

Consent to Participate in Research

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Title of Research Study: Design Opportunities for Mental Health Technologies for Youth

Principal Investigator: [REDACTED]

Supported By: Northwestern University, Jacobs Foundation, Delaney Foundation

Key Information about this research study:

The following is a short summary of this study to help you decide whether to be a part of this study.

- The purpose of this study is to learn about the teen services provided at [REDACTED] and your role in those services.
- You will be asked to participate in one session that is one-on-one and involves open-ended questions over the phone.
- We do not anticipate any risks involved with your participation.
- The main benefit is that the information you provide within the sessions will help us better understand the organization of [REDACTED], which in turn will help us develop a smartphone application for adolescent anxiety that fits within the current services provided.
- This session, along with the consent form, will be in English. This is a requirement of the study.

Why am I being asked to take part in this research study?

We are asking you to take part in this research study because you are a staff member working with the youth programs at the [REDACTED].

How many people will be in this study?

We expect about 10 [REDACTED] staff members will be in this research study.

What should I know about participating in a research study?

- Someone will explain the research study to you.
- Whether or not you take part is up to you.
- You can choose not to take part.
- You can agree to take part and later change your mind.
- Your decision will not be held against you.
- You can ask all the questions you want before you decide.

What happens if I say, “Yes, I want to be in this research”?

If you agree to participate, you will be asked to participate in a 75-minute telephone interview at a date and time that fit your schedule. We will audio record the phone interview as a requirement of participation – if you do not want to be audio recorded, you cannot participate in this study. You will be asked about your current role in the youth programs at the [REDACTED]. You do not have to answer any questions you don't want to answer.

Will being in this study help me in any way?

We cannot promise that there will be benefits to you or others from your taking part in this research. However, possible benefits include gaining a better understanding of the typical workflow of [REDACTED] teen services and how the library currently supports the youth patrons experiencing [REDACTED]

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stress and anxiety. This study is a step in a potential set of studies in which a technology-enabled program for helping adolescents manage stress and anxiety could be developed. Development of such a program has the potential to improve adolescent mental health.

What happens if I do not want to be in this research?

Participation in research is voluntary. You can decide to participate or not to participate. Your decision on whether to participate in this study will not be shared with anyone outside the research team, including the [REDACTED] organization.

What happens if I say “Yes”, but I change my mind later?

You can leave the study at any time and it will not be held against you. We can end the interview session at any time. Just let me know if you would like to do this. If this happens, I will ask you if any data collected from up until that point may be used in the research.

What happens to the information collected for the research?

Efforts will be made to limit the use and disclosure of your personal information, including research study records, to people who have a need to review this information. We cannot promise complete secrecy. Organizations that may inspect and copy your information include the IRB and other representatives of this institution. You will be identified only by a unique subject number. Your contact details will be stored separately from your workshop data. All information will be kept on a password protected computer only accessible by the research team. Information about your participation and your data will not be shared with the [REDACTED]. While summary results may be provided to [REDACTED] leadership, these will be in aggregate and anonymized. Similarly, the results of the research study may be published, but your name will not be used, and all results will be presented in aggregate without any personal identifiers.

Data Sharing: De-identified data from this study may be shared with the research community at large to advance science and health. We will remove any personal information that could identify you before files are shared with other researchers to ensure that, by current scientific standards and known methods, no one will be able to identify you from the information we share. Despite these measures, we cannot guarantee anonymity of your personal data.

Here is some other information that is useful for you to know

If you agree to take part in this research study, we will send you a \$25 Visa gift card via email. You will still receive this compensation even if you choose to end the interview early.

Who can I talk to?

If you have questions, concerns, or complaints, or think the research has affected you in some way, talk to [REDACTED]

This research has been reviewed and approved by an Institutional Review Board (“IRB”). You may talk to them at (312) 503-9338 or irb@northwestern.edu if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research participant.
- You want to get information or provide input about this research.

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Signature for Adult 18 or older

Do you wish to participate? Record participant’s response: Yes No

The following research activities are optional, meaning that you do not have to agree to them in order to participate in the research study. Please indicate your willingness to participate in these optional activities by saying yes or no.

May the research use the audio recordings from this study in scholarly presentations or publications when your voice might serve to help other professionals understand the research? You may be identifiable as part of this activity, although we will attempt to limit such identification. If you decide to provide your permission, you are indicating that you understand the risks associated with such identification.

Yes No

May the research team use your contact information to reach out to you in the future to see whether you are interested in participating in other research studies by the principal investigator of this study?

Yes No

Participant Study Number or Name:

My signature below documents that the information in the consent document and any other written and verbal information was accurately explained to, and apparently understood by, the participant, and that consent was freely given by the participant for their participation in this research study.

Signature of person obtaining consent

Date/Time

Printed name of person obtaining consent