted suicide?
- How do you think your experiences (family, friends, morals, values, religion, spirituality etc.) have influenced your beliefs about physician-assisted suicide?
- How do you think your education and training as a mental health professional has influenced your beliefs about physician-assisted suicide?
- What resources do you think could be helpful for working with clients interested in physician-assisted suicide?"

When the participant has indicated that they have finished telling their story at this time, I will ask:

- "Is there anything more you would like to share?"

I will ask the following questions <u>only if</u> the narrative appears to be surface level with insufficient detail and/or depth:

- "In your story, you have described your experience(s) of physician-assisted suicide and what it could be like to work with clients interested in physician-assisted suicide in the future. In order to ensure that I understand your story I would like to clarify my understanding of your story with some questions."

- "Is there anything else about your experience(s) of physician-assisted suicide that you have not shared?
- Is there anything else about the prospective experience(s) of working with clients interested in physician-assisted suicide that you have not shared?
- How do you feel that working as a mental health professional may affect your experience(s) of physician-assisted suicide?
- How do you feel that working as a mental health professional may affect your understanding of the prospective experience(s) of working with a client who wants to talk about physician-assisted suicide?
- If you could put your experience(s) into a metaphor, what metaphor would represent your experience(s) of physician-assisted suicide?

- What metaphor would describe your understanding of the prospective experience(s) of working with clients interested in physician-assisted suicide?"

If the participant chooses at any time to reschedule the interview or withdraw from the study, the appropriate script will be utilized:

- *(If rescheduling)* "Would you like to reschedule our interview now? Or would you prefer to contact me by e-mail to reschedule? I would like to remind you of the resource referral list. It is there if you would like to speak to a professional about any distress you may be experiencing."
- *(If withdrawing)* "I understand that you want to withdraw from the study. You have 1 month from today to tell me if you want your data withdrawn from the study. I would like to remind you of the resource referral list. It is there if you would like to speak to a professional about any distress you may be experiencing."

Appendix K: Validation Interview Guide Questions

Guide Questions for the Individual Narrative Validation Interviews

"In this interview we will discuss the individual narrative. It is based on our audio-recorded interview(s). Before we begin, I would like to remind you of the Informed Consent Form (Appendix G) and give you the opportunity to review it once more and ask any questions before we begin (I will have a copy of the Informed Consent Form (Appendix G) for participants to review). The information from this interview will appear in the research across all participants. Recently you had the chance to reflect on the individual narrative. Please consider the following questions:"

(These four factors comprise the validation criteria for this study.)

- *Comprehensiveness*: "Is the story comprehensive? Does it describe your experience(s) in enough detail? Is anything missing? Is there anything that you would add or change?"
- *Coherence*: "Is the story coherent? Does the story seem complete? Is the story understandable?"
- *Resonance*: "Does the story accurately reflect what physician-assisted suicide means to you? Does the story accurately reflect your experience(s) of physician-assisted suicide? Does it accurately reflect your understanding of the prospective experience(s) of working with clients interested in physician-assisted suicide?
- *Pragmatic value*: "Has your participation in this study led to any new insights? Have you benefitted from participating? If so, how? In what ways might your story help mental health professionals who may work with clients interested in physician-assisted suicide in the future?"

"Is any part of the individual narrative too self-identifying? Do you think any parts may compromise your confidentiality? Is there anything you do not want included?"
(If "yes," I would talk with the participant about the part of the individual narrative that is too self-identifying or causes discomfort. We would collaborate to revise that section of the individual narrative. If that aspect cannot be revised to our mutual satisfaction, I would remove that information from the individual narrative.)

Guide Questions for the Common Themes Narrative Validation Interviews

"In this interview we will discuss the common themes narrative. It is based on the common themes in all the general participants' stories. Before we begin, I would like to remind you of the Informed Consent Form (Appendix G) and give you the opportunity to review it once more and ask any questions before we begin (I will have a copy of the Informed Consent Form (Appendix G) for participants to review). The information from this interview will appear in the research across all participants. Recently you had the chance to reflect on the common themes narrative. Please consider the following questions:"

(These four factors comprise the validation criteria for this study.)

- *Comprehensiveness*: "Is the common themes narrative comprehensive? Is there enough detail? Is there enough depth? Is anything missing?"

- *Coherence*: "Is the common themes narrative coherent? Does it seem complete? Are the common themes understandable?"
- *Resonance*: "Does the common themes narrative accurately reflect what physician-assisted suicide means to you? Does it accurately reflect your experience(s) of physician-assisted suicide? Does it accurately reflect your understanding of the prospective experience(s) of working with clients interested in physician-assisted suicide?"
- *Pragmatic value*: "Has your participation led to any new insights? Have you benefitted from participating? If so, how might the common themes narrative help mental health professionals who may work with clients interested in physician-assisted suicide in the future?"

Guide Questions for the Validation Interview with Peer and Expert Reviewers

"In this interview we will discuss the common themes narrative. It is based on the common themes in all the general participants' stories. Before we begin, I would like to remind you of the Informed Consent Form (Appendices H or I) and give you the opportunity to review it once more and ask any questions before we begin (I will have a copy of the Informed Consent Forms (Appendices H-I) for participants to review). The information from this interview will appear in the research across all participants. Recently you had the chance to reflect on the common themes narrative. Please consider the following questions:"

(These four factors comprise the validation criteria for this study.)

- *Comprehensiveness*: "Is the common themes narrative comprehensive? Is there enough detail? Is there enough depth?"
- *Coherence*: "Is the common themes narrative coherent? Are the common themes understandable? Are the findings understandable? Is the interpretation understandable?"
- *Resonance*: "Given your knowledge and/or experience, does the common themes narrative accurately reflect the following:
    - Mental health professionals' experience(s) of physician-assisted suicide?
    - Mental health professionals' understanding of the prospective experience(s) of working with clients interested in physician-assisted suicide?
- *Pragmatic value*: "Did the common themes narrative offer any new insights about the population or experience(s) under study? How might the common themes narrative help mental health professionals who may work with clients interested in physician-assisted suicide in the future?"