

Please read, complete, and mail this form by **January 7, 2010** to Dr. Kathleen Wall, ITP, 1069 E Meadow Circle, Palo Alto, CA 94303. Keep a copy for your records. Thank you.

**Registration and Informed Consent for the  
FREE Workshop and Research Study  
to Increase Well-Being and Reduce Stress  
for People Coping with Cancer**

**To the Participant in this Workshop and Research Study:**

You are invited to participate in a workshop and study being conducted at the Institute of Transpersonal Psychology in Palo Alto, CA. The study will provide free small-group workshops for people who have had a diagnosis or recurrence of non-metastatic cancer within the last 10 years.

**Information about the Workshop**

The workshop is designed to enhance well-being and reduce stress. It consists of 8 weekly 3 hour small group sessions totaling 24 hours of instruction, plus a reunion meeting. In the workshops you will learn gentle yoga, mindfulness movement, and a kind of meditation that is compatible with all spiritual/religious beliefs. You will also learn practices to encourage actualizing your highest aspirations, release negative emotions, and enhance equanimity and joy. The workshop will include writing in a journal and creating art.

All these techniques are included in Transformative Living Practices (TLP), a helping method co-developed by Kathleen Wall, Ph.D. She has practiced TLP with others for over 20 years, has practiced as a psychologist for over 30 years, and has survived breast cancer herself. The TLP workshops will be facilitated either by Dr. Wall or by professionals with graduate level training in psychology who have been personally trained by Dr. Wall in this integrative method.

Benefits of participation may include enhanced well-being and sense of purpose, along with contributing to the development of more effective programs for optimizing the functioning of people with cancer. Travel expenses that cause financial strain may be reimbursed, up to a total of \$30.00, by making a written request to the group leader. Fifteen dollars will be paid after the second session, with the remainder paid upon completion of the final follow-up meeting.

The workshop is designed to minimize potential risks to you. It has been provided to individuals and groups without harm for over 20 years by psychologist Kathleen Wall, Ph.D. Discussions of cancer and/or group experience may bring up difficult memories and negative feelings. If distress arises, the group leader or researchers will provide you with appropriate resources for counseling and/or spiritual guidance, which you may seek at your own expense. If at any time you have concerns or questions, the group leader or researchers will make every

effort to discuss them with you, and provide you with options for resolving your concerns. Your participation is entirely voluntary, and you may withdraw from the study at any time without penalty or prejudice. The Institute of Transpersonal Psychology and the researchers do not have a specific program to provide compensation if injury or distress occurs during this research.

### **Information about the Research Study**

Your activities for the study will include the following:

- Telephone and/or email conversations regarding the general concepts and logistics of the study, and screening to insure you meet the criteria for inclusion.
- Complete this consent/ registration form and return signed copy to the address at the top of this form.
- Complete self-report questionnaires three times, twice during your workshop sessions and once on your own. The questionnaires will ask you to assess your quality of life, take approximately 40 minutes to complete.
- Complete a 10-20 minute self-administered post-experience questionnaire during a group session. The researcher may invite you to an optional 30 minute interview regarding these experiences. These interviews will be audio-recorded and then transcribed by a person trained in confidentiality and who has signed a written agreement to keep all materials confidential.
- Journals and art work completed as a part of the course will be collected in a workbook as a part of the research. You may also keep copies for yourself.
- You may be invited to participate in an optional 1-2 hour post-program interview at a meeting time agreeable to you. The interview will take place at a neutral and private location agreed upon by you and the researcher. If you participate in the interviews, you will be asked to review and sign a separate consent-to-participate form.

The total amount of time required for your participation will be 27 hours including workshops and completion of questionnaires (2 hours). If you consent to the invited interviews, this may add 1-2 hours.

To protect your privacy, all information that you give will be kept confidential as to the source, and your identity will be protected. Research material collected will be kept confidential. Electronic records (such as interview recordings, notes written on a computer, etc.) will be stored in a password-protected, non-internet and non-network connected external computer hard drive so no one besides the researcher can access it. Hard copy data will be kept in a locked file cabinet to which only the researcher will have access. Your identity will also be protected through the use of a fictitious name or code. In the reporting or publication of this study or the information it contains, any information that might identify you will be altered to conceal your

identity, e.g. fictitious names. In cases where a transcriber of the interview recordings is used, that person will be required to sign a transcriber confidentiality agreement.

If you have any questions or concerns, you may email the researchers at [wellbeing@itp.edu](mailto:wellbeing@itp.edu) or call (650) 493-4430, x7325. You may also contact Kathleen Wall, Ph.D., the principal investigator, or Fred Luskin, Ph.D., chairperson of the Ethics Committee for Research, at the Institute of Transpersonal Psychology, (650) 493-4430.

### **Scheduling**

This workshop is being offered to you free of charge as part of a research study on holistic care for people diagnosed with cancer. Part of the research design requires that we run several small groups at different times. Both the Winter and Spring workshops will be held on Monday nights from 6-9 pm. Some people will be asked to attend the Winter workshops, which run from January 11 through March 1, 2010. Others will be asked to attend the Spring workshops, which run from March 8 through April 26, 2010.

Though you will attend only one or the other of the Winter or Spring workshops, we ask that you be available to attend both. This will allow the researchers to randomly distribute attendees between the two times in order to improve the quality of the study. If you are only available for one workshop or the other, it's still possible to be included so go ahead and register for the times you are available, but your inclusion is not assured. It is okay if you know you'll miss one or two of the scheduled classes. Please go ahead and register, just let us know when you'll be gone. You will, of course, get the most benefit from attending all the classes.

We understand that attending these workshops is a large commitment for you, and that it can be hard not knowing ahead of time which dates you will be attending, so we apologize in advance for any inconvenience this not knowing may produce. We will let you know which of the two workshops you will attend within a week of receiving this completed registration. If you are chosen to attend the Spring workshop, we will still ask that you complete the first questionnaire packet on your own and return it the week of January 11, 2010.

### **Winter 2010 Workshops**

Mondays, 6-9 pm, January 11 - March 1, 2010

### **Spring 2010 Workshops**

Mondays, 6-9 pm, March 8 – April 26, 2010

**Statement of the Workshop and Study Participant:**

Due to the experiential nature of the workshops, to make the groups function well, and for participants' own welfare, we exclude people with very difficult mental health problems. We will be glad to refer you to qualified psychotherapists and or spiritual guides if you request or are asked to leave the group.

Please initial each item to indicate you meet all the criteria to enter the study:

- 1. You are you able to speak, read, and write English and are at least 18 years old
- 2. You have been diagnosed with, or have had a recurrence of, non-metastatic cancer within the past 10 years
- 3. NO current or history of bipolar disorder
- 4. NO current or history of psychotic disorder (e.g. schizophrenia, schizo-affective disorder)
- 5. NO intrusive suicidal thoughts within the last 3 months
- 6. NO alcoholism or drug abuse from which you have not been clean and sober for at least 1 year.

You will be asked to attend only one workshop. If you can attend either workshop and meet the above criteria, we can assure your placement. If you can attend only one or the other, it's still possible to be included but your inclusion is not assured. All classes will meet Monday evenings from 6-9 pm. Please mark only one of the three options below to indicate your availability.

- Both Winter & Spring Workshops: Jan 11-Mar 1, 2010 and Mar 8-Apr 26, 2010
- Only Winter Workshop: Jan 11-Mar 1, 2010
- Only Spring Workshop: Mar 8-Apr 26, 2010

The research study results may be published. A summary copy of the results, with your anonymity protected, can be provided to you upon request. Please circle whether you would like to receive a copy.      *Yes*      *No*

I attest that I have read and understood this form. It was explained to me, and I had all my questions about this research answered to my satisfaction. I understand that my participation in this research is entirely voluntary; no pressure has been applied to encourage my participation. My signature indicates my willingness to be a participant in this research.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Contact Information:

Name (print) \_\_\_\_\_ Phone \_\_\_\_\_