Lessons learned from tele-behavioral consultation in family homes

Wendy Machalicek

In this presentation, I will use Poll everywhere.com

You can answer via website by opening up a browser tab with this website open https://pollev.com/WENDYMACHALI822 OR you can text WENDYMACHALI822 to 37607 to join.

If texting, type your answer as a text message to 37607 when prompted
Objectives

• Participants will review models of tele-behavioral consultation used in research with families of children with intellectual and developmental disability.
• Participants will review family-centered practices, behavioral parent training, and the integration of these evidence-based practices into tele-behavioral consultation visits.
• Participants will learn about reliable software and hardware to carry out tele-behavioral consultation.
• Participants will be able to discuss the relative disadvantages, benefits, and contraindications of tele-behavioral consultation versus traditional face-to-face consultation.
• Participants will be provided information on professional guidelines for use of telepractice such as tele-behavioral consultation.
Agenda

• Why, when, and with whom to use telehealth model of parent training
• Brief review of evidence for telehealth parent training
• 2 examples from our research with families
• Suggestions for practice
• Questions
Treatment of challenging behavior by parents of children with developmental disabilities via telehealth: Findings from a systematic review of the literature

Silvia Batz, Kate Ascetta, Wendy Machalicek

University of Oregon

(Manuscript In preparation)
Using Distance Technology in Early Intervention: A Parent Mediated Language Intervention


EFFECTS OF BEHAVIOR SPECIALISTS' USE OF COACHING AND PERFORMANCE FEEDBACK VIA TELEHEALTH TO TRAIN PARENTS OF CHILDREN WITH CHALLENGING BEHAVIOR

Traci Ruppert & Wendy Machalicek (in preparation)
Does your school or agency currently offer behavioral parent training?
Behavioral parent training (BPT)

• Changes in parent behavior will result in decreased challenging behavior and increased appropriate behavior (Forehand & Kitchik, 1996); (Webster-Stratton & Herbert, 1993)

☐ Increase quantity and quality of interventions

☐ Reinforce child skills and facilitate generalization of positive outcomes

☐ Potential indirect benefits to family members from reduction in challenging behavior (Vaughn, White, Johnston, & Dunlap, 2005)
Components of effective parent education programs

Components associated with effective parent training programs include (Wyatt Kaminski, Anne Valle, Filene & Boyle, 2008)

- **Parent practice of skill with child with feedback & error correction**
- Increasing positive parent-child interactions & emotional communication skills
- Teaching parents to use time out
- Teaching parents to be consistent in delivery of consequences
Do you implement the behavioral parent training or do others take on the role of parent coach?
In one to two words, what barriers do you face in providing behavioral parent training to parents you work with?
2010 US Census http://rufes.org/what-is-rural/
Pressing questions

• Providing parent coaching in a timely manner
• How can we provide caregivers with meaningful, contextualized feedback in “real time”?
• How can we spend more time with families that need extra support?
• How can we continue providing evidence-based practices with decreasing resources and growing community need?
Telehealth offers potential solution
Telehealth Process

Parent Coach

sftp

Videoconferencing software

Parent

Supervisor
• Assessment (e.g., Assessment, Evaluation, and Programming System for Infants and Children, AEPS, and Ages and Stages Questionnaire, ASQ)
• Expert consultation
• Home visits
• Mechanism for increased intensity of coaching
• Supervision and peer feedback
• Delivery of specialist services: e.g., positive behavior support, speech therapy
• Facilitating parent to parent support through virtual groups (Families have support systems)
• Parent coaching to improve child outcomes
What do you need to know about telehealth to consider adoption?
Research on telehealth

• Who (parents, children, professionals) has participated in telehealth research?
• Which components of parent training have been delivered via telehealth?
• What types of technology have been used in parent training delivered via telehealth?
1272 participating parents

- N = 836
- N = 97

Mothers

Fathers

N = 836
Majority focused on ASD and children with challenging behavior

1226 participating children birth-8 years
Setting

- In 14 studies (70%) parent trainings were conducted in families’ homes
- 3 studies (15%) conducted in clinic setting (Xie et al., 2013; Wacker et al., 2013a, 2013b)
- 2 studies (10%) conducted in home and clinic setting (Kablet et al., 2012; Taylor et al., 2008)
<table>
<thead>
<tr>
<th>Intervention</th>
<th># studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied behavior analysis (ABA) to assess and address challenging behavior</td>
<td>9</td>
</tr>
<tr>
<td>Positive parenting (e.g., responsivity, sensitivity to child communication, affection, teaching interactions)</td>
<td>4</td>
</tr>
<tr>
<td>Naturalistic language intervention (including PRT)</td>
<td>3</td>
</tr>
<tr>
<td>ESDM (manualized developmental and ABA intervention)</td>
<td>2</td>
</tr>
<tr>
<td>Lidcombe Program for Childhood Stuttering</td>
<td>1</td>
</tr>
<tr>
<td>Cognitive Behavioral Therapy (CBT)</td>
<td>1</td>
</tr>
</tbody>
</table>
### Technology used in intervention

<table>
<thead>
<tr>
<th>DVD</th>
<th>Home visit (face-to-face)</th>
<th>SMS text</th>
<th>Telephone</th>
<th>Traditional text</th>
<th>Video-conferencing</th>
<th>Video-audio modules</th>
<th>Web-based modules</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Antonini et al. (2014)
- Baggett et al. (2010)
- Carta et al. (2013)
- Enebrink et al. (2012)
- Jang et al. (2012)
- Kable et al. (2012)
- Kierfeld et al. (2013)
- Lewis et al. (2008)
- Mast et al. (2014)
- Nefdt et al. (2010)
- Sanders, et al. (2012)
- Sanders, et al. (2014)
- Taylor et al. (2008)
- Vismara et al. (2012)
- Vismara et al. (2013)
- Wacker et al. (2013a)
- Wacker et al. (2013b)
- Wainer & Ingersoll (2013)
- Wainer & Ingersoll (2014)
- Xie et al. (2013)
<table>
<thead>
<tr>
<th>Parent training practices</th>
<th># studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>In vivo and video modeling</td>
<td>17</td>
</tr>
<tr>
<td>Self-paced instruction</td>
<td>16</td>
</tr>
<tr>
<td>Live coaching and/or performance-based feedback</td>
<td>14</td>
</tr>
<tr>
<td>Collaborative planning to increase adherence</td>
<td>11</td>
</tr>
<tr>
<td>Self-reflection</td>
<td>10</td>
</tr>
<tr>
<td>Written text</td>
<td>9</td>
</tr>
<tr>
<td>Problem solving discussions</td>
<td>9</td>
</tr>
<tr>
<td>Collaborative progress monitoring</td>
<td>9</td>
</tr>
<tr>
<td>Routines-based intervention</td>
<td>6</td>
</tr>
<tr>
<td>Role-play</td>
<td>4</td>
</tr>
</tbody>
</table>
How does telehealth compare to treatment as usual?

- Two group design studies (10%) demonstrated equivalence between traditional and alternative methods (e.g. Kable et al., 2012; Xie et al., 2013)
- One study (Carta et al., 2013) compared home visiting with SMS text message to home visiting only or waitlist
- Lindgren, Wacker, Suess, Schieltz, Pelzel et al. (2016)
  - Compared in home therapy, clinic based telehealth and home based telehealth with 107 children with ASD or other DD
  - M percent reduction in challenging behavior was >90% in all 3 groups and treatment acceptability high for all 3 groups
  - Total costs lowest for home telehealth but both telehealth models less costly than in home therapy
Some unique components in our research

- Transdisciplinary teaming between SLPs and BCaBA/BCBA with the SLP taking the role of primary service provider (PSP) and providing direct services to the family (Marturana, McComish, Woods, & Crais, 2011)

- Oftentimes use adjunctive clinic-home model
  - save for face to face individual or group supervision

- In addition to in real time videoconferencing utilize delayed performance feedback via videoed parent-child interactions
A Parent Mediated Language Intervention: Structure of the Intervention Program

- **Pre-treatment assessment**
  - Day 1 – Language testing
  - Day 2 – Assessment of Challenging Behaviors
  - Day 3 – Intervention session 1
- **Four onsite clinic visits – once per month**
  - Parent education session
  - SLP coaching during parent-child play session
- **Twelve distance coaching sessions**
- **Three month follow-up**

<table>
<thead>
<tr>
<th>Month 1</th>
<th>Month 2</th>
<th>Month 3</th>
<th>Month 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>TX1</td>
<td>D1</td>
<td>D2</td>
<td>TX4</td>
</tr>
<tr>
<td>D3</td>
<td>TX2</td>
<td>D4</td>
<td>D10</td>
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<tr>
<td>D5</td>
<td>D6</td>
<td>D7</td>
<td>D11</td>
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<td>D8</td>
<td>D12</td>
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<td></td>
<td></td>
<td>D9</td>
<td></td>
</tr>
</tbody>
</table>
Distance coaching sessions

- Implemented by School psychology graduate student, BCaBA/BCBA, SLP
- 5 minute check-in, answer parent questions, review session goals
- 20-30 minutes of parent-coaching
  - Immediate performance feedback
  - Clinician modeling of targets
  - Clinician prompting of parent intervention targets
- 5 minute wrap-up and planning for next session
<table>
<thead>
<tr>
<th>Coaching Strategy</th>
<th>Operational Definition</th>
<th>Observed</th>
<th>Not observed</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conversation and Information Sharing (CIS)</td>
<td>The BCaBA/BCBA or SLP shares information with the other provider, asks and responds to questions relevant to child and family outcomes. Through CIS the provider can learn about the other’s goals, updates since last visit, and respond to requests for resources.</td>
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<tr>
<td>Observation (OB)</td>
<td>The BCaBA/BCBA or SLP interacts with the parent child dyad while the other provider watches without offering feedback or suggestions. Observation may be planned or incidental and helps the observing provider to observe what typically happens during a routine, what supports the active provider is already using, and to observe the level of dyad participation and SLP/BCaBA/BCBA use of targeted strategies.</td>
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<tr>
<td>Direct Teaching (DT)</td>
<td>The BCaBA/BCBA and SLP directly scaffolds the other provider’s knowledge and skill mastery as it pertains to targeted strategies by providing print, verbal, visual, or video information matched to their learning preferences, including “how to” and “why” content.</td>
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<tr>
<td>Demonstration (D)</td>
<td>The BCaBA/BCBA and SLP narrates his/her actions while modeling strategy use for the other provider.</td>
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<tr>
<td>Guided Practice with Feedback (GPF)</td>
<td>The BCaBA/BCBA or SLP guides the other provider as s/he works with parent child dyad and offers specific suggestions in the context of the routine to help the provider coach the parent in implementation of the strategy or to maintain child engagement/participation. Feedback may be specific to the parent or child participation or provider strategy use and how the child responded to strategy use.</td>
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<tr>
<td>Problem Solving</td>
<td>The SLP and BCaBA/BCBA jointly describe the child or routine from their perspectives. With support from the BCaBA/BCBA, the SLP generates new ideas for improving parent’s implementation of behavior support strategy use or embedding strategy use into generalization contexts.</td>
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</tbody>
</table>

(Adapted from Friedman et al., 2012)

Percentage of steps completed correctly during observation
Preparation for Distance Sessions

• Introduce laptop and camera to parent during “in-person” interaction
• Have all necessary software pre-installed
• Review steps for establishing distance connection
• Have a “practice video call”
  • Check on establishing video connection
  • Identify location for distance session
  • Identify location for laptop and camera
  • Make sure desired area is visible on camera, lighting is sufficient, clinician is audible
Distance Session Checklist

- Prepare several sets of appropriate toys that child likes based on results of preference assessment.
- Clear room of possible distractions (pets, toys that child tantrums to get).
- Set up laptop computer and webcam.
- Call us (or receive call) before bringing child into room.
Distance Session Checklist (continued)

- **Set the Stage with a low demand transition activity**
  - Bring child into room and start with 2-3 min. of an easy, fun activity that doesn’t require much effort from child

- **Get the Ball Rolling with several warm-up activities**
  - Introduce concrete choice of 2 different toys to child and allow them to begin play with chosen toy
  - Use several consecutive easy tasks so that child can access praise and R+ with small amount of effort
  - Behavioral momentum

- Avoid commenting or turn taking during initial activities
Provide concrete choices throughout session by holding up two toys, or parts of toys at your child’s eye level.

If child wanders away, approach them with two concrete choices and/or bring the activity to where they are in room.

Reinforce appropriate play and communication attempts with physical touch and descriptive comments.
Distance Session Checklist
(continued)

- Ignore challenging behavior while keeping child safe.
- Provide descriptive praise as soon as child is acting appropriately.
- Take an active role in play by imitating and taking turns.
Example of Distance Sessions
Both SLP and BCBA coaching
Ruppert & Machalicek (in preparation)

• Evaluate behavior specialists’ ability to:
  ▪ Collaborate with parents via telehealth to develop a multi-component BSP
  ▪ Train parents using coaching and performance feedback via telehealth to implement the BSP strategies

• Examine if parents can implement targeted strategies with sufficient fidelity resulting in decreased child challenging behavior and improved adaptive behavior

• Concurrent multiple-probe design across three mother-child dyads with a non-concurrent addition of a fourth mother-child dyad
<table>
<thead>
<tr>
<th>Mother-Child Dyad</th>
<th>Child</th>
<th>Race/Ethnicity</th>
<th>Age in Years</th>
<th>Diagnoses</th>
<th>Challenging Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Owen</td>
<td>White</td>
<td>11</td>
<td>ASD</td>
<td>Elopement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Grabbing Food</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Throwing Objects</td>
</tr>
<tr>
<td>2</td>
<td>Mercedez</td>
<td>White</td>
<td>6</td>
<td>EBD SPD</td>
<td>Aggression</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Elopement</td>
</tr>
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<td></td>
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<td></td>
<td></td>
<td>Non-Compliance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Protesting</td>
</tr>
<tr>
<td>3</td>
<td>Ella</td>
<td>Black Latino</td>
<td>5</td>
<td>ASD</td>
<td>Aggression</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>Disruption</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Elopement</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Non-Compliance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Protesting</td>
</tr>
<tr>
<td>4</td>
<td>Sophie</td>
<td>White</td>
<td>5</td>
<td>RAD FASD ODD</td>
<td>Crying</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Elopement</td>
</tr>
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<td></td>
<td>Manipulating Edibles</td>
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<td></td>
<td></td>
<td>Protesting</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>Throwing Objects</td>
</tr>
<tr>
<td>Mother-Child Dyad</td>
<td>Parent</td>
<td>Race/Ethnicity</td>
<td>Age</td>
<td>Marital Status</td>
<td>Income</td>
</tr>
<tr>
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</tr>
<tr>
<td>1</td>
<td>Christy</td>
<td>White</td>
<td>44</td>
<td>Married</td>
<td>$80,000+</td>
</tr>
<tr>
<td>2</td>
<td>Melissa</td>
<td>White</td>
<td>45</td>
<td>Divorced</td>
<td>$20,000 - $40,000</td>
</tr>
<tr>
<td>3</td>
<td>Angie</td>
<td>Latino</td>
<td>25</td>
<td>Married</td>
<td>&lt; $15,000</td>
</tr>
<tr>
<td>4</td>
<td>Amanda</td>
<td>White</td>
<td>41</td>
<td>Married</td>
<td>$20,000 - $40,000</td>
</tr>
</tbody>
</table>
Family-Centered Telehealth Behavioral Consultation Training Part I

- 3-hour Training included:
  - How to collaborate with parents
  - Build contextually fit BSPs
  - Telehealth guidelines and troubleshooting (i.e., HIPAA/confidentiality, mandatory reporting, interpersonal skills, how to use study technology)
<table>
<thead>
<tr>
<th>Coaching Activities</th>
<th>Observed</th>
<th>Not observed</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Coach begins Skype meeting with a warm greeting and “check in”</td>
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<tr>
<td>2. Coach reviews objectives of the session.</td>
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<tr>
<td>3. Coach asks the teacher if there are any questions following the training module.</td>
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<tr>
<td>“Do you have any questions about the PP/ training module?”</td>
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<tr>
<td>4. Coach provides 3 or more specific examples of the teacher using the identified</td>
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<tr>
<td>teaching behavior for the week from previous observations with specific examples</td>
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<tr>
<td>and/or video clips.</td>
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<tr>
<td>5. Coach identifies two or more ways for the teacher to increase targeted</td>
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<tr>
<td>teaching behavior during lessons with specific examples and/or video clips.</td>
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<tr>
<td>6. Coach prompts teacher to identify one more strategy for increasing specific</td>
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<tr>
<td>teaching behavior.</td>
<td></td>
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<tr>
<td>7. Coach provides praise following the teacher identifying another strategy to</td>
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<tr>
<td>implement the teaching behavior of focus.</td>
<td></td>
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<tr>
<td>8. If teacher defines an incorrect or low impact strategy, the coach will</td>
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<tr>
<td>prompt with a question or suggestion for another strategy. “That could work, but</td>
<td></td>
<td></td>
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<tr>
<td>what about another idea that you could use multiple times during an instructional</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>group?”</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. If applicable, Coach reviews any needed strategies for increasing previously</td>
<td></td>
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</tr>
<tr>
<td>taught adult behaviors from previous modules.</td>
<td></td>
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<tr>
<td>10. Coach will ask teacher for any specific questions or support for the</td>
<td></td>
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</tr>
<tr>
<td>instructional group. “Anything else I can help you with today?”</td>
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<td></td>
<td></td>
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<tr>
<td>11. Coach thanks the teacher, add additional praise, and sets up the following</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>week’s observation and coaching sessions.</td>
<td></td>
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</tr>
</tbody>
</table>

**Total fidelity = Observed/Observed + Not observed X 100**
Family-Centered Telehealth Behavioral Consultation Training

- 3-hour Part I Training included:
  - How to collaborate with parents
  - Build contextually fit BSPs
  - Telehealth guidelines and troubleshooting (i.e., HIPAA/confidentiality, mandatory reporting, interpersonal skills, how to use study technology)
BSP Development

- Indirect FBA was completed via telehealth with the parent
  - *Functional Assessment Checklist for Teachers and Staff – Home Version* (FACTS-home version; Freeman & Anderson, 2005; March et al., 2000)
  - Observation at home confirmed developed summary statement
- Behavior specialist collaborated with parent to develop BSP via telehealth
  - Competing behavior pathway
  - Functionally equivalent alternative and desired behaviors
## Participant Behavior Support Strategies

<table>
<thead>
<tr>
<th>Participants</th>
<th>Antecedents</th>
<th>Teaching</th>
<th>Consequence</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owen</td>
<td>Prompting VI-2&lt;sup&gt;a&lt;/sup&gt; Attention, Visual schedule</td>
<td>FCT, FCT</td>
<td>DRA, EXT, DRA FR-1&lt;sup&gt;b&lt;/sup&gt;</td>
<td>Attention, Tangible, Attention</td>
</tr>
<tr>
<td>Mercedes</td>
<td>Choices, Visual schedule</td>
<td>Choices, Token Economy FCT</td>
<td>FR-1, EXT, DRA FR-1</td>
<td>Escape, Attention, Escape</td>
</tr>
<tr>
<td>Ella</td>
<td>5-min warning, Preferred food, Visual support</td>
<td>FCT, FCT</td>
<td>DRA, EXT, FR-1</td>
<td>Escape, Attention, Escape</td>
</tr>
<tr>
<td>Sophie</td>
<td>Pre-warning, Visual support, Visual schedule, Calming strategies</td>
<td>FCT, Token Economy</td>
<td>DRA, EXT, FR-1</td>
<td>Attention, Attention</td>
</tr>
</tbody>
</table>

*Note. FCT = functional communication training. DRA = differential reinforcement of the alternative behavior. EXT = extinction.*

<sup>a</sup>*Providing attention on a variable-interval schedule about every 2-minutes.*

<sup>b</sup>*Providing a preferred reward once all the steps in the routine are complete.*
Training and BSP Implementation

• 2-hour Training included:
  ▪ Research and components of coaching and performance feedback
  ▪ Modeling of coaching and performance feedback
  ▪ Embedded practice until met 80% criterion

• Behavior specialists trained the parent
  ▪ Conduct daily 60-minute telehealth sessions until met 80% criterion for 2 consecutive sessions
  ▪ Conduct telehealth sessions 1 time per week
BSP Implementation

• Parent recorded 1-3 independent videos each week

• Data collected on
  ▪ Behavior specialist performance feedback
  ▪ Parent implementation fidelity of BSP
  ▪ Child challenging behavior and adaptive behavior
Percentage of Correctly Completed Fidelity Steps

Sessions

Christy and Owen

Melissa and

Angie and Ella

Amanda and Sophie

B
Assessment and BSP Development
Fidelity
Telehealth Consultation

Sessions

0 10 20 30 40 50 60 70 80 90 100

2 3 4 5 6 7 8 9 10 11 12 13 14 15

2 3 4 5 6 7 8 9 10 11 12 13 14 15

2 3 4 5 6 7 8 9 10 11 12 13 14 15

2 3 4 5 6 7 8 9 10 11 12 13 14 15

2 3 4 5 6 7 8 9 10 11 12 13 14 15
Coached vs Independent

Mean Percentage of Correctly Completed Fidelity Steps

Mean Frequency of Adaptive Behavior

Mean Percentage of Intervals with Challenging Behaviors

Mean Percentage of Intervals with Adaptive Behavior
<table>
<thead>
<tr>
<th>Concern</th>
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<tbody>
<tr>
<td>Difficulty modeling skills by Internet</td>
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<tr>
<td>Cost of equipment</td>
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<tr>
<td>Internet connectivity in rural areas</td>
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<tr>
<td>Learning to use technology</td>
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<td>Technical difficulties can be frustrating</td>
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Suggestions for practice

✓ Work with family to determine capacity (Broadband Internet, fast enough computer) and interest
✓ Begin with face-to-face visit(s) and use video conferencing to provide follow up education or coaching
  • Allow child and parent outcomes to guide whether you continue with distance sessions
Suggestions for practice

✓ Provide parents with clear directions for making and answering calls
✓ Adapt assessment and therapy materials to accommodate for delivery modality
Cautions & Contraindications

• Cautions
  • Ask supervisor, agency director(s) for additional guidance about the use of distance technologies in your work
  • Follow Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) regulations as required by law
  • Inform the family of their rights and responsibilities when receiving care at a distance (through videoconferencing) including the right to refuse to use videoconferencing

• Contraindications
  • Supervisees taking on new tasks with potential for client harm (e.g., functional analysis of severe challenging behavior, feeding intervention)
  • Have disabilities that limit communication via distance technology
Summary of information provided today

• Participants will review models of tele-behavioral consultation used in research with families of children with intellectual and developmental disability.

• Participants will review family-centered practices, behavioral parent training, and the integration of these evidence-based practices into tele-behavioral consultation visits.

• Participants will learn about reliable software and hardware to carry out tele-behavioral consultation.

• Participants will be able to discuss the relative disadvantages, benefits, and contraindications of tele-behavioral consultation versus traditional face-to-face consultation.

• Participants will be provided information on professional guidelines for use of telepractice such as tele-behavioral consultation.
More information and resources

- American Telemedicine Association
  - [http://thesource.americantelemed.org/home](http://thesource.americantelemed.org/home)

Wendy Machalicek
wmachali@uoregon.edu
Our team’s work with teachers, novice clinicians using telehealth model


Our work with telehealth models for parent training

Our work with telehealth models for assessment of developmental delays and parent training for FXS

- Parent-implemented language and behavioral intervention with 8 young children with autism spectrum disorders (McDuffie, Machalicek, Oakes, Haebig, Weismer, & Abbeduto, 2013)


