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Teleconsultation Services in Applied Service Settings

Introduction

Teleconsultation Services in Applied Service Settings

Consultative services are valuable in helping to plan and oversee the integration and application of behavioral interventions for service recipients in a variety of settings. Consultative services are often in high demand and necessary in organizational settings such as public schools, mental health facilities, and residential settings. In order to meet these high demands, behavior analysts are in demand for developing a more efficient service delivery model that includes the use of technology.

Telebehavioral health (TBH) services are consistently expanding with even further development as a result of the COVID-19 pandemic. Resources are available to help enhance the telehealth experience for practitioners, service recipients, consultees, and supervisees. Research indicates that TBH services can be delivered effectively with similar results to that of in-person services (Alessi, 2000; Richardson, Frueh, Grubaugh, Egede, & Elahi, 2009). TBH services can also be integrated into a treatment model for use with individuals with various mental and behavioral health concerns. Additionally, TBH services are being viewed as both acceptable and feasible for implementation by supervisees, clients, and providers.

Although most behavior analysts would probably prefer to conduct in-person supervision, remote supervision has become increasingly desired as a common alternative for individuals that are unable to receive in-person supervision for a variety of reasons. These reasons may be due to geographical location, few supervisors in the area able to provide supervision services, or even due to medical reasons. While these reasons have typically been barriers to effective supervision, the field of behavior analysis has continued to grow with the determination to find other acceptable avenues to provide effective services.

In this course, participants will learn (1) guidelines for implementing TBH services, (2) ways to promote best practices during remote supervision, (3) how to build rapport with a service recipient or stakeholder during TBH service delivery, (4) recommendations to consider when providing consultative services through teleconsultation, and (5) how to effectively provide antecedent strategies for use as a problem-solving model for use during teleconsultation.

Section 1: Guidelines and Application

TBH is a term that has been coined to describe both mental and behavioral health services that are delivered over different avenues of technology. These technological forms of delivery can encompass synchronous videoconferencing, telephone communications, and asynchronous electronic communication (Bice-Urbach & Kratochwill, 2016). Recently, the use of TBH has been warranted as a beneficial service delivery model that has guided teaching, training, consultation, supervision, as well as having been integrated into applied behavior analysis (ABA) training and implementation. Although there has been continued growth and evidence supporting the efficacy of this avenue for service delivery, the COVID-19 pandemic led to even more of a quicker transition to the integration of this model across a multitude of settings.

Evidence Base for Telebehavioral Health Services

Over the last several decades, the evidence base for TBH services has continued to expand Research has shown that TBH services can be delivered in an effective manner with similar results to that of in-person services for use with individuals with differing mental and behavioral health concerns (Alessi, 2000; Richardson, Frueh, Grubaugh, Egede, & Elahi, 2009). Additionally, research has also shown that TBH services are viewed as being acceptable and feasible for implementation

by supervisees, clients, and providers. Although these services have a research base to support their implementation, there are still barriers that exist to providing services by means of telehealth.

Barriers for Telebehavioral Health Services

Throughout the years, several barriers have been presented regarding providing TBH services. One main issue concerning TBH services is the connectivity problems that may exist with the use of technology which can cause a disruption to providing services. These disruptions may include poor connection quality, a lost connection that may occur between the service recipient and the service provider, or a disruption in either the video or the audio. Difficulties that may occur with technology and connection may be a predictor for an individual's ability to recommend these services to others. This barrier continues to be a concern as quality of services are evaluated and assurances are made to deliver equitable and quality services to all service recipients. This can prove difficult as individuals that reside in rural areas may have poor connectivity quality and limited access to different pieces of technology.

Technology literacy is another barrier that may be present in the accurate implementation of TBH services and in the interest that one may have in using technology to receive services. Concerns regarding technology literacy can make the integration of TBH services rather difficult, particularly if the service recipient or provider encounters errors that require troubleshooting. An individual that has lower technology literacy is more likely to have trouble implementing evidence-based practices in TBH services; therefore, they are also less likely to offer these services (Bice-Urbach & Kratochwill, 2016). It is important to note that a provider's acceptance and feelings toward the implementation of TBH services may have an impact on the willingness of others to accept these services.

Additionally, modifications may need to be made to treatment protocols and the way one communicates with others. Providers have increasingly shown concerns

surrounding how to adapt their former services to a TBH format. Some factors that providers are considering include slowing down the speed in which they communicate, exaggerating their hand gestures, sharing materials, developing rapport with service recipients and their families, and handling crisis situations as they occur during the implementation of TBH services.

On the other hand, service recipients have voiced concerns regarding data privacy and security when using TBH services (Rohland, Saleh, Rohrer, & Romitti, 2000). Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliant video conferencing is now available for use and is more widely available to various populations. Concerns are still noted regarding the security of video calls and how the data are saved and stored.

Benefits of Telebehavioral Health Services

Although there are several limitations with TBH services, there are also several benefits associated with these services. Access to services and supervision can be increased through the use of these services, particularly to individuals living in rural areas or in underserved populations. Often, there may be a shortage of service providers in a particular location. TBH services are able to assist by reducing the travel time for service recipients and providers and can be as cost-effective as the delivery of services by means of face-to-face.

TBH services are also able to be provided in a more flexible manner. Flexibility in time can allow for observations to occur when in-person meetings may not have been able to occur previously. For example, TBH services may be able to be offered later in the day, when a child is at school, or even if one party has an illness in their home. Quick transitions between appointments may also be able to occur as a provider can have the flexibility of ending one session in order to start another session within a few minutes of one another.

Furthermore, TBH services are found to be generally effective. Satisfaction and

comfort levels among both providers and service recipients as well as the ability to connect with one another have been found to be rated in a positive manner, at times even more positive than interactions that are face-to-face. Some populations tend to find videoconferencing easier and less intimidating than in-person interactions. For example, children can often become anxious when interacting with adults and tend to be more engaged when receiving services through videoconferencing than they would have been with in-person interactions. It has been found that similar results are indicated regarding consultative services, supervisory sessions, and implementation of interventions (Florell, 2016).

Considerations for Telebehavioral Health Services

Several organizations have worked together to develop guidelines for implementation regarding the use of TBH services. These organizations include the American Telemedicine Association, the American Psychological Association, and the Coalition for Technology in Behavioral Science. The practice guidelines that they have worked to establish consider the following items: determining the outcomes that are needed to assess and ensure the quality of one's practice, complying with any requirements regarding legislation, regulations, and accreditation, making sure that service recipients are aware of their rights and responsibilities, determining additional components that are necessary regarding the use of technology for ensuring informed consent has been obtained, and abiding by the same set of guidelines that have been established and are used during face-to-face treatment implementation (APA, 2013; ATA, 2007; Maheu et al., 2021). There are also technical standards that these organizations developed. These technical standards include providing any equipment that is necessary to support to the diagnostic needs of the clinician, providing methods for ensuring the safe use of any equipment, adhering to any safety laws and laws regarding the confidentiality of information concerning both the clinician and the service recipient, and establishing policies for the maintenance of any equipment used

(APA, 2013, ATA, 2017, Shore et al., 2018). Each of these items provides considerations for providers when determining the treatment intervention that should be implemented through the use of videoconferencing.

General Components Necessary for Implementation

There are several general components that should be considered when engaging in TBH services. These include the equipment that is required for providing the services, the specifications of the system being used, and legal and regulatory factors.

In general, the technology involved and equipment that is used in TBH services are advancing rapidly. Therefore, there are several options available when considering the use of video and audio conferencing. However, a general recommendation is that the equipment being used for TBH services contains a screen, camera, microphone, and speakers at a minimum. Often, phones are considered to be a viable option for TBH services. Even though this may be considered as an option, it is important to realize that the screens on a phone are typically small and may make it rather difficult to conduct the services that are requested. Phones may also pose a problem when screen sharing is necessary as the visuals may be too small to see through the screen on a phone. One piece of equipment that may be beneficial is the use of a camera that has the ability to move and not remain stationary. This would allow for the camera to be tilted or zoomed in on a specific individual when therapy sessions are being conducted. This would allow active individuals to be captured on video and for others to see skill implementation up close. Headphones are another piece of equipment that have been recommended as these may allow for a reduction in echoing that can occur over audio devices. Display monitors with appropriate resolution and processing power are also needed for TBH services as these allow video images to be viewed without pixelation.

Other factors that are necessary to consider when determining the TBH service

equipment to use are the portability and connectivity of the specific hardware. If a practitioner is providing services in a location where the hardware being used will not need to move, it may be beneficial to use a desktop computer or have additional monitors that can be used for a larger viewing screen. On the other hand, if a practitioner is moving around from location to location while conducting TBH services, a portable device such as a tablet or laptop may be better suited for use.

Additionally, practitioners must consider the software program that will be used to implement TBH services. There are several software programs that have been developed for the completion of videoconferencing needs. A HIPAA compliant service that integrates a high level of security and confidentiality is important for use when conducting direct services. Other features that may be used to enhance the video conferencing experience can include the use of picture-in-picture, indication of when calls are dropped, indication of when calls are muted, screen-sharing, and a messaging component.

In addition to choosing the correct hardware and software to deliver TBH services, a practitioner should also consider the system specifications that are required to provide high-quality TBH services. It is important to consider these specifications for both parties, including the practitioner and the service recipient. Guidelines that have been established recommend a bandwidth of at minimum 384 Kbps (ATA, 2009; Shore et al., 2018) and an internet speed of at least .5mbps (Rousmaniere, 2014). The screen resolution that should be used should be a minimum of 30 frames per second (Goldstein & Glueck, 2016). By meeting these requirements, technology difficulties (i.e., lagging video, dropped call) can be reduced that could potentially occur during a video call.

When conducting services through telehealth, it is important to consider several legal and regulatory factors. Even if a practitioner may not be working in a covered entity such as a health care provider, it still may be beneficial to utilize HIPAA compliant practices as a method for meeting ethical standards and

protecting vital health care information. As services are being delivered over different formats of technology, there are different risks that could be presented in regard to the security of data and the privacy of the service recipient. There are necessary steps that should be taken to ensure the privacy of a service recipient and the security of data, as this information is being transmitted over technology that has the potential to be intercepted by a third party. A HIPAA compliant software program should be selected that will ensure that all video and audio data are secure and encrypted. There are several methods that can be used to encrypt and protect data: a point-to-point circuit, Integrated Services Network, Advanced Encryption Standard, or Virtual Private Network (Kramer, Mishkind, Luxton, & Shore, 2013).

Furthermore, consideration should be given to how data and service recipient information are being stored on devices. It is important to store data through confidential means as there is the potential for an increase in access to service recipient information when TBH services are delivered. Several considerations should be given when ensuring information is secure. For example, word documents can be password protected when service recipient information is included in the document. Email accounts should also be password protected and the service recipient's name should not be included in the title or body of an email. A password should also be set on a computer or phone that is being used to limit who has access to the device. These are all methods that can be used to improve security and maintain confidentiality of service recipient data.

Prior to implementing TBH services, a practitioner should determine the steps that are currently being integrated and implemented within an organization or individually to ensure that service recipient privacy is maintained, and data are secure. These steps and information should be delineated for all practitioners providing TBH services. One way to do this is by creating a document that outlines how data are encrypted as well as how the privacy and security of all information shared and transmitted is maintained. This will help by providing answers to any questions that may arise from service recipients and their families.

Additionally, a checklist can be created that delineates the procedures that need to be used and completed to ensure data are secure on the device that they will use. By developing these steps, expectations for TBH services within a larger organization can be established and families can feel more comfortable with moving forward with these services, understanding and knowing that their private information and data will be protected.

Additionally, a practitioner should ensure that the TBH services that are targeted for delivery occur within the parameters of their certification and license. It is important to remember that each state has control over their own licensing requirements. This means that each state is responsible for determining their own requirements for obtaining a license to practice and deliver services. A practitioner is typically only approved to practice and provide services in a state in which they are licensed. This can be a barrier if a service recipient is located in another state in which the practitioner is not licensed. Current expectations surrounding interjurisdictional practice necessitate that the practitioner is licensed in the state in which the service recipient resides. Changes are continually occurring regarding licensure. Therefore, it will be important that a practitioner continuously checks the state's regulations and requirements regarding practice and service delivery for where they will provide services.

Telepresence

After the practitioner and service recipient have made decisions regarding the technology equipment that will be needed and utilized during TBH sessions, each provider will need to make the necessary preparations for the space in which they will be conducting the TBH services via video conferencing. This can include the type of lighting used, the background that will be visible to others, and the position that the camera will need to be placed in. When preparing the location where services will be conducted, a space should be selected that has both direct and indirect lighting as this will reduce the appearance of being washed out when

on camera. Additionally, a room that has natural lighting or as close to daylight as possible is preferred to overhead lighting. The background that will be in view on the screen should also be free of clutter, neutral, and avoid any distractions that could interfere with a session or cause another person to not be able to pay attention. A wall that is free of hangings or objects is recommended so that the brightest object on the screen is the individual that should be paid attention to. If it is not possible to have a neutral space that is free of distractions, some alternative options that may be included in video conferencing allow for the background to be blurred out. This would help by not having to remove clutter from the physical space and would keep the background as distraction free as possible. Additionally, the amount of background noise that is present should be considered when selecting a location to use for TBH services. If background noise is present, the person speaking should attempt to use headphones that have a microphone included or a sound machine to neutralize the noise. Lastly, additional recommendations include setting up the camera so that it is at the eye level of the provider as this will simulate the feeling of natural eye contact. Reducing the distance that exists between the camera and where the provider needs to look will help with creating a more natural gaze while the TBH services are being delivered.

Recommended Training

Prior to implementing TBH services, it is recommended that providers receive some level of training regarding the implementation of these services. There has been a competency framework developed for the implementation of TBH services that includes “clinical evaluation and care, the virtual environment and telepresence, technology, legal and regulatory issues, evidence based and ethical practice, mobile health technologies, and telepractice development” (Maheu et al., 2021). Often, providers will align with one of three levels. These levels include novice, proficient, and authority. Each provider should be expected to have some level of proficiency with implementing TBH services prior to the introduction of

these services with a service recipient. Each provider is not expected to be proficient, though. Training regarding TBH services provides an opportunity for a provider to increase their competency level and improve upon any attitudinal barriers that might be present (Bruno & Abbott, 2015).

There are several options that are available for sharing information when completing training regarding the implementation of TBH services. The information that needs to be shared can be relayed through a formal presentation, various handouts, practice sessions that include mock sessions or role-playing, and additional consultation. A formal presentation can be beneficial as they can provide insight into basic information regarding TBH services. Various handouts can be used to delineate key information that can be referred to at a later time. By allowing a provider to engage in a mock session or role-playing over video conferencing, this can help to increase one's competence, increase comfort levels, and recognize different ways to be flexible when providing TBH services. Often, providers will seek out additional training opportunities once the initial training has been completed as proficiency is gained through the use of additional consultative services or someone that is proficient in providing TBH services (Wade et al., 2014). Even though a provider can be well-versed in TBH services or have received ample training to have some level of proficiency with providing these services, there will still be some experiences that occur unexpectedly. Therefore, it may be beneficial to have an individual that can be consulted with or available to contact that can answer questions and provide ongoing support. When new staff are hired, a training protocol should be in place that includes the initial training procedures. This can allow and require new staff to watch videos on the topic, handouts to be provided with important information that can be referenced later, allowing opportunities to review mock sessions or role-playing opportunities that have either previously been recorded or through live sessions, and support provided to them on a continual basis through consultation.

It is important for a provider to set aside time to prepare and think through the different recommendations provided in this section. By preparing to provide TBH

services in advance, this can assist with a smoother transition to TBH services, especially if they are going to be delivered within a larger system. In order to assist with as smooth of a transition as possible, the correct equipment, space for implementing the TBH services, and training should be well thought out and considered in advance of delivering TBH services.

Guidelines for Implementing Telebehavioral Health Services

After a system has been developed for implementing TBH services, several guidelines should be considered that would help to improve TBH services that are offered. These guidelines include deciding the appropriateness of services to be delivered over TBH, the expectations of the practitioner for implementation of these services, how to manage crises or technology failures that may occur, supervision, and skills training that may be required for TBH services.

Deciding the Appropriateness of Services

A practitioner should understand that TBH services are not going to be applicable for every situation. Although research has indicated that TBH services are beneficial for direct service delivery, consultation, and supervision services, not all services should be delivered through use of TBH services. One consideration that should be evaluated when determining if a particular service is appropriate for TBH delivery is to decide if the service recipient and/or family will benefit from the delivery of these services over video conferencing. A practitioner should evaluate if TBH services are appropriate for the service recipient especially if other services that are more effective are an option for the service recipient. The effectiveness of a selected treatment intervention over video conferencing may come into question when service recipient engagement is discussed as well as the safety of the service recipient and if any behaviors are exhibited during a session. When these concerns are expressed, it is important for the practitioner to discuss alternative options with the service recipient and their family. If it cannot be

determined that TBH services will be effective at the initiation of service delivery, then steps should be taken to reassess the appropriateness of these services as sessions continue for the service recipient.

It is also important for a practitioner to consider that services can be offered in a combination of in-person delivery and video conferencing. The format that is the most effective should be selected, even if this means using a combination of the two service delivery methods. Some treatment interventions can be conducted completely over video conferencing. Other treatment interventions, on the other hand, may be better implemented through the use of in-person meetings. This may help to maintain the different connections that have been established or teach a specific skill that requires in-person instruction. A practitioner can determine the method that they feel would be the most effective for the service recipient and the intervention being implemented. It is also important to ensure that insurance companies will reimburse for the method that is used to implement services. This will be a consideration that should be discussed with the service recipient and their family at the onset of service implementation.

The Expectations of the Practitioner

As a practitioner makes preparations for implementing TBH services, there are several things that should be considered as well as recommended in order for the services to be delivered via TBH in an effective manner. These items that should be considered include informed consent, ensuring that clear expectations are set for the service recipient, consultee, or supervisee, preparing for as well as starting a session, and following recommendations for translating the interventions into a video conferencing format.

Prior to the onset of TBH services, service recipients and consultees should be made aware of the potential risks and benefits that are known to be associated with the delivery of TBH services. Informed consent is just as vital for TBH service delivery as it is for in-person service delivery. There are other components that

should be considered, though, when considering the use of TBH services. A practitioner should share with a service recipient or consultee the known risks and benefits of implementing services through use of video conferencing, specifically (Shore et al., 2018). A practitioner should also be able to emphasize the research that supports the effectiveness of TBH services while also informing them of the increased risks that could occur regarding confidentiality breaches and the disruptions that could occur due to technology issues. It is also important to share that a practitioner can choose to end TBH services if these services no longer appear to be the best fit. Informed consent should also indicate any limitations to confidentiality and outline any expectations surrounding an emergency management plan if a crisis situation were to arise.

Additionally, clear expectations should be delineated prior to the start of a treatment intervention for service recipients, consultees, or supervisees. These expectations should include what is expected of each individual during the delivery of services and create boundaries for the implementation of treatment. Service recipients should be provided with this information prior to the start of treatment and be delivered to them both verbally and in a written format that provides the key points as their expectations relate to the delivery of TBH services. Some of the factors that should also be discussed include expectations surrounding the use of technology (i.e., access to devices with video conferencing capabilities, secure internet connection), recommendations for where the TBH sessions should be conducted (i.e., a place where minimal distractions occur at the location), as well as how privacy should be maintained for each session (i.e., including the involvement of parents or caregivers, parental expectations as they pertain to behavior management that may be required during sessions). Furthermore, there should also be a conversation regarding how information will be relayed to parents and caregivers (i.e., phone calls, emails, an electronic medical record), what steps to take if there is a problem with technology (i.e., restarting a device, switching to a phone call, providing contact information of parties involved), and following any emergency management plans that have been

outlined. By providing service recipients and their families these expectations in advance, it can help for a smoother integration of TBH services into the treatment of the individual.

Although setting clear expectations for the service recipient and their parents or guardians is of importance, it is also vital to set appropriate boundaries with these individuals. As the use of technology becomes more integrated into the services that are offered by practitioners, it is important for practitioners to make sure they are setting expectations that are realistic for clients, consultees, and supervisees as they relate to any boundaries that are established. A practitioner may need to state the various reasons as to why they will not contact the service recipient or their parent or guardian over social media platforms (i.e., Facebook, Snapchat, Instagram), list communication methods that are acceptable (i.e., phone calls, emails), and provide an explanation as to why a response may not be immediate. Nowadays, information can easily be attained and pretty quickly as well. It is important for a practitioner to state that a response may not be provided for 24 to 48 hours after they have received the message. It is also important to state when messages will be responded to (i.e., not after hours, during work days).

Providing TBH services may require more time and advanced preparation for a practitioner than is required of them when providing in-person sessions. Before a TBH session begins, the practitioner should determine the plan for treatment for the service recipient during the session and determine where changes may be required as the transition to video conferencing services occurs. A practitioner should make an itemized list of all of the commonly used items and ensure that these items are able to be formatted to an electronic option, particularly if any document is to be shared with a service recipient, consultee, or supervisee. Some items may need to be created during a session. If this is the case, then these documents can be made using a whiteboard feature. A practitioner would then be able to take a screen shot of the information created during the session so that access to the material after the session is available. Practitioners should also determine the best method for sharing these types of documents with families

and when these items should be shared (i.e., before a session, during a session, after a session). If any information has been requested to be sent prior to the beginning of a session, a practitioner should allow an acceptable amount of time to send the information in order for the service recipient, consultee, or supervisee to be able to access the information.

A practitioner should also determine the components of treatment that would be more difficult to administer or exhibit further challenges than would occur during in-person delivery. Additionally, consideration should be given to alternative options that could be delivered that would be less challenging or more useful over video conferencing. For example, instead of playing a game with a service recipient in-person, it may be beneficial for a computer-based version of the game to be used to allow for video conferencing sessions to be more interactive.

As a practitioner is ready to begin a TBH session, the practitioner should have already shared any pertinent documents that will be needed for the session or at least have them accessible through screen sharing. This level of preparedness allows for wasted time to be kept to a minimum and helps with the sessions being more relatable to in-person sessions. As the session begins, the practitioner should start by scanning the room to ensure that other individuals are not present that should not be for the session. Additionally, the practitioner should ask if there are any other individuals on the call or present for the session. Once this has been completed, the practitioner should take a moment to discuss the expectations for the session, provide a review for any materials that may be used during the session, and ask that any technology issues be reported immediately so that assistance can be provided as needed and in a quick manner.

It is recommended that as a practitioner works to make TBH sessions as effective as they possibly can, the practitioner should sit further away from the screen so that they are able to be viewed from the waist up. Most cameras on a computer will only show an individual from the shoulders up if the individual is sitting close to the computer. It is also important that a practitioner slows down how they

communicate so that a service recipient, consultee, or supervisee is able to hear the information that is being shared, even if there is a minor delay or a lag in technology that occurs. If a hand gesture is to be used, it should be done slowly and at mid-chest level. A practitioner should also focus their eye contact by looking directly into the camera, not only at the image that is on the screen. This will help to mimic direct eye contact that occurs for in-person sessions. If the practitioner needs to leave the screen, look away for a moment or engage in something else during the session, the practitioner should explain to the service recipient, consultee, or supervisee what they are doing. While all of these aforementioned items are general recommendations for a practitioner when engaging in TBH services, it is also important to note that cultural considerations should be taken into account when conducting these services (i.e., gestures, eye contact).

Screen sharing can be utilized in creative ways during TBH sessions. It can be used to share documents, videos, or even access online games or a drawing feature as an interactive tool. Access can be granted to allow others control over what is shared on the screen or the ability to not grant access is also available if an individual should not be provided with this capability. When TBH services are conducted with groups of people, a practitioner may elect to use breakout rooms so that a larger group can be broken into smaller groups for teachable opportunities. This can allow smaller groups to practice or discuss different topics with a smaller number of individuals. These breakout rooms are useful when consultative services are occurring with a larger group of individuals as it allows for opportunities to be maximized for engaging and asking questions.

As services are completed over TBH, there is a risk that a safety or other type of emergency may occur. Since this risk is inevitable, a practitioner should have a clearly outlined and delineated plan in place for when an emergency occurs (Shore et al., 2018). At the onset of treatment implementation, the discussion of an emergency plan should be had, and pertinent information should be gathered (i.e., service recipient address, local emergency provider information, parent/

guardian contact information). While services are occurring over TBH, the practitioner should continually be monitoring for any specific risks as they relate to safety or mental health emergencies. Within the emergency plan that is discussed and developed, a plan should outline how a practitioner will respond if such an emergency presents itself. Additionally, the practitioner should know what steps to take if connection is lost with the service recipient over video conferencing when an emergency is occurring as a way of ensuring that the service recipient receives any necessary follow-up care.

Furthermore, a plan should be developed that delineates what should occur if an individual is having trouble with connecting to entering a video conferencing call, having difficulties with sound, concerns with the video appearing on the screen, lagging sound or video, or even hearing an echo through the audio. Several first steps that are usually considered include: checking to ensure the connection exists for both audio and video and ensuring those features are enabled on the call, exiting and then entering the call again, shutting the software program or device down and then restarting it, switching to another device if one is available, verifying the speed of the internet, using headphones or ensuring that the audio device is connected, and adjusting the volume on the device to an acceptable level. Although it may take time to address some of these problems, they can often be solved by maneuvering through some simple troubleshooting steps.

There are some additional considerations that can be made in an effort to build a stronger connection and maximize the time when engaging in TBH services. One consideration is ensuring that a practitioner and service recipient remain in one location throughout the duration of the video conference call. This consideration may seem obvious to some; however, it is not an uncommon practice for practitioners, service recipients, consultees, or supervisees to connect while traveling from one location to another location. Although it may be convenient to take a call while one is driving, there are some safety concerns surrounding an individual multi-tasking while driving and their ability to focus on the purpose of the call that is taking place. Additionally, moving from one location to another

while on a call increases the likelihood that a call could be dropped. Therefore, it is recommended that a practitioner stay in one location while engaging in TBH services and for them to also encourage the recipient of the services being delivered to do the same. It is also important for a practitioner to encourage service recipients, consultees, and supervisees to check for updates on any devices being used as well as the software program prior to the start of a session. It is recommended that an individual should plan to get ready for a meeting approximately 15 minutes prior to the call beginning. This would allow for time for any updates to be completed, to ensure that one can get a device connected, and to restart a device if needed. This also allows time for one to reach out prior to a call beginning if any problems should arise.

Telesupervision may be a valuable tool that can be used when barriers exist to conducting in-person supervision. Some of these barriers may include the geographic distance that may exist between the practitioner and service recipient, having supervisees at several different locations, and possible weather related events (Sellers & Walker, 2019). Therefore, different forms of technology can be used as a method for increasing access to supervision time as well as enhancing the supervision practices that are being used. Some methods that have been used to enhance supervision practices include communicating through email, having a bug-in-ear for training purposes, individual and group supervision video conferencing sessions, and review of recordings of sessions. The decision to utilize telesupervision practices should not be delivered because of convenience solely, but instead used as a method for enhancing one's supervision experience.

Video conferencing has been utilized to help service recipients gain access to skills training as well as enhance a practitioner's experience for not only preparing for but also for implementing different treatment interventions and skills. Additionally, TBH services have been used in ABA practices to provide services when geographic distance is of concern as a way for training other providers, school staff, students, and parents. Professional development opportunities such as virtual conferences and webinars as well as consultations and online courses

use technology to provide services. Research has shown that these virtual formats are effective for various learning topics and learner types (Fischer, Schumaker, Culbertson, & Deshler, 2010). Although these online formats can be beneficial for most, there are still some barriers that are present with virtual learning. A lack of interaction among peers and instructors may exist due to prerecorded sessions that may be required for review. Therefore, it is important to integrate live interactions, virtual peer group meetings, and consultative services as part of a prerecorded training or learning opportunity.

Section 1 Personal Reflection

Have you ever implemented TBH services? If so, what are some steps that you have integrated to ensure that confidentiality of service recipient information is maintained and that security of all data shared are encrypted?

Section 1 Key Words

Telebehavioral health (TBH) - both mental and behavioral health services that are delivered over different avenues of technology

Section 2: Remote Behavior Analytic Supervision

Although a majority of behavior analysts would prefer to conduct in-person supervision, remote supervision has become second nature and a common alternative for individuals that are unable to receive in-person supervision for a variety of reasons. Observations may be completed using asynchronous methods (i.e., a recorded video) or synchronous formats (i.e., a live video). Even though the Board Certified Behavior Analyst® (BCBA®) Handbook states that in-person and onsite observation is a preferred method to be used for supervision needs, there are several reasons why this may not be possible or feasible for a trainee

(Behavior Analyst Certification Board® , 2021). Some of these reasons include residing in a location that does not have access to BCBA® s or too few BCBA® s, a lack of BCBA® s that qualify as supervisors within their work environment, or even working in an environment where caseloads are too big that the existing BCBA® s are unable to set aside adequate time to provide effective and appropriate supervision for fieldwork accrual. However, circumstances have shown that there is a need for the delivery of service and supervision to be flexible. In some situations where barriers may be present to the delivery of supervision, it may be valuable for the supervisee to receive a hybrid of supervision formats which include both in-person and remote supervision. In other situations, it may be feasible for an individual to receive only in-person supervision; however, remote supervision may be able to be accessed as a method for enhancing the overall supervision experience. Furthermore, in situations where there is a significant geographic distance that exists, it may be best for a supervisee to receive all supervision through a remote method. All of these situations are appropriate avenues for a trainee to receive supervision of their fieldwork experience.

There are several advantages to remote supervision which include the flexibility that is available for scheduling sessions, reduced travel time for all participants, access to services in rural locations, and decreased reactivity during observation times (Simmons et al., 2021). On the other hand, there are also disadvantages that exist with remote supervision. Some of these disadvantages include the disruption of session flow when a session needs to be interrupted while delivering feedback, opportunities that may be missed when delivering feedback, challenges that may exist due to technical difficulties, and one's ability to establish and maintain rapport between the supervisor and the supervisee. Although there may be challenges that exist with providing remote supervision, it has become a necessary component for delivering services for the field of behavior analysis.

Ways to Promote Best Practices

There may be some challenges and requirements that exist with providing services through remote supervision that a practitioner may not readily know about if they have previously only come in contact with in-person supervision methods. Therefore, it is important for a practitioner to develop different systems and practices that will guide them toward successful supervision practices. Several areas that are important for consideration include the type of technology that will be utilized during sessions, how to build rapport with a supervisee, a list of the topics that will be discussed, delivery of the information, a system for ensuring that competency has been met, and a method for evaluating how effective the supervision is for the supervisee.

Type of Technology

In order to successfully conduct remote supervision, the type of technology that will be used should be determined. It is important to use systems that coincide with HIPAA and Family Educational Rights and Privacy Act of 1974 (FERPA) requirements that have been outlined. A practitioner should ensure that the service recipient's protected health information (PHI) is kept private and that all of their information is kept in a secure manner. It is important to note that if a service recipient has health insurance as the source of their funding for services, then HIPAA requirements will necessitate that discussion pertaining to the service recipient as well as any documentation associated with them is maintained and stored in a secure manner. FERPA, on the other hand, is concerned with protecting student records. FERPA does not solely apply to students that are being served by the trainee. Instead, if a supervisee is enrolled in a university sponsored fieldwork experience, then their documents and information obtained during supervision becomes a part of the supervisee's educational record (Calvari, Gillis, Kruser, & Romanczyk, 2014).

As a practitioner and their supervisee meet through the use of video conferencing

software, the meetings that are being held are subject to the Privacy Rule. This gives the supervisee various rights as they concern their PHI and means that they do not have to disclose any of their information without providing consent. An individual's full name or any other PHI should be avoided during these meetings. Additionally, the security standards that are being used for different software options should be evaluated. For example, Zoom has an option for healthcare. Also, if Wi-Fi is used that has not been encrypted, then this will compromise any security features or enhancements in the software that has been selected for use. Both the supervisee and the practitioner should ensure that they are not using an unsecure or public network when engaging in the use of video conferencing software.

Consent should be gathered for those involved in the video conference session. The supervisee should ensure that they have obtained consent for the practitioner to observe the service recipients if the practitioner is not employed by the same organization. Consent will also need to be obtained to record sessions if they are being obtained asynchronously. Also, consent should be gathered for any individual that is in view during an observation or recording of a session.

Relationships in Supervision

After a discussion has been had that determines whether a practitioner and supervisee should work together, the next step is for the practitioner to develop a contract that should be reviewed with the supervisee. It is advised that each section of the contract is discussed during the first meeting that occurs between the practitioner and supervisee. Time should allow for questions to be asked after each section and for both parties to initial each section once agreed upon. During this time, the practitioner and supervisee should delineate their expectations as they relate to the structure of each supervision session, how often and for how long each session will occur, methods used for communicating, the time allotted for a response to emails, and which party is responsible for creating an agenda for

each session.

The contract should be sent to the supervisee a few days in advance, at a minimum, to allow them time to review the information ahead of the scheduled meeting. When it comes time to review the contract during a scheduled meeting, the practitioner should share the information on their screen and go through each section individually. As the information is shared, the practitioner should pay attention to any cues for understanding that are observable. In addition to this, the practitioner should also allow the supervisee to ask any questions and provide them with opportunities for comprehension checks. Edits are able to be made during this meeting so that a finalized document is able to be signed once both parties have agreed upon the information. The method for signing the contract will need to be determined as this can be a unique process involved in remote supervision. Some parties may prefer that the document is sent to them for electronic signature, while other individuals may want to print the document and sign it.

Each supervision meeting should begin with the practitioner asking how the supervisee is doing. This approach helps to build rapport and shows that the practitioner has an interest in the supervisee. There are some stressors that can have an impact on the delivery of services; therefore, it is important to ask about any of these items prior to a session beginning so that they can be addressed if needed. At the end of the meeting, feedback should be provided. This can be done by the practitioner asking the supervisee what is going well during sessions and what they would like to see more of in future sessions. This is particularly important to do during video conferencing as informal check-ins are typically unable to occur as they do with in-person supervision, and it can be difficult to assess one's affect and body language when not in-person.

It is important to note that mistakes will be made, and conflict will occur at some point during a professional relationship. When this occurs, it is important for the practitioner to respond in an effective manner. If avoidance behavior is exhibited

by either the practitioner or the supervisee, it is then vital that a functional approach be taken to assess why these behaviors are being exhibited. A practitioner will be more successful at intervening when concerns arise if they are able to know the underlying function or reason why the avoidance behaviors are being exhibited. If the practitioner has done something that offends or is off putting, the practitioner should acknowledge that this event occurred and discuss the changes that will be made so that the situation does not occur again in the future.

Topics for Discussion

As it becomes time to meet for a supervision session, it can be overwhelming for a practitioner to determine the content that should be focused on during the supervision experience. A competent BCBA will need to learn a considerable amount of information and all of the skills required can seem daunting. Remote supervision can often provide a challenge to some of the procedures used to teach or train these skills; however, there are several alternative approaches that can be used to help build one's skill set.

A job model that outlines the roles and responsibilities that coincide with a BCBA® position at the supervisee's place of employment can be used to determine the necessary skills needed for a desired position within their organization. This would allow the practitioner to tailor the supervision sessions to the goals of the supervisee and assist them with learning skills that are needed for future employment. Then, it is important for the practitioner to determine which of these necessary skills are able to be taught through remote supervisio. There are also skills that should be taught that are not dependent on a specific job or location. Some skills such as measurement, delivery of reinforcement, or even behavior skills training should be taught regardless of where one works or the job they desire.

Delivery of Information and Ensuring Competency

Behavior skills training has been used to ensure competency with a supervisee at a predetermined level. There are six steps that have been used with this type of training: explaining the topic and providing insight as to why it is important, providing a written description of the topic, demonstrating the skill, rehearsing the skill, presenting performance feedback, and continuing with the sequence of modeling, rehearsing, and feedback until the predetermined level of competency has been reached.

As behavior skills training is used during remote supervision, didactic training should be utilized to discuss a topic to supervisees through video conferencing. Interactive components can be used to enhance the training by having the practitioner share their screen. Once the didactic instruction is complete, a competency check should be delivered that allows the supervisees the chance to answer questions in a chat feature, by using a poll, or responding to multiple exemplars of scenarios. A predetermined level of competency should be set, and the practitioner should determine which supervisees have met mastery. If a supervisee does not meet mastery criteria, they will then continue to work on building these skills in individual supervision sessions.

Guided notes should also be provided to the supervisee, so they are able to follow along while receiving training. These guided notes should be designed so they help a supervisee pay attention to the information that is important and deemed relevant by the practitioner. These guided notes should be made available to the supervisee ahead of time prior to the meeting or be readily available to the supervisee through screen sharing during the meeting. This will allow the supervisee the opportunity to take notes during the training.

Next, a demonstration should be provided for the supervisee that allows them to see what the skill should look like when performed at proficiency. A video model of the skill allows for the practitioner to provide a clear and consistent demonstration of the desired skill that includes all of the necessary components

of the skill that the practitioner wants incorporated. A video model can be particularly beneficial for use during remote supervision as it may be rather difficult to provide a live model with all of the required materials during a scheduled session. Additionally, a practitioner has the ability to provide a multitude of examples through the use of prerecorded demonstrations. Furthermore, the effectiveness of using video modeling to demonstrate skills to others for training purposes on how to implement a desired skill has been well established (Catania, Almeida, Liu-Constant, & DiGennaro Reed, 2009).

After a demonstration of the desired skill has been presented to a supervisee, it is important to then follow this up with a rehearsal component. The rehearsal component can occur either synchronously through a live demonstration of the desired skill or asynchronously through the use of a recording of the skill being completed. A synchronous demonstration of a desired skill can be difficult to conduct during remote supervision as it can be hard to determine the right time to practice a specific skill during the time that has been allotted for observation. On the other hand, when unexpected events occur that do not allow for practice opportunities to occur as scheduled (i.e., client cancels session), the supervisee can invite a peer to the session to role-play the desired skill.

The desired skill may be one that is rather challenging to perform. If this is the case, it may be beneficial for the supervisee to role-play the skill prior to implementing the skill with a service recipient. Additionally, the integration of a fidelity checklist or rubric should be considered as this would allow a practitioner to determine if the supervisee was able to implement the desired skill with a certain level of fidelity.

Once the skill has been rehearsed, feedback should be provided by the practitioner to the supervisee that delineates the behaviors that the supervisee was able to demonstrate well and what the supervisee should do differently the next time. If a practitioner is more specific with their feedback, this will increase the likelihood that improved performance will occur at the next opportunity for

observation. It may also be beneficial to demonstrate the skill again for the supervisee. After a supervisee has been able to demonstrate that they are competent in implementing the skill, it is best to determine how the skill will be maintained and generalized. One method to allow for this process is to encourage the supervisee to develop a schedule of when they will record a specific skill for review at regularly scheduled intervals. By having these recordings and ongoing evaluations of each recording, this will further promote generalization and maintenance of the skill.

Method for Evaluating the Effectiveness of Supervision

One main component of the supervision process is to develop a method of evaluating the effectiveness of the supervision. Once the behavior skills training has been completed, the practitioner can determine the number of observations that will be required in order for the practitioner to be able to acquire a level of competency associated with a skill. The data that are collected from these observations will then determine if the strategies that were used to teach a skill had the impact that was anticipated.

Another method that can be used to determine the effectiveness of supervision is through service recipient improvements. The ultimate goal of supervision is to develop the necessary skills of a supervisee so they are then able to promote socially significant change for service recipients. If a service recipient is able to make a desired level of progress, then the practitioner is able to meet this goal. A practitioner can ask a supervisee to share with them the number of targets that their service recipient(s) master as a way to measure this progress. If the progress of a service recipient plateaus across a certain skill, then this may instigate a conversation between the practitioner and supervisee to determine if there are any adjustments that need to be made to promote progress.

Additionally, social validity measures can be utilized to determine the effectiveness of the supervision provided. Changes that occur in the service

recipient's behavior can be evaluated based on if the changes that have taken place are viewed as being socially significant from the viewpoint of the parents or other stakeholders. Also, social validity can be assessed based on if the supervisee is satisfied with the process that occurred during supervision. The feedback that is provided by the supervisee regarding this process should be in the same format that the supervisee requested to provide feedback in. If the supervisee provides corrective feedback to the practitioner, then the practitioner should be diligent about making changes as quickly as they can from when they follow up with the supervisee. If a change is not made quickly, then the practitioner is at risk for putting the delivery of feedback on extinction.

Lastly, it is recommended that a practitioner begin with implementing small changes and only one process for evaluating the supervision process at a time. As one process for evaluating supervision is implemented, then the practitioner can start the process of developing an additional change or procedure for evaluation. As time progresses, a robust method for evaluating the supervision process will be developed.

Section 2 Personal Reflection

When experiencing supervision sessions, what are some techniques and practices that either you or other supervisors you have witnessed have engaged in to promote best practices? Are there some techniques and practices that have previously been mentioned that you would have liked to have seen implemented? Why?

Section 2 Key Words

Asynchronous supervision method - a form of supervision that does not occur at the same time as the activity occurring (i.e., a recorded video)

Synchronous formats - a form of supervision that occurs at the same time as the

activity occurring (i.e., a live video)

Section 3: Teleconsultation to Support Needs of Service Recipients

When a consultant, such as a behavior analyst, works with a stakeholder known as a consultee, to help direct and oversee the implementation of different interventions as a method for supporting a service recipient, this is known as consultation. This indirect service delivery model has the potential to maximize and enhance the contributions made by a consultant as the services they provide are able to reach many service recipients through many consultees. For example, as a behavior analyst works with a classroom teacher on how to effectively integrate behavior change procedures, this may indirectly be a source of positive change for other service recipients that come in contact with the teacher rather than the behavior analyst needing to have made direct contact with each service recipient. Therefore, organizational settings are often seen embracing and supporting consultative services, particularly where highly trained staff are few and far to come by. These types of services are in high demand, and the ever-increasing demand for these services has attempted to be met through teleconsultation.

Teleconsultation services consist of a consultant meeting with different consultees through different technological devices and applications as a way for supporting the needs of service recipients. This is a rapidly expanding area for both research and practice in the field of behavior analysis. A significant benefit that is associated with the use of a teleconsultation model is that it allows behavior analysts and other practitioners the ability to provide services that span over an enormous range of geographical distance in present time. Rural areas and geographic barriers may impede opportunities for in-person consultation. Often, a virtual environment may provide an accessible avenue for those service recipients and their families that may encounter various difficulties when trying to

access behavioral health services.

Research has indicated that consultants should be intentional not only about the format but also about the scope of the consultative process (Fischer et al., 2017). This allows a consultant to further promote the highest level of outcomes that can be possible for a consultant and a consultee. Throughout this process, rapport building should be capitalized on as this allows a therapeutic alliance to be developed between a practitioner and a service recipient. This is an important component as it provides a foundation of trust between the parties and increases the likelihood that service recipients will return for additional sessions and increase their level of comfortability. Rapport building is a necessity, particularly during teleconsultation services, as this foundation of trust allows the practitioner and consultee relationship to grow and develop, provides a space for conversations to be open and engaging, improves compliance on the part of the consultee, and allows for better outcomes and consultee satisfaction regarding the service delivery process. It is important to note that as the area of teleconsultation continues to expand, recommendations for the delivery of these services will continue to change as new situations arise.

Rapport building during teleconsultation services can be challenging. It is important that a warm and positive relationship is developed, though. Therefore, the practitioner can assist with this development by providing visuals during sessions so that it assists with the connection between the practitioner and consultee, using exaggerated facial cues so that nonverbal communication is clear, relying on more verbal communication rather than the use of nonverbal cues as these can often be missed during sessions, and maintaining eye contact with the camera instead of the screen while sessions are taking place.

Additionally, it is important that cultural needs should be discussed with consultees and recommend strategies and interventions that align with the cultural needs that are discussed and of the individuals that are receiving services. A conversation should be had prior to beginning the teleconsultation services so

that cultural values are being considered throughout the process and as a method for identifying any strengths or weaknesses that exist that can be used to help foster the teleconsultation relationship.

Considerations Prior to Providing Telehealth Services

Prior to engaging in telehealth services, a behavior analyst should evaluate whether or not a potential service recipient is suitable for telehealth services. Research has predominantly focused on children under the age of 12 as the desired population for receiving telehealth services. Age is an important variable to consider, and young children are typically smaller and often easier for a parent or caregiver to physically intervene with. For example, a parent or caregiver may need to provide neutral blocking as a method for maintaining the safety of a service recipient that is exhibiting self-injurious or aggressive behaviors. Without the ability for a practitioner to be able to provide physical support in person, the practitioner should evaluate the topography of the behavior being exhibited as well as the size of the potential service recipient for both assessment and treatment. Service recipients that exhibit frequent and/or more intense behaviors (i.e., self-injury, aggression) and are more difficult to physically intervene with may not be appropriate for telehealth services.

If a service recipient's exhibited behaviors are intense, frequent, or present a risk to safety, there may be strategies that can be integrated to allow for telehealth services. The addition of more adult assistance at the location where the service recipient is receiving services may provide additional safety measures that allow for physical intervention to be used if necessary. Protective gear such as arm guards for the caregiver or parent that is implementing the services as well as for the service recipient may allow for safer implementation of assessments and treatments that evoke more intense behaviors. If safety mechanisms are not available to allow for telehealth services to be implemented, then in-person services should be considered for the service recipient.

There are times when challenging behaviors can be treated successfully through the use of telehealth services. Most often, these behaviors have been known to be maintained by social reinforcement. Prior to a practitioner beginning telehealth services, it is important for them to consider the function that is maintaining the behavior as some of these behaviors may be maintained by automatic reinforcement. If this is the case, then it may be possible that these behaviors are not suitable for treatment through telehealth services. The reason for this is because the typical approach to determining if a behavior that is being exhibited is maintained by automatic reinforcement or not is to use an alone condition or test condition where the service recipient is alone without access to any items or attention from others. This type of assessment may put the service recipient at risk and in a dangerous situation. Additionally, automatically maintained behaviors can often be more difficult to treat and the interventions that are often used (i.e., response blocking) may not be able to be effectively implemented through use of telehealth services (LeBlanc, Patel, & Carr, 2000). When these situations arise, it may be best to conduct the initial assessment through in-person services and then continue with treatment through telehealth services if the behavior is able to be treated through use of these services.

Although there have been high levels of acceptability reported regarding the delivery of telehealth services, it is important to note that caregivers often prefer in-person services to those delivered using telehealth services (Ferguson, Craig, & Dounavi, 2019). Often, caregivers may have a preference for one modality of services over another, or they may not be as comfortable with services delivered through telehealth as they are with in-person service delivery. Therefore, it is important that a practitioner does not begin the use of telehealth services if a caregiver states that they are uncomfortable with this modality of service delivery. Also, the preference for service delivery modality may change as time progresses for a caregiver. It is best practice for a practitioner to check in with a caregiver to discuss any concerns or changes in preference regarding the services they are receiving.

Lastly, some practitioners may be better able to conduct services using telehealth services than other practitioners. The training and experience that a practitioner has at providing in-person services is important when attempting to transition those services to a telehealth service delivery model. The practitioner should have experience and be proficient at instructing others to implement a specific intervention through in-person services prior to transitioning to providing instruction on this intervention through telehealth services. Providing instruction to caregivers requires that the practitioner have strong verbal skills as well as patience since they are not able to physically intervene as they could if the services were offered in-person.

Although all of these aforementioned areas should be taken into consideration when initiating telehealth services, it is also as important to continue to reevaluate these same factors after services have begun. The variables that led to the decision for a service recipient to receive services may change as time progresses. Therefore, continual monitoring is important to ensure that the services selected are needed and through the most feasible and appropriate modality.

Section 3 Personal Reflection

What steps have you taken to develop a therapeutic alliance with a service recipient and their family? Are there other strategies you would like to try, why or why not?

Section 3 Key Words

Consultant - a provider such as a behavior analyst that provides direction to a consultee and oversees the implementation of various interventions

Consultation - indirect service delivery model where a consultant works with a consultee to help direct and oversee the implementation of different

interventions as a method for supporting a service recipient

Consultee - a caregiver or other relevant stakeholder that receives guidance regarding intervention implementation from a consultant

Therapeutic alliance - relationship that is created between a practitioner and service recipient with an agreement to collaborate regarding the outcomes for the person receiving treatment

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