

Translating an In-Person Brief, Bystander Bullying Intervention
(STAC) to a Technology-Based - Phase II

NCT05572398

8/12/2024

Informed Consent Form

INFORMED CONSENT

Study Title: Translating an In-Person Brief, Bystander Bullying Intervention (STAC) to a Technology-Based Intervention

Principal Investigator: Aida Midgett

My name is Dr. Aida Midgett and I am Professor and Chair of Counselor Education at Boise State University. I am asking for your permission for your child to participate in a research study. This consent form will give you the information you will need to understand why this study is being conducted and why your child is being invited to participate. It will also describe what your child will need to do to participate as well as any known risks, inconveniences or discomforts that your child may have while participating. I encourage you to ask questions at any time. If you decide to allow your child to participate, you will be asked to sign this form and it will be a record of your agreement for your child to participate. You will be given a copy of this form to keep.

➤ PURPOSE AND BACKGROUND

Bullying has been identified as a problem in schools across the country. The purpose of this project is to test the efficacy of a school-based online bullying bystander intervention, STAC-T. Middle school students will be invited to take part in completing surveys and the modules of the STAC-T online program to evaluate if students learn the content of the program, use the strategies they learn, report improved socio-emotional outcomes, reduced bullying.

➤ PROCEDURES

Participation in this research is completely voluntary and confidential. Your child is free not to answer any question your child does not want to answer or to stop participating in the study at any time. If you agree that your child can participate, here is what will happen:

Your child's classroom will be randomly assigned to a training or control group. All study procedures will take place in your child's classroom.

If your child is in the training group this is what we will ask your child to do:

1. Your child will be provided with a unique study ID number and will be asked to complete a survey with questions about knowledge about bullying, socio-emotional experiences (for example, feelings of sadness, nervousness, and self-esteem), and experiences with bullying. The survey will take about 20 minutes to complete.
2. If your child is in the training group, your child will be invited to complete the STAC-T program (35-40 minutes) the following week.
3. Within two weeks of completing the STAC-T program, your child will be invited to complete a 15-minute online follow-up training session to review information from STAC-T.
4. Finally, your child will be asked to complete a 20-minute follow-up survey online.

If your child is in the control group, this is what we will ask your child to do:

1. Your child will be provided a unique study ID number and will complete the initial survey.
2. Approximately 6 weeks later your child will complete the follow-up survey during class time.

➤ **RISKS/DISCOMFORTS**

1. Participation in this study involves minimal risk. Some of the questions could be sensitive because we are asking about your child's feelings (for example, sadness, nervousness, self-esteem) and experiences with bullying. So, your child may feel uncomfortable answering these types of questions. Again, your child is free not to answer any question your child does not want to answer or to stop participating in the study at any time.
2. For this research project, the researchers are requesting demographic information. Due to the make-up of Idaho's [or your state's] population, the combined answers to these questions may make an individual person identifiable. The researchers will make every effort to protect your child's anonymity. However, if your child feels uncomfortable answering any of these questions, your child may leave them blank.

➤ **EXTENT OF CONFIDENTIALITY**

Reasonable efforts will be made to keep the personal information in your child's research record private and confidential. No identifiable data will be used in any written reports or publications, which result from this research. Data will only be reported in a group format. Data will be kept for seven years (per the American Counseling Association regulations) after the study is published and then destroyed.

➤ **BENEFITS**

There may be no direct benefit to your child from participation in this research. However, if your child participates, your child may benefit by learning something about bullying that may be helpful. In addition, your child's participation helps middle school children by helping us improve bullying prevention programs offered nationally.

➤ **PAYMENT**

Your child's teacher will receive a \$100 gift card to buy school supplies. Also, your child's class will receive donuts, snacks, and/or stickers for participating.

➤ **QUESTIONS**

If you have any questions or concerns about participation in this study, you should first talk with Dr. Aida Midgett. She is most easily reached via email at aidamidgett@boisestate.edu. [If outside of ID] You can also contact [insert co-I name and contact information].

If you have questions about your rights as a research participant, you may contact the Boise State University Institutional Review Board (IRB), which is concerned with the protection of volunteers in research projects. You may reach the board office between 8:00 AM and 5:00 PM, Monday through Friday, by calling (208) 426-5401 or by writing: Institutional Review Board, Office of Research Compliance, Boise State University, 1910 University Dr., Boise, ID 83725-1138.

➤ **DOCUMENTATION OF CONSENT**

I have read this form and decided that my child will participate in the project described above. Its general purposes, the particulars of involvement and possible risks have been explained to my satisfaction. I will discuss this research study with my child and explain the procedures that will take place. I understand I can withdraw my child at any time.

Printed Name of Child

Your Child's Grade

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date