New York City Department of Health and Mental Hygiene, Division of Family and Child Health, Bureau of Early Intervention Guidance for Teletherapy for Service Sessions and Evaluations During COVID-19 (3/18/2020; Updated 4/13/2020)

I. Conduct Early Intervention Evaluations Utilizing a Teletherapy Service Delivery Method

All Multidisciplinary Evaluations and supplemental evaluations must comply with PHL 69-4, Memoranda, Clinical Practice Guidelines, and NYC BEI Policy and Procedure Manual regardless of whether they are being conducted using telehealth. The guidance in this document is provided in order to assist with using this new modality in Early Intervention. However, it is not exhaustive, and evaluators are required to comply with all regulations and guidance documents.

1. Evaluation Agency Quality Assurance

a. All MDEs and/or supplemental evaluations must comply with NYC BEI Guidance for Teletherapy for Service Sessions and Evaluations During COVID-19 (3/18/2020).
b. The attached checklist titled **Checklist for Teletherapy Evaluations During the COVID-19 Declared State of Emergency**, located in Appendix A of this document, must be utilized in its entirety to review each telehealth MDE and/or supplemental evaluation for completeness.
c. As of 4/15/2020, failure to incorporate all of these checklist items as appropriate to the child will result in the evaluation being returned because it is incomplete.
d. Incomplete evaluations may also result in non-payment when the evaluations **fail to comply with PHL 69-4, New York State Memoranda, and Clinical Practice Guidelines**.
e. As with all evaluations, when issues are identified, agencies/evaluators will receive only one opportunity to resubmit the MDE/supplemental evaluation to correct omissions or deficiencies noted.
    i. This may require conducting additional telehealth evaluation session(s).
    ii. If the EIO has determined that the MDE or evaluation still does not comply with Public Health Law, Memoranda, Telehealth Evaluation Guidance and Checklist documents, the evaluation may be assigned to another evaluation agency.
    iii. In some instances, the evaluation may need to be completed in person once the COVID-19 declared state of emergency is lifted.

2. Prepare to conduct an evaluation utilizing teletherapy

a. Evaluator must have a smart device and internet connection.
b. Evaluator must have a space that is quiet and free from distractions (e.g., noises, other conversations, other persons in the space).
c. Do not initiate the delivery of an evaluation utilizing teletherapy until the assigned Service Coordinator has obtained consent from the parent/guardian and has completed the **NYC BEI Checklist for Teletherapy Intervention During the Declared State of Emergency for COVID-19 (3/17/2020)**.
d. Evaluators who conduct evaluations utilizing teletherapy must use care in selecting assessment tools and techniques that are appropriate to the technology and take into consideration the family's cultural, linguistic, and educational background. Assessment

materials and procedures may need to be modified in order to account for the lack of physical contact.

Notes:

- Typical evaluation instruments are not normed on telehealth/teletherapy. It is unlikely that reporting scores from a norm-referenced instrument would be appropriate when doing evaluations via teletherapy and determining a child's functional abilities and eligibility for the Program. What will be most helpful will be the use of detailed behavioral observations and informed clinical opinion.
- It is required that the evaluator discuss what the parent/caregiver can do to foster their child's development and address their specific concerns as part of the evaluation process.
- It is likely that there will be instances where an evaluation conducted by teletherapy will not provide adequate information to determine the child's eligibility. Even if this is the case, the evaluator should be prepared to make suggestions about activities the parent/caregiver can do with their child to address their concerns, until such a time as an in-person MDE can be completed.
- The child can also be referred to Developmental Monitoring.
- **Please direct all questions regarding teletherapy evaluations to the NYC BEI Evaluation Standards Unit at ESU@health.nyc.gov.**

3. Conduct an initial phone call with the parent/guardian:

a. Set parents'/guardians' expectations of what this unique type of evaluation will look like.
b. Provide the therapist name, discipline, agency name.
   - *Sample text: Hi, my name is ____ . I am a ____ therapist from ____ agency. Your child has been referred to Early Intervention for evaluation because you were concerned about _____.*
c. Confirm identity of child by comparing information below to EI referral information/NYEIS
   i. Name
   ii. DOB
   iii. Address/phone number
   iv. Parent's name
d. Confirm the identity of the adult who will be present during the teletherapy evaluation and their relationship to the child
e. Ask about the parent/guardian concerns/reason for evaluation
   - *Sample text: Tell me more about your concerns about your child and why you want your child evaluated*
f. What device(s) does the family have available? (e.g., smart phone, tablet, iPad, computer)
g. Describe how the evaluation will be conducted virtually.
   - *Sample text: Because of the Corona virus pandemic, aka COVID-19, we're having to do things a bit differently. We're going to be doing evaluations using technology such as a smart phone, tablet, or computer. We need to be able to see and hear each other at the same time. What do you have that will allow for this?*

- *What do you think will work? Because this is new to all of us, we need to figure out how and when to do the evaluation.*

4. Provide the parent/guardian with a pre-evaluation set-up/orientation to evaluation

a. Describe the steps of an evaluation to the parent, including explaining that the evaluator will:
   i. Obtain history from parent(s) and other caregivers
   ii. Make observations of child
   iii. Make observations of caregiver-child interaction
   iv. Make observations of how child performs requested activities OR routine activities.

b. Ensure that the parent/guardian understands that the evaluator will suggest activities or tasks in order to be able to accurately observe the child's strengths and needs. E.g., use of large and small muscles, how the child lets people know what s/he wants, how the child behaves with different people and in different situations
   - *Sample text: We're going to have to talk about a few things ahead of time so we can be ready to do the evaluation. These are some of the things we'll be talking about and looking at.*

c. Coordinate and plan with other evaluators

d. Determine if an arena-style evaluation would be optimal for the parent.

5. Conduct a virtual tour with the parent/guardian

- *Sample text: In order for the evaluators to get an accurate picture of your child, we'll need to see what you have available in your home so that we can get an idea of how your child uses large and small muscles, how your child lets people know what s/he wants, how s/he behaves with different people and in different situations, what your child is good at and not so good at.*
- *It would be helpful if you would give me a video tour of some of your child's toys, where s/he plays and spends time, and the space where the evaluation might take place. This will help me prepare in advance and give you some suggestions about what you might already have at home that you could have available during the evaluation, in order for us to get an accurate picture of your child.*

a. Gross motor/big muscles:
   - *Where will we be able to see your child move around as s/he usually does?*

b. Fine motor/small muscles:
   - *What small items do you have that would interest your child, so we can see how s/he picks things up and uses his/her hands and fingers?*

c. Cognitive/problem-solving:
   - *What does your child like to play with? Does s/he have favorite toys? How does s/he play with toys or other objects in the home?*

d. Communication:

- *How does your child let you or others know what s/he wants? How does your child let you know that s/he understands what you've said to him/her?*

e. Social-emotional:
   - *What happens when s/he does or doesn't get what he wants? How do family members act when this happens?*

f. Adaptive: Feeding/bathing/diapering/toileting issues/function:
   - *Does your child present challenges when you try to feed/bathe/diaper/toilet him/her? Tell me about those. What have you tried so far to help make these activities easier for you and him/her?*

g. Other concerns not previously mentioned:
   - *Are there any other things you may be concerned about or that you want me to know about your child?*

6. Conduct the evaluation utilizing teletherapy

a. Obtain developmental and behavioral history from parents/caregivers. This would include daycare providers (although the daycare may currently be closed).

b. Obtain medical information from the child's healthcare provider. Determine if the child has a diagnosed condition that makes him/her eligible for the EIP.

c. Observe caregiver/family and child interactions. Have there been changes in the usual caregiving arrangements? E.g., was the child previously in daycare and is now being cared for elsewhere and/or by someone different due to COVID-19?

d. Ask caregiver about their daily routines/who is involved in these routines. Have there been changes in the child's routines related to the COVID-19 pandemic?

e. Ask about child's likes and dislikes/favorite activities.

f. Ask what the child loves to do and does well. What are his/her strengths/needs.
   - *I would like to see your child do _____. What do you have in your home that will help me see that?*
   - *I am going to use a doll to show you some of the things I want you to do with your child.*

g. Depending on parent/caregiver concerns, you will want to observe the child at different times of the day (e.g., during mealtimes or bath time). You may need to do a teletherapy session with the parent more than once in order to obtain a complete representative picture of the child.

   (PHL 69-4.30 (c) (2) Multidisciplinary evaluation as defined in section 69-4.1 (m) of this Subpart and performed in accordance with section 69.4.8 of this Subpart. Reimbursable evaluations shall include core evaluations and supplemental evaluations. A provider shall submit one claim for a core or supplemental evaluation regardless of the number of visits required to perform and complete the evaluation.)

h. If the child's response to the teletherapy evaluation is not sufficient for you to obtain a complete picture of him/her (e.g., asleep, crying unconsolably), you will need to be

prepared to have a teletherapy session with the parent at another time, as stated above under item "g".

- If a follow-up call still does not provide adequate information, a teletherapy evaluation may not result in an eligibility determination. Whether it does or not, the evaluator should be prepared to make suggestions about activities the parent/caregiver can do with their child to address their concerns, until such a time as an in-person MDE can be completed. The child can also be referred to Developmental Monitoring.
- If the EIO determines that the information obtained in the evaluation is not adequate to determine the child's eligibility status, you may be required to obtain additional information through another teletherapy session or other means as appropriate (e.g., external documentation)

i. Evaluator should document how they modified assessment materials and/or procedures in order to account for the lack of physical contact. E.g., if the parent rather than the therapist handled or positioned the child, this should be documented and explained.

j. Evaluator should include date(s) and time(s) in/out of the evaluation. If observations were made on more than one day or multiple times on one day by an individual evaluator, this should be documented.

k. Special considerations for motor therapists

- Physical set-up of the home
  - Area that child is usually in – when awake, when asleep
  - Furniture/positioning of child – e.g., bouncy seat, high chair, child-size furniture, bed, playpen
- How the child will be positioned during the teletherapy evaluation
  - For a child who is younger than 6 months old: padded hard surface (coffee table, bed, floor) and seating (infant seat), parent lap
  - For a child who has begun to creep or crawl/change positions: a larger padded area and seating is needed (baby seat/high chair, if child has attained sufficient trunk control)
  - For a child who has begun to attain upright positioning, look for space such as a couch (to assess pulling up to stand, standing with back supported, cruising, etc.) and seating (high chair, or child-sized chair)
  - For a child who has acquired walking without support (typically >=18 months), use stairs (if available) or a low stool (to assess how child negotiates elevated surface) and seating (child-size chair)
- Usual materials the child handles/plays with that are in the home (may need to improvise or adjust based on items available in the home, and on family culture and child's experience, to assess functional abilities). Suggestions include:
  - For infants: rattles, sound-making objects
  - For older infants: containers/boxes/cans
  - For toddlers: shape sorter, big shape puzzles, markers, blocks are in the home environment

- For toddlers older than 2 years: books, stacking rings, stacking cups, puzzles, threading toys

- Key components of evaluation for a younger infant (which demands more physical handling)
  - Observe child's presentation when s/he is placed in a position (ideally, child will have on only a diaper if situation (such as cleanliness or temperature) allows
  - Instruct the parent/guardian to put child into various positions (may be demonstrated with a doll) such as supine, prone, supported sitting, supported standing
    - Instruct how to provide positional support for the child in each position, as needed
    - Instruct how to provide the facilitation needed for the child to transition between positions, including hand placement and positioning of stimulus, such as an interesting object to get the child to turn/reach/cruise/etc.
    - Have parent move through the child though range of motion of arms and legs
- For older infants/toddlers, parent/guardian can be instructed how to position the child, how to set up and present a task, as well as how to facilitate/modify as needed.

7. MDE Team Collaboration

a. Once all individual evaluations have been completed, discuss findings as a team to determine eligibility. This could be done through a conference call.
b. Decide which team member will contact parent to discuss results and eligibility status.

8. MDE Summary and Documentation

a. Reporting scores from a norm-referenced instrument is unlikely to be appropriate when doing evaluations via teletherapy and determining a child's functional abilities and eligibility for the Program. What will be most helpful will be the use of detailed behavioral observations and informed clinical opinion.
b. Section IV of MDE Summary: assessment process and conditions
   i. Each evaluator must document the length of time of the evaluation, start/end times, and whether it was conducted in more than one session.
   ii. Each evaluator must document how the teletherapy session occurred; whether there were distractions or interruptions; if and how an interpreter was used via teletherapy; who else was present during the evaluation and how their presence may or may not have affected the evaluation process and results; and how using teletherapy for the assessment impacted the child's responses.
c. Section VI of MDE Summary: The child's responses and the family's belief about whether the responses were optimal

i. MDE team must document that they elicited from the family whether the observations made during the teletherapy evaluation were typical for the child.
ii. MDE team must also consider that the use of video/audio technology as opposed to the presence of a live evaluator may have impacted/distracted the child during the evaluation.
iii. The MDE team must take this into consideration when they determine the child's developmental domain statuses and eligibility status.

II. Delivering Early Intervention Service Sessions Utilizing a Teletherapy Service Delivery Method

Teletherapy for the provision of Early Intervention services is new to New York. For instance, moving from a group developmental context within a center-based program to individual home-based teletherapy is a major change for everyone involved. This guidance document was created to support therapists and teachers doing teletherapy by including:

- The steps to prepare families and interventionists prior to the first teletherapy session,
- The framework and examples about working with and coaching parents and caregivers,
- The topics related to the session note questions,
- The division of resources into seven categories, each with a readily accessible link, and
- Examples for non-ABA and ABA teletherapy sessions.

1. Preparation to conduct telehealth services

a. Do not initiate the delivery of Early Intervention service sessions utilizing teletherapy until the assigned Service Coordinator has obtained consent from the parent/guardian and has completed the *NYC BEI Sample Checklist for Teletherapy Intervention During the Declared State of Emergency for COVID-19* (3/17/2020).
b. Be up-to-date and review all the current NY SDOH BEI guidance and FAQs (03.25.2020 and 04.01.2020) by checking this link regularly during the COVID-19 pandemic at https://www.health.ny.gov/community/infants_children/early_intervention/memoranda.htm
c. Also be up-to-date on the most current NYC DOHMH BEI guidance and FAQs for COVID-19 by checking this link at http://www1.nyc.gov/site/doh/health/health-topics/early-intervention.page
d. Ensure that the early interventionist has space that is quiet and free from distractions (e.g., noises, other conversations, other people in the space).
e. Ensure that both the caregiver and early interventionist have the appropriate equipment available (e.g., smart phone, tablet, iPad, or computer) to support simultaneous visual and auditory interactions between the parent(s) and the early interventionist.
   i. This can be assessed by the early interventionist when they schedule the session with the parent.
   ii. During that telephone discussion, the parent and interventionist may want to try out both the video and auditory connections prior to the scheduled session to ensure teletherapy can occur.
   iii. The parent/caregiver must always be present during the teletherapy sessions.
   iv. As indicated in the SDOH BEI COVID-19 Guidance, see the HIPAA-compliant telehealth platforms at https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

v. When there is no internet available, options for free resources are outlined in Question #26 in the NY SDOH BEI COVID-19 April 1, 2020 FAQs at https://www.health.ny.gov/community/infants_children/early_intervention/docs/doh_covid19_eifaqs_23-37_04.01.20.pdf.

NOTE:

- Therapist and teachers are expected to use family-centered best practices and to coach parents/caregivers whether the EI sessions are provided in-person or via teletherapy, and across all EI settings (e.g., home, child care programs, community, facility, clinic, and center-based). Consistent communication and team collaboration with parents/caregivers are essential in EI services (Early Childhood Personnel Center, 2019).
- It is recommended that all therapists/teachers who will be initiating teletherapy complete all five on-line modules of the NYC BEI professional development training on ***Implementing Family-Centered Best Practices.*** The link to the NYC Early Intervention Program *Professional Development and Training*s webpage is https://www1.nyc.gov/site/doh/providers/resources/early-intervention-professional-development-and-trainings.page . When you land on the *Professional Development* page, click on the blue ***NYC Early Intervention On-line Trainings*** title in the gray box.
- The requirements for Session Notes and Progress Notes remain unchanged for teletherapy sessions.
- Please contact Embeddedcoaching@health.nyc.gov for clinical questions regarding service sessions delivered utilizing teletherapy.

2. Conduct a phone call with the parent/guardian:

a. Set parents'/guardians' expectations of what this unique type of session will look like.
b. (New Cases Only) Provide the therapist name, discipline, agency name
   - *Sample text: Hi, my name is ____ . I am a ____ therapist/teacher from ____ agency. Your child has been authorized to receive early intervention (state service type) services.*
c. (New Cases Only) Confirm identity of child by comparing information below to EI referral information/NYEIS
   i. Name
   ii. DOB
   iii. Address/phone number
   iv. Parent's name
d. Confirm the identity of the adult/caregiver who will be present during the teletherapy session and their relationship to the child.
e. It's important to discuss with the caregiver what their services via telehealth will look like and set expectations.
   - *Sample statement: Due to the COVID-19 pandemic and the Governor's Executive Order, NYS has declared a state of emergency and advised everyone to practice social distancing to prevent the continued spread of COVID-19. So, we are having to do things a bit differently. We are going to be doing services*

using technology such as a smart phone, tablet, or computer. We need to be able to see and hear each other at the same time. What do you have that allows for this? What do you think will work?

f. Parents may have questions about teletherapy. Share with them that:
   i. Teletherapy is successfully used in early intervention programs in other states.
      - Research shows that teletherapy is as effective as in-person sessions in terms of high provider and family satisfaction, increased use of the parent coaching model, decreased cancellations, and increased flexibility in scheduling.
      - It is an effective method of service delivery and has been shown to improve outcomes for children including those diagnosed with Autism Spectrum Disorder.
      - Teletherapy practices are recognized by professional associations across multiple disciplines, such as speech language pathology, early childhood education, ABA, physical therapy, and occupational therapy. See the Early Childhood Technical Assistance at https://ectacenter.org/topics/disaster/tele-intervention.asp.

g. Ask about the parent/guardian concerns and what they would like to see for their child
   - *Sample question*: *Tell me more about your current concerns about your child. What would you like us to work on? Let's review all your child's IFSP outcomes. I see you're concerned about _____. Talking about specific concerns helps us figure out the best time to schedule our session.*

   For example, if the parent is concerned about the child's tantrums, you may want to schedule the session during a time the caregiver usually experiences the child's tantrums the most. Or if parents are worried about the child drinking from a bottle, the session should be scheduled during meal times when the child will be hungry.

h. What device(s) does the family have available? (e.g., smart phone, tablet, iPad, computer)

3. **Embedding interventions within family routines, coaching parents/caregivers, and family-centered best practices should be conducted during teletherapy.** Current best practices for all children receiving early intervention services include the active involvement of parents and/or main caregivers as part of the intervention sessions. Research shows that effective coaching consists of five essential components: joint planning, observation, action, feedback and reflection (Rush and Shelden, 2011). During teletherapy sessions, the interventionists will find they need to ask parents/caregivers more questions to gather information and to use a range of coaching strategies to support parents and caregivers. Below are some questions the therapist/teacher can ask to support collaboration, coaching, and communication with families and caregivers:

   a. Ask the parent about:
      i. How the child has been doing since the last session. You may observe the parent and child in the routine activity to see what progress has been made (NYC DOHMH Session Note Question **1**).
      ii. How the strategies worked or did not work from the last session (Session Note Question **1**). This is an example of getting feedback and reflections from the parent about what happened between sessions.

- A*sk the parent/caregiver about whether it was easy to do since the last session. Does the parent think the child is functioning better? Is the child more engaged? Is the child getting bored?*

iii. If the strategy did not work, you may observe the parent trying it out with the child during the family routine to see how the strategy can be modified to fit the family better, based on the parent's feedback and ideas.
   - *Ask the parent/caregiver for feedback about using the strategy.*

iv. Review with the parent what IFSP functional outcome/objective they would like to focus on during this session (Session Note Question **2**).
   - *Based on the child' s progress, ask the parent whether they want to continue working on this functional outcome/objective or whether they prefer to work on another.* (This is joint planning).

v. Inquire with the parent/caregiver about what other strategies the rest of the EI team is recommending they do to support the child (if this applies).

vi. The therapist/teacher should jointly decide with the parent/caregiver what the focus of the session will be.

vii. To create new strategies (embedded interventions within the routine activities) with the parent, the therapist/teacher will observe the parent and child during the routine activity in order to gather information about the child's functioning and engagement; how the family does their routine; what are the child's strengths; and what and how materials are used (Session Note Question **3**). Every family has their individual culture. It is important to respect each family's culture, values, and the way they live. This is why observations (authentic assessments) are important when creating new strategies in partnership with parents. This also helps to individualize their EI services.
   - For example, explain to the parent that it is helpful to see how they do their mealtime with the child. *Before we can figure out ways to help _____, may I watch you feed him/her?*

viii. Discuss what the parent has tried before that worked and didn't work and discuss the parent's ideas to support the child's engagement. Doing observations and discussing the parent's concerns and ideas helps to create new strategies with parents and build upon their capabilities.
   - After the observation occurs, the interventionist should have a discussion with the parent to gather more information. *The interventionist may ask the parent about the frequency, amount, type of milk/formula/food, etc. The teacher/therapist may ask how does the parent/caregiver knows when the child is hungry and when is the child full. Is the parent/caregiver the only one that feeds the child or are there others? Show me the different ways the baby is held during feeding?*

ix. Determine what strategy to try out with parent and child during the session based on the discussion with the parent and the observation.

x. Decide what techniques to use to ***coach*** the parent on how to use the strategy. Coaching helps to strengthen the parents' capacities to support their children's functioning and development. For example, early interventionist models with a doll while explaining to

the parent what they are doing so parent can try the strategy with their child OR early interventionist observes the parent trying out the strategy while the interventionist provides verbal guidance and coaching (Session Note Question **4**).

- *The interventionist can ask the parent/caregiver what they would like to do to understand the strategy better.*

xi. While the parent is trying out the new strategy with her child during the routine activity, the early interventionist should encourage feedback from the parent about whether she feels comfortable doing this strategy between sessions. If the parent does not or if the strategy does not fit the way the family does their routine, the strategy will never be used by the parent to support the child.

- *Ask the parent/caregiver: How did that feel? Was it easy to do? Do you think you can try this during feeding times between now and the next session? Would you like to change anything? Do you have any questions?*

4. **Toward the end of the teletherapy session, the interventionist and the parent must decide together what strategy will be used between sessions.** The early interventionist, along with the parent:
   a. Reviews how to do the strategy (Session Note question **5**)
   b. Discusses how to know when the child has made progress
   c. Reinforces reflection, feedback and problem solving between sessions with the parent
   d. Identifies areas for generalization across other routine activities when the child has met the criteria for progress
   e. Considers what functional outcome/objective they can work on during the next session so that they can schedule the next session at the actual time of the routine activity

III. Delivering Early Intervention ABA Service Sessions Utilizing a Teletherapy Service Delivery Method (Updated 4/10/2020)

1. To prepare for the first telehealth ABA session with the parent, review the introduction and steps #1 and #2 documented in **Section II**: ***Delivering EI Services Sessions Utilizing a Teletherapy Service Delivery Method*** in this document:
   a. Introduction for this teletherapy guidance section
   b. Step #1: *Preparation to conduct telehealth services*
   c. Step #1 Note: The link to the *Implementing Family Centered Practices* modules
   d. Step #2: *Conduct a phone call with the parent/guardian prior to the initial session*

2. Embedding interventions within family routines, coaching parents/caregivers, and family-centered best practices should be conducted during teletherapy. Current best practices for all children aged birth to 3 years diagnosed with ASD should include the active involvement of parents and/or main caregivers as part of the intervention sessions:
   a. Review the New York State DOH BEI *Clinical Practice Guideline on Assessment and Intervention Services for Young Children (Age 0-3) with Autism Spectrum Disorders (ASD): 2017 Update Report of the Recommendations* at:

https://www.health.ny.gov/community/infants_children/early_intervention/autism/docs/report_recommendations_update.pdf. See the importance of working with parents within the natural learning environment during sessions (page 55).

b. In 2014, the Behavior Analyst Certification Board (BACB) emphasized the importance of this in their first edition of the *ASD Practice Guidelines.* In 2020, BACB transferred the *ASD Practice Guidelines* to be updated and published by the non-profit Council of Autism Service Providers (CASP). According to the CASP (2020), "*Training family members and other caregivers to manage problem behavior and to interact with the individual with ASD in a therapeutic manner is a critical component of this treatment model*." CASP has more detailed information on involving caregivers in the treatment of ASD in this second edition (https://casproviders.org/wp-content/uploads/2020/03/ABA-ASD-Practice-Guidelines.pdf).

c. The Early Childhood Personnel Center and seven professional organizations (AOTA, APTA, ASHA, CEC, DEC, NAEYC, Zero to Three) determined and agreed upon the four essential core competencies for all early intervention/childhood professionals: *family-centered practices*, coordination and collaboration, evidence-based intervention/instruction, and ethics/professionalism (https://ecpcta.org/cross-disciplinary-alignment-2). Research shows that effective coaching consists of five essential components: joint planning, observation, action, feedback and reflection (Rush and Shelden, 2011). During teletherapy sessions, the interventionists will find they need to ask parents/caregivers more questions to gather information and to use a range of coaching strategies to support parents and caregivers. Therefore, early interventionists are expected to use family-centered best practices and to coach parents/caregivers whether the EI sessions are provided in-person or via teletherapy, and across all EI settings (e.g., home, child care programs, community, facility, clinic, and center-based). Consistent communication and team collaboration with parents/caregivers are essential in EI services.

3. Questions the therapist/teacher can ask to support collaboration, coaching, and communication with families and caregivers:
   a. Ask the parent about:
      i. How the child has been doing since the last session
         - You may observe the parent and child in the routine activity to see what progress has been made.
      ii. How did the strategies work or not work since our last session? [NYC Session Note Question **1**]
         - *Ask the parent/caregiver about whether it is easier to use the strategy since the last session. Does the parent think the child is functioning better? Is the child more engaged? Is the child getting bored?*
      iii. If the strategy did not work, you may ask the parent to try it during your session so you may better understand what the challenges are and see how the strategy can be modified to fit the family better.
         - *Ask the parent/caregiver for their feedback about using the strategy.*
      iv. Review with the parent what IFSP functional outcome/objective they would like to focus on during this session. This is joint planning. [Session Note Question **2**]

- *Based on the child's progress, ask the parent whether they want to continue working on this functional outcome/objective or whether they prefer to work on a different one.*

v. Inquire with the parents/caregivers about what other strategies the rest of the EI team is using to support the child. You may also communicate directly with the other interventionists on the child's team. This supports team collaboration and communication.

vi. You may want to discuss and explain to the parents some of the basic ABA principles and the framework as part of parent coaching if they have not been coached by you prior to teletherapy:

- **Function of behavior** – Identifying the function of behavior helps us understand WHY a behavior is occurring. Once we know the WHY, we can implement effective strategies to modify the behavior.
- **Positive reinforcement** – Explain to caregivers what positive reinforcement is and how to use it in everyday situations. Engage the parent to come up with various types of reinforcement strategies for their child. Provide examples of what this may look like.
- **Consequences** – Once we know the function of a behavior, then providing effective consequences helps us obtain desired behavior from the child.
- **Gaining the child's attention** – What strategies or techniques the parent can use to appropriately get the child's attention before presenting a demand or direction.
- **Prompting** – Teach parents what prompting is, how to use prompting, and how to fade prompting. Emphasize that the goal for any desired behavior from a child is to perform a desired behavior *without* any prompting OR, dependent on the desired behavior and child's ability level, to use the least intrusive prompting.

4. **Collecting data -** Data collection does not have to change because of teletherapy. It's understandable that some interventionists may need more time to get used to conducting ABA sessions using telehealth. Remember to collect the type of data that best suits the skill set you are teaching and as advised by your ABA clinical supervisor. Example of types of data you may want to use are as follows:

i. **Anecdotal data** - After a few sessions of collecting anecdotal data, you might notice different patterns in the child's behavior. However, it will not always give you concrete data points to help you decide on your next steps. Therefore, if you start with anecdotal data, make sure to switch later to other ABA data collection methods.

ii. **Frequency data -** Record total number of times a behavior occurs in each given time period.

- *Example: You had mentioned you want Aiden to look at you when you call his name. What kind of games or toys does he like the most?* (Identify with the parent what are the child's reinforcers.)
  I want you to show Aiden the (item) and tell him "let's play with (item)" and I need you to hold the (item) at your eye level and call his name before you give it to him. When he looks at you, I want you to give him the (item) to play with. We will do this about five times and see how it goes. In this situation, the interventionist is providing guidance and verbal coaching for the parent as she

works with her child. Take the frequency data as the parent engages their child in this activity. [Session Note Questions **4** and **5**].

- Provide reinforcement to the parent/caregiver for attempts. Also, prompt the parent/caregiver as needed. Once the caregiver is comfortable doing this ask *"Do you think we can do this during meal or snack times? When you feed him, you can call his name and, when he looks at you, I want you to give him a spoonful of his favorite food. You can do it a few times throughout your feeding time to practice and let me know how it goes. And if you are comfortable, maybe at the next session we can practice this during his mealtime."* You can ask the parent/caregiver about other times during their family routine activities the parent can practice this skill (e.g. bath time, bedtime routine, when child requests items). This is another example of coaching and joint planning. [Session Note Questions **3, 4,** and **5**].

iii. **Probe data -** Engage the child in a skill s/he is learning to acquire, without any prompts first, to see if the child is *mastering* the skill, *maintaining* the skill learned, and *generalizing* the skill – measuring progress. The data is marked as either a correct response, an incorrect response, or no response. Depending on the ability of the child and the skill being taught, mastery of a skill can be documented by three correct responses, or five correct responses when a stimulus is presented, noted at various times during a session. For some skills, the child may require more trials to provide opportunities to give a correct response in order for the skill to be considered mastered and/or generalized. [Session Note Question **1**].

- *Example: Since we have been working on Aiden looking at you when you call his name, when we start our session each day I want you to call his name as you are trying to engage him on the very first activity of our session. We want to see if Aiden will respond to his name without any prompts (or teaching) like you holding up an item to your eye level. If Aiden responds to his name in different situations without prompts for* (insert the number of times for mastery) *then we can say he has learned this skill. And then we will move on to him responding to his name when you call his name to other everyday situations or routine activities* (the generalization of that skill).

iv. **ABC data -** This is the data tool to use for developing any positive behavior plan. A = antecedent of a behavior (what is happening, when, and where, before the behavior occurs), B = the behavior, and C = consequence of the behavior (what happens after).

- *Example: You mentioned that Aiden gets very frustrated and tantrums a lot. Can you show me what you are usually doing with him when he does this behavior so I can see what's going on? Feel free to position the smart phone/tablet somewhere - as you are going about in your daily routine or what you usually do with him around this time (when you weren't doing ABA sessions) so that I might observe him in a tantrum* (to learn more about the antecedent behavior and the consequence of the behavior). [Session Note Question **2**]

v. **Interval data -** The interventionist observes whether the child's behavior (e.g. exhibiting a tantrum, self-injurious behavior, or self-stimulatory behavior) occurs or does not occur during a specified time period. Interval data can measure how many times the behavior

occurs, intensity of the behavior, and length of the behavior. You may choose to take data on all three measurements or on only one or two measurement(s) depending on the need.

*It is important to keep in mind that any new skills need to be broken down into smaller parts (i.e., ***task analysis***). This not only applies to teaching children a new skill set, but also applies to when parents/caregivers are teaching their children.

NOTES:

- **Session Note questions**: As you are collecting data, observing the parent/child interaction(s), coaching the caregiver, doing joint planning with the parents, and planning strategies during this session or for future sessions, interventionists can answer the questions on daily session notes for Question **1** (the progress the child has made; parent's feedback), Question **2** (functional outcome/objective worked on in the session), Question **3** (routine activities worked on), Question **4** (how did you work with/coach the caregiver) and Question **5** (what strategies and learning activities that you and the caregiver collaborated on that the parent will use between sessions).
- **Discrete trial data**: Research in brain development tells us that children learn best when skills are taught within the meaningful context of their natural environment (e.g., the typical routine activities for this family). This has greater ramifications for children diagnosed with Autism Spectrum Disorder, as the goal for any learned skills is to generalize that skill within their everyday routines. This is demonstrated in the previous examples provided for data collection. The demand is still being placed on the child multiple times during the session (just like in any discrete trial). However, the demand is placed multiple times WITHIN a context. This makes generalization easier. This modified version of discrete trials also does not have to be done 10 times in a row if it's not within context. You can ask the child to perform a task (e.g., respond to name when called) 10 times throughout your session.

RESOURCES

Please note that the resources below are separated into seven categories. Each resource has a link so that you can access it easily. *Recommended

1. Autism Resources

Clinical Practice Guideline on Assessment and Intervention Services for Young Children (Age 0-3) with Autism Spectrum Disorders (ASD): 2017 Update Report of the Recommendations. New York State Department of Health Bureau of Early Intervention at https://www.health.ny.gov/community/infants_children/early_intervention/autism/docs/report_recommendations_update.pdf

*Take a look on page 55 about the natural learning environment and note that the DEC's *Recommended Practices* are identified throughout this clinical practice guideline.

The link for the Division of Early Childhood (DEC) *Recommended Best Practices* at https://www.dec-sped.org/dec-recommended-practices

*Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers (2nd Ed.) (2020, 2014) Council of Autism Service Providers (CASP) at https://casproviders.org/wp-content/uploads/2020/03/ABA-ASD-Practice-Guidelines.pdf.
Leach, D. (2012) *Bringing ABA to Home, School, and Play for Young Children with Autism Spectrum Disorders and Other Disabilities*. Paul H. Brookes, Publishers. Maryland. https://www.amazon.com/Bringing-Children-Spectrum-Disorders-Disabilities/dp/1598572407

*Rogers, S., Sawson, G., and Vismara, L. (2012) *An Early Start for your Child with Autism-Using Everyday Activities to Help Kids Connect, Communicate, and Learn*. (2012) The Guilford Press. New York and London. https://www.amazon.com/Early-Start-Your-Child-Autism/dp/160918470X

Vismara, L., Young, G., and Rogers, S.(2012). *Telehealth for Expanding the Reach of Early Autism Training to Parents. Department of Psychiatry and Behavioral Sciences, Medical Investigation of Neurodevelopmental Disorders (MIND) Institute*, University of California, Davis at https://www.hindawi.com/journals/aurt/2012/121878/

Wacker, D.P., Lee, J.F., Yaniz, C., Dalmau, P., Kopelman, T.G., Lindgren, S.D., Kuhler, J. Pelzel, K.E., and Waldron, D.B. (2013) Conducting Functional Analyses of Problem Behavior Via Telehealth. J Appl Behav Anal. 2013 ; 46(1): 31–46. doi:10.1002/jaba.29 at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5361405/pdf/nihms851196.pdf

Zwaigenbaum L., Bauman, M., Choueiri, R., Kasari, C., Carter, A., Granpeesheh, D., Mailloux, Z., Smith Roley, S., Wagner, S., Fein, D., Pierce, K., Buie, T., Davis, P., Newschaler, C., Robins, D., Wetherby, A., Stone, W., Yirmiya, N., Estes, A., Hansen, R., McPartland J.C., and Natowicz, M. (October 2015) *Early Intervention for Children With Autism Spectrum Disorder Under 3 Years of Age: Recommendations for Practice and Research.* Pediatrics, 136 (Supplement 1) S60-S81; DOI: https://doi.org/10.1542/peds.2014-3667E or at https://pediatrics.aappublications.org/content/pediatrics/136/Supplement_1/S60.full.pdf

2. Autism Videos And On-Line ASD Resources:

ABA in the natural environment at https://www.youtube.com/watch?v=gOrUo91vOO4

Incidental teaching of a toddler with ASD in a natural environment https://www.youtube.com/watch?v=KERrGaKcd38

On-line modules and resources on 27 evidence-based practices at http://afirm.fpg.unc.edu/

The Autism Navigator at https://autismnavigator.com

3. Telehealth Resources:

**Please comply with NYS DOH BEI and NYC DOHMH BEI guidance and consents for Telehealth services during the COVID 19 Pandemic*

*Be up-to-date on the most current NYS DOH guidance and FAQs (03.25.2020 and 04.01.2020) by checking this link regularly during the COVID-19 pandemic at https://www.health.ny.gov/community/infants_children/early_intervention/memoranda.htm

ASHA Best Practices and Resources for Telehealth at https://www.asha.org/About/Telepractice-Resources-During-COVID-19/ and https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934956&section=Resources

American Physical Therapy Association at https://pediatricapta.org/news/#n1249 and http://www.apta.org/Telehealth/

American Occupational Therapy Association at https://www.aota.org/Practice/Manage/telehealth.aspx

*ECTA resources for Tele-intervention across disciplines at https://ectacenter.org/topics/disaster/tele-intervention.asp

Resources for teaching remotely from the Council of Exceptional Children: https://www.cec.sped.org/Tools-and-Resources/Resources-for-Teaching-Remotely

*See what the HIPAA-compliant telehealth platforms are at https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

4. **Research on Telehealth Early Intervention Services:**

Use of telehealth in early intervention (IDEA Part C): Resources to consider during the COVID-19 public health emergency. (2020) Public Health Consulting Group at https://publicconsultinggroup.com/media/2429/telehealth-in-early-intervention_covid19.pdf

Behl, D., Blaiser, K., Cook, G., Barrett, T., Callow-Heusser, C. Brooks, B., Dawson, P., Quigley, S., and White, K. (2017). *A Multisite Study Evaluating the Benefits of Early Intervention via Telepractice. Infants & Young Children*, Vol. 30, No. 2, pp. 147-161 at https://journals.lww.com/iycjournal/Fulltext/2017/04000/A_Multisite_Study_Evaluating_the_Benefits_of_Early.5.aspx

Kelso, G., Fiechtl, B.J., Olsen, S., and Rule, S. (2009). *The Feasibility of Virtual Home Visits to Provide Early Intervention: A Pilot Study. Infants & Young Childen*. Vol.22, No. 4, pp. 332-340 https://journals.lww.com/iycjournal/Fulltext/2009/10000/The_Feasibility_of_Virtual_Home_Visits_to_Provide.9.aspx

Lindgren, S., Wacker, D., Suess, A., Schieltz, K. Pelzel, K., Kopelman, T. Lee, J. Romani, P. and Waldron, D. (Feb. 2016). *Telehealth and Autism: Treating Challenging Behavior at Lower Cost*. Pediatrics, 137 (Suppl 2): S167-S175 at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4727312/

5. **Early Intervention Best Practices –** Includes family-centered best practices; respect for the parents' culture, information, history, priorities, feedback, and style; embedded interventions within routines; collaborative coaching with parents; and consistent communication and collaboration with parents and the other interventionists.

*Review family-centered best practices by completing the 5 on-line modules of the NYC Early Intervention Program's "***Implementing Family-Centered Best Practices***" training https://www1.nyc.gov/site/doh/providers/resources/early-intervention-professional-development-and-trainings.page
Click on the blue ***NYC Early Intervention On-line Trainings*** title in the gray box.

*Division of Early Childhood (DEC) *Recommended Best Practices* at https://www.dec-sped.org/dec-recommended-practices

*DEC Early Intervention/Childhood Recommended Best Practices *Professional Checklists.* Division of Early Childhood at https://ectacenter.org/decrp/arpy.asp

Early Childhood Personnel Center: Cross-Disciplinary Personnel Competencies Alignment (2019): https://ecpcta.org/cross-disciplinary-alignment-2/

Embedded Coaching Video and five other NYC BEI videos at NYC DOHMH BEI Action Kit Page at https://www1.nyc.gov/site/doh/providers/resources/public-health-action-kits-early-intervention.page

*Office of Special Education Programs (OSEP) Workgroup Key Principles: *What it looks like; Doesn't look like* at https://ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf

*The Center for the Developing Child at Harvard University. *Best Practices to Breakthrough Impact* at https://developingchild.harvard.edu/resources/from-best-practices-to-breakthrough-impacts/

*The Center for the Developing Child at Harvard University. *How Serve and Return Builds Brain Circuitry* at https://developingchild.harvard.edu/resources/serve-return-interaction-shapes-brain-circuitry/

6. **Embedded Interventions –** The importance of the natural environment for meaningful learning opportunities for children with the most important people in their lives through every day family routines.

EI Excellence: Links to articles, briefs, & tools for family-centered best practices at http://www.eiexcellence.org/evidence-based-practices/natural-environments/

*Everyday Activities at http://ectacenter.org/~pdfs/decrp/PG_Asm_EverydayChild-and-FamilyActivities_family_print_2017.pdf

Family-guided routines-based interventions at http://fgrbi.fsu.edu/video.html

7. **Coaching Resources –** Review the essential components of effective coaching.

Coaching in Early Intervention, EI Excellence at http://www.eiexcellence.org/evidence-based-practices/coaching-interaction-style/

*Rush, D.D., (Oct. 2018). *From Couching to Coaching: How do we get families engaged in early intervention?* ASHA https://leader.pubs.asha.org/article.aspx?articleid=2705736

Rush, D.D., (Oct. 2016) *Using Coaching Strategies to Engage with Families in an EI Context*. Case Studies by ASHA Professional Development https://www.youtube.com/watch?v=dJvriZEZfkI

*Rush, D.D. & Shelden, M.L, (2011). *The Early Childhood Coaching Handbook*. Paul H.Brookes Publishers, Inc. https://www.amazon.com/Early-Childhood-Coaching-Handbook/dp/1598570676

Rush, D.D., Shelden, M.L., & Rabb, M. (Sept. 2008) *Framework for Reflective Questioning when using a Coaching Interactive Style.* Advanced Study of Excellence in Early Childhood and Family Support Practices at https://www.cibc-ca.org/wp/wp-content/uploads/Casetools_Reflective_Questioning_Article.pdf

*Rush, D.D. & Shelden, M.L. (2013) *Framework for coaching questions.* Excerpt from the Early Childhood Coaching Handbook. Paul H. Brookes Publishing Co., Inc. at https://www.veipd.org/main/pdf/quik_ref_coaching_guide_june202013.pdf

APPENDIX A: New York City Department of Health and Mental Hygiene, Bureau of Early Intervention, Checklist for Teletherapy Evaluations During the COVID-19 Declared State of Emergency (4.10.2020)

Items 7, 8, 12, 13 may be completed by one member of the MDE team and shared with the rest of the team.

☐	1. Date of **initial Phone Call** with parent/guardian and content of discussion
☐	2. Date of **Video Tour** and content of discussion, including: a. Questions or concerns raised by parent/guardian. b. The room or space that the parent identified where the evaluation would take place. The layout of the room. What modifications were suggested, if any. c. The household items or toys that were discussed that could be used during the evaluation d. The instructions or guidance given to the parent about their role during the evaluation e. If the evaluator is being asked to consider an ASD diagnosis, what preparations were considered and discussed with the parent as to how the specific DSM-5 criteria could be observed or elicited during the telehealth evaluation?
☐	3. Description is provided of the **telehealth modalities used**; e.g. "parent used iPad; evaluator used__."
☐	4. Description of **how the evaluation was actually carried out.** Include details about setting and location of child and how child moved about in that space during the evaluation. E.g. "Child was initially seated on parent's lap in front of the iPad but repeatedly got up and down and walked around the room. When this occurred, the parent did_____."
☐	5. Indication is made that teletherapy was able to be **successfully completed** to gain a total picture of the child and assess the stated concerns. Did audio and video function consistently throughout the entire session? Any technological problems during the evaluation? How were they overcome?
☐	6. **Start and end times** for each individual evaluation are included, as well as whether or not each evaluation was completed in **more than one session.**
☐	7. Details of **developmental and behavioral history** are included (6.a. in Teletherapy Evaluation Guidance dated 3.18.2020) a. Family History b. Social history i. For children in foster care, information about placement history: reason for placement, when child was placed in foster care, child's adjustment to placement, how long child has been in current foster care home c. Child's temperament d. If regression is reported, detailed descriptions of when it was first noted, child's functioning and skill level prior to regression, and child's current skill and functional level. e. If behavioral difficulties are reported, detail onset, history, and context of specific behaviors. What does parent/caregiver do/not do? What is the impact of this on the behavior?
☐	8. Details of **birth and past medical history** are included (6.b.) a. Does child see any medical specialists or has s/he been referred to any? What was the outcome? b. Results of any pending medical or hearing tests c. Hospitalizations, diagnoses d. Birth complications
☐	9. Detailed observations of the **parent-child interaction** are included (6.c.) Also include any observations of child-sibling interactions or child's interactions with any other significant persons.

☐	10. Observations of **child's performance in arranged tasks and spontaneous activities**. Descriptions should include HOW child performed the task or activities.
☐	11. Observation and description of how the child **communicated** with others during the evaluation.
☐	12. Detailed description of the **child and family's routines** pre-COVID-19, and how these may have recently changed due to COVID-19 (6.d.) a. How is the child adapting to the change in routine? b. Ask questions about dressing, meal time, play time, watching TV, travel, nap time, bath and bedtime or while hanging out. c. Who are the important people in the child's life? Who takes care of the child? Have there been changes in who is home and who is absent? Who engages in different activities and routines with the child (Some of these contacts may have changed due to COVID-19.) d. What routines/activities does child enjoy doing and what makes this routine/activity enjoyable? e. What routines/activities are difficult or challenging for the child? i. What makes it challenging or difficult? Do these challenges occur with all caregivers? Are there better times of the day or locations that are more comfortable for these routines/activities? Are the challenges new since the onset of COVID-19 and likely to be temporary and situation-specific? Are they within expectations developmentally?
☐	13. Parent report of **child's likes/dislikes** and of the **child's strengths** and what s/he does well (6.e., f.)
☐	14. Description of the **child's spontaneous activity** as observed during the telehealth evaluation; any interventions, modifications or suggestions given by the evaluator, and if and how these contributed to success.
☐	15. Detailed description of the **household items or toys used** in the evaluation, and the skills that were assessed as these items were utilized.
☐	16. Detailed description of **how the parent and/or sibling or other caregiver was used** during the evaluation in order for the evaluator to "see" the child's skills/strengths/behaviors. E.g. "the parent was told to position the child ___ in order for the evaluator to assess muscle tone and symmetry" OR "the parent was instructed to hold the ___ in an open hand in order for the evaluator to observe how the child picks it up" OR "the parent was asked to open the family photo album so the parent and child could look at it together and the child could spontaneously respond to the pictures. b. Evaluator should not administer or describe test items as behavioral observations. c. Evaluator should provide details as to how the child's functioning was determined based on the responses that were successfully or unsuccessfully elicited. d. All observations should include HOW the child did an activity, not merely WHAT the child did or did not do. If the child was unable to do something, describe what the child's attempt looked like.
☐	17. Detailed description of the **child's responses to the parent** as outlined above in 16. b. What were the child's responses? c. What was the child able to do or not do and how does this compare to the child's typical functioning? d. How did the child's performance change with additional support or facilitation by the parent, or other parental involvement or encouragement?
☐	18. Discussion of whether or not the child's observed "performance" was felt to be typical and an **accurate picture** of the child (8 c i-ii), and how this determination was made. b. What distractions may have impacted the child's performance, including the use of video/audio as opposed to a live evaluator? What is child or family's history with technology and video interactions? How does child typically respond to the use of technology?

☐	19. **The MDE summary** includes a description of **how the various evaluation team members collaborated** to determine the child's developmental domain statuses and eligibility status (8. c. iii.), not merely that the MDE team collaborated. If there were different levels of functioning observed, how did the MDE team determine what was most representative of the child's abilities?
☐	20. Detailed description as to how child's functional abilities were determined by the MDE Team that **DO NOT include the use of norm referenced instrument/s**. None of the norm referenced instruments were normed on telehealth evaluations. There should not be any developmental domain statuses entered into NYEIS with a 2.0 SD or 1.5 SD as the developmental domain status. (8.a.)
☐	21. **Supplemental evaluations** must include documentation that the prior MDE, IFSP and amendments, any other supplemental evaluations, and progress notes were reviewed and incorporated into the evaluator's informed clinical opinion. The evaluator should speak with the child's current service providers to understand their perspective on the child's behavior and functioning.