

What are the experiences of therapeutic relationships on in-patient wards by people who dissociate?

I am looking for people who may like to take part in a piece of research I am undertaking for my thesis as a part of my Clinical Psychology Doctorate. The research aims to explore how people who dissociate experience therapeutic relationships with members of staff on NHS wards. I hope this will be an opportunity for stories to be heard and to inform practice.

You are eligible to take part in the study if:

- You have been on an in-patient ward, for any reason, for at least two weeks within the last two years.
- You had a therapeutic relationship with a member of staff such as a nurse, doctor or therapist.
- You experience dissociation and would be willing to complete a brief questionnaire, the Dissociative Experiences Scale (DES II), so I can understand more about the extent to which you experience dissociation.
- You would be willing to spare up to two hours of your time to tell me about your experiences at any time before November 2014.

Please contact:



Mrs. Sarah Parry, FREEPOST: RTAU-SYXU-YCZZ, Furness Building, C16, Clinical Psychology, Lancaster University, Lancaster, LA1 4YT



Sarah Parry at parrys1@exchange.lancs.ac.uk OR Dr. Mike Lloyd at Mike.Lloyd@cwpl.nhs.uk



07508 375 663

Thank you!

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Information Sheets

Welcome! Thank you for agreeing to receive this information and considering taking part in this study. My name is Sarah Parry and I am conducting this research as a trainee clinical psychologist through the Doctorate in Clinical Psychology at Lancaster University. This is your information sheet to keep and I hope it will provide enough information for you to decide if you would like to take part.

What is the study about?

This study hopes to learn more about how you found your relationships with members of NHS staff whilst staying in hospital. Ideally, a therapeutic relationship can be defined as a relationship with any member of staff that is built on mutual trust and shared understanding. I am interested in your point of view and experiences of therapeutic relationships.

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- You had a therapeutic relationship with a member of staff such as a nurse, doctor or therapist.
- You experience dissociation and would be willing to complete a brief questionnaire, the Dissociative Experiences Scale (DES II), so I can understand more about the extent to which you experience dissociation.
- You would be willing to spare up to two hours of your time to tell me about your experiences at any time before November 2014.
- Through hearing your views and feedback, psychologists and other professionals can better understand and develop supportive services.

Do I have to take part?

No. It is completely up to you to decide whether or not you would like to take part. Regardless of your decision, your future involvement with NHS services will not be affected.

If you do decide to join the study, you can withdraw at any point. The information you provide in your interview will not be used in the analysis if you withdraw your involvement within two weeks of meeting with me.

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What will I be asked to do if I take part?

You would initially be invited to complete a questionnaire called the Dissociative Experiences Scale (DES II). Depending upon the outcome of this questionnaire, I will be in contact with you and may arrange an interview at a convenient time and location such as your local GP surgery, local community centre, offices of one of the charities involved in this research or other NHS building. You are most welcome to bring a companion with you to your interview, someone you trust if you think you may need some support.

The meeting will last up to 90 minutes, depending upon how much you would like to say. I will audio record our meeting with a digital voice recorder.

You do not need to bring anything along to our meeting or prepare beforehand. However, if you would like to bring anything with you such as a diary, drawing or notes you kept at the time or have written since you are very welcome to do so. If you would like to write anything before our meeting, please write in the first person and in your first language. As aforementioned, you do not need to bring anything along if you do not wish to.

Please bear in mind that our meeting would be a discussion about your experiences with NHS staff. Therefore, you may wish to consider whether you may want additional emotional support around our conversation. For example, you might wish to consider whether discussing your thoughts about taking part in the study with a close friend or health professional before and after our meeting may be helpful. Although it is unlikely you would require emergency emotional support, we would recommend you have an emergency contact person and telephone number with you before our discussion as a precaution.

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Will my data be anonymous?

The information you provide will be anonymised to all apart from me and my research supervisor. The data collected for this study will be stored securely and only the investigator and research supervisor will have access to this data.

- Audio recordings will be deleted after they have been electronically transcribed, anonymised and checked.
- The files on the computer will be encrypted (that is no-one other than the researcher will be able to access them) and the computer itself password protected.
- The transcriptions will be anonymised by removing any identifying information including your name. Anonymised direct quotations from your interview may be used in the reports or publications from the study, so your name will not be attached to them.
- There are some limits to confidentiality: if what is said in the meeting makes me think that you, or someone else, may be at significant risk of harm I will have to speak to a colleague about this. If possible, I will tell you if I have to do this. If concerns emerge in relation to the NHS services you experienced, these concerns shall be taken to my research supervisor for discussion and appropriate action.

What will happen to the results?

The results will be summarised and reported for the purpose of a doctoral thesis. A shorter version may be submitted for publication in an academic or professional journal. You will also be given a summary of the results.

Are there any risks?

It is not anticipated that joining the study to discuss your experiences would cause significant emotional distress. However, if you feel as though you would like to discuss how you are feeling you can contact your GP or an independent source of support through the contacts such as those at the end of this information.

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Are there any benefits to taking part?

Although I hope you may find participating interesting, there are no direct benefits in taking part. However, by sharing your thoughts and experiences you are helping our understanding as professionals in this field, which may in time, further the development of services.

Who has reviewed the project?

This study has been reviewed by the NHS Research Ethics Committee.

Where can I obtain further information about the study if I need it?

If you have any questions about the study, please speak to the principal investigator, Sarah Parry at parrys1@exchange.lancs.ac.uk

Expenses

Although I will travel to meet you at a convenient place, you may also incur some travel expenses. The maximum amount you would be able to claim for attending your interview in total is £10.00, even if your travel expenses are more than this amount. If you are travelling by car, please provide the calculations of the mileage travelled on the basis of 25p/mile. If you are travelling by public transport, please provide your receipts in order to claim your expenses. If you can book your transport before the interview and provide an exact cost and payment confirmation, I will be able to bring your expenses and a receipt for you to sign to your interview.

Complaints

If you wish to make a complaint or raise concerns about any aspect of this study and do not want to speak to the researcher, you can contact:

Research Director Dr. Jane Simpson, Furness Building, C20, Clinical Psychology, Lancaster University, Lancaster, LA1 4YT (j.simpson2@lancaster.ac.uk) Tel: +44 (0) 0)1524 592858

If you wish to speak to someone outside of the Clinical Psychology Doctorate Programme, you may also contact: Professor Paul Bates

Tel: (01524) 593718 Email: p.bates@lancaster.ac.uk

Associate Dean for Research Faculty of Health and Medicine (Division of Biomedical and Life Sciences), Lancaster University, Lancaster, LA1 4YD

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Resources in the event of distress

Should you feel distressed either as a result of taking part, or in the future, the following resources may be of assistance.

- **Your therapist or GP**
- **Hearing Voices Network (HVN)** - c/o Sheffield Hearing Voices Network, Limbrick Day Service, Limbrick Road, Sheffield, S6 2PE
Email: nhvn@hotmail.co.uk | Phone: 0114 271 8210
- **Family Lives** confidential helpline and substantial website -
<http://familylives.org.uk/how-we-can-help> or tel. 0808 800 2222 or skype also on 0808 800 2222
- **The Samaritans** - www.samaritans.org or tel. 08457 909090
- **Relate for participants** website that includes live chat sessions with professionals <http://www.relateforparticipants.org.uk/>

With sincere thanks,

Sarah Parry

Thank you for taking the time to read these information sheets.

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Contact Form

We are asking if you would like to take part in a research project that aims to explore the experiences of people who dissociate with staff during inpatient care. Before you consent to participating in the study we ask that you read the enclosed information sheets and mark each box on the consent form with your initials if you agree. If you have any questions or queries before signing the consent form please speak to the principal investigator, Sarah Parry parrys1@exchange.lancs.ac.uk

Once complete, please return this page and the consent form to me at: Mrs. Sarah Parry, FREEPOST: RTAU-SYXU-YCZZ, Clinical Psychology, Furness College, Bailrigg, Lancaster University, LA1 4YG. Many thanks!

Contact Information

Title:

First Name(s):
Would like to be called:

Last Name(s):

Have you had any kind of in-patient stay in hospital that lasted two weeks or longer over the last two years?

Would you be willing to complete the Dissociative Experiences Scale questionnaire, a brief self-report questionnaire?

Yes / No (please circle as appropriate)

Full Postal address: (required)

Telephone number: (optional)

Email address: (optional)

Other information if relevant: (e.g. requirement for large print text)

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Consent Form

Please
initial each
box as

1. I confirm that I have read the information sheets and fully understand what is expected of me within this study.	
2. I confirm that I have had the opportunity to ask any questions and to have them answered.	
3. I understand that my meeting will be audio recorded and then made into an anonymised written transcript.	
4. I understand that audio recordings will be kept until the research project has been examined.	
5. I understand that I am not obliged to take part in this study and can withdraw my participation before, during, or up to two weeks after my meeting.	
6. I understand that the information from my meeting will be pooled with other participants' responses, anonymised and may be published.	
7. I consent to information and quotations from my recorded discussions being used in reports, conferences and training events.	
8. I understand that any information I give will remain strictly confidential and anonymous unless it is thought that there is a risk of harm to myself or others, in which case the principal investigator will need to share this information with her research supervisor following a discussion with me first if appropriate.	
9. I consent to Lancaster University keeping written transcriptions of the interview for 5 years after the study has finished.	
10. I consent to take part in the above study.	
11. I understand that data collected during the study may be looked at by regulatory authorities and relevant persons where it is relevant to my taking part in this research. I give permission for these individuals to have access to this information.	

Name of Participant _____ Signature _____ Date _____/14

Name of Researcher _____ Signature _____ Date _____/14