

ICMJE DISCLOSURE FORM

Date: 6/7/2022

Your Name: Tamara Ondruskova

Manuscript Title: Clinical and cost outcomes of Stepping Stones Triple P to reduce behaviours that challenge behaviour in pre-schoolers with moderate to severe intellectual disability: a randomised controlled trial.

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 6/14/2022

Your Name: Rachel Royston

Manuscript Title: Clinical and cost outcomes of Stepping Stones Triple P to reduce behaviours that challenge behaviour in pre-schoolers with moderate to severe intellectual disability: a randomised controlled trial.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 6/6/2022

Your Name: Michael Absoud

Manuscript Title: Clinical and cost outcomes of Stepping Stones Triple P to reduce behaviours that challenge behaviour in pre-schoolers with moderate to severe intellectual disability: a randomised controlled trial.

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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4	Consulting fees	<input type="checkbox"/> None	
		National Institute for Health Research	
		Guy's and St Thomas' Charity	
		King's Health Partners	
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ICMJE DISCLOSURE FORM

Date: 6/7/2022

Your Name: Dr Gareth Ambler

Manuscript Title: Clinical and cost outcomes of Stepping Stones Triple P to reduce behaviours that challenge behaviour in pre-schoolers with moderate to severe intellectual disability: a randomised controlled trial.

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Date: 6/8/2022

Your Name: Chen Qu

Manuscript Title: Clinical and cost outcomes of Stepping Stones Triple P to reduce behaviours that challenge behaviour in pre-schoolers with moderate to severe intellectual disability: a randomised controlled trial.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 6/6/2022

Your Name: Jacqueline Barnes

Manuscript Title: Clinical and cost outcomes of Stepping Stones Triple P to reduce behaviours that challenge behaviour in pre-schoolers with moderate to severe intellectual disability: a randomised controlled trial.

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 6/7/2022

Your Name: Rachael Hunter

Manuscript Title: Clinical and cost outcomes of Stepping Stones Triple P to reduce behaviours that challenge behaviour in pre-schoolers with moderate to severe intellectual disability: a randomised controlled trial.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 6/6/2022

Your Name: Monica Panca

Manuscript Title: Clinical and cost outcomes of Stepping Stones Triple P to reduce behaviours that challenge behaviour in pre-schoolers with moderate to severe intellectual disability: a randomised controlled trial.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 6/7/2022

Your Name: Marinos Kyriakopoulos

Manuscript Title: Clinical and cost outcomes of Stepping Stones Triple P to reduce behaviours that challenge behaviour in pre-schoolers with moderate to severe intellectual disability: a randomised controlled trial.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 6/9/2022

Your Name: Dr Kate Oulton

Manuscript Title: Clinical and cost outcomes of Stepping Stones Triple P to reduce behaviours that challenge behaviour in pre-schoolers with moderate to severe intellectual disability: a randomised controlled trial.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 6/7/2022

Your Name: Eleni Paliokosta

Manuscript Title: Clinical and cost outcomes of Stepping Stones Triple P to reduce behaviours that challenge behaviour in pre-schoolers with moderate to severe intellectual disability: a randomised controlled trial.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 6/9/2022

Your Name: Aditya Sharma

Manuscript Title: Clinical and cost outcomes of Stepping Stones Triple P to reduce behaviours that challenge behaviour in pre-schoolers with moderate to severe intellectual disability: a randomised controlled trial.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 6/8/2022

Your Name: Vicky Slonims

Manuscript Title: Clinical and cost outcomes of Stepping Stones Triple P to reduce behaviours that challenge behaviour in pre-schoolers with moderate to severe intellectual disability: a randomised controlled trial.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;">National Institute for Health Research</td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;">Autistica</td><td> </td></tr> <tr><td style="height: 20px;">GSTT charity</td><td> </td></tr> </table>	National Institute for Health Research		Autistica		GSTT charity	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 15px;">Trustee for Action for Stammering Children Charity</td> <td style="width: 50%;"></td> </tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>	Trustee for Action for Stammering Children Charity								
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 6/9/2022

Your Name: Una Summerson

Manuscript Title: Clinical and cost outcomes of Stepping Stones Triple P to reduce behaviours that challenge behaviour in pre-schoolers with moderate to severe intellectual disability: a randomised controlled trial.

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 6/7/2022

Your Name: Alastair Sutcliffe

Manuscript Title: Clinical and cost outcomes of Stepping Stones Triple P to reduce behaviours that challenge behaviour in pre-schoolers with moderate to severe intellectual disability: a randomised controlled trial.

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 6/7/2022

Your Name: Dr Megan Thomas

Manuscript Title: Clinical and cost outcomes of Stepping Stones Triple P to reduce behaviours that challenge behaviour in pre-schoolers with moderate to severe intellectual disability: a randomised controlled trial.

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Department of Paediatrics Development Fund \$9,500 for Sleep for Health in Hospital, Halifax (Shhh) exploring the sleep experiences of children and their co-resident parent on the Paediatric Medical Unit at the IWK</td> <td style="width: 50%;"> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Department of Paediatrics Development Fund \$9,500 for Sleep for Health in Hospital, Halifax (Shhh) exploring the sleep experiences of children and their co-resident parent on the Paediatric Medical Unit at the IWK					
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10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None							

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid	Chair of Trial Steering Committee for the HTA funded PREDNOS 2 trial 2013 - 2020	No payments
		Advisory Board member for Martin House Children's Hospice Research Centre, York	Travel re-imbursments only
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 10/21/2022

Your Name: Brindha Dhandapani

Manuscript Title: Clinical and cost outcomes of Stepping Stones Triple P to reduce behaviours that challenge behaviour in pre-schoolers with moderate to severe intellectual disability: a randomised controlled trial.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 10/12/2022

Your Name: Dr Helen Leonard

Manuscript Title: Clinical and cost outcomes of Stepping Stones Triple P to reduce behaviours that challenge behaviour in pre-schoolers with moderate to severe intellectual disability: a randomised controlled trial.

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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ICMJE DISCLOSURE FORM

Date: 9/26/2022

Your Name: Angela Hassiotis

Manuscript Title: Clinical and cost outcomes of Stepping Stones Triple P to reduce behaviours that challenge behaviour in pre-schoolers with moderate to severe intellectual disability: a randomised controlled trial.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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