

Study Title:

"The Role of Joint Control Training in the Acquisition of Manded Selection Responses With Children With Autism"

Researchers: Elisa Sahagun and Alejandro Silva

This is a parental permission form for research participation.

It contains important information about this study and what to expect if you permit your child to participate.

Your child's participation is voluntary.

Please consider the information carefully. Feel free to discuss the study with your friends and family and to ask questions before making your decision whether or not to permit your child to participate. If you permit your child to participate, you will be asked to sign this form and will receive a copy of the form.

Purpose:

The general purpose of the study is to test a teaching procedure, called Joint Control to children with autism. This procedure could be used to teach many skills such as following multiple step instructions, selecting items from an array, or selecting items in a specific sequence. In addition, this procedure can potentially lead to faster acquisition and generalization of these skills.

Procedures/Tasks:

First, a preference assessment will be administered to identify what items or edibles your child will want to work for. The items and edibles will be set in front of your child and your child will be given the option to choose between the items in the field. The top three choices will be used as rewards throughout the study. Next, we will test if your child is able to choose certain pictures from an array of arbitrary pictures. This will demonstrate that your child cannot already identify the targets. Then we will teach your child to repeat the names of pictures. Next we will teach your child to label the pictures with the correct name. Finally, we will teach your child to say the name of the picture we are requesting, repeat it once to themselves, and then choose the correct picture from an array of other pictures. This procedure is called joint control training. This study is to examine the effectiveness in this training procedure in teaching children to correctly select items from an array of items.

Duration: If you give consent, your child will work with an experimenter for about 30 minutes 2-3 days a week for approximately one month.



Your child may leave the study at any time. If you or your child decides to stop participation in the study, there will be no penalty and neither you nor your child will lose any benefits to which you are otherwise entitled. Your decision will not affect your future relationship with Center for Behavioral Sciences Inc.

Risks and Benefits:

There are not any major potential risks that may occur to participants during this study. It is possible that your child may become frustrated or upset when they get a question wrong or because they are being required to engage in a non-preferred activity rather than a preferred one. Participants may benefit from learning to use joint control procedures to complete various listener responses such as manded selection responses. Meaning, it may increase their ability to correctly select requested items from an array of other items. It will also benefit society because there have been very limited studies conducted to examine the effects of joint control procedures on children with autism in the applied setting. Additionally, this would benefit teachers and clinicians so that they do not have to teach each exemplar individually. This may decrease overall needed instruction time and cost for teachers and clinicians; thus spending the client's time on programs more effectively. Therefore, there is a need to further this line of research so as to provide further support for the effectiveness of these procedures to ensure that the client is getting the most effective and efficient teaching procedures to meet their goals.

Confidentiality:

All data collected in this study will be kept in a binder per participant. Only the primary and co-investigators along with Dr. Majdalany and Dr. Tu will have access to the binder. Both baseline and treatment sessions will be videotaped so that the sessions can later be reviewed to record inter-observer agreement data. Videos may be watched by the primary investigator, co-investigator, Dr. Majdalany, or Dr. Tu. The videos will be deleted at the end of the study. Informed consent will be obtained from the parents of each participant for the videotaping of the sessions. In addition, efforts will be made to keep your child's study-related information confidential. However, there may be circumstances where this information must be released. For example, personal information regarding your child's participation in this study may be disclosed if required by state law. Furthermore, your child's records may be reviewed by the following groups (as applicable to the research):

- Office for Human Research Protections or other federal, state, or international regulatory agencies;
- The Florida Institute of Technology Review Board or Office of Responsible Research Practices.

Participant Rights:

You or your child may refuse to participate in this study without penalty or loss of benefits to which you are otherwise entitled.



If you and your child choose to participate in the study, you may discontinue participation at any time without penalty or loss of benefits. By signing this form, you do not give up any personal legal rights your child may have as a participant in this study.

An Institutional Review Board responsible for human subjects research at Florida Institute of Technology reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

Contacts and Questions:

For questions, concerns, or complaints about the study, or if you feel your child has been harmed as a result of study participation, you may contact Lina M. Majdalany, PhD., BCBA (321) 505-7770. Information involving the conduct and review of research involving humans may be obtained from the Chairperson of the Institutional Review Board of the Florida Institute of Technology, (321) 674-8104.

I have read (or someone has read to me) this form and I am aware that I am being asked to provide permission for my child to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to permit my child to participate in this study.

I am not giving up any legal rights by signing this form. I will be given a copy of this form.

Printed name of subject

Printed name of person authorized to provide permission for subject

Signature of person authorized to provide permission for subject

AM/PM

Relationship to the subject

Date and time



Investigator/Research Staff

I have explained the research to the participant or his/her representative before requesting the signature(s) above. There are no blanks in this document. A copy of this form has been given to the participant or his/her representative.

Printed name of person obtaining consent

Signature of person obtaining consent

AM/PM
