

**Consent to Participate in a Research Study  
Department of Psychiatry**

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**Title of Study:**  
The Lives of Secrets

**Introduction/Purpose:**

This research study aims to understand in narrative detail how an important secret that has shaped your life began, developed, and was disclosed. About 30 people will be interviewed about a secret that has shaped that person's life. Adults 18 and older who can read and reliably remember events from their lives are eligible. Each initial interview will take about two hours and follow-up interviews may be requested. The purpose of the research study is to write a book about secrets that includes disguised narrative accounts that illustrate key aspects of how secrets shape our character and key events in our lives. Please read the following explanation carefully and ask questions about anything you do not understand.

**Procedures:**

After a screening interview by phone, the informed consent form will be delivered or sent to you for your review prior to signing in Dr Wulsin's presence before the interview. This initial interview will at times guide your telling of the story of your secret using a semi-structured interview guide to ask about various aspects of the secret. You may be called for one or more additional interviews during the subsequent two year period as part of this project.

Information from the interview will be recorded in written notes and by audiorecording. If you do not agree to have the interviews recorded, you should not participate. All written and digitally recorded information will be filed under your ID number only, either in a locked file cabinet in my office or in a secure digital file. Key identifying information and contact info will be recorded only on the master list, which will be kept in a separate locked location. All project files are confidential and protected under the rules of research.

**Risks/Discomforts:**

This interview or the follow-up interviews may lead to some strong feelings or distress. You are free to avoid subjects which are too distressing to discuss. You may stop the interview at any time.

**Benefits:**

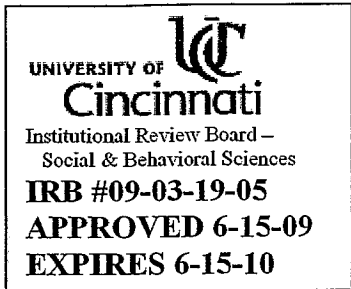
You will receive no direct benefit from your participation in this study. However, your participation may increase the ability of others to understand the risks and benefits of keeping and revealing important secrets.

**Alternatives:**

If you do not want to participate in this study but want to understand the effects of your secret better, you may seek help from a psychotherapist.

**Confidentiality:**

To reduce the level of risk for participants, the master list of names/ID numbers will be kept in a locked drawer in a separate location from the completed interview transcripts. Participant names will NEVER be written on interview transcripts.



Please note: your identity will remain confidential unless disclosure is required by law, such as mandatory reporting of current child abuse, elder abuse, or immediate danger to self or others.

The research data (identified only by study ID number) will be kept in a locked file cabinet in the investigator's office. Only members of this study's research team will have access to the data. Research data will be stored in a locked file cabinet for three years after the end of this study. The data from the study may be published; however, you will not be identified by name. If your story is to be published the investigator will make a good faith effort to contact you and show you the disguised version of your story, for your written approval on the sufficiency of the disguise.

**Offer to Answer Questions:**

"If you have any questions about this research study, you may contact Dr Wulsin at 513 558 5192. The University of Cincinnati Institutional Review Board – Social and Behavioral Sciences reviews all non-medical research projects that involve human subjects to be sure the rights and welfare of participants are protected. If you have questions about your rights as a research participant, you may contact the University of Cincinnati Institutional Review Board – Social and Behavioral Sciences at (513) 558-5784. If you have a concern about the study you may also call the UC Research Compliance Hotline at (800) 889-1547, or you may write to the Institutional Review Board-Social and Behavioral Sciences, 51 Goodman Drive, University Hall, Suite 300, ML 0567, PO Box 210567, Cincinnati, OH 45221-0567, or you may email the IRB office at [irb@ucmail.uc.edu](mailto:irb@ucmail.uc.edu)."

**Voluntary Participation:**

You do NOT have to agree to be interviewed. You may choose not to be interviewed or you may stop the interview AT ANY TIME without penalty or adverse consequences. You also may choose not to answer any individual questions during the interview.

**Agreement:**

I have read this consent document. I voluntarily agree to participate in this research study. I will receive a signed and dated copy of this consent document for my reference.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title of Person Obtaining Consent

\_\_\_\_\_  
Date