

## Supplementary Material 2: Treatment as Usual Professional Survey

Questions included in the professional survey.

Let us know how you want to complete the survey: online survey/interview.
<b>Questions about you and the service within which you work</b>
What is your name? (optional)
What is your email address? (optional)
What is the name of the service within which you work?
What country is your service in?
What region is your service in?
Is your service? Community based/School based/ Inpatient /Combination of community and inpatient
<b>Questions about treatments or interventions</b>
Does your service offer treatment or intervention for specific phobias to children with moderate to severe learning disabilities? This includes psychological treatments, medication, or any other treatment.
Provide name or phrase that describes the treatment or intervention your service offers to children with moderate to severe learning disabilities who have specific phobia. This includes psychological treatments, medication, and other interventions.
Briefly outline the rationale for using this treatment or intervention for children with moderate to severe learning disabilities?
What are the key elements that are essential to this treatment?
Can you briefly describe any additional key procedures, activities and/or processes used within this treatment or intervention.
What materials are used with this treatment or intervention? Please tell us of all materials used by those providing the treatment, including materials given to patients and carers, or those that might be used when training staff in the treatment (e.g., information leaflets, recording sheets, booklets or other materials).
Who provides the treatment or intervention?
How is the treatment or intervention provided?
What professionals are present during the treatment sessions?

<b>Is anyone else present during the sessions?</b>
<b>How many sessions are provided within this treatment or intervention? <i>If you are detailing treatment using medication, please estimate the number of contacts the service would have with the patient specifically about medication.</i></b>
<b>How frequent are the sessions or contacts?</b>
<b>How long is each session or contact?</b>
<b>Does your service monitor if the treatment or intervention was implemented as planned?</b>
<b>Are any adaptations to this treatment or intervention made depending on patient's needs?</b>
<b>Can you briefly tell us about situations you may encounter with this population that would lead you to adapt treatment or intervention?</b>
<b>What adaptations are made to this treatment or intervention?</b>
<b>Does your service offer any additional treatments or interventions for specific phobia to children with moderate to severe learning disabilities?</b>