

Dissertation CONSENT FORM

This informed consent form is for the participants of the dissertation study.

Name of Principle Investigator: Trisha Swed

Name of Organization: Antioch University, PhD in Leadership and Change Program

Name of Project: Dissertation

You will be given a copy of the Consent Form

Introduction

I am Trisha Swed a PhD candidate enrolled in the Leadership and Change program at Antioch University. As part of my research, I am looking to work with a group of ten high school students in designing a new leadership development program. Through this project participants who have had negative experiences of leadership or leadership development programs, will be coresearchers in understanding leadership practices and programs. Throughout this consent form I am going to give you information about the project and invite you to participate. You may talk to anyone you feel comfortable talking with about the project and take time to reflect on whether you want to participate or not. Also, you may ask questions of me at any time.

Purpose of the Dissertation Project

The purpose of this project is to explore how youth who have had negative experiences with leadership or leadership development would discuss and design their own leadership initiative. This study is grounded in Critical Youth Participation Action Research (CYPAR), which seeks to give voice to youth in exploring and understanding community challenges through a systematic and critical lens. This information will help me understand how youth development programs and models can be inclusive of more types of people and ideas.

Project Activities

This project will involve your participation as part of a one-on-one interview and six (6) online two-hour workshops. Workshops will start in January 2022 and meet weekly. The date a time the workshops will be held will depend on the availability of the group. You will also be asked to participate in the analysis of the data collected throughout the project. All project activities will end by March 15th, 2023.

Participant Selection

You are being invited to take part in this project because you have identified yourself as someone who does not relate to leadership, do not consider yourself a leader and/or, have had a negative leadership development experience. You should not consider participation in this project if you consider yourself a leader or have only have positive leadership development experiences. In addition, to participate in the study you must be a high school student within the United States and participate in all project activities.

Voluntary Participation

Your participation in this project is completely voluntary. You may choose not to participate. You may withdraw from this project at any time. You will not be penalized for your decision not to participate or for anything of your contributions during the project.

Risks

I do not anticipate that you will be harmed or distressed because of participating in this project. You may stop being in the project at any time if you become uncomfortable. In addition, a list of therapists will be provided to all participants. Should a participant find themselves in need of these services during the study, they shall be made available at no cost to the participant.

Benefits

The goal of the project is to understand different values, practices, and models which can create more inclusive leadership development opportunities for youth. In addition, this project seeks to uncover how youth would design their own leadership initiative for other high school students and or their communities. Participants will gain skills in research, reading, writing, critical thinking, and dialogue while also making new connections to adults and youth throughout the country.

Reimbursements

Each participant will receive \$100 to \$300 for participating in the project dependent on funding.

Confidentiality

All information will be de-identified, so that it cannot be connected back to you. Your real name will be replaced with a pseudonym in the write-up of this project. I will be the only person with access to the list connecting your name to the pseudonym. This list, along with any tape recordings will be kept in a secure, locked location. Only audio will be recorded throughout the study. No visual recordings will be created for the duration of the program.

Generally speaking, I can assure you that I will keep everything you tell me or do for the project private. Yet there are times where I cannot keep things private (confidential). I cannot keep things private (confidential) if I find out that

- a child or vulnerable adult has been abused
- a person plans to hurt him or herself, such as commit suicide,
- a person plans to hurt someone else,

There are laws that require many professionals to act if they think a person is at risk for self-harm or are self-harming, harming another or if a child or adult is being abused. In most states, there is a government agency that must be told if someone is being abused or plans to self-harm or harm another person. Please ask any questions you may have about this issue before agreeing to be in the study. It is important that you do not feel betrayed if it turns out that I cannot keep some things private.

Future Publication

This project will be published in Aura, an open access database Antioch University subscribes to.

Right to Refuse or Withdraw

You do not have to take part in this project if you do not wish to do so, and you may withdraw from the study at any time without your job being affected.

Who to Contact

If you have any questions, you may ask them now or later. If you have questions later, you may contact Trisha Swed, tswed@antioch.edu.

If you have any ethical concerns about this study, contact Lisa Kreeger, PhD, Chair, Institutional Review Board, Antioch University Ph.D. in Leadership and Change, Email: lkreeger@antioch.edu.

DO YOU WISH TO PARTICIPATE IN THIS PROJECT?

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to participate in this project.

Print Name of Participant _____

Signature of Participant _____

Date _____

Day/month/year

Print Name of Parent (If participant is under 18): _____

Signature of Parent (If participant is under 18): _____

Date _____

Day/month/year

DO YOU WISH TO BE AUDIOTAPED AS PART OF THIS PROJECT?

I voluntarily agree to be audiotaped for this project. I agree to allow the use of my recordings as described in this form.

Print Name of Participant _____

Signature of Participant _____

Date _____

Day/month/year

Print Name of Parent (If participant is under 18): _____

Signature of Parent (If participant is under 18): _____

Date _____

Day/month/year

To be filled out by the person taking consent:

I confirm that the participant was given an opportunity to ask questions about the project and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this Informed Consent Form has been provided to the participant.

Print Name of person taking the consent_____

Signature of person taking the consent_____

Date _____
Day/month/year