# ONTABA

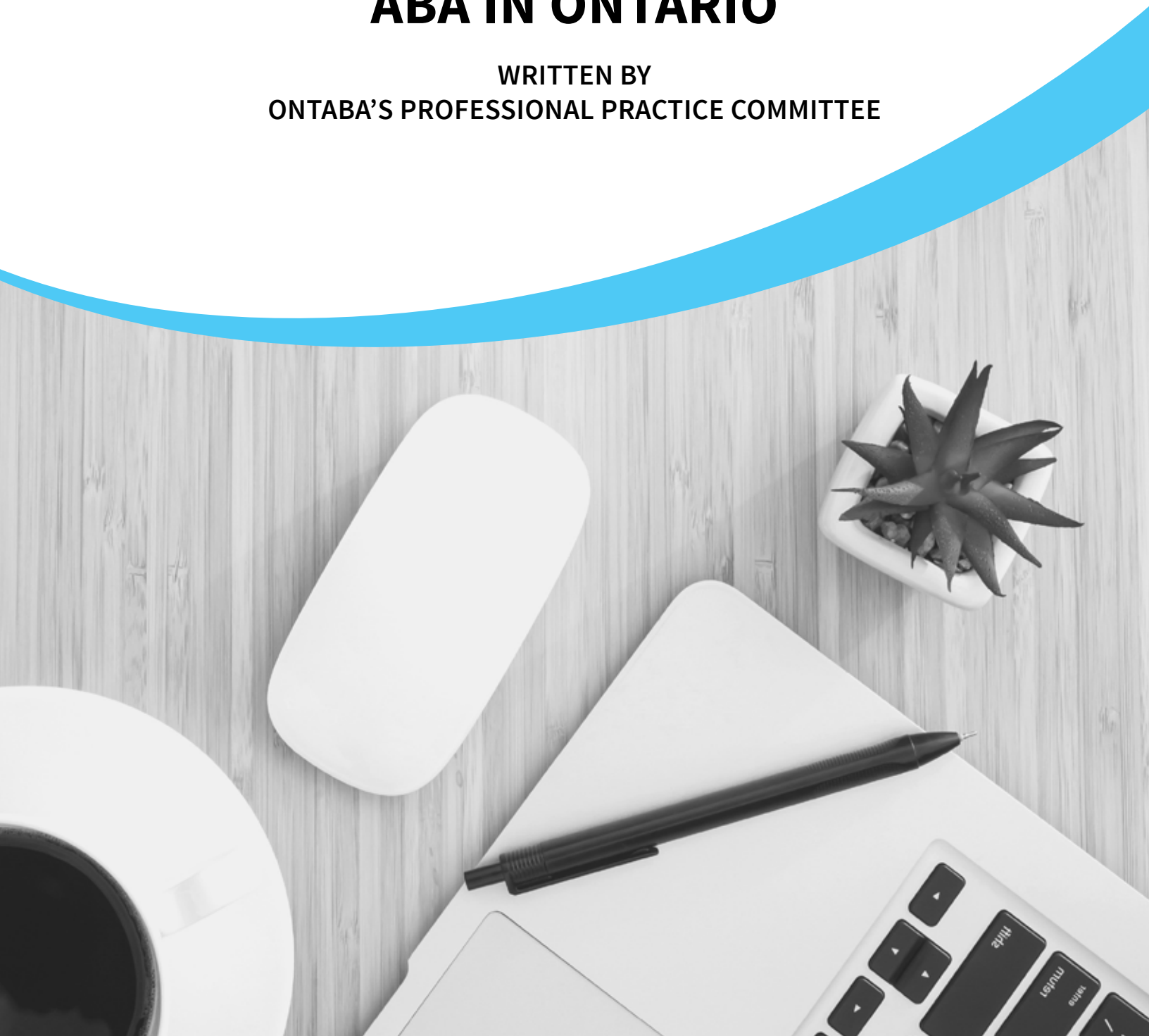The Ontario Association for Behaviour Analysis, Inc.

## 2021
# TELEPRACTICE
# ABA IN ONTARIO

**WRITTEN BY**
**ONTABA'S PROFESSIONAL PRACTICE COMMITTEE**

# WHAT IS TELEPRACTICE?

**_Telepractice_** is any form of remote service delivery, whether it be via video conferencing, telephone conferencing, or virtual written formats (e.g., email). Telepractice may also be referred to as virtual care, online services, or telehealth, amongst other names. If a behaviour analyst is providing services remotely (e.g., not face-toface) they may be engaging in telepractice.
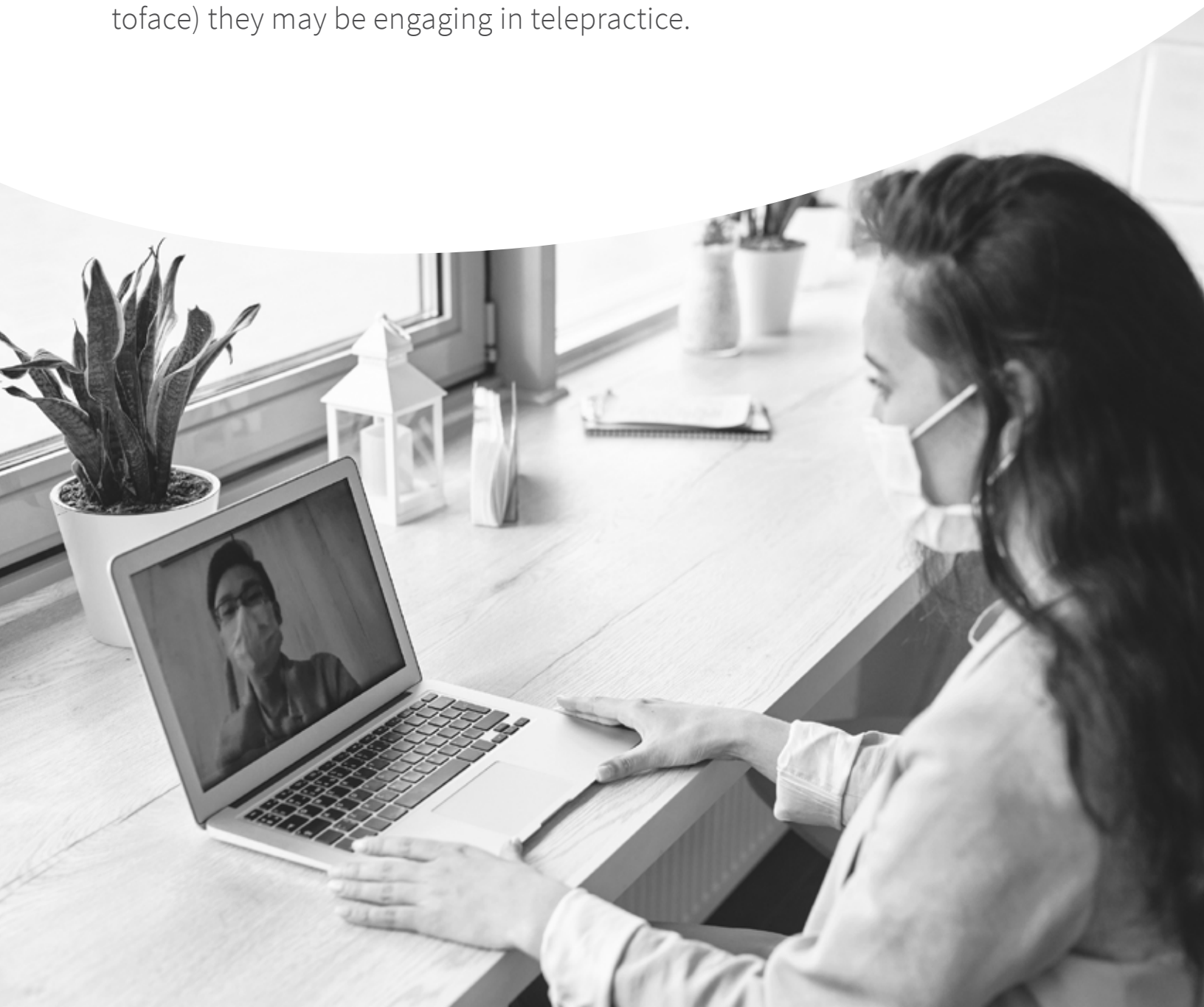
# IS TELEPRACTICE FUNDED?

**Direct Funding Option (DFO):**

During COVID, eligible services that are offered virtually to children and families are funded under the Ontario Autism Program's (OAP) Direct Funding Option (i.e. legacy children, DFO). Existing OAP DFO behaviour plans can be amended to telepractice where clinically appropriate (e.g. hours may be shifted from direct in-person service to consultation and planning; include the purchase of relevant technology, equipment, and/or program materials to support the virtual delivery of services as outlined in the behaviour plan).

- OAP resources allocated for a child's existing/amended behaviour plan can be used to support families to access services through remote or virtual service delivery (which may include technology and/or equipment as well as program materials to support the delivery of services outlined in the plan). However, these expenses must be recommended by the Clinical Supervisor as necessary to support the child in meeting the goals of their behaviour plan.

- If there are changes to an OAP Behaviour Plan, including a change in service delivery method to achieve a goal, the Clinical Supervisor should prepare an amendment letter for the OAP Behaviour Plan showing how services will be delivered.

- Clinical Supervisors who provide services under the OAP's direct funding option must submit the amendment to the single point of access.

**Childhood Budget (CB) and Interim One-Time Funding (IOTF)**

There is temporary flexibility during COVID to support children and youth on the autism spectrum and their families. All services and supports should be provided with proper health and safety protocols in place that are in accordance with current public health guidelines and advice.

A child's or youth's goals should be considered with several strong recommendations:

- Consulting a professional to help choose the right technology, program materials, or supporting equipment for your child

- Working with a qualified professional to develop a plan to support the implementation, ongoing monitoring, and evaluation of your child's progress

- Determining if the technology, materials, or equipment can be loaned or accessed through other available funding programs

- Carefully reviewing the list of eligible and ineligible expenses

### Extended benefit plans

In order to determine if your clients' (or your own) insurance provider covers these services, inquiries should be made directly to the extended health benefits provider. It is also important to ensure you know the type of services which receive coverage, as well as the qualifications the service provider must possess in order to be eligible (e.g., psychologist, psychiatrist). This may vary depending on the service provider. Lastly consider that regulated health professionals and BCBAs are required to provide a description of service delivery to their invoices in order to ensure that ethical billing guidelines are being met.

## WHO ARE TELEPRACTICE SERVICES APPROPRIATE FOR? WHAT ARE THE LEARNER PREREQUISITES? WHAT ARE OTHER CONSIDERATIONS?

In order to determine if this is an appropriate method of instruction, prerequisite skills need to be assessed. Two resources that you may want to consider are The Behavioral Health Centre of Excellence (BHCOE) assessment survey and The Council of Autism Service Providers (CASP) Practice Parameters for Telehealth AB.

## HELPFUL CONSIDERATIONS

- If prerequisites are missing, how will the practitioner plan to teach them?

- Do current learning goals need to be revised if being taught via telepractice?

- Will a parent or other family member be available to assist during telepractice sessions?

- Any parent training needs?

- Any safety concerns?

- Does the service delivery model (e.g., frequency and duration) need to be adjusted? Service delivery should be driven by the literature, clinical judgement and collaboration with the family, as well as skills, capacity, and access to technology. The CASP parameters may be of help when determining the nature of service delivery.

# CAN I TEACH SELF-CARE SKILLS VIA TELEPRACTICE?

Self-care skills are possible to be taught over telepractice, however, here are some considerations to take into account when doing so, and how to mediate them:

- **Client Privacy and Dignity:** Some self-help skills are limited in how they can be taught over telepractice, since they could infringe on the clients' privacy. Some examples are showering routines, toileting routines, and appropriate dressing. Having the client be in partial or total state of undress in front of a camera is unquestionably not an appropriate approach when considering the client's privacy and dignity. Here are some alternative suggestions that may be considered to teach these skills via telehealth:

- **"Dry runs":** with the client fully dressed and in a public location in their home, work through the steps of various routines (e.g., showering, brushing their teeth), in order to build fluency in the behaviour chain. This way, when you are able to teach these skills in person again, you only have a couple of steps to add in (e.g., getting undressed, turning the shower on.).

- **Interactive PowerPoints (and similar)**: Instead of having the client dress themselves, for example, the client can dress a virtual character with a variety of options provided using a drag-and-drop approach. This might not teach the learner to put on their clothes on the right way, but it may help build discrimination between clothing items and when it is appropriate to put them on (e.g., based on weather or occasion).

- **Simulation games:** There are many FREE games on the internet that may be helpful when teaching these skills. Note: Ensure games are age and skill appropriate before using these. Here are some examples: Brushing teeth, dressing based on weather, meal prep.
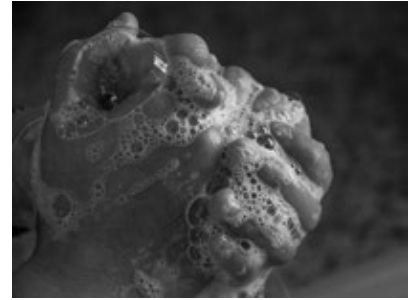
**NOTE**: While interactive Power-Points and simulation games are great tools during virtual intervention, it is important to remember that they DO NOT teach selfcare skills, but can assist in teaching discrimination, and it's effectiveness will vary depending on the clients learning history.

# SPECIAL CONSIDERATIONS WHEN TEACHING SKILLS

- **Prompting:** When programming to teach skills via telepractice, it is important to remember that these methods are limited to verbal, modeling, and textual prompts.

  Consider prompts that reliably promote the target skills **and can be effectively faded** when developing your plans, and if physical prompts are needed, ensure there is someone (e.g., caregiver) there to facilitate this.

- **Reinforcement**: For some, tangibles might be the only reinforcers that have been identified. Work with families to plan reinforcement schedules that would reduce the potential for your client to access their reinforcers non-contingently, or during times when reinforcers would not otherwise be delivered.

  Token economies and choice boards might look a little different, but are still a possibility with PowerPoint/Word features, while there is always the chance that the client will learn to navigate their device and access reinforcement without your mediation. Alternatively, caregivers can assist in the delivery of tokens.

- **Limited view:** Remember that you don't always get to see the full picture when doing telepractice. For example, you may not be able to see if the client scrubbed their feet during a shower dry-run or reached for the proper toothbrush, as some examples. Planning for these limitations is crucial, as it may influence your responding criteria. In order to mediate this, you can ask for assistance from a caregiver (or client) to properly place the camera for a clear visual field or to provide you with feedback on performance.

- **Family members nearby:** It is important to remember that through telepractice we are, *virtually*, in the client's residence. In not being physically present, it could be easily forgotten by family members that we can see their living space and them. In order to avoid uncomfortable situations, make sure that your learner's camera is facing a wall, so that nobody can accidentally walk behind them, ensure the family is aware of the times when the sessions will occur, and also what activities will be taking place, especially if they require the learner to move around their home (e.g., putting away laundry, setting a table). Family members should be informed of the possibility of these situations occurring, and these should be listed in consent forms. Strategies should also be developed to reduce the potential of these situations from happening.

- **Protecting your privacy:** It is also important to remember that what you say and/or do can also be heard and seen by family members nearby. Ensure *your* surroundings and behaviours are professional, and that you are protecting your confidentiality as much as your client. For example, ensure that your client's cannot see identifiable landmarks that can point towards your place of residence, that they cannot see any family pictures that you don't want to be seen, and that they cannot hear any conversations that could be happening in your home.

- **Caregiver training and coaching:** By involving caregivers in telepractice intervention, practicing routines in the natural environment might be possible (e.g., laundry, showering, toileting). Programming for effective caregiver training and coaching could help generalize your dry runs to their natural environment, reducing your teaching time in the future and allow you to focus on other skills when in person sessions resume.

# ASSESSMENTS

When exploring whether or not practitioners should conduct assessments via telepractice, two specific sources may help to establish clear direction with respect to this area:

**1.** The scientific evidence

**2.** The Professional and Ethical Compliance Code for Behavior Analysts (BACB code, 2014).

With respect to intake assessments, it is important to note that these assessments will vary across individual client needs and providers. Thus, intake assessments will need to be structured based on the information that each provider deems necessary in order for a given client to receive services. Practitioners should consider the breadth of scientific evidence related to ABA service provision using telepractice. Prior to receiving behaviour-analytic services, potential clients would need to go through an intake process as well.

Several other organizations, such as the Association of Professional Behaviour Analysts (2020), have released evidence related to the practice of ABA via a telepractice model. Overall, the scientific evidence indicates that telepractice is a generally safe, ethical, and effective medium for ABA assessment and intervention; particularly when a risk/benefit analysis has been conducted and appropriate safeguards implemented. As such, it follows that intake assessments that prepare consumers for these effective assessments and interventions are appropriate from a scientific perspective.

It is important to evaluate the most effective options for your clients. Telepractice is a way to deliver ABA services and must still include a comprehensive assessment process. Through this assessment process, consider the benefit vs the risks of continuing or interrupting services. If services are interrupted, ensure that there is an alternative method for the client/family to be supported.

Here are some resources for you to further investigate: BACB's Ethics Guidance for ABA Providers During COVID-19 Pandemic, and The Council of Autism Service Providers (CASP) - Practice Parameters for Telehealth-Implementation of Applied Behavior Analysis: Continuity of Care during the COVID-19 Pandemic.

# PLATFORMS

ONTABA cannot specifically recommend an acceptable telepractice platform for use, therefore it's critical that practitioners review the telepractice platforms' compliance with privacy laws to determine if the platform meets compliance criteria. There are several platforms available for telepractice, however, it's important for practitioners to remember that not all are compliant with privacy laws. The following is a list of the more popular telepractice platforms (note that this is not an exhaustive list):

- **On Call** - Basic Version - ensure that it is PHIPA and PIPEDA compliant portal

- **Zoom for Healthcare** - In order to be compliant, clients need to sign a Business Associate Agreement with Zoom

- **Zoom Pro** - In order to be compliant, clients need to sign a Business Associate agreement with Zoom. This is only available for certain packages

- **Doxy.me** - Professional Version - HIPPA compliant only

- **Microsoft Teams** - Business Basic - HIPPA compliant only

# PRIVACY CONSIDERATIONS

When providing telepractice services, several considerations should be made. Your service package should include processes that ensure service recipients understand the risk and benefits of telehealth services and are able to provide informed consent related to:

**1.** Consent for virtual treatment (e.g., description and nature ofthe service provided),

**2.** Consent for privacy (e.g., PHIPA, risks of technology), and

**3.** Consent for billing (e.g., full explanation and disclosure of fees, risks and benefits).

You can find resource here to help support you in developing your service package.

In order to mitigate risks and promote the protection of your client's privacy, the following factors may be considered, as these may enhance the privacy of your online meeting/session:

- Use a firewall
- Use anti-virus software
- Password protect your online meeting rooms (within platform settings)

It is also advisable that you check with your professional and/or commercial liability insurance to see if your coverage includes services delivered via telepractice.

For further information, a recording is available for the Webinar – ONTABA Professional Series – Legal and Professional Issues to Consider when Providing and Receiving Telehealth Services with Richard Steinecke.

You can also go to the Jurisprudence and Ethics training modules developed by ONTABA.

# ETHICS

In terms of the BACB code, and the Jurisprudence and Ethics Knowledge and Competency Standards for Ontario Behaviour Analysts (JE Standards; 2020), there are a number of relevant sections that may guide decision-making in terms of the appropriateness of conducting intake assessments via telepractice.

The checklist/table below outlines relevant code sections and questions that clinicians may want to consider prior to beginning intake assessments:

| BACB Code/JE Standards Sections | Questions for Practitioners |
| --- | --- |
| 1.02 Boundaries of Competence (BACB)<br><br>1.6.a Restrict services to scope of practice and Areas of competence (JE) | Are you trained in providing ABA services within the context of a telepractice model? |
| 2.01 Accepting Clients (BACB)<br><br>1.6.c Identify when the service recipient's needs are outside of competence or scope of practice and refer to another suitable professional or seek appropriate consultation/supervision(JE) | Are you accepting clients based on your competence, as well as the resources available to you or your agency/organization? |
| 2.06 Maintaining Confidentiality (BACB)<br><br>3.1 Respecting Privacy (JE)<br><br>3.2 Maintaining Confidentiality (JE) | Are you able to ensure that your practice is in accordance with any and all privacy laws that may be applicable? Are you able to create, maintain, and retain records in compliance with the code? Are you using a telepractice medium/software that is in compliance with Ontario/Canadian privacy legislation?- Are you able to protect the identity of consumers when using telepractice? |
| 2.09 Treatment/Intervention Efficacy (BACB)<br><br>1.2.a Service Recipient Care Primary(JE) | Are you able to provide services effectively via telepractice? Can you provide the appropriate amount/level of service for the consumer via telepractice? Do the benefits of completing intakes/assessments/interventions outweigh the risks (e.g. are results more or as accurate, effective, and socially valid?) when using a telepractice model? |
| 5.01 Supervisory Competence (BACB)<br><br>1.8 Supervision of ABA programming (JE) | Can behaviour analysts provide effective and competent supervision via telehealth? |

# Q&A

| Question | Answer |
| --- | --- |
| Does telepractice require a video component? | No! Telepractice refers to any medium of remote service delivery. This includes phone calls. It is up to each professional to determine whether they are practicing according to professional and ethical guidelines. This means that the clinician must determine if the client will ultimately benefit from the method delivery, especially if consultation/coaching does not include video. |
| Does telepractice align with supervision needs? | Remote supervision through telepractice aligns with the requirements within the BACB code, which already allows the provision of virtual/synchronous and asynchronous supervision as well as distance RBT credentialing and credential maintenance. However, again, BCBAs and BCaBAs need to be aware (and make their clients aware) that there may be some risk/harm if they are not able to observe the entire environment during supervision as it limits the information that may be necessary for effective and safe services. |
| What platforms are acceptable to use for telepractice? How do I know if the platform I use is compliant with privacy laws ? | ONTABA cannot specifically recommend an acceptable telepractice platform for use since technology is ever evolving and there are so many options available. It's critical that practitioners review compliance with privacy laws specific to the telepractice platforms they wish to use to determine if the platform meets compliance. |

# EVIDENCE

There is <u>evidence</u> describing successful ABA assessment and intervention through telepractice:

- Ferguson, J., Craig, E. A., & Dounavi, K. (2019). Telehealth as a model for providing behaviour analytic interventions to individuals with autism spectrum disorder: A systematic review. *Journal of Autism and Developmental Disorders, 49*(2), 582-616. Pellegrino, A. J., & DiGennaro Reed, F. D. (2020). Using telehealth to teach valued skills to adults with intellectual and developmental disabilities. *Journal of Applied Behavior Analysis, 53*(3), 1276-1289.

- Unholz-Bowden, E., McComas, J. J., McMaster, K. L., Girtler, S. N., Kolb, R. L., & Shipchandler, A. (2020). Caregiver training via telehealth on behavioral procedures: A systematic review.

- *Journal of Behavioral Education, 29*(2), 246-281.

- Wacker, D. P., Lee, J. F., Dalmau, Y. C. P., Kopelman, T. G., Lindgren, S. D., Kuhle, J., & Waldron, D. B. (2013). Conducting functional analyses of problem behavior via telehealth. *Journal of Applied Behavior Analysis, 46*(1), 31-46.

- Wacker, D. P., Lee, J. F., Dalmau, Y. C. P., Kopelman, T. G., Lindgren, S. D., Kuhle, J., & Waldron, D. B. (2013). Conducting functional communication training via telehealth to reduce the problem behavior of young children with autism. *Journal of Developmental and Physical Disabilities, 25*(1), 35-48.

- CASP's List of p<u>eer reviewed resources,</u> pages 52-65.

Telepractice is a mode of service delivery and not an intervention in and of itself. The BACB code (Section 2.15) Interrupting or Discontinuing Services outlines the obligation of Behaviour Analysts to act in the best interest of their clients. In addition, the BACB's Code (Section 1.04d) and the JE Standards (Professional Standard 1.0) also states that Behaviour Analysts must maintain the standards of profession, and comply with ethics guidelines, relevant legislation, and Ontario program guidelines and policy directives.

# RESOURCES

**Below are some resources that are available which practitioners can use to guide their choice of telepractice platform.**

- ONTABA's Jurisprudence and Ethics Resources

- ONTABA Professional Series - Legal and Professional Issues to Consider when Providing and Receiving Telehealth Services

- The Council of Autism Service Providers (CASP) Practice Parameters for Telehealth-Implementation of Applied Behavior Analysis: Continuity of Care during the COVID-19 Pandemic

- VIRTUAL CARE IS HERE TO STAY by OntarioMD

- APA's Guidelines for the Practice of Telepsychology

- Zoom and PIPEDA/PHIPA Compliance Guide

- Privacy & Security Considerations by the University of Western Ontario

- Guidelines For Best Practices in the Provision of Telepsychology by the Ontario Psychological Association

- BACB's Ethics Guidance for ABA Providers During COVID-19 Pandemic

- Online Video Conferencing –Don't Forget About Privacy! By Lerners Lawyers

- Practice Advisory: Selecting a Communications Platform For Electronic Practice by the College of Registered Psychotherapists of Ontario

- Privacy and Security Considerations for Virtual Health Care Visits by the Information and Privacy Commissioner of Ontario