

# Training Caregivers in South Asia via Telehealth to Implement Function-Based Treatments for Problem Behavior

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## INTRODUCTION

Training children with developmental disabilities to convey their wants and needs through a functional communicative response can effectively reduce their problem behaviors (Carr & Durand, 1985). Clinicians taught parents how to conduct functional analyses and functional communication training (FCT) through telehealth (Lindgren & Wacker, 2011, Wacker et al. 2013). Suess et al. (2013) were the first to evaluate caregiver procedural integrity via telehealth in the absence of a behavior consultant; however, no research has evaluated the generalization of their fidelity across locations and with various stimuli.

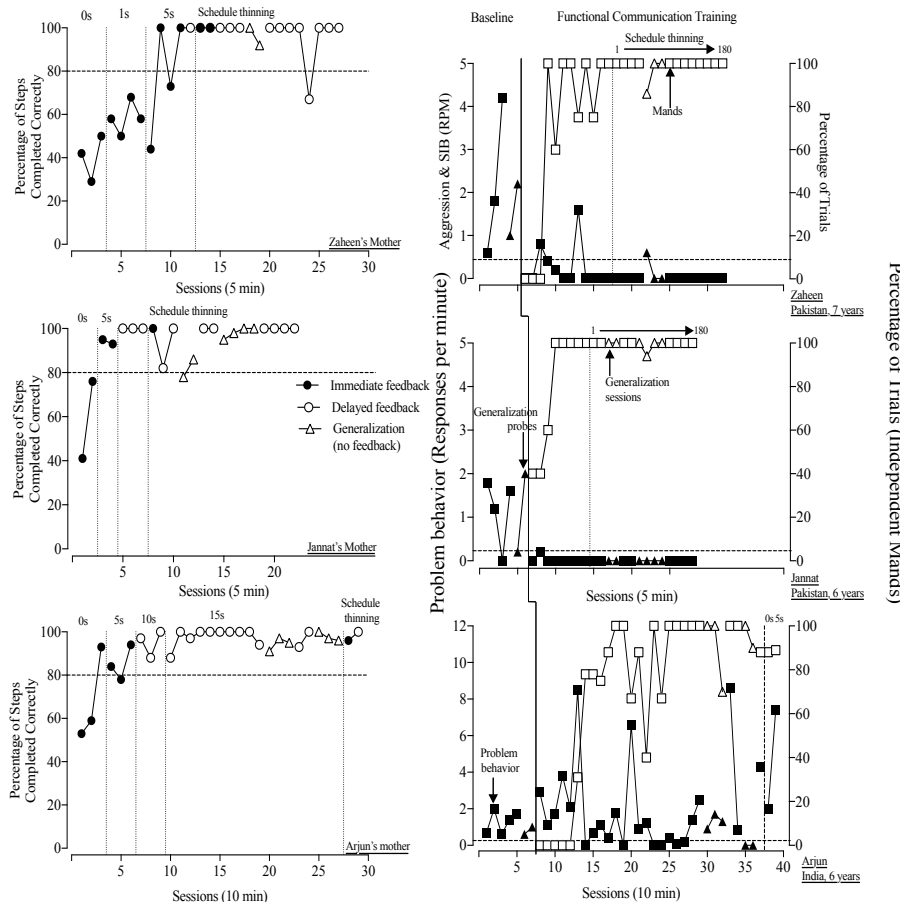
## PURPOSE

The current study extended telehealth research to families residing in South Asia and evaluated caregivers' procedural fidelity in conducting FCT in the absence of the primary therapist, and in various settings with novel stimuli as a measure of generalization.

## METHOD

Three participants and their caregivers completed the study. All participants had problem behavior maintained by access to tangibles. Caregiver behavior, the primary dependent variable, was measured as treatment fidelity based on the individual procedure for each child. The therapist coached the caregivers during weekly 1-hr appointments until they independently conducted two consecutive FCT sessions with 80% integrity, after which feedback was delayed until the end of the session. After two sessions with at least 80% integrity and delayed feedback during schedule thinning, a research assistant recorded generalization sessions which the caregivers conducted in a different setting and with various stimuli in the absence of the experimenter.

## RESULTS



**Caregiver:** Percentage of steps completed independently across treatment sessions for all participants. The numbers on top indicate prompt delay. Immediate feedback was given at the first schedule thinning appointment to explain the change in protocol.

**Child:** Levels of problem behavior and independent mands across assessment and treatment sessions for all three participants. The numbers on top indicate delays, in seconds, the participant waited for their preferred tangibles.

## DISCUSSION

All caregivers successfully conducted sessions in different locations, with various stimuli and with high procedural integrity in the absence of the primary therapist.

- With FCT, 2/3 participants' problem behaviors decreased to 0 levels.
- All participants were consistently manding vocally by the end of treatment services.

Limitations:

- Arjun's target behavior was possibly maintained by automatically reinforcement (an exclusionary criteria for this study).
- One participant could not complete the study due to poor internet connectivity.

## RELIABILITY

IOA was taken for at least 33% of all sessions Arjun's caregiver behavior during FCT sessions averaged 91%.

Arjun's problem behavior and manding during FCT sessions averaged 93% and 100%, respectively.

Jannat's caregiver behavior during FCT sessions averaged 93%.

Zaheen's caregiver:  
IOA in progress

## REFERENCES

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