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VABA presents . . .

Telehealth and ABA In Virginia

While Telehealth is not a new concept, even within the realm of Applied Behavior Analysis (ABA), the modality saw a large increase in use during the coronavirus pandemic of 2020.

ABA IN VIRGINIA

Specifically, in Virginia, many behavior analysts work with younger children diagnosed with an autism spectrum disorder. When treating individuals with autism, the recommendation (CASP, 2020) is to use a tiered approach with a Board Certified Behavior Analyst® (BCBA®) or Board Certified Assistant Behavior Analyst® (BCaBA®) supervising, and a technician (such as a Registered Behavior Technician® or RBT®) providing the direct support. These services are most often provided in the individual's home, community, school, or clinic setting.

BCBAs (Licensed Behavior Analysts or LBAs in Virginia) and BCaBAs (Licensed Assistant Behavior Analysts or LABAs in Virginia) are not limited to this population, however. Some practitioners apply the science of behavior with persons diagnosed with behavior disorders (e.g., Oppositional Defiant Disorder), emotional disturbance or disability, learning disabilities, neurocognitive disorders (e.g., dementia patients), severe or chronic mental illness, substance abuse disorders, traumatic brain injury, Tourette syndrome, sexual offenses, and more. ABA is also practiced in public and private schools, businesses and organizations, and government agencies. Given the broad reach of the profession, it is not surprising that some practitioners were using Telehealth as a modality before the 2020 pandemic. Especially when treating persons where the LBA or LABA works one-on-one, rather than through a technician, Telehealth is a more common modality. In situations where another tier is engaged, it is widely reported (through surveys and interviews with VABA members) that supervision was often performed through Telehealth before the pandemic – where the direct service personnel (such as an RBT) was working with the client. A supervisor was observing offsite via a camera.

COVID-19 & TELEHEALTH

When the 2020 coronavirus pandemic was realized in March of 2020, many agencies delivering services based in ABA shut down temporarily or use a strict telehealth model. An April 2020 survey of VABA members found that 43% were doing some face-to-face services, and 57% were either providing all services via Telehealth or had shut down, but we're going to begin Telehealth soon. The pandemic hit ABA agencies hard. In that same survey, members told VABA that 10% closed down in March, 57% laid off or furloughed at least some of their staff, and 33% could remain fully open.

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Of those who pivoted to 100% Telehealth, only 44% had to lay off or furlough any staff compared to 30% for those who did a mix of face-to-face and Telehealth. For those who did not start using Telehealth in March of 2020, both closed until they began to the modality. One screener that was developed to determine the best modality based on various factors can be found here: www.abaccscreener.com.

According to the Mid-Atlantic Telehealth Resource Center (MATRC), "Telehealth Technology is just one tool in the clinician's toolbox – Telehealth is not a separate service." The challenge is to deliver "The type and level of care an ordinary, prudent, health care professional, with the same training and experience, would provide under similar circumstances in the same community." Like every other new intervention or increase in scope, it is essential to become competent at the telehealth modality through training. Aside from profession-specific training, it is paramount that those treated via Telehealth are competent in assessment (through the technology, allowing the caretaker to be the "hands"), online etiquette, documentation of relevant data,

technological and clinical troubleshooting, and HIPAA compliance specific to Telehealth. When it became clear that the pandemic was continuing and it would be difficult to return to the fully face-to-face model that we had experienced in the ABA world, many reputable organizations such as the Association for Behavior Analysis International (ABAI), the Association of Professional Behavior Analysts (APBA), and CASP, as well as VABA, provided training and resources to help behavior analysts more efficiently and effectively use Telehealth as a modality.

PRACTIONER INTERVIEWS

How do behavior analysts determine the effectiveness of Telehealth? Being behavior analysts, we already have those tools – data collection and analysis. In our field, we tend to use single-subject research. If, how, and how often we use Telehealth with each client depends on that client specifically. There are many factors to consider, not the least of which is access to reliable internet.

Crystal Peterson Barker, BCBA, LBA

For this paper, VABA interviewed four members in different situations. Crystal Peterson Barker, BCBA, LBA, owner of CPB Behavioral Therapy and Advocacy Services, LLC, made the shift from mostly face-to-face services to Telehealth in March of 2020 COVID-19 pandemic. Before that, she had experience with Telehealth in that the agency performed remote supervision, but it was not a large part of their services. She notes that some of her clients were very concerned about the pandemic, especially those already immune-compromised.

The services Ms Peterson Barker provides are tiered, and she offered specialized training to enable her Registered Behavior Technicians (RBTs), who are her frontline staff, to work with their clients using Telehealth. With training, she reports her RBTs have been able to establish/maintain rapport in most cases. Ms. Peterson Barker and her crew found themselves having to modify many of the programs they were using for the new modality. Some of the clients whom she thought did not have the skills to attend to a session on the computer surprised her with their adaptiveness, but others were not as adept at making the change. While she does not currently have a tool to help, her predict who will do well and who will not, the data she collects will help inform her in the future. Also, she used a clinical effectiveness survey, which she found very helpful.

A growing business, such as Ms. Peterson Barker's, sees new clients on an ongoing basis. March of 2020 was no exception, and with the new clients, she began using Telehealth immediately. One of the ways Ms. Peterson Barker increased the probability of rapport was that she had her staff spend the first couple of sessions pairing with interactive games, videos, audiobooks, etc. She could easily see which staff did this and which did not.

During the pandemic and complete use of Telehealth at her agency, Ms. Peterson Barker noticed that some of her clients who were mainly working on social skills had lost those skills. In general, she found that while Telehealth can be great for skill acquisition, there seems to be less effective social skills among her clients. One thing that has impressed her is how her clients' parents have been stepping up and following through with behavior plans, and they are more involved than she thought they were going to be. She notes that consistency with the following behavior plans has increased for those parents who are more involved and that the parent training component overall has strengthened. Overall for her agency, Ms. Peterson Barker has determined that about 10% have not improved with Telehealth, 70 to 80% are maintaining skills or doing slightly better, and 10 to 20% excelled with the telehealth modality.

"I never thought I could do this with my kid. It took a pandemic for me to realize, yes I can do it." (paraphrased by Ms. Peterson Barker from a parent comment)

Some concern about Telehealth surrounds access to the internet. At Ms. Peterson Barker's agency, most of their clients do have access to reliable internet. She found that families in rural areas have better connections than those in Loudoun, Fairfax, or Northern VA because of bandwidth issues. She also found that some parents struggled with technology. Her advice is to make it as simple as possible, such as using google meet, sending a link out a couple of hours in advance and do some troubleshooting in advance, and try not to schedule sessions for times of the day that typically have high internet traffic.

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In September of 2020, about one-third of her clients were still not comfortable with face-to-face options. But in the future, when the concerns of the pandemic have hopefully vanished or at least decreased, Ms. Peterson Barker expects to use Telehealth for supervision (as they had in the past) but also for those clients who she has seen excel in this modality. She may institute a hybrid version where a client receives both Telehealth (easier due to lack of need to travel)

and in-person (because it is not suitable for someone to be in front of a computer screen all day long – her agency limits the time to 10 hours per week). She sees benefits with maintenance of skills and skill acquisition (not including social skills) and parent training. She wants to continue her successful group parent training ventures that have been online.

Alena Abalikhina, BCaBA, LABA

Alena Abalikhina, BCaBA, LABA, was working with Behavioral Directions, LLC, in March of 2020. Her agency provided both in-home and clinic-based services, which were both moved to Telehealth in that month. The clinic reopened in June for those with more severe target behaviors, but in-home services were still only via Telehealth as of September.

By June, about half of the clients received direct services via Telehealth. The other half had parent-directed sessions (with the help of a professional). The agency provided distance training in ABA, including errorless learning, discrete trials, and prompting, among other techniques. The agency led a refresher training in a group and also sent out information to families. During the parent-directed sessions, the behavior technician and supervisor collected data rather than the parents. The focus was on guiding the parents. Some materials were also sent to the home. If the parent-directed sessions were ineffective or the client did not respond to the screen, then the modality was switched to technician -directed who worked on behaviors such as eye gaze when the name was called and overall attending.

At first, Ms. Abalikhina's agency focused on maintaining the same number of hours from the original authorization, but some parents requested a decrease in hours based on the schedule. The reception of Telehealth among her clients was mixed – some families appreciated the opportunity to receive more parent training, but those with a busier work schedule had difficulty keeping up.

The efficacy of the modality much depended on the client. For some clients, it was more challenging to address problem behavior through Telehealth, and physical prompts were not possible unless parents had a lot of training. Sometimes, more problem behaviors existed in the home because the contingencies weren't as strong as in the clinic with the technician or that there was a strong reinforcement history of the target behavior in the home. However, this also represented an opportunity to improve the efficiency of the behavior plan. As she became more used to providing services through Telehealth, Ms. Abalikhina found tips such as using a grid with skill targets on the screen and using a digital token board. Sometimes programs that ran quickly in the presence of the technician took longer than normal as more redirection was required or there was a distraction from the parents. Ms. Abalikhina also noted that it was a challenge to do curriculum assessments with limited access to materials and tendencies for parents to over-prompt. However, she saw more involvement from parents than ever before. When the pandemic is no longer a strong factor in their decision making, Ms. Abalikhina thinks that most of the clients will go back to the modality they were using before. Benefits of Telehealth that she found include increased generalized responding in the home setting and more parent involvement. She notes that the modality is good for families who have a harder time getting ready to go to the clinic.

Ashley Stonemetz-Walding, BCBA, LBA

Ashley Stonemetz-Walding, BCBA, LBA is the Director of Outpatient Services at the Virginia Institute of Autism (VIA). VIA provides services based in ABA via the James C. Hormel School, Adult Academy, and outpatient (in-home) program. VIA recently was named a runner up for MATRC's 2020 "Breaking Barriers Through Telehealth" Award. (NBC29, 2020). Ms. Stonemetz-Walding states that VIA used very little Telehealth before the pandemic. She cites a University of Virginia Grant that the organization received to provide telehealth services to rural schools in Virginia, noting that the services did not work in the way they expected. Instead, the staff at the schools were trained as RBTs, and supervision was administered via Telehealth.

VIA recently was named a runner up for MATRC's 2020 "Breaking Barriers Through Telehealth" Award

Once the pandemic made face-to-face services more difficult in March, VIA Outpatient switched to 100% telehealth, starting with an hour a week per child, with direct service with an RBT and a supervisor. This increased to a max of 5 hours a week of virtual until a limited in-home version was instituted in mid-July. Difficulties arose because many families were not engaged in parent training, and as Telehealth increased the need for parent training, many families found it difficult. It was also challenging for VIA, who did not have enough staff trained in Telehealth for these parent issues. Therefore, data collection was shifted temporarily to parent training targets, such as implementing a task analysis. Some of the students' programming was cut back to allow time to work on

mask-wearing and other new goals that suddenly became more important to the families.

In mid-July, about half of the families came back to do limited in-home sessions. For safety measures, VIA paired one staff with one family rather than moving them around. Supervision was provided exclusively through Telehealth. Ms. Stonemetz-Walding believes that 1:1 Telehealth services work best for vocal clients, who can attend for up to 15 minutes, and are not too distracted by the screen or the possibilities of using the device for a game other entertainment. Otherwise, parent training models are indicated. Sometimes, she hears that Telehealth will not be successful because a child's behavior is too intense. She sees that as an opportunity as it is the behavior that the family is currently experiencing. She recommends getting the behavior on video if possible and coaching the parent after the episode is complete. She says to ask the question, "How can we change what we are doing to help them?"

About the future of Telehealth at VIA, Ms. Stonemetz-Walding says, "I'm excited about the potential for insurance to cover its long term." She notes that Telehealth is a great modality for parent training and especially worked well for those parents who could never make it to the clinic for parent training. She also thinks that Telehealth can be an effective step-down toward discharge. VIA staff have also been using Boom Cards, which are an interactive way to share screens and implement programs like sorting, matching, and labeling.

Melanie Kells, BCBA, LBA

Melanie Kells, BCBA, LBA, works as a private practitioner providing both in-home ABA services for children as well as therapeutic consultation for adults (between the ages of 27 and 75) who are on a Virginia Developmental Delay Waiver (the Family and Individual Support Waiver or the Community Living Waiver). Like others in the field, she did not use Telehealth as a modality before the COVID-19 pandemic but now uses Telehealth in her therapeutic consultation services regularly, specifically with direct therapy, staff training, observations, assessments, and intakes. She has found the modality to be successful in her practice, especially as her clients are now easier to access even if they live far from her business location. She has found she can engage with her clients and their caregivers more frequently.

Through Telehealth, Ms. Kells' clients have benefited from enhanced instructional control, sharing their screens on a computer, and virtually participating in activities. She has found ways to embed natural waiting into her programming due to the nature of technology. Ms. Kells has even found ways to work on social skills. Every week she holds a Jeopardy®-type gaming session with five or six of her clients to practice social skills. She had not used that game before Telehealth and has seen benefits from it. Because of the limited accessibility to go places, her clients look forward to it! Her social interactions with her clients through Telehealth have increased because she does not have to factor in driving time. Therefore, she has found that because she can engage more often, gains are made more quickly. She finds it more successful than one consult visit a month. She does note that it is easier to work on discrete trial training through Telehealth than naturalistic training.

Before the pandemic, telephonic exchanges were not billable through the waiver. It was something she and other providers were doing but not receiving compensation for the service. Especially in a crisis, telephonic services can be very effective. Ms. Kells also began using Telehealth in her in-home ABA company that opened May 1. She plans to continue telehealth services when the pandemic is no longer a threat in situations where it makes the most sense. She notes that payors request plans for fading of services, and Telehealth is an efficient means of stepping down interventions. She also has found that Telehealth is more comfortable for the parents sometimes since the tech is not in the home (and perhaps not judging it based on cleanliness, etc.); it puts the parents more at ease.

IN SUMMARY

In Virginia, providers have found that when not forced on agencies due to a pandemic, there are a lot of ways that Telehealth can benefit a client, including but not limited to easier to contact in that it doesn't involve travel, greater parent involvement, and increased skill acquisition due to fewer distractions. Both supervision and parent training appear to lend themselves better to technology. Also, slowly fading out services through Telehealth can be an efficient way to discharge. Finally, Telehealth is an effective way to train the caregiver to be the hand of the behavior analyst – which is often the main goal of the service.

RESOURCES

Council of Autism Services Providers (2020). *Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers*. http://casproviders.org

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