

INFORMED CONSENT DOCUMENT



Project Title: Black Women are Well

Investigator: Dr. Loretia Dye, WKU Department of Counseling & Student Affairs
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You are being asked to participate in a project conducted through Western Kentucky University. The University requires that you give your signed agreement to participate in this project.

You must be 18 years old or older to participate in this research study.

The investigator will explain to you in detail the purpose of the project, the procedures to be used, and the potential benefits and possible risks of participation. You may ask any questions you have to help you understand the project. A basic explanation of the project is written below. Please read this explanation and discuss with the researcher any questions you may have.

If you then decide to participate in the project, please sign this form in the presence of the person who explained the project to you. You should be given a copy of this form to keep.

- Nature and Purpose of the Project:** This is a research project. Your participation is voluntary. I want to know your thoughts and perceptions regarding your experience of wellness as a Black Woman. Also, what challenges you are currently experiencing around opportunities to practice mental wealth.
- Explanation of Procedures:** We will ask you to commit to participating in 6 (75 minute) virtual psychoeducation sessions. This is a low risk activity which are not likely to cause you any stress or difficulty, and may in fact prove to be useful.
- Discomfort and Risks:** The Institutional Review Board at the Western Kentucky University has determined that participation in this study poses minimal risk to participants. There is a very low risk of feeling embarrassed if you don't know some of the information the researcher is asking, you will have the ability to write "skip please" or not respond. All information shared with the researcher will be used to educate practitioners and other Black women unless you ask it to be held confidential. You may choose not to respond to a question if you wish.
- Benefits:** (If funded) Participants in this study will receive a \$50 gift card. Stakeholders will benefit from the opportunity to contribute to the limited research literature about this topic.
- Confidentiality:** The information that you provide during this study will be entered into an electronic database that does not include your name, only a research case number. All information obtained in this study is strictly confidential and portions of the videos will only be used with your permission and otherwise if disclosure is required by law. Records will be viewed, stored, and maintained in private, secure files only accessible by the P.I. for a minimum of three years following the study.

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Approved: 05/31/2023
End Date: 08/30/2023
EXPEDITED
Original: 05/31/2023

6. **Refusal/Withdrawal:** Refusal to participate in this study will have no effect on any future services you may be entitled to from the University. Anyone who agrees to participate in this study is free to withdraw from the study at any time with no penalty.

You understand also that it is not possible to identify all potential risks in an experimental procedure, and you believe that reasonable safeguards have been taken to minimize both the known and potential but unknown risks.

Signature of Participant

Date

Witness

Date

- I agree to the audio/video recording of the research. (**Initial here**) _____

THE DATED APPROVAL ON THIS CONSENT FORM INDICATES THAT
THIS PROJECT HAS BEEN REVIEWED AND APPROVED BY
THE WESTERN KENTUCKY UNIVERSITY INSTITUTIONAL REVIEW BOARD
Robin Pyles, Human Protections Administrator
TELEPHONE: (270) 745-3360



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