

**Study Title:**

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

**Researchers:** Elicia 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 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 procedure to teach a procedure called Joint Control to children with autism. This procedure could be used to teach many skills such as following multiple step instructions, staying on task, and staying on task. 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. Those who are chosen 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 other pictures. This will be done by having your child choose a picture that is the target. Then we will teach your child to repeat the names of pictures. Next we will teach the name of the picture via a procedure called joint control. This involves having the child choose the correct picture from an array of other pictures. This procedure is called joint control training. This study is an examination of the effectiveness of this procedure in teaching children with autism to 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 speeding the clinical 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 child 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 this information. All sessions 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 disclosed. For example, personal information regarding your child's participation in this study may be disclosed if required by state law. Furthermore, your child's name may be used in the research by the research groups (as applicable to the research):

Office for Human Research Protections and Institutional Review Boards, state regulatory agencies;  
The Florida Institute of Technology Review Board, Office of Research and Development 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.

**Behavioral Sciences**

**AAA Center for AAA Behavioral Sciences**

I N C O R P O R A T E D

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 information you may have had a right to 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 or comments about the study or if you feel your child has been harmed as a result of study participation, you may contact Lina M. Meideleny, PhD, BCBA (201) 505-7770. Information about the study is available 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 those questions answered to my satisfaction. I agree to permit my child to participate in this study.

I am providing my permission 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**

\_\_\_\_\_  
**Relationship to the subject**

\_\_\_\_\_  
**Date and time**

**AM/PM**

Investigator/Research Staff

I have explained the research to the participant or his/her representative before requesting the signature(s) above. The person or persons in this document are aware of this form and have agreed to the participant or his/her representative.

Printed name of person obtaining  
consent

Signature of person obtaining consent

AM/PM