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| <b>Name *</b>              | Yaniz Padilla Dalmau  |
| <b>Email *</b>             | <a href="mailto:yaniz.p@gmail.com">yaniz.p@gmail.com</a>  |
| <b>Educational Level *</b> | PhD Candidate   |
| <b>If Selected Other</b>   |   |
| <b>College *</b>           | College of Education  |
| <b>Department *</b>        | Psychological & Quantitative Foundations  |
| <b>Title of Research *</b> | Telehealth Delivery of Functional Analysis and Functional Communication Training to Children With Autism Spectrum Disorders in Rural Communities  |
| <b>Other Authors *</b>     | David P. Wacker, PhD, Todd Kopelman, PhD, Scott D. Lindgren, PhD, John F. Lee, BA, Jennifer L. Kuhle, BS<br><br>(University of Iowa Children's Hospital, Center for Disabilities and Development, and Division of Pediatric Psychology) |

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**Introduction & Purpose \***

Wacker et al. (1998) showed that parents could effectively conduct functional analysis (FA) and functional communication training (FCT) in their homes with young children with disabilities who displayed destructive behavior. Unfortunately, there is a lack of access to even this service in many rural areas of Iowa. There are less than 20 board-certified behavior analysts in the state for 99 counties and an estimated 6,500 children with autism spectrum disorders (ASD).

Telehealth technology may help overcome the barriers to service delivery faced by the children with ASD in rural states such as Iowa. In this study trained behavior consultants delivered FA and FCT through telehealth technology to young children with ASD who displayed problem behavior. Two participants' data will be presented.

**Experimental Design \***

All procedures were conducted during 1-hr weekly telehealth consultations. Local parent coaches were trained via telehealth by behavior consultants to provide on-site support in regional clinics during telehealth consultations. Functional Analyses (FA) were conducted within a multielement design to identify the maintaining variables of target (destructive and disruptive) behavior (Iwata et al., 1982/1994). Functional communication training (FCT; Carr & Durand, 1985) was implemented in the escape context within a noncurrent multiple baseline design across participants. Interrater agreement was assessed during 30% of sessions and averaged over 90%.

**Results \***

FA results suggested that both participants' problem behavior was maintained by escape from demands and access to tangible items. FCT for escape was implemented and reductions of problem behavior were over 90% across participants. The costs of delivering FA and FCT via

telehealth to these 2 participants were significantly less than if services had been delivered by the behavior consultants in the participants' homes.

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**Conclusions \***

Results suggested that FA and FCT can be conducted effectively and efficiently through telehealth. Telehealth service delivery allows for increased access to behavior specialists for children with ASD and their families across rural communities.

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