Telehealth Focused Behavioral Assessment and Intervention

Yaniz C. Padilla Dalmau, Ph.D., BCBA-D
Biobehavioral Program and Pediatric Feeding Program
Department of Psychiatry and Behavioral Medicine
The Autism Center

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ABA Telehealth Service Models

- Synchronous Parent coaching
  - Clinic to clinic (research and practice)
  - Clinic to home (research and practice)
  - Home to home (practice/COVID19 crisis)

- Synchronous Supervision
  - Clinic to home, RBT supervision (practice)

- Train the trainer models
  - Remote Behavior Skills Training of providers through telehealth

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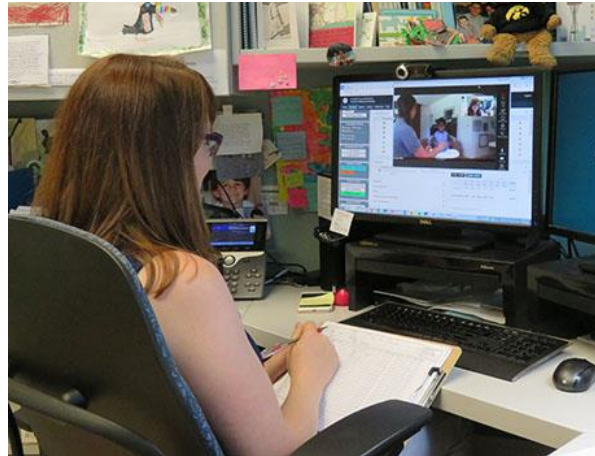HOSPITAL · RESEARCH · FOUNDATION
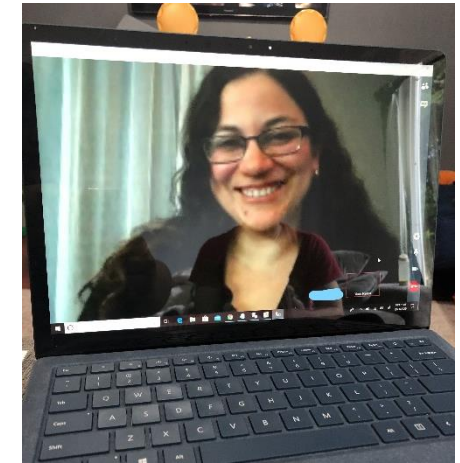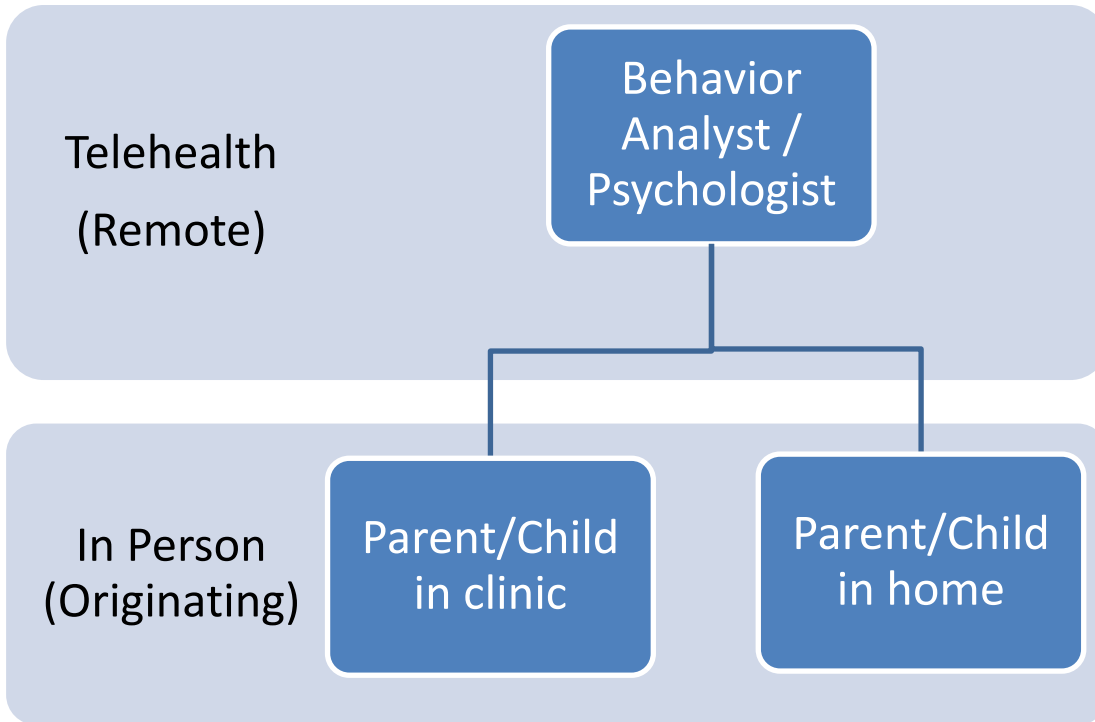
ABA Telehealth Service Models

- Research Support:
  - Behavioral Assessment (Barreto et al., 2006; Lindgren et al., 2016; Machalicek et al., 2009, 2012, 2016; Wacker et al., 2013a, Suess et al., 2016)
  - Behavioral Intervention (Gibson et al., 2010; Lindgren et al., 2016; Machalicek et al., 2016, Suess et al., 2014; Wacker et al., 2013b, Suess et al., 2016)
  - Feeding follow-up in the home after intensive (Peterson et al., 2017)
  - Results: Effective implementation, high integrity, high parent acceptability, lower costs, higher efficiency
  - Parents and behavioral technicians can be taught how to implement behavioral assessments and interventions effectively via telehealth (Wacker et al., 2013a, Wacker et al., 2013b, Fisher et al., 2014).

- Recent COVID-19 related resources
  - Council of Autism Service Providers (2020). Practice Parameters for Telehealth-Implementation of Applied Behavior Analysis: Continuity of Care during COVID-19 Pandemic. Wakefield, MA: Author.
  - Lerman, D, O'Brien, M. & Neely, L. et al., (2020) &Call, Nathan & Tsami, Loukia & Schieltz, Kelly & Berg. Remote Coaching of Caregivers via Telehealth: Challenges and Potential Solutions. Journal of Behavioral Education. 10.1007/s10864-020-09378-2.

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WABA Question Areas

- Overview of how to conduct telehealth
- Data collected during telehealth visits
- Methods of training

Parent Coaching Model Overview

Telehealth

(Remote)

In Person
(Originating)

Behavior Analyst / Psychologist

Parent/Child in clinic

Parent/Child in home

Parent Coaching Model Overview

	Clinic to Clinic	Clinic to Home/Home to Home
Considerations/ Process	- Determine type of service model - Client appropriateness/Safety - Staff Training and Credentialing - HIPAA and Technology Selection - Funding and Services - Develop Workflows - Informed Consent	
	Relevant Ethical Codes Professional and Ethical Compliance Code for Behavior Analysts(BACB, 2016) Ethical Principles of Psychologists and Code of Conduct (APA, 2010) Guidelines for the Practice of Telepsychology (APA, 2013)	

Parent Coaching Model Overview

	Clinic to Clinic	Clinic to Home/Home to Home
Originating Site	Regional Clinics	Child's Home, Schools, Parents could consult from work
Originating Site technology	Video teleconferencing (VTC) hardware (i.e., video camera, television monitor)	• Existing family technology and internet provider. Blue Jeans application originally. Most recently InTouch and Zoom. • Families receive secure link to their emails. • Integration with existing systems.
Hospital Site/Provider side technology	VTC hardware on rolling cart or stationary VTC 	Desktop computers , iPads, etc. Device agnostic. Blue Jeans/InTouch/Zoom. For home-to-home: provider hardware, InTouch and Zoom with back ups as needed.

Parent Coaching Model Overview

	Clinic to clinic	Clinic to home
Target Population	Children with developmental disabilities with challenging behavior and children with pediatric feeding disorders	
Service model	Once per week Twice per week Monthly follow-up Step up and down from more intensive models (generalization to new settings) New visits	
Safety	Screened the clinical spaces for safety prior to starting services in each regional clinic	Developed structured screening process and safety assessment
Participants in Originating Site	Parent, patient, medical assistants or nurses	Parent, patient. Sometimes local providers, BCBAs, teachers, teacher assistants, etc.
Participants in Hospital/Remote Site	Licensed Psychologists BCBA-D, Dietitian	Licensed Psychologists BCBA-D, BCBAs. With COVID crisis, dietitians, SLP

Parent Coaching Model Overview

	Considerations	Relevant ethical guidelines and tips
Client Appropriateness/ Safety	Examine potential risks/benefits, client preference, distance, safety	PRACTICE TIPS: 1. Establish criteria for clients to be seen remotely (e.g., distance criteria, safety criteria, preference) 2. Conduct safety screenings of clients site: home, community, or clinic 3. Establish a safety screener to evaluate risk/benefit 4. Write a crisis plan that includes a phone number to contact if the connection is lost and local emergency contacts (e.g., local police, PCP, med provider). Have readily available for in-home/community locations 5. Continuously reevaluate safety and appropriateness of model for the patient

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TELEHEALTH SCREENING

Name of CAC staff filling out form:_____

Telehealth Service and/or provider screening for:_____

DEMOGRAPHIC/ADMIN QUESTIONS

Certain patients may qualify for virtual visits, called Telemedicine, where the provider is in clinic and connects to you, the patient, while you are at a regional clinic or at home via a web-based, patient-privacy protected application.

- Would you prefer receiving therapy for your child?
  - ☐ In person at SCH   ☐ In a SCH clinic closer to my home via telemedicine
  - ☐ In your home via telemedicine   ☐ Either of telemedicine options but not in person
  - ☐ No preference

  ****************** (STOP HERE IF PATIENT DOESN'T SELECT ANY TELEMEDICINE OPTIONS) *****************

- How long (duration in minutes) on average is your drive to SCH? _____
- Is your home closer to the following cities than to SCH?

City	Yes, it is closer	No, it is not closer
Olympia, WA		
Federal Way, WA		
Everett, WA		
Wenatchee, WA		
Tri-Cities, WA		

- ☐ Do you have a reliable internet connection at home?
  - ☐ Yes
  - ☐ No

Please check **all** internet-connected devices that you would be able to use from home for a Telemedicine visit:
- ☐ Cell/mobile smart phone.
- ☐ Tablet (kindle, iPad)
- ☐ Laptop computer with a camera and microphone
- ☐ Desktop computer with a camera and a microphone

Are you enrolled in Seattle Children's MyChart (enrollment required for Telemedicine?)
- ☐ Yes, currently enrolled
- ☐ No, but willing to enroll
- ☐ No, not interested in enrolling

CLINICAL SAFETY SCREENER FOR CLINIC-TO-CLINIC OR IN-HOME
- Do you currently have any safety concerns for your child, such as risk of harming self or others?
  - ☐ If **Yes**, stop the screening, move onto the **Behavior Risk Assessment Plan on CIS or call 911.**
- If your child is having challenging behavior, are you able to keep your child, yourself, and property safe without needing assistance?
  - ☐ Yes:_____
    - How (optional)? _____
  - ☐ No: _____
    - If you need an extra person to keep you, your child, and property safe, would this support be available during the telemedicine visits?

- If your insurance *doesn't* cover telemedicine services or if your child can't be seen via telemedicine due to safety concerns, would you like to receive services in person?
  - ☐ Yes
  - ☐ No, I don't want to receive in person services if I can't do telemedicine because (Mark all that apply)
    - ☐ SCH is too far from my home.
    - ☐ Traffic makes the drive too long.
    - ☐ Other reason:_____

Summary of screener:	Yes	No
Patient is eligible for clinic-to-clinic telemedicine? • Patient agrees to this modality • Patient lives closer to a regional clinic site than SCH • Provider finds clinic-to-clinic to be clinically appropriate for the patient.		
Patient is eligible for in-home telemedicine? • Patient agrees to this modality • Patient is enrolled in MyChart • Patient has internet and an internet-connected device with camera • Provider finds clinic-to-home to be clinically appropriate for the patient.		
For in-home: Caregiver email to receive the Blue Jeans invite→ _____		

Provider steps after screening:

>If they meet criteria: Write a referral in CIS, and then hand screener to front desk

However, if you're only screening for parent-only visits (seeing parent alone in clinic-to-clinic, or in the home), you can still write a referral for telehealth.

How to write referral:

- **Med Management**: *Med Management via TEL at (specific clinic OR Home)*
- **Biobehavioral**: *"Biobehavioral services via TEL at (specific clinic OR Home)*
- **Feeding**: *"Pediatric Feeding Program via TEL at (specific clinic OR Home)*
- If they don't meet criteria: Let family know they are not eligible for telehealth at this time. Give screener to front desk.

#####################CARE protocol for **In-home telehealth only** (modified from Myers, 2017) ###################
Clinician or Administration Completes Prior to the first Home telehealth visit

Caregiver's Perspectives

Are [you and your child/teen] able to safely participate in treatment at home? _____

Is there a private space for the treatment/where: _____

Are there weapons in the home/Stored/Access: _____

Who will be at home during the sessions: _____

Home address:_____

Text/Contact number(s) if don't connect via telehealth at time of scheduled appt:_____

Anticipating Potential Safety Concerns

What will be the greatest problem in providing treatment at home? _____

Early warning signs that [child or parent] is in crisis: _____

_____

Resources for Support that the Therapist Can Contact if Crisis Occurs (any that apply)

School: _____

Church: _____

PCP: _____

Friend/Community/Other _____

Other:_____

Emergency Contacts in Case of Crisis

Local hospital and ER: _____

Police telephone for local 911: _____

Community crisis team or other contacts:_____

Evaluating Clinical Space, Safety and Quality for ABA-focused telehealth home treatment visits
Biobehavioral Program and Pediatric Feeding Program

FIRST IN-HOME VISIT (parent-only visit at clinician's discretion)		
Goal	Tasks to complete	Questions to ask/think about
Ensure general safety	☐ Review CARE protocol (completed during screening).	• Ask parent if anything has changed from their CARE protocol and document changes on their CARE form in CIS.
Identify a safe space in which to view the child and parent interacting during the telehealth visit.	☐ Ask parent about available spaces in the home. ☐ Ask about spaces in which the equipment can be used. ☐ Take a telehealth "tour" of the space the parent identified to evaluate ability to control the environment/safety.	• Does the room have multiple exits? • Will the parent be able to prevent elopement from the clinical space to out-of-camera areas? • If using a desktop, this restricts movement. • If using laptop/tablet/mobile device, where would be the best location to place it?
Sterilize the selected space for the telehealth visit. (Amount of sterilization/modification of environment stimuli will depend on your clinic visit type and assessment's/interventions you need to complete)	☐ During your "tour" of the selected space identify and have parent clear out sharps, items that can be damaged, valuables. ☐ If items cannot be moved, discuss with parent how to block these during session. ☐ Identify ways to control food/tangibles/escape and plan for the parent to have the room prepared for the next visit (e.g., bin toys, have locks on food cabinets if needed, put food items in higher shelves)	• Are there large items that can be knocked over such as TVs and cabinets? • Are the large items attached to the wall? • Are there many stimuli in the environment that can impact treatment (e.g., free access to toys, free access to food)?
Establish high quality audio-visual set up\	☐ Determine camera and microphone placement for future visits.	• Make sure camera isn't' facing a window. • Computer/microphone should be close enough to family so that you can hear clearly. • If you don't have pan/zoom/tilt capabilities, you should place the computer in a place where you can see the majority of the room.
Determine communication for high quality parent coaching	☐ Determine how you're going to communicate with the parent during sessions. ☐ Determine how you're going to communicate if you don't want the child to hear you or when the child is being too loud and disrupts the audio from Blue Jeans.	• If the patient has high receptive language abilities or if the patient engages in screaming, it would be ideal to have a bug-in-the-ear way to communicate with the parent. • You can do this through the device or through their cell phone. • Does the parent have a Bluetooth microphone/headset for their tablet or phone? • Does the parent have headphones they can plug into their cell phone and carry with them? • Do you have the cell phone number for this communication?
SUBSEQUENT VISITS		

Goal	Tasks to complete	Questions to ask/think about
Ensure general safety	☐ Review CARE protocol (completed during screening). ☐ Change if needed	• Ask parent if anything has changed from their CARE protocol and document changes on their CARE form in CIS.
Space/safety/Quality	☐ If any changes in space/safety are noted, repeat the first-day evaluations as needed.	

Parent Coaching Model Overview

Goal	Tasks to complete	Questions to ask/think about
Ensure general safety	☐ Review CARE protocol (completed during screening).	• Ask parent if anything has changed from their CARE protocol and document changes on their CARE form in CIS.
Identify a safe space in which to view the child and parent interacting during the telehealth visit.	☐ Ask parent about available spaces in the home. ☐ Ask about spaces in which the equipment can be used. ☐ Take a telehealth "tour" of the space the parent identified to evaluate ability to control the environment/safety.	• Does the room have multiple exits? • Will the parent be able to prevent elopement from the clinical space to out-of-camera areas? • If using a desktop, this restricts movement. • If using laptop/tablet/mobile device, where would be the best location to place it?
Sterilize the selected space for the telehealth visit. (Amount of sterilization/modification of environment stimuli will depend on your clinic visit type and assessment's/interventions you need to complete)	☐ During your "tour" of the selected space identify and have parent clear out sharps, items that can be damaged, valuables. ☐ If items cannot be moved, discuss with parent how to block these during session. ☐ Identify ways to control food/tangibles/escape and plan for the parent to have the room prepared for the next visit (e.g., bin toys, have locks on food cabinets if needed, put food items in higher shelves)	• Are there large items that can be knocked over such as TVs and cabinets? • Are the large items attached to the wall? • Are there many stimuli in the environment that can impact treatment (e.g., free access to toys, free access to food)?

Parent Coaching Model Overview

	Clinic to home/home to home
Typical Session Structure (60 min sessions)	• 5-10 minute reviewing parent data and updates on treatment implementation • 5-10 minutes. Provider outlines procedures to be implemented. This can include a protocol provided prior to session. • 30-40 minutes. With coaching, parent implements treatment sessions while BCBA coaches and collects data remotely. • 5-10 minutes. BCBA reviews results of session, provides assignment to parent for next session. • After session: BCBA graphs data, updates protocols/data sheets and sends to parent as needed. *Session can be 60-90 minutes
Parent Coaching Strategies	• Didactic/Written instructions: protocols, cheat sheets • Immediate feedback: through speakers or bug-in-the ear • Role Play/Modeling as needed

Parent Coaching Model Overview

	Clinic to home/home to home
Goals/Data Collected	• The same goals and data collected as in-person sessions. • Can include child data: trial-based data, rate of behavior, frequency, duration, partial-interval data, etc. Examples: - Biobehavioral clients we often report percent reduction of target behavior from a functional analysis baseline. - Pediatric feeding patients, we often report percentage of trials consumed of a specific target food, increased novel foods tried, decreases in food refusal

Additional questions?

Yaniz.padilladalmau@seattlechildrens.org