

A PRACTICAL GUIDE FOR BCBAs & SPECIAL EDUCATION PROFESSIONALS

Navigating Behavioral Services via Telehealth

Cultural considerations & best practices for engaging with families

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About this guide: *This handout combines over a decade of research and practice delivering behavioral services via telehealth across more than 50 countries. Use it as a reference during practice to build rapport with culturally diverse families, coach caregivers through challenging behavior remotely, navigate technical and clinical barriers, and deliver culturally responsive assessment and intervention.*

Companion to: *Navigating Telehealth in Behavioral Services: Cultural Considerations and Best Practices for Engaging Families.* Originally presented at Parent Training 101: Behavior Analyst Summit. May 1, 2026.

Dedication

This work is dedicated to two mentors whose influence shaped everything that followed.

Dr. David P. Wacker

Widely regarded as the father of telehealth-delivered behavior analysis. His FA + FCT telehealth model opened a door I have spent the past decade walking through, with families across more than 50 countries.

Dr. Dorothea C. Lerman

My supervisor and mentor at the University of Houston-Clear Lake. Her steady guidance, scientific rigor, and belief in this work have made every step possible.

I am grateful for their help to stand up for those without a voice, and expand the boundaries of what's possible.

Why Telehealth

Delivering behavioral services via telehealth removes barriers to care:

- **Geographic access:** families in rural or underserved areas
- **Provider availability:** regions with limited local BCBAs
- **Economic constraints:** reduced travel costs and time
- **Cultural matching:** access to providers who share language or culture
- **Global reach:** services to families worldwide

Caregiver-implemented interventions via telehealth produce meaningful outcomes with high social validity across diverse cultural and linguistic backgrounds (Tsami, Lerman, & Toper-Korkmaz, 2019; Tsami et al., 2023). Problem behavior can be reduced to near-zero levels for children with autism and developmental disabilities when caregivers are coached via telehealth (Lerman et al., 2020; Schieltz et al., 2022; Tsami et al., 2023).

Cultural Humility & Responsiveness

Cultural humility means recognizing that you are a lifelong learner about others' cultures, and that you approach each family with openness rather than assumptions.

Four Evidence-Based Strategies (Tsami et al., 2023)

1. Maintain Positive Therapeutic Relationships

- Provide positive comments about caregiver's and child's behaviors throughout sessions
- Allocate additional time before and after sessions to listen to caregiver's thoughts and concerns
- Adjust procedures according to caregiver preference when clinically appropriate
- Build trust through consistent, warm interactions

2. Consult Caregivers in the Development of Materials

- Involve caregivers in the design of assessment conditions (e.g., functional analysis)
- Ask caregivers to specify conditions under which target behavior is most concerning
- Seek caregiver input on intervention procedures before implementation
- Position caregivers as experts on their child and their cultural context

3. Provide Consistent Positive Statements

- Offer consistent positive statements regarding both child's and caregiver's behaviors
- Pause throughout appointments to ask caregivers to express their feelings about the child's progress
- Reinforce caregiver effort and persistence, not just correct implementation
- Celebrate small wins and acknowledge the difficulty of the work

4. Allow Time for Reflection and Discussion

- Build time at the end of every appointment to reflect on sessions
- Create space for caregivers to ask questions and share concerns
- Discuss what worked well and what could be adjusted
- Validate caregiver emotions and experiences

These strategies were first outlined by Taylor, LeBlanc, & Nosik (2019) as core components of compassionate care, and are supported by research demonstrating high acceptability ratings across culturally diverse families.

Additional Cultural Responsiveness Strategies

Strategy	How to implement
Develop materials in client's language	Translate data sheets, visual supports, and parent handouts into the family's primary language.
Ask about religious and cultural practices	Inquire about holidays, prayer times, dietary restrictions, or cultural practices that may affect scheduling or intervention design.
Adapt communication style	Some cultures prefer indirect communication or defer to authority figures; adjust your coaching style accordingly.
Validate family expertise	Position caregivers as experts on their child and their context. You are the expert on behavior principles.

Research suggests cultural matching is NOT required for positive outcomes, but cultural responsiveness IS essential. Five of nine families in the Asian countries study (Tsami et al., 2023) were not culturally matched to experimenters, yet all rated services as highly acceptable and achieved meaningful behavior change.

Remote Coaching of Caregivers

The goal of parent training (via telehealth or not) is caregiver independence, teaching parents to implement behavior interventions confidently in their natural environment.

Coaching Progression (Schieltz, O'Brien, & Tsami, 2023)

High Support (Functional Analysis)

Note: caregivers do not need to master functional analysis on their own.

Gradual Prompt Fading (Functional Communication Training)

- Reduce frequency of instructions based on caregiver performance
- Encourage caregiver problem-solving
- Build confidence through success

Independence

- Caregiver implements with minimal support
- Practitioner observes and provides feedback
- Troubleshoot challenges as they arise

A brief behavioral skills training curriculum for coaching via telehealth reached 100% fidelity within four sessions, with skills generalizing to novel families and maintained nearly one year after training (Neely, Tsami, Graber, & Lerman, 2022).

Coaching Through Problem Behavior

When you are in a session via telehealth and the child engages in severe problem behavior, the caregiver is your only hand in the room. Your ability to coach them through these moments determines treatment success.

Research demonstrates that caregivers can successfully implement functional analyses and function-based treatments for severe problem behavior (aggression, self-injury, property destruction) via telehealth with proper coaching, resulting in near-zero levels of problem behavior (Call et al., 2024; Lerman et al., 2020; Schieltz et al., 2022; Tsami et al., 2023).

Real-Time Coaching Guide

Before the Behavior Occurs, Pre-Session Setup

- Review safety plan with caregiver before each session

- Identify "escape routes" (where caregiver can move if needed)
- Establish a "pause signal" (e.g., caregiver raises hand = immediate break)
- Position camera to capture child's full body and caregiver's hands
- Remove dangerous items from view

Prepare the Caregiver Emotionally

- Normalize that problem behavior may increase initially (extinction burst)
- Practice calming techniques (deep breathing, neutral facial expression)
- Role-play scenarios during low-stress moments
- Build caregiver confidence: "You've got this, and I'm right here with you"

Active Coaching During the Target Behavior

Safety first, always. Specific responses to problem behavior come from the individual client's behavior plan, developed through assessment. There is no universal script. Your job remotely is to ensure safety, then coach the caregiver through the plan you built together.

General principles for coaching through escalation

Adapted from Lerman et al. (2020) and Schieltz, O'Brien, & Tsami (2023). Specific procedures must be drawn from the individual client's behavior support plan, not from generic scripts.

Plan ahead

- Mail protective equipment to the family if the plan calls for it
- Train the caregiver to implement the plan without the client present (e.g., model on camera with a colleague)
- Establish a pause signal before any session involving challenging behavior
- Identify escape routes and remove dangerous items from the room
- Coach the caregiver on the use of padding or blocking, only as specified by the plan

If escalation occurs during the session

- Coach the caregiver through the steps of the client's behavior plan
- If the client is reactive to the practitioner's presence: turn off video, mute audio, or use audio-only coaching; have the caregiver wear bluetooth headphones
- Speak to the caregiver in the client's absence when needed
- Communicate via text while muting microphone and camera if direct talk would escalate the client

- Pause the session immediately if safety is at risk; debrief and replan

Coach the plan, remotely

- Follow the client's individual behavior plan, not a generic script
- Be specific and directive in your coaching language
- Reinforce the caregiver's behavior frequently and immediately
- Narrate what you observe so the caregiver stays oriented
- Adjust pacing and intensity based on caregiver performance and emotional state

Coaching Language Tips

These apply to any behavior plan. The specific words depend on what the plan says.

- **Be directive and specific:** "Turn your body away from them now" (not "ignore them")
- **Narrate what you see:** "I see them reaching for the toy, get ready"
- **Reinforce the caregiver's behavior immediately:** "Perfect. You followed the plan exactly."
- **Predict next steps:** "They may escalate briefly, then decrease"
- **Avoid vague instructions** like "Just ignore it" or "Stay calm"

After the Behavior: Debrief & Build Confidence

Debrief once the client cannot hear. Within session:

1. **Praise caregiver effort:** "That was really hard, and you did exactly what we practiced"
2. **Review what worked:** "You followed the plan. Did you notice how quickly things settled?"
3. **Adjust if needed:** "Next time, let's try a slightly different timing for that step"
4. **Normalize emotions:** "It's okay to feel shaken, this is tough work"

Post-Session Follow-Up

- Send summary email highlighting caregiver's strengths
- Provide written steps for next session
- Check in on caregiver's emotional well-being
- Adjust plan if caregiver reports distress

O'Brien et al. (2021) found that parents reported high levels of generalized and indirect effects of functional communication training, including improvements in child behavior across settings and reductions in family stress, supporting the broader impact of parent training via telehealth.

When to Pause or Transition to In-Person Services

Red flags that require immediate action:

Safety Concerns

- Caregiver cannot safely block or redirect behavior
- Self-injury is severe and difficult to block remotely
- Caregiver expresses fear or inability to continue

Caregiver Distress

- Caregiver becomes emotionally dysregulated during sessions
- Caregiver repeatedly fails to follow coaching directives despite training
- Caregiver expresses strong preference for in-person services

Technical Barriers

- Cannot maintain visual contact with child during critical moments
- Connectivity issues prevent real-time coaching
- Environment is too chaotic to implement procedures safely

Decision Rule: If you answer "yes" to any red flag for two or more consecutive sessions, consider (1) adding an in-person support person at the originating site, (2) transitioning to a clinic-to-clinic telehealth model, or (3) switching to in-vivo (in-person) services.

Pre-Service Practice Considerations

Use these checklists before beginning services via telehealth to determine appropriateness. Adapted from Schieltz, O'Brien, & Tsami (2023).

Client Suitability

Consideration	If yes, consider...
Is the behavior analyst inexperienced with this age group or risk level?	Additional supervision; co-treatment with experienced clinician.
Are target behaviors difficult to block remotely (e.g., severe self-injury, aggression)?	In-person support person at originating site; clinic-to-clinic model.
Is the behavior primarily automatically maintained (not socially maintained)?	Telehealth may be less effective; consider in-vivo services.
Will the child's behavior be difficult to view on camera (constant movement, leaves room)?	Multiple cameras; smaller room setup; additional adult to manage camera.
Does the child engage in behavior highly reactive to the analyst's presence?	May benefit from remote model; monitor during initial sessions.

Caregiver Characteristics & Preferences

Consideration	If yes, consider...
Has the caregiver expressed discomfort or preference against telehealth?	Explore concerns; offer trial period; consider in-vivo services.
Does the caregiver lack working knowledge of needed skills (blocking, prompting)?	Extended pre-service training; role-play practice; video modeling.
Is the caregiver unfamiliar with the technology to be used?	Pre-service technology training session; written troubleshooting guide.
Are there language barriers without access to an interpreter?	Secure certified interpreter; translate materials; consider cultural matching.

Technology & Environment

Consideration	If yes, consider...
Does the family have unstable or poor internet connectivity?	Lending library (provide hotspot); clinic-to-clinic model; in-vivo services.
Does the family lack necessary hardware (tablet, laptop, webcam)?	Lending library; partner with local clinic; in-vivo services.
Is the home environment chaotic or unsafe for implementing procedures?	Identify quieter space; schedule during calmer times; add support person.

Comprehensive Telehealth Session Checklist

Adapted from Lerman et al. (2020). Use for every session via telehealth to ensure quality and safety.

Pre-Session (24 hours before)

- Send reminder email with session agenda
- Confirm caregiver has materials needed (toys, reinforcers, data sheets)
- Review previous session data and plan adjustments
- Prepare coaching scripts for new procedures
- Test your own technology (camera, microphone, internet)

Pre-Session Setup (10 minutes before)

- Log into HIPAA-compliant platform
- Ensure private, quiet space for yourself
- Have session materials ready (data sheet, procedural checklist)
- Review safety plan and caregiver's emergency contact

Session Introduction (first 5 minutes)

- Greet caregiver warmly by name; ask how they are doing
- Check camera angle: can you see child's full body and caregiver's hands?
- Review session goals and procedure
- Remind caregiver of pause signal
- Ask if caregiver has questions or concerns

During Session

- Provide real-time, specific coaching (not vague instructions)
- Reinforce the caregiver's behavior immediately and frequently
- Share observations to keep caregiver oriented
- Collect data on child behavior and caregiver procedural integrity
- Adjust coaching based on caregiver performance
- Monitor caregiver's emotional state; offer breaks if needed

Session Wrap-Up (last 5 minutes)

- Summarize what went well
- Highlight caregiver strengths and progress
- Preview next session goals
- Ask caregiver for feedback or concerns
- Confirm next appointment

Post-Session (within 24 hours)

- Send summary email with key takeaways
- Provide written instructions for practice between sessions
- Graph data and note trends; share with family
- Update treatment plan if needed
- Document session in clinical records

Analysis of 564 sessions via telehealth found that 85% lasted at least 92% of the scheduled duration, with only 5% lasting less than 73% due to connectivity issues, demonstrating that connectivity is typically not a barrier to effective services (Lerman et al., 2020).

Common Telehealth Challenges & Solutions

Quick reference. Synthesized from Lerman et al. (2020) and Schieltz, O'Brien, & Tsami (2023).

Technical Issues

Challenge	Immediate solution	Long-term solution
Poor internet connection	Switch to audio-only coaching; have caregiver narrate what's happening	Provide hotspot from lending library; schedule during low-usage times; consider clinic-to-clinic model
Camera angle doesn't capture behavior	Coach caregiver to reposition device; use objects to prop device	Provide tablet stand or tripod; use multiple devices; add support person to manage camera
Audio delay or echo	Have caregiver use headphones; mute when not speaking	Test different platforms; check internet speed; upgrade equipment if needed
Platform crashes mid-session	Have backup communication method (phone number); reschedule if needed	Use more reliable HIPAA-compliant platform; test before each session

Remote Viewing & Environmental Disruptions

Challenge	Immediate solution	Long-term solution
Child moves out of camera view	Coach caregiver to follow child with device; narrate what's happening	Set up smaller, contained space; use baby gate or barriers; add support person
Cannot see caregiver's hands	Ask caregiver to move closer to camera; describe what they're doing	Adjust camera angle before session; use multiple cameras; practice positioning
Lighting is poor	Ask caregiver to turn on lights or move near window	Provide ring light from lending library; identify better location in home
Siblings interrupt session	Pause briefly; ask caregiver if they need to address; resume when ready	Schedule during sibling's nap or school time; have another adult supervise siblings
Doorbell, phone calls, pets	Pause session; remain calm and patient; resume when ready	Ask caregiver to silence phone; "do not disturb" sign on door; secure pets before session

Client & Caregiver Behavior Challenges

Challenge	Immediate solution	Long-term solution
Child refuses to participate	Coach caregiver through engagement strategies; use high-preference activities	Adjust reinforcer menu; shorten session; fade your presence (audio-only initially)
Severe problem behavior caregiver can't manage	Implement safety protocol; pause session immediately; debrief	Add in-person support person; transition to clinic-to-clinic or in-vivo services
Behavior escalates when you join call	Turn off your camera; use audio-only coaching; fade in gradually	Position camera so child can't see screen; have caregiver use headphones; fade presence over time
Caregiver becomes emotional during session	Validate feelings; offer break; shift to supportive conversation	Increase emotional support; shorten sessions; address caregiver mental health needs; consider respite resources
Caregiver doesn't follow instructions	Simplify instructions; model again; break into smaller steps	Increase pre-session training; use video modeling; assess for barriers (fatigue, understanding, buy-in)

Decision Guide: Is Telehealth Appropriate?

Use this guide to make data-based decisions about service modality. Synthesized from research findings across multiple studies.

Green Light: Telehealth Highly Appropriate

- Child is six years or younger
- Hypothesis that target behaviors may be socially maintained
- Problem behavior is mild to moderate severity
- Caregiver is motivated and comfortable with technology
- Stable internet connection and appropriate device
- Safe home environment with private space
- Caregiver can implement blocking and safety procedures
- Language and cultural barriers can be addressed (interpreter available, materials translated)

→ **Proceed with telehealth; monitor ongoing appropriateness.**

Yellow Light: Telehealth With Modifications

- Child is older (7+ years) or has complex needs
- Problem behavior is moderate to severe but caregiver can manage with coaching
- Caregiver is hesitant but willing to try
- Occasional connectivity issues
- Some environmental disruptions (siblings, pets)
- Language barrier requires interpreter
- Cultural adaptations needed

→ **Implement telehealth with modifications:**

- Add in-person support person at originating site
- Provide lending library equipment (hotspot, tablet, stand)
- Use certified interpreter
- Increase session frequency but shorten duration
- Develop detailed safety plan; monitor closely and adjust as needed

Red Light: Telehealth Not Appropriate (Consider In-Vivo)

- Severe self-injury or aggression that caregiver cannot safely manage
- Behavior is primarily automatically maintained
- Caregiver is unable or unwilling to implement procedures
- Caregiver has significant mental health concerns affecting participation
- No stable internet or device access (and lending library not available)
- Home environment is unsafe or too chaotic
- Child's behavior cannot be viewed on camera (constant elopement, out of view)
- Multiple sessions with safety concerns or lack of progress

→ **Transition to in-vivo (in-person) services or clinic-based model.**

Key Research Findings

Effectiveness of parent training via telehealth across studies:

Study	Participants	Key findings
Lerman et al. (2020)	18 practitioners, 4 sites, 4-year period	Identified common challenges and solutions; 85% of 564 sessions lasted $\geq 92\%$ of scheduled duration.
Neely et al. (2022)	4 BCBAs, 9 caregiver-child dyads	Brief BST curriculum effective; skills generalized and maintained at 1 year; high acceptability.
Schieltz et al. (2022)	Review of literature and Iowa model	Connectivity rarely a barrier; positive outcomes for problem behavior.
Tsami et al. (2023)	9 caregivers, 3 Asian countries	Problem behavior reduced to near-zero for 8 of 9 participants; high acceptability regardless of cultural matching.
Tsami, Lerman, & Toper-Korkmaz (2019)	Families in 7 countries	Effective and acceptable across diverse cultural contexts; use of interpreters did not negatively impact outcomes.
Call et al. (2024)	Comparative effectiveness trial	Functional analyses delivered via telehealth produce comparable results to in-person assessments.
O'Brien et al. (2021)	Parent ratings of FCT outcomes	Parents reported generalized and indirect effects, including improvements across settings and reductions in family stress.

Consistent Findings

1. Parent training via telehealth produces meaningful reductions in problem behavior.
2. Caregivers can implement procedures with high integrity when properly coached.
3. Social validity is high across diverse cultural and linguistic backgrounds.
4. Connectivity is typically not a barrier with proper setup.
5. Cultural matching is not required for positive outcomes (but cultural responsiveness is essential).
6. Effects generalize across settings and produce broader family benefits.

Expanding Telehealth Applications

Training Professionals Internationally

Bamise, Lerman, and Tsami (2026) developed computer-based instruction to teach professionals in Nigeria to conduct pairwise functional analyses, demonstrating that telehealth can be used not only for direct service delivery but also for training the next generation of behavior analysts in underserved regions.

Dental Care for Individuals with Disabilities

Matteucci, Lerman, and Tsami (2022) trained dental students and professionals remotely to promote cooperative behavior in patients with intellectual and developmental disabilities. Berens et al. (2022) demonstrated improved access to preventative dental care for adults with IDD through interdisciplinary collaboration. BCBAs can serve as consultants to other professionals via telehealth, expanding the reach of behavior analysis beyond traditional service models.

Comparative Effectiveness of Assessment Methods

Call et al. (2024) conducted a comparative effectiveness trial of functional behavioral assessment methods, including assessments delivered via telehealth. Functional analyses delivered via telehealth produce comparable results to in-person assessments when caregivers are properly coached, expanding access to evidence-based assessment for families who cannot access clinic-based services.

Training Competencies for BCBAs

Essential skills for effective service delivery via telehealth, based on curriculum development research by Neely et al. (2022) and practitioner experiences in Lerman et al. (2020).

Technical Competencies

- Select and use HIPAA-compliant videoconferencing platforms
- Troubleshoot common connectivity issues
- Position cameras for optimal viewing
- Adjust camera angles in real-time during sessions
- Coach caregivers through technical difficulties calmly
- Switch between modalities (video, audio-only) as needed
- Ensure data security and confidentiality

Clinical Competencies

- Conduct indirect assessments remotely (interviews, questionnaires)
- Coach caregivers to implement functional analyses
- Observe and record behavior via video
- Make real-time decisions about safety and session continuation
- Design interventions that caregivers can implement independently
- Provide clear, specific, real-time coaching
- Fade support systematically to build caregiver independence
- Use behavioral skills training components (instruction, modeling, rehearsal, feedback)
- Provide immediate, specific, positive reinforcement
- Manage caregiver emotional responses with compassion

Cultural Competencies

- Assess family's cultural background, values, and preferences
- Identify need for interpreter and secure qualified professional
- Translate materials into family's primary language
- Reflect on own cultural biases and assumptions

- Apply the four strategies for cultural humility (Tsami et al., 2023)
- Adapt communication style to family's preferences
- Incorporate culturally relevant examples and reinforcers
- Monitor family's comfort and acceptability continuously

Professional Competencies

- Understand licensure requirements for telehealth across jurisdictions
- Maintain confidentiality in remote settings
- Obtain informed consent for services via telehealth
- Know when to transition to in-person services
- Manage screen fatigue and burnout
- Set boundaries for work-life balance
- Seek supervision and consultation when needed

Practical Tips for Success

Strategies from over a decade of international practice.

Before You Start

Invest in quality equipment.

- High-quality webcam and microphone
- Stable, high-speed internet connection
- Backup devices and communication methods ready
- Test equipment before every session

Create a professional environment.

- Quiet, private space with minimal distractions
- Good lighting (natural light or ring light)
- Neutral, professional background; minimize visual clutter

Develop a lending library.

- Tablets or laptops for families without devices
- Webcams and tripods for better camera positioning
- Hotspots for families with poor connectivity
- Headphones for better audio quality

During Sessions

Start every session with connection.

- Greet caregiver warmly by name
- Ask about their week and well-being
- Build rapport before making demands

Use clear, specific language.

- Avoid jargon and technical terms
- Break instructions into small, concrete steps
- Use "do" statements rather than "don't" statements
- Confirm understanding through teach-back

Reinforce, reinforce, reinforce.

- Provide positive feedback at least every 30 seconds during active coaching
- Be specific about what the caregiver did well
- Use varied language to avoid sounding robotic
- Celebrate small wins and progress

Describe what you see.

- Say out loud what you observe in real-time
- Help caregiver anticipate what might happen next
- Keep caregiver oriented during difficult moments

Stay calm and flexible.

- Expect technical difficulties and environmental disruptions
- Model patience and problem-solving
- Adjust plans without expressing frustration
- Flexibility is a strength

The Future of Behavioral Services via Telehealth

What we know

1. Parent training via telehealth produces meaningful reductions in problem behavior (Call et al., 2024; Lerman et al., 2020; Schieltz et al., 2022; Tsami et al., 2023).
2. Caregivers can implement complex behavioral procedures with high integrity when properly coached (Neely et al., 2022; Tsami et al., 2023).
3. Cultural responsiveness, not cultural matching, is essential for positive outcomes (Tsami et al., 2023).
4. Telehealth expands access to underserved populations globally (Tsami, Lerman, & Toper-Korkmaz, 2019).
5. Brief training curricula can effectively prepare BCBAs for practice via telehealth (Neely et al., 2022).
6. Applications extend beyond parent training to professional development and interdisciplinary collaboration (Bamise et al., 2026; Matteucci et al., 2022).

What we are learning

1. How to train the next generation of behavior analysts via telehealth (Bamise et al., 2026).
2. How to adapt behavioral strategies for medical and dental settings (Berens et al., 2022; Matteucci et al., 2022).
3. How to compare effectiveness of different assessment and intervention methods via telehealth (Call et al., 2024).
4. How to support families with multiply controlled problem behavior remotely (Tsami & Lerman, 2019).

What we still need

1. Continued research on long-term outcomes and maintenance.
2. Expansion to diverse populations (older children, adults, different diagnoses).
3. Investigation of telehealth for automatically maintained behavior.
4. Development of trainings and competency assessments.
5. Advocacy for reimbursement and licensure policies.
6. Solutions for families without reliable technology access.

As a BCBA or special education professional, you have the opportunity to provide services for families who might otherwise go without support. By developing your competencies for delivering services via telehealth, practicing cultural humility, and staying current with the research, you can make a meaningful difference in the lives of children and families around the world.

Behind every screen is a family doing their best. Your compassion, expertise, and cultural responsiveness can help them succeed.

References

- Bamise, M. E., Lerman, D. C., & Tsami, L. (2026). Computer-based instruction to teach professionals in Nigeria to conduct pairwise functional analyses. *Journal of Applied Behavior Analysis*.
- Berens, L., Tsami, L., Lerman, D. C., Matteucci, M., Fray, D. F., Warner, B. F., Keehan, L. A., Staggers, K., & Peacock, C. (2022). Preliminary results of an interdisciplinary behavioral program to improve access to preventative dental care for adults with intellectual and developmental disabilities. *American Journal on Intellectual and Developmental Disabilities*.
- Call, N. A., Bernstein, A. M., O'Brien, M. J., Schieltz, K. M., Tsami, L., Lerman, D. C., Berg, W. K., Lindgren, S. D., Connelly, M. A., & Wacker, D. P. (2024). A comparative effectiveness trial of functional behavioral assessment methods. *Journal of Applied Behavior Analysis*, 57(1), 166-183. <https://doi.org/10.1002/jaba.1045>
- Lerman, D. C., O'Brien, M. J., Neely, L., Call, N. A., Tsami, L., Schieltz, K. M., Berg, W. K., Graber, J., Huang, P., Kopelman, T., & Cooper-Brown, L. J. (2020). Remote coaching of caregivers via telehealth: Challenges and potential solutions. *Journal of Behavioral Education*, 29, 195-221.
- Matteucci, M., Lerman, D. C., & Tsami, L. (2022). Remote training of dental students and professionals to promote cooperative behavior in patients with intellectual and developmental disabilities. *Journal of Developmental and Physical Disabilities*.
- Neely, L., Tsami, L., Graber, J., & Lerman, D. C. (2022). Towards the development of a curriculum to train behavior analysts to provide services via telehealth. *Journal of Applied Behavior Analysis*, 55, 395-411.
- O'Brien, M. J., Pelzel, K. E., Hendrix, N. M., Schieltz, K. M., Miller, K., Call, N. A., Tsami, L., Lerman, D. C., Berg, W. K., Kopelman, T. G., Wacker, D. P., & Lindgren, S. D. (2021). Parent ratings of generalized and indirect effects of functional communication training for children with autism spectrum disorder. *Behavior Modification*.
- Schieltz, K. M., O'Brien, M. J., & Tsami, L. (2023). Chapter 12: Telehealth-delivered family support. In J. K. Luiselli (Ed.), *Applied Behavior Analysis Advanced Guidebook* (2nd ed., pp. 285-318). Academic Press. <https://doi.org/10.1016/B978-0-323-99594-8.00012-X>
- Schieltz, K. M., O'Brien, M. J., Tsami, L., Call, N. A., & Lerman, D. C. (2022). Behavioral assessment and treatment via telehealth for children with autism: From local to global clinical applications. *International Journal of Environmental Research and Public Health*, 19(4), 2190. <https://doi.org/10.3390/ijerph19042190>
- Taylor, B. A., LeBlanc, L. A., & Nosik, M. R. (2019). Compassionate care in behavior analytic treatment: Can outcomes be enhanced by attending to relationships with caregivers? *Behavior Analysis in Practice*, 12, 654-666.
- Tsami, L., & Lerman, D. C. (2019). Transfer of treatment effects from combined to isolated conditions during functional communication training for multiply controlled problem behavior. *Journal of Applied Behavior Analysis*.
- Tsami, L., Lerman, D. C., & Toper-Korkmaz, O. (2019). Effectiveness and acceptability of parent training via telehealth among families around the world. *Journal of Applied Behavior Analysis*.
- Tsami, L., Nguyen, J. T., Alphonso, N., Lerman, D. C., Matteucci, M., & Chen, N. (2023). Outcomes and acceptability of telehealth-based coaching for caregivers in Asian countries. *Behavior Modification*, 47(2), 297-323.

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This guide was developed by the **ABA World Project** at the University of Houston-Clear Lake, Center for Autism and Developmental Disabilities. The ABA World Project has provided behavioral services to families and professionals in more than 50 countries through telehealth, with a mission to expand access to evidence-based care globally.

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This guide is intended for educational and professional development purposes. Practitioners should follow their professional ethical guidelines, licensure requirements, and organizational policies when implementing services via telehealth.

For more information: abaworld.org · info@abaworld.org