



Northcentral University IRB

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Consent Form

My name is Julie A Corbett, and I am a doctoral student at Northcentral University. I am asking you to take part in a research study about how a music-based digital therapeutic (DTx) may support individuals dealing with grief-induced anxiety from a sudden loss of a loved one, relationship (person or pet), job, or a home. The name of this research is “Grief-Induced Anxiety from Sudden Loss: Exploring Digital Therapeutics for Enhancing Quality of Life.”

You may participate in this research if you meet all of the following criteria:

1. 18 years or older
2. Have experienced a sudden loss of a loved one, a relationship (person or pet), a job or a home between 2020 and 2024
3. Are willing to use a music-based DTx for seven consecutive evenings
4. Are willing to journal thoughts and feelings after listening to the music each evening
5. Are available for a follow-up interview within 7 to 14 days after completing the use of the DTx

I hope to include 12 to 18 people in this research.

Please read this form carefully and ask any questions you may have before agreeing to take part in the study.

What you will be asked to do: If you agree to be in this study, you will be asked to do the following activities:

1. Have call with the researcher for 5 to 10 minutes to go over the informed consent, the study, and ask any questions.
2. Send an e-signed consent form for enrollment.
3. Complete the emailed ASQ and RGEQ questionnaires (10 to 15 minutes each) and email them back to the researcher.
4. Complete the emailed demographics survey (3 to 5 minutes) and email it back to the researcher.
5. Listen to a curated musical piece for 5 minutes and 25 seconds each evening before bed for 7 nights (in your own space).
6. Complete a brief journaling activity (5 to 10 minutes) after each listening session.
7. Submit the journal writings by email after the 7 evenings of intervention use (photos of the journal entries can be emailed).
8. Participate in a one-on-one semi-structured interview with the researcher via Zoom or phone (approximately 45 to 60 minutes)
9. Review your interview transcript via email and submit any comments back to the researcher (10 to 15 minutes).

During these activities, you will be asked questions about:

1. Your experience with the type of loss you have gone through, such as the death of a loved one, loss of a relationship (including people or pets), or the loss of a home.
2. Your experience with when the loss occurred, including how long ago it happened.
3. Your age, racial or ethnic identity, gender identity, education level, employment status, income range, and geographic location (urban, suburban, or rural).
4. Your experience with any pre-existing mental health conditions, if you feel comfortable sharing.
5. Your experience with symptoms of grief, including emotional, physical, cognitive, and social reactions to your loss.
6. Your experience with symptoms of anxiety, including worry, restlessness, physical tension, difficulty concentrating, or trouble sleeping.
7. Your experience with how grief and anxiety may be affecting your day-to-day life or overall well-being.
8. Your comfort level and willingness to reflect on potentially sensitive or emotionally triggering topics, such as past trauma, mental health struggles, or feelings of isolation.



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Consent Form (continued)

Risks: There are some possible risks or discomforts associated with this research. Participants may experience emotional distress when recalling or discussing the sudden loss of a loved one, relationship (person or pet), job, or home. Reflecting on your experiences may trigger past trauma or intensify symptoms of grief, anxiety, depression, or post-traumatic stress. Some participants may feel discomfort when answering questions related to mental health, identity, or personal loss. The journaling process, questionnaires, and follow-up interview may cause fatigue or emotional exhaustion, especially for individuals actively grieving or managing anxiety. To decrease the impact of these risks, you can skip any question you do not wish to answer, skip any activity, or stop participation at any time. You will also be provided with grief resources that includes a support group resource and crisis hotline.

Benefits: If you participate in this research, there may be direct benefits to you. Participants may find personal meaning and relief in sharing their story of loss and exploring their emotional responses through journaling and the interview process. Engaging with the music-based digital therapeutic and reflective writing may help participants better understand their grief and anxiety, leading to increased emotional insight and personal growth. The structured seven-day journaling and guided prompts can provide a sense of purpose, routine, and containment during a time of emotional upheaval. Participants will contribute to advancing knowledge about grief-induced anxiety and the use of non-pharmacological digital therapeutics, potentially helping others in similar situations in the future. Sharing your lived experience in a research setting can help with feeling heard and validated, which can be empowering during periods of grief and emotional struggle.

Recording: I would like to audio/video record your responses with Zoom during the interview. You can disable the video function of the Zoom at any time.

Confidentiality: I will keep the records of this study private and take reasonable measures to protect the security of all your personal information. In any report I make public, I will not include any information that will make it possible to identify you. Recruited participants will be assigned pseudonyms, replacing names. The data will be anonymized by removing any direct identifiers from transcripts and journal entries. Data will be securely stored on a password-protected drive accessible only to the researcher. The required data retention period is three years, after which the data will be securely disposed of, including paper files by shredding and electronic files being securely deleted.

Taking part is voluntary: Participation in this study is completely voluntary. You may quit at any time.

If you have questions: If you have questions, you may contact me at dtx4bh@gmail.com or at (303) 900-3329.

If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Institutional Review Board (IRB) via email at irb@nu.edu.

Statement of Consent: I have read the above information and have received answers to any questions I asked. I consent to take part in the study.

Your Signature: _____ Date: _____

Your Name: _____

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