

**INFORMED CONSENT****Participant Informed Consent Form****1. Purpose of the Study:**

Given the recent executive orders due to COVID-19 pandemic the United States Department of Health and Human Services (HHS) has mandated that insurance companies continue to fund Applied Behavior Analysis (ABA) therapies delivered through telehealth (HHS, 2020). This rapid move to a telehealth therapeutic model presented a unique challenge for ABA practitioners and agencies. The purpose of this study is to learn about your experiences delivering telehealth to individuals with ASD and their families to inform other ABA practitioners and researchers.

**2. Procedures to be Followed:** You are being asked to complete an online survey. To participate in this research project, you must be at least 18 years old, live in the United States, and currently working as a BCBA or BCaBA. Your participation is voluntary. If you do not wish to participate, please do not complete the survey. You can exit the survey at any time.

**3. Duration/Time:** The survey will take approximately 12 minutes to complete.

**4. Statement of Confidentiality:** You will not be asked for any identifying information. When answering free-response questions, you should not disclose information that could identify yourself.

**5. Potential Benefits:** You will directly benefit from participation in this study by having the opportunity to reflect on decisions made regarding expedited delivery of therapeutic services via telehealth as a result of COVID-19 pandemic. Also, the information we gain may have potential benefits to understand the decision-making process and current telehealth practices and professional development needs.

**6. Potential Risks:** The risks are no greater than what one experiences in day-to-day life.

**7. Voluntary Participation:** Your decision to participate in this research is voluntary. If you choose to participate, you can stop at any time.

**8. Questions or Concerns:** If you have concerns or questions about this study, such as scientific issues, how to complete any part of it, please contact the researcher. Please contact Ana Dueñas at [add319@lehigh.edu](mailto:add319@lehigh.edu) with questions or concerns about this study.

**9. Compensation:** You also have the opportunity to be placed in a drawing when the survey closes to receive one of 40-\$25 amazon e-gift cards.

If you have questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this study you may contact, anonymously if you wish, the Lehigh University's Human Subjects Review Board at [ininb@lehigh.edu](mailto:ininb@lehigh.edu) or 610-758-5212.

**By clicking the arrow below, you indicate your voluntary agreement to begin participation in this online survey.**

**DEMOGRAPHICS**

Are you currently delivering Applied Behavior Analytic services via Telehealth?

- ☐ Yes  
☐ No

What state do you reside in:

Current Certificate:

- ☐ BCaBA
- ☐ BCBA
- ☐ BCBA-D
- ☐ Not certified

Number of years certified:

In what setting do you provide ABA services?

- ☐ Community agency
- ☐ Hospital
- ☐ School
- ☐ University affiliated clinic
- ☐ Other

Current caseload size (# of clients you serve):

- ☐ 0-5
- ☐ 6-10
- ☐ 11-15
- ☐ 16-20
- ☐ 21-25
- ☐ 26-30
- ☐ 31-35
- ☐ 36-40
- ☐ 41-45
- ☐ 46-50

How long have you been delivering Telehealth services ?

- ☐ less than a month
- ☐ 1-3 months
- ☐ 4-6 months
- ☐ 7-9 months
- ☐ 10-12 months
- ☐ 1-2 years
- ☐ 3-5 years

☐ More than 5 years

Ethnic Background of Clients you serve (select all that apply):

- ☐ White-Non Hispanic
- ☐ Hispanic Latino
- ☐ Black/African American
- ☐ American Indian/Alaskan Native
- ☐ Native Hawaiian/Pacific Islander
- ☐ Asian

Age of Clients you serve:

- ☐ Early Intervention (Birth-3)
- ☐ Preschool
- ☐ School Age
- ☐ Highschool
- ☐ Transition Age

## DECISION-MAKING PROCESS

Have you interpreted yourself as "essential personnel" during the COVID-19 pandemic?

- ☐ Yes
- ☐ No

Why have you or why have you not interpreted yourself as "essential personnel" during the COVID-19 pandemic?

Are you or your staff currently delivering in-person ABA therapy?

- ☐ Yes
- ☐ No

What are the reasons that you or your staff are currently delivering in-person ABA?

For cases you are delivering Telehealth due to COVID-19, please describe the process for making this decision, what factors did you consider?

Are you conducting ongoing risk assessments (e.g., probability of regression and severity of client challenging behavior, ABA provider health status, and technological infrastructures)?

- ☐ Yes
- ☐ No

Please describe your ongoing risk assessments.

#### THERAPEUTIC STRUCTURE VIA TELEHEALTH

Number of families you currently serve via Telehealth:

- ☐ 0-5
- ☐ 6-10
- ☐ 11-15
- ☐ 16-20
- ☐ 21-25
- ☐ 26-30
- ☐ 31-35
- ☐ 36-40
- ☐ 41-45
- ☐ 46-50

Do you (video and/or audio) record Telehealth sessions?

- ☐ Yes
- ☐ No

How are you using the recorded Telehealth sessions?

How many hours per week are you delivering parent training via Telehealth?

- ☐ 0-10
- ☐ 11-20
- ☐ 21-30
- ☐ 31-40
- ☐ 41-50
- ☐ 51-60

If you are you using specific curricula for parent training via Telehealth please list:

How many hours per week are you delivering direct therapy via Telehealth?

- ☐ 0-10
- ☐ 11-20
- ☐ 21-30
- ☐ 31-40
- ☐ 41-50
- ☐ 51-60

If you are you using specific curricula for direct therapy via Telehealth please list:

How have your clients' intervention plan goals changed as a result of Telehealth delivery and the COVID-19 pandemic ?

Describe how you are delivering direct therapy via Telehealth (e.g., delivering interventions, directing parents to deliver interventions)

### USABILITY AND TROUBLESHOOTING

What aspects of Telehealth have made your job easier?

What are the main challenges to using Telehealth for everyone involved (e.g, client, family, practitioners)?

What resources would need to be provided to make Telehealth easier for those involved?

For families that you have successfully provided ABA services to via Telehealth, what factors have made Telehealth successful?

If Telehealth ABA service delivery model was not feasible for a family, what factors contributed to this and what steps did you take to problem-solve?

## PROFESSIONAL DEVELOPMENT

Have you accessed the research literature on Telehealth?

- ☐ Yes
- ☐ No

Please select the kinds of professional development you have received on Telehealth:

	Select yes if you have received the following:	Rate their usefulness				
	yes	Very Useful	Somewhat Useful	Useful	Not Very Useful	Not Useful
Virtual Workshops or Courses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Webinars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Modules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer coaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Journal Articles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recorded Conference Presentations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe other professional development you have received on Telehealth:

If you have not received supervision from a behavior analyst competent in Telehealth please explain why.

Have you provided training and/or supervision to others via Telehealth?

- ☐ Yes

☐ No

Please describe the type of training/supervision you have provided to others (e.g., trained RBTs on my caseload, agency-wide training, etc.) and content (e.g., technology-focused, etc.).

#### DRAWING FOR GIFT CARD

Thank you for completing this questionnaire. Please click the link below to enter an email in a separate, anonymous, page to enter a drawing to receive one of 40 \$25 e-gift card from Amazon. Your data and your email will **not** be linked.

Thank you!

[https://lehigh.co1.qualtrics.com/jfe/form/SV\\_3Dlryhgn1fcbvFP](https://lehigh.co1.qualtrics.com/jfe/form/SV_3Dlryhgn1fcbvFP)