

Remote Care and the Hybrid BHT Model: What Have We Learned?



A Discussion on the Development of
BHT and Supervision of Treatment
During our Next Normal



Learning Objectives

Participants will be able to:



Identify challenges and triumphs of the Behavioral Health Treatment (BHT) field's response to COVID-19



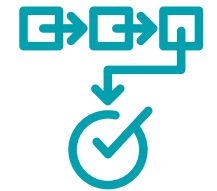
Describe how BHT supervision has adapted to client and family needs



Reference and summarize research pertaining to remote treatment, hybrid models, and supervision in our current circumstances



Define advantages of remote care and considerations for implementation



Plan for continued innovation using research and experiences during transitions to future contexts

What Happened? COVID-19!



- 2020 brought us a year of unprecedented change, challenges, and triumphs
- We learned from our families and colleagues that unique needs and strengths arise from having to alter our approach to...everything
- We modified our approach to providing Behavioral Health Treatment; and clients/families adapted their approach to receiving and implementing it

How Did We Respond?

As a field, BHT providers responded to the pandemic and its consequences with *innovation*

Telehealth implemented, studied, and confirmed to be effective

Parent-mediated modalities increased

Technology utilized in creative ways

Support services accessed for a holistic approach

Research conducted in real time on effects of pandemic and BHT response to treatment

Developed strategies and techniques for providing supervision remotely

What Were the Challenges?



Challenges

- Clients with severe / dangerous behavior may require in-person intervention
- Opportunities are limited for clients needing social skills development
- Supervisors adapting to remote care
 - Synchronous and Asynchronous data collection and review
 - Parent / caregiver training and support
 - Establishing boundaries with clients participating in distance learning
- Operating and supervising in clinic-based services while maintaining adherence to CDC / government guidelines
- Supervision of direct care staff

What Were the Triumphs?



Triumphs

- Social Skills Groups operating remotely
- Adaptation of supervisors to remote caregiver training
- Ability to serve more clients due to telehealth availability and reduced travel time
- Creativity in providing opportunities for skill acquisition
- Prioritization of treatment goals based on current need and accessibility
- Increased research on efficacy of telehealth BHT service delivery
- Overall resiliency of treatment teams in responding to unparalleled changes (and often on a daily basis!)

What was Consistent?

Quality of care was our #1 priority

BHT providers demonstrated exceptional **adaptability**

Supervisors prioritized their families' and caregivers' overall **support**

Collaboration with inter-disciplinary team

Parent/Caregiver close **partnership** with treatment team



Studies Prior to 2020

2020



Across Research Studies Reviewed

Across studies, largest predictors of adherence to treatment fidelity and positive outcome were:

- BCBA/Supervisor conducting training / education for parents/caregivers
 - Video Modeling
 - BST
- Ensuring parent / caregiver buy-in by building rapport, advanced communication skills (motivational interviewing, empathic listening)
Soft skill!

High caregiver satisfaction with treatment via telehealth

- Social validity scores were consistently high for caregivers



Similar results in comparison studies from face-to-face to telehealth



Suess et al., 2016

- Single Subject Design
- 5 participants with ASD (2:5 – 7:1)
- 4/5 Participants had clear function based off parent implemented FA
- High fidelity in FA and FCT implementation
- Average of 64% reduction in problem behavior!
- (52.1% to 80.6%)

Tomlinson et al., 2018

- Systematic Review
- 20 Journal Articles including 113 agents and 104 children with ASD (12 months to 16 years)
- Agent (parent, teacher, paraprofessional) was taught how to implement ABA procedures with identified client
- FA, FCT, Preference Assessment, RIT, Verbal Behavior, PBIS, DTT, Incidental teaching
- FCT with Differential Reinforcement was identified to be highly effective
- High social validity ratings across studies
- *most issues cited with program were technological (e.g., wifi, computer access, etc.)

Ferguson et al., 2019

- Meta-analysis
- 293 Interventionists; 86% Parents, 9% paraprofessionals, 4% teachers
- 307 Participants aged 1.75-16 ($M = 6$)
- Didactic training, modules, models, practice
- Positive gains demonstrated across 100% of studies
- FA, FCT, Naturalistic teaching, preference assessment, behavior support and comprehensive programs!

Kuravackel et al., 2018

- RCT
- 8-week parent mediated intervention program
- Face to face, telehealth delivery, WLC
- Randomized into a group
- Significant increase in parent competence
- Significant decrease in parent stress
- Significant reduction in problem behavior
- No significant differences were found between FF and TH groups
- High satisfaction!

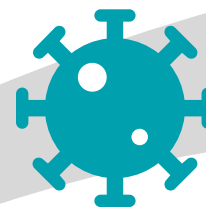
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The largest proportion of studies (64%; $n = 18$) used parent training to support the provision of home-based intervention or assessments. The National Research Council (NRC) dictates that parent involvement is a fundamental component of effective ASD intervention (NRC 2001). Parent training and subsequent intervention implementation has been identified as evidence-based practice (EBP), as long as treatment fidelity can be achieved (Wong et al. 2014). The outcomes of this review indicate that fidelity can be achieved using a telehealth model and combination of telehealth and parent training has a promising future.”

Ferguson et al., 2019



2020/2021 studies
speaking to efficacy
of telehealth service
delivery



2020 – Covid-19 Pandemic

Ferguson et al.; Kuravackel et al;
Tomlinson et al. 2018

Pollard et al., 2017
Offers ethical considerations for
ABA telehealth service delivery

Suess et al., 2016



2020 →

Studies and Beyond



Yi and Dixon, 2020

- Began before pandemic!
- 13 families with children with ASD (3-16; $M = 8$)
- 7 families were in an ACT group
- 6 families in control group
- Parents in the ACT group = 71% stayed in tx; whereas 0% in control group stayed!
- Parents in the ACT group progressed significantly further in the program than those in the control group, $t(11) = 2.36$, $p = .038$
- Parents in the ACT group also finished more slides each time they logged in to the online platform, $t(11) = 2.28$, $p = .044$

Ferguson et al., 2020

- Single subject design; Multiple Baseline Design across dyads
- 6 children with ASD (3-7 y/o)
- 5/6 acquired target skills and maintained over time
- Participants who do not make gains had a lower FSIQ than counterparts
- Via telehealth training, participants were able to acquire their specific tact skills

“

Although results indicate that the direct provision of DTT via telehealth is both effective and efficient, it is important to consider how participant characteristics may relate to the outcomes. All participants demonstrated high levels of attending (i.e., 93.8-100% of trials per session) and engagement (i.e., echoics, comments) during teaching sessions beyond responding to the experimenter's instruction on their respective trials.”

Ferguson et al., 2020

Fisher et al., 2020

- RCT
- 13 parents in treatment group; 12 parents in WLC
- Parents implementing ABA procedures to fidelity
- Parents had no prior ABA experience
- Tx consisted of: Video models, education, role-play, and feedback sessions
- Parents in tx group made significant gains in treatment implementation – Fidelity achieved

Gerow et al., 2021

- Single subject design study
- 7 parent participants
- Parent-implemented Brief FA to fidelity
- Functions based results were good
- FCT was also implemented to fidelity!

“ Together, the results of this study and previous research indicate that parent-implemented FA with coaching via telehealth leads to the development of successful function-based interventions. Parents generally rated the assessment procedures positively, providing evidence for the social validity of the procedures.”

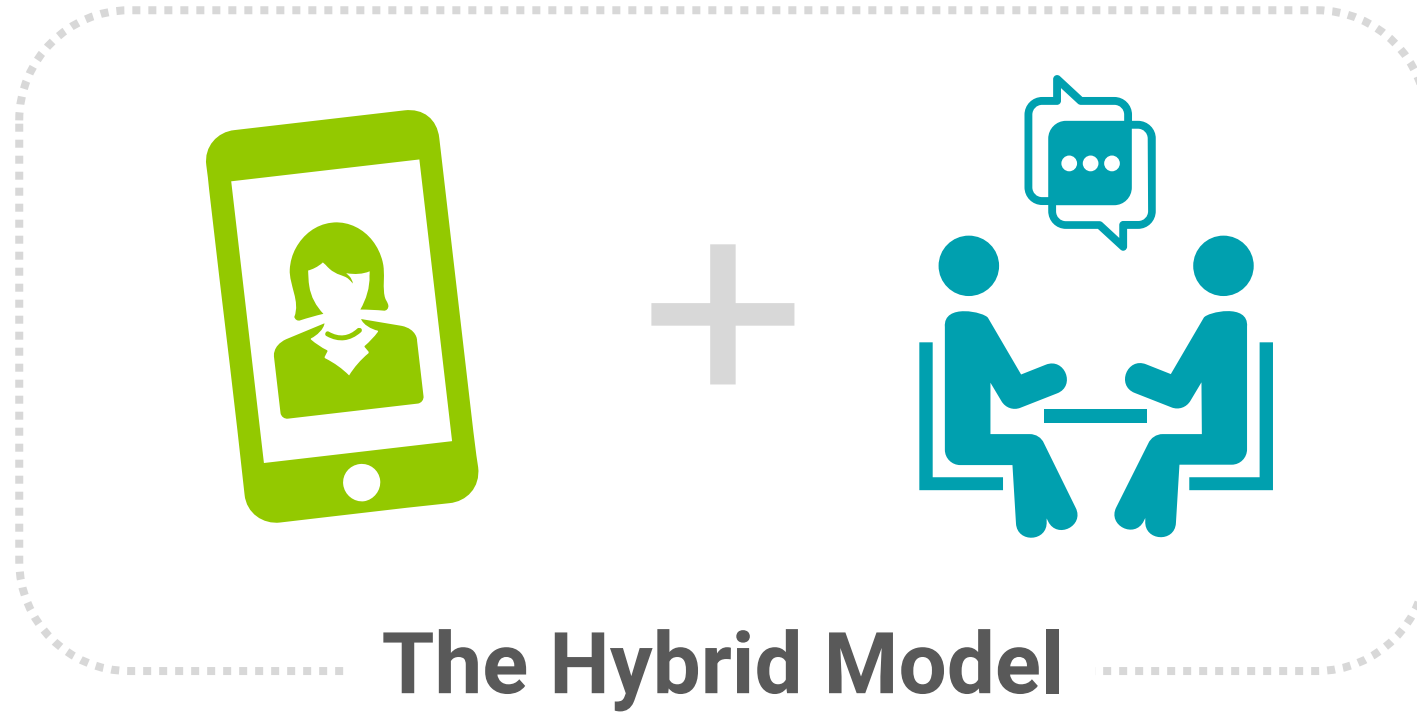
Lindgren et al., 2020

- RCT
- 38 participants – 21 in Tx; 17 in WLC
- Parents were trained via telehealth to implement FA and subsequently FCT
- **98% reduction in target problem behavior!**
- Significant at the $p < .0001$ in comparison to WLC
- High level of acceptance by parents in treatment group

Pollard et al., 2021

- Report on 17 cases that transitioned from in-person to telehealth delivery
- Technician delivered telehealth and caregiver-implemented telehealth model
- Majority of clients maintained or improved with telehealth implemented treatment
- Treatment target acquisition across all phases of treatment (acquisition, gen, maintenance)
 - 75% for in-person direct services
 - 82% for telehealth direct services
 - 75% for caregiver assisted telehealth
 - 82% for caregiver-implemented services
- ANOVA indicated similar performance across service deliver model!

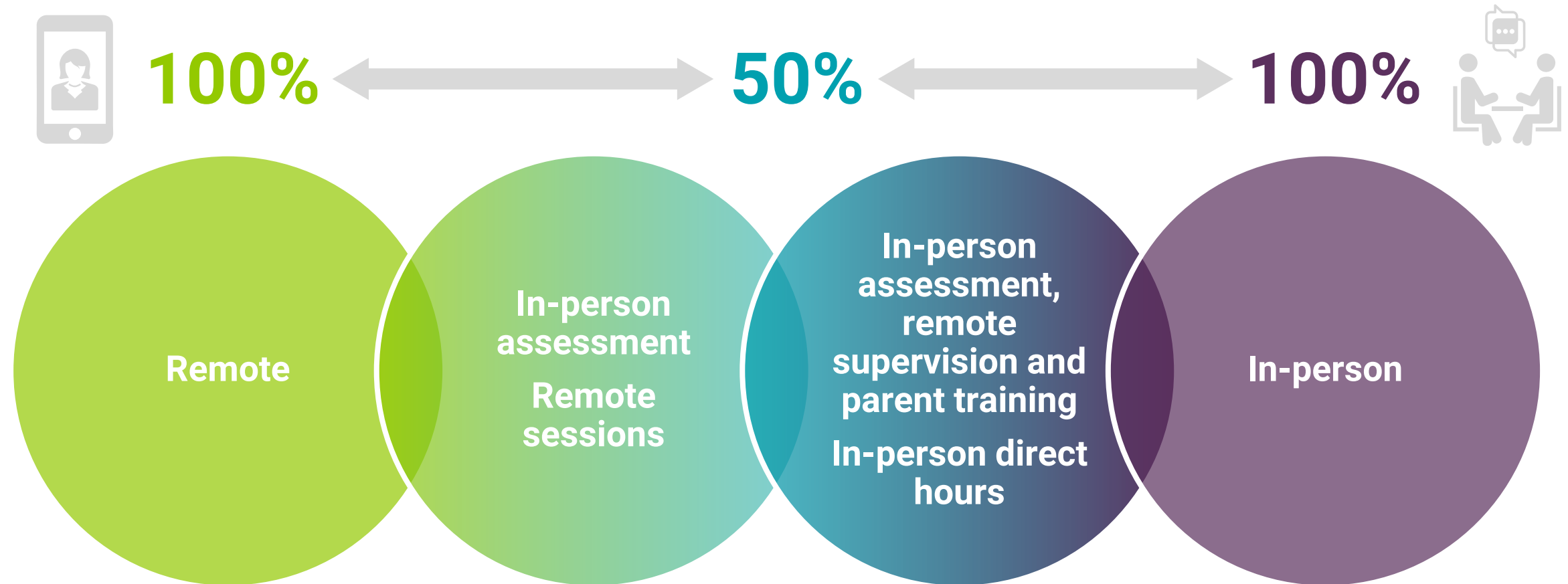
Telehealth: Where do We Go from Here?



Why a Hybrid Model: Moving Beyond COVID



Hybrid Model Continuum



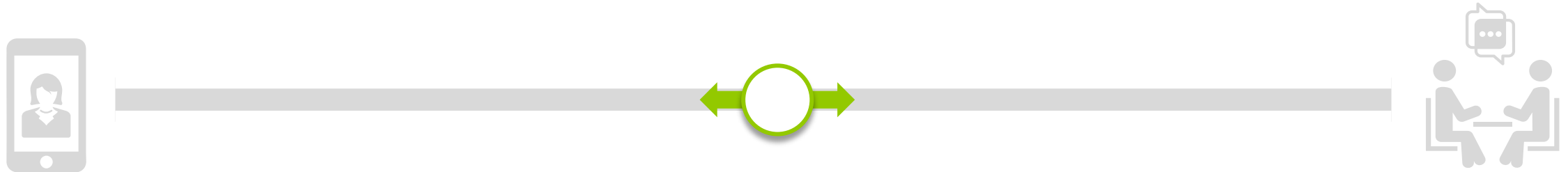
Ratio of in-person to remote sessions moves up and down the continuum depending on need/preference

Advantages of Remote Care

ABA: Telehealth Parent Training/Parent Led	• Good empirical evidence for remote services • Research shows remote care similar progress to in-person care • More flexible for families leading to: • Increased parent involvement leading to increased parent confidence • Parents/caregivers achieve a greater understanding of their child's treatment plan
Supervision	• Increased capacity (eliminates drive time) • Increased ability for both parents/caregivers to come to meetings • More flexibility in scheduling
Social Skills Group	• Better youth engagement • Allows for more participation: ability to bring youth who live at longer distances together • More convenient for parents/caregivers
Paraprofessionals (ABA)	• Appropriate for some clients

Responding to Outcomes

Hybrid care allows movement between remote and in-person care as needed.



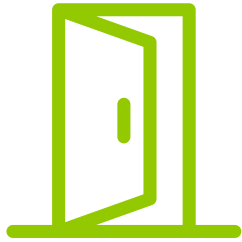
Considerations for moving along the hybrid continuum:

Lack of progress with remote care after 3-6 months can trigger a move to more frequent or 100% in-person services.

More caregiver training needed increase remote caregiver training. It's easier to add 30-minute sessions when needed.

Family's schedule changes.

Families: Preferences and Best Fit



Barriers to Remote Care

Resolve barriers if possible



Flexibility Considerations

Family schedule



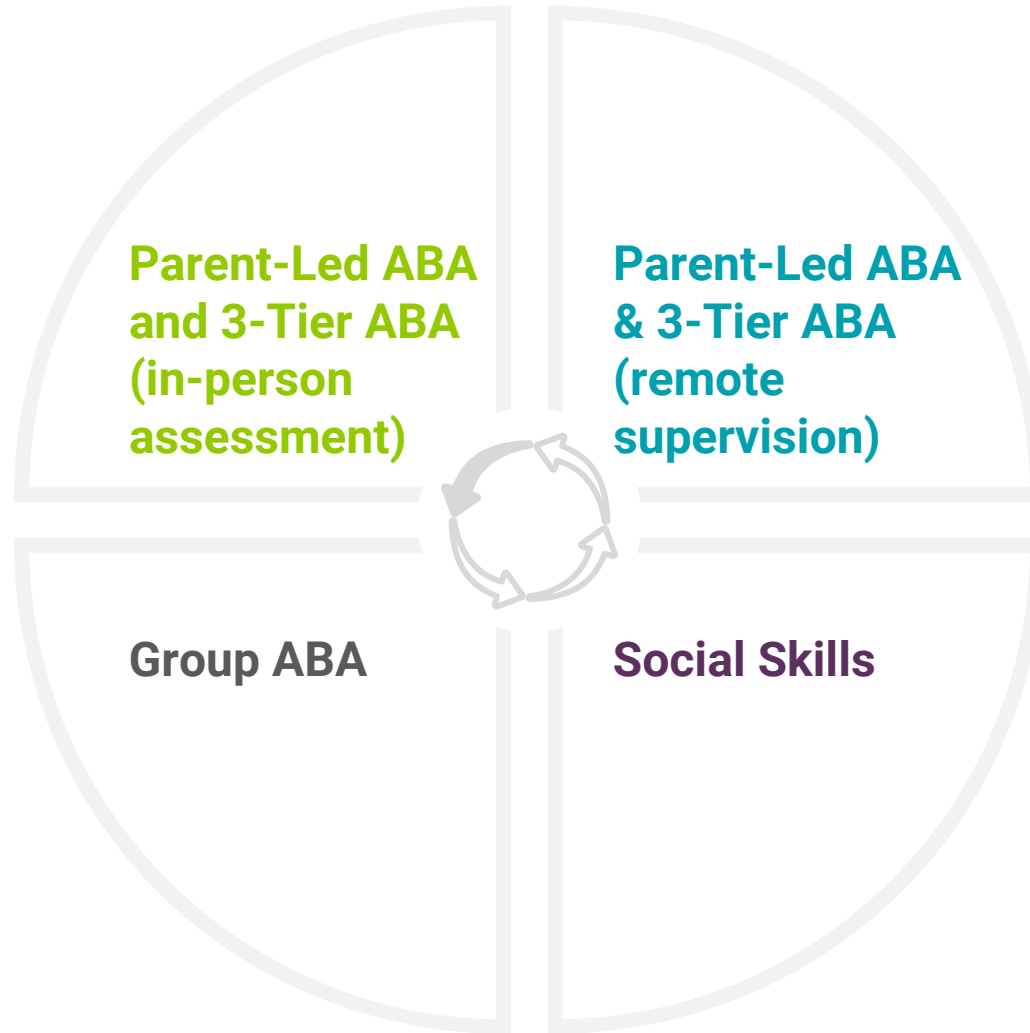
Preferences

Encourage caregivers to try some remote sessions – they might like it!

BHT: Hybrid Model Possibilities

- In-person assessment
- Remote treatment, caregiver training, and supervision
- Option for in-person sessions based on clinical need

- Can be remote (caregiver-child group) or in-person or hybrid



- Assessment and direct treatment in-person with remote supervision
- Option for in-person supervision as needed

- Can be provided in a remote or hybrid model
- Positive feedback from youth for remote groups

BHT: Hybrid | Remote | In-person

Advantages & Disadvantages

	ADVANTAGES	DISADVANTAGES
Remote	• Convenient for caregivers • Caregivers working outside of the home can attend session • Increased capacity (eliminates drive time) • Research shows similar progress between in-person and remote care for BHT	• May be hard to observe child's behavior • Caregiver may have difficulty navigating the technology • May seem impersonal • May not be sufficient for clients who have severe behaviors
In-Person	• Observation of child and caregiver together is easier • Can get a better feel for the home environment • May feel more personal • Appropriate for severe behaviors	• Less flexible • Caregiver working outside the home cannot attend sessions if sessions occur during their work time
Hybrid	• Advantages of remote & in-person care	• Caregivers may prefer 100% in-person

Hybrid In-Person / Telehealth Model



**Taking Advantage of
Benefits and Strengths**



Questions & Comments