

Debriefing Form for Participation in a Research Study Involving Deception
Salem State University
(Research Title)

Note: This is a sample form and should be altered to accurately reflect the individual study being conducted.

Thank you for your participation in our study. Your participation is greatly appreciated.

PURPOSE OF THE STUDY: Earlier in our consent form we informed you that the purpose of the study was *(insert brief sentence about original stated purpose of study)*. In actuality, our study is about *(insert statements describing i) the true purpose of the study; ii) the actual deceptive activities (this includes any fake articles or research stimuli that were utilized) and iii) the results/findings you were/are looking for)*.

Unfortunately, in order to properly test our hypothesis, we could not provide you with all of these details prior to your participation. This ensures that your reactions in this study were spontaneous and not influenced by prior knowledge about the purpose of the study. *(Insert statement reiterating any fabricated research activities or stimuli to ensure participants do not leave study believing false materials.)* If we had told you the actual purposes of our study, your ability to *(insert study activity)* could have been affected. We regret the deception but we hope you understand the reason for it.

CONFIDENTIALITY: Please note that although the purpose of this study has changed from the originally stated purpose, everything else on the consent form is accurate. This includes the ways in which we will keep your data confidential. *(Insert sentence reiterating how data is secured and maintained)*.

Now that you know the true purpose of our study and are fully informed, you may decide that you do not want your data used in this research. If you would like your data removed from the study and permanently deleted, please *(insert instructions on how participant can have study data deleted)*.

IF APPLICABLE: Whether you agree or do not agree to have your data used for this study, you will still receive *(insert compensation for study)* for your participation.

IF APPLICABLE: Please do not disclose research procedures and/or hypotheses to anyone who might participate in this study in the future as this could affect the results of the study.

FINAL REPORT: If you would like to receive a copy of the final report of this study (or a summary of the findings) when it is completed, please feel free to contact us.

USEFUL CONTACT INFORMATION: If you have any questions or concerns regarding this study, its purpose or procedures, or if you have a research-related problem, please feel free to contact the researcher(s), *(insert contact information for principal investigators)*.

If you have any questions concerning your rights as a research subject, you may contact the Salem State University Institutional Review Board (978) 542-7177 or irb@salemstate.edu

If you feel upset after having completed the study or find that some questions or aspects of the study triggered distress, talking with a qualified clinician may help. If you feel you would like assistance, please contact *(insert the appropriate contact information for local or national psychological/mental health services; for studies with the Salem State community include contact information for the Counseling and Health Services at (978) 542-6410. In a serious emergency, remember that you can also call 911 for immediate assistance.)*

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Please keep a copy of this form for your future reference. Once again, thank you for your participation in this study!

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