

Supplementary Material 1: Treatment as Usual Parent Survey

Questions included in the parent survey.

Let us know how you want to complete the survey: online survey/interview.
Questions about you and your child
What is your name? (optional)
What is your email address? (optional)
What is the name of the service or services (this can include a school) that support your child? <i>For example, Child and Adolescent Mental Health Services (CAMHS), Children and Young People's Service (CYPS), a school, Disability Team, GP surgery, Residential care home, Speech and Language Therapy (SALT), Occupational Therapy (OT), Physiotherapy (PT).</i>
What country is the service or services in?
What region is the service or services in?
What kind of service or services are they?
Offered treatments
Was your child offered any support or treatment in relation to their phobia/s? This includes psychological treatments, medication, or any other treatment.
Provide name or phrase that describes the treatment your child was offered for their phobia/s. This includes psychological treatments and medication.
Briefly describe the treatment that was offered to your child for their phobia/s (e.g., what were the key elements). If your child was offered medication to manage their phobia/s, then please state the name of the medication and dose if known.
Have you or your child been given any materials in relation to this treatment (e.g., handouts, information sheets, forms to fill out)?
Who provided the treatment to your child?
How was the treatment provided?
What professionals are present during the treatment sessions?
Is anyone else present during the sessions?
Approximately how many sessions of this treatment were received? (If you are telling us about treatment using medication, please estimate the number of contacts you and

your child had with a health professional)
How frequent were the sessions or contacts?
Approximately how long was each session or contact?
Are you aware of any adaptations or changes to this treatment that were made to meet the needs of your child?
Was your child offered any additional treatments for their phobia/s?