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**Lessons Learned Supporting Families of Young Children with Disabilities via Telehealth  
During the COVID-19 Pandemic**

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## **Abstract**

In-person supports for parents of young children with developmental delay were closed in spring of 2020 due to the COVID-19 pandemic. When services were disrupted, our team of social workers and psychologists were working with families in the community as part of a research program promoting positive parenting, healthy family adjustment, and behavioral support to children with developmental delays. This chapter focuses on our shift from in-person, group-based parenting classes to the delivery of telehealth parenting classes for families with young children with special needs. In this chapter we outline 20 lessons learned from our experiences examining the impact of the pandemic on families' lives and services provided to children with special needs. We discuss not only the decisions made but also the successes and failures experienced during the process of shifting our family-centered services from in-person to telehealth. The chapter outlines practical strategies for social workers and other mental health providers who offer early family-centered supports to caregivers whose young children have developmental delays and/or disabilities. Throughout the chapter, we offer concrete examples to inspire professionals during the pandemic and beyond.

Keywords: parenting intervention; telehealth; early childhood; developmental delay; disabilities

## **Lessons Learned Supporting Families of Young Children with Disabilities via Telehealth During the COVID-19 Pandemic**

Behavior problems are a common and concerning challenge among children with developmental delays. Approximately 50% of children with developmental delay or disabilities have a comorbid mental health or serious behavior problem—a prevalence three times as high as that found in children without disabilities (Baker et al., 2010). Behavioral parent training is the gold-standard intervention for treating child behavior problems in typically developing children (Eyberg et al., 2008) and in children with developmental disabilities, including preschool-aged children (Bearss et al., 2015; McIntyre, 2013). Behavior problems are associated with heightened parenting stress and caregiver burden (Baker et al., 2003). There is some research to suggest that there is an interactive dynamic, with children’s behavior problems a predictor of parents’ stress and stress experienced by parents associated with increases in children’s behavior problems over time (Neece et al., 2012). These transactional relationships over time present important intervention needs (Crnic et al., 2017). That is, both parenting stress and child behavior problems are important targets for early intervention.

Unfortunately, high levels of parental stress are associated with reduced or no response to behavioral parent training for children with developmental disabilities (Osborne et al., 2008; Robbins et al., 1991; Strauss et al., 2012). Consequently, parental stress may attenuate the efficacy of the gold-standard, empirically supported treatment for behavior problems among children with developmental disabilities (Eldevik et al., 2009). As such, parental stress is a critical point of intervention for improving both parent *and* child outcomes in families of children with developmental disabilities. Despite evidence that parenting stress attenuates the

efficacy of behavioral parent training, parenting stress is rarely addressed directly in interventions targeting child behavior problems (McIntyre, 2013; McIntyre & Neece, 2016).

Our work currently evaluates the additive benefits of combining Mindfulness-Based Stress Reduction (Kabat-Zinn, 1990) or a social support/education group with 10-weeks of behavioral parent training (McIntyre & Neece, 2018) to understand the impacts on child behavior problems, parenting, and parenting stress. In our study we chose to first intervene on parenting stress given that increased stress may interfere with the uptake of behavioral strategies and parenting skills that are the focus of behavioral parent training. Our study, funded by the National Institutes of Health (McIntyre & Neece, 2018), uses a randomized controlled trial design to evaluate two intervention conditions – Behavioral Parent Training-Mindfulness (BPT-M) or Behavioral Parent Training-Education (BPT-E). Families with preschool-aged children with developmental delay were screened for study inclusionary criteria, enrolled, and randomized to one of two intervention conditions (see McIntyre et al., 2021). The plan was for both intervention conditions to involve 16 weeks of group-based intervention, facilitated by two master’s level mental health professionals (e.g., social workers). The BPT-M condition was allocated 6-weeks of Mindfulness-Based Stress Reduction delivered first, followed by 10-weeks of behavioral parent training. The BPT-E condition involved 6-weeks of social support and education delivered first, to be followed by the same 10-weeks of behavioral parent training. Families were randomized to one condition and received intervention in a community setting (e.g., early childhood center) within a group of 10 – 20 participants throughout the 16-week period. The two conditions were identical with the exception of the first 6-weeks of intervention. The latter portion of these plans was disrupted by COVID-19.

When the school closures associated with the pandemic occurred in March of 2020, our team was in the middle of delivering our intervention to 73 families enrolled across two states. We had just completed the first 6 weeks of intervention (Mindfulness-Based Stress Reduction or social support with education) and were transitioning to the final 10 weeks of intervention (behavioral parent training). Because of the shelter-in-place orders and associated school closures, our team scrambled to prepare the 10-week behavioral parent training intervention for online delivery.

This chapter tells the story of our shift from in-person group-based parenting classes to the delivery of virtual parenting classes for families with young children with developmental delay. In so doing, we outline the lessons learned by our team. In the sections below, we describe practical tips and concrete examples for mental health providers to follow in their implementation of telehealth services both during the pandemic and beyond.

### **Delivery of the Virtual Intervention Group**

When transitioning from an in-person group setting to a synchronous telehealth model, it is important to consider the differences that exist in the delivery of the group. There may be problems that arise that are unique to virtual groups, such as technological challenges, that pose unanticipated challenges to providers. It can also be more difficult to build connections among participants and group facilitators due to the lack of warmth that comes with physical presence. For this parenting group, our team decided that it was best to foster an environment for these parents that resembled the in-person setting, both due to the requirements of the curriculum and our research protocol, as well as the success of the interactive, personable nature of the groups. In order to create a virtual space that was similar to that of an in-person experience, our team

engaged in thoughtful consideration of elements that needed to be retained or added to the virtual space in order for the intervention to be engaging and effective.

### **Lessons Learned**

Below we describe our 20 lessons learned in transitioning the behavioral parent training sessions from in-person parenting groups to remote, synchronous delivery. The 20 lessons learned (or helpful tips) are presented in Table 1 and described in more detail below.

Table 1

#### Lessons Learned Supporting Families of Young Children with Disabilities via Telehealth

<b>Lesson Learned</b>	<b>Description</b>
1. Implement co-facilitation strategies	Having a co-facilitator allows for switching back and forth between leaders and helps the group maintain their attention.
2. Provide technology support	Having a tech support person present during intervention allows for group facilitators to focus on leading the group.
3. Use nonverbal communication	Because intervention is not in-person, group facilitators need to work hard to display warmth and other nonverbal cues of support on a screen. It is more effortful to show more overt signs of support and enthusiasm in a virtual space.
4. Establish ground rules for interaction online	It is helpful to demonstrate how to mute/unmute, turn off screens, and show different types of display options on Zoom. Many participants will not feel initially comfortable using a virtual platform.
5. Consider participant faces and nonverbal cues	Look at participants to determine how they are responding to the material and the discussion. Comment on their nonverbal cues (e.g., “I see a lot of nods there.”)
6. Adapt PowerPoint presentations	A PowerPoint presentation works well in a virtual setting and can serve as a center piece. Although we don’t recommend a PowerPoint presentation during

an in-person setting, this visual display is helpful during a virtual intervention group.

7. Prepare thoroughly prior to online sessions

We recommend a weekly dress rehearsal to work on timing and technical transitions. We recommend getting a feel of how the session will look to participants using different platforms (e.g., phone, tablet, laptop).
8. Take advantage of technology tools

We used as many Zoom features as possible, such as the whiteboard, polling feature, video sharing, and breakout groups. The mix of features improved participants' attention and made each session more dynamic and stimulating.
9. Expand accessibility and promote inclusion

We provided resource lists for free Wi-Fi or hotspot access to families. In some cases, our team provided loaner tablets and hotspots.
10. Create a website for easy access

Although not required, our team created a group website that was password protected. The site was simple and contained links to the weekly Zoom sessions, links to the PowerPoint slides, and links to a weekly survey of consumer satisfaction.
11. Use powerful visual images

We recommend pictures, graphs, and/or cartoon images on nearly every slide of the presentation to keep things interesting and dynamic. Thoughtfully include photos that represent are diverse and inclusive.
12. Establish additional contact/outreach

The pandemic introduced additional stress and caregiving burden to many families. Our team provided additional check-ins via phone, text, and email. We also holiday cards, birthday cards, and notes of appreciation via US mail.
13. Welcome participation

Aim for a culture where parents know they are appreciated in whatever way they are able to participate. For example, honor families who don't turn on their screens or who multi-task (e.g., prepare dinner for their kids). Challenge yourself to think critically about preconceived notions of "the right way" to engage with a group. This mentality led to more engagement, not less.



- |                                              |                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 14. Refer to parent principles               | It is helpful to immediately debrief after each session and identify important contributions that participants made. We jotted these down and incorporated some of parents' "words of wisdom" as parent principles in the next week's session.                                                                          |
| 15. Reinforce participation                  | It is helpful to find creative ways to praise and encourage participation during Zoom sessions. We would provide specific praise during sessions and sometimes change their Zoom name to things like "Superstar Sarah" or "Gold Star Pete".                                                                             |
| 16. Acknowledge birthdays                    | With permission from participants, we acknowledged birthdays. We sang or put up a Zoom birthday background to help acknowledge the birthday. It helps build group cohesion and keep the atmosphere positive and fun.                                                                                                    |
| 17. Incorporate music                        | If staffing allows (maybe use the tech support person), we recommend having a fun outro song at the end of each session. We danced and sang as we said our good-byes at the end of each group. Parents loved this and would gather their children for the dance party at the end.                                       |
| 18. Use the "parking lot" metaphor           | In order to simulate a natural, in-person environment where people can informally chat at the end of each session as they "walk to their cars in the parking lot", we created a breakout room where parents had the option to spend 5 extra minutes chatting at the end of the session. We called it "the parking lot". |
| 19. Show appreciation to the co-facilitator  | Appreciate the co-facilitator's strengths and convey appreciation to them. This models a functional relationship for group members, which is especially important when working families.                                                                                                                                |
| 20. Bring skills and talents to each session | Showcase your talents during sessions, be it artwork, comedy, singing, language abilities, cartooning, etc. We found this strategy brought our Zoom sessions to life!                                                                                                                                                   |
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## **Lesson 1: Implement Co-facilitation Strategies**

In a virtual setting, we recommend implementing co-facilitation strategies. Co-facilitation, or having two people lead a parenting group, allows the facilitators to switch back and forth between one another when delivering content, maintaining attention of the group participants while keeping the experience interesting. Additionally, the presence of two facilitators allows group leaders to gauge how the participants are feeling about the material. When there is only one facilitator, there is a risk that some visual cues may go unnoticed because the facilitators can only attend to so much at once. With two facilitators, tasks can be divided up and there can be better monitoring of the group's responses during content delivery. Building off of that point, co-facilitation offers the ability to better cater to participants' needs since there are two facilitators who can address potential concerns, questions, or conversations. Co-facilitation can also help alleviate the responsibility of either facilitator, knowing that they will have a partner in the delivery of content and support. This partner delivery permits either facilitator to answer questions, bring in different perspectives, and potentially continue leading the group in the event that the other facilitator encounters technical difficulties or is unable to attend, thus preventing cancellation of the group session. Overall, a second facilitator ensures the group is not abandoned in a virtual setting. Our team found this to be a vital component of our telehealth group.

## **Lesson 2: Provide Technology Support**

Another important component to the delivery of a virtual group is technology support. We used our research assistants who would have functioned as child care providers in an in-person group setting to serve as technology support. Because technological issues inevitably arise, technology support staff allow the facilitators to focus on leading the group while

technological challenges are resolved behind the scenes. This leads to minimal disruption since one of the group facilitators does not have to pause content delivery in order to offer solutions to the given issue. A technology support position is necessary in a virtual group setting to ensure the smooth delivery of material, as well as participants' access to the material. Each session we announced the name and contact information (for easy offline texting) for our tech support specialist.

### **Lesson 3: Use Nonverbal Communication**

Our team also found it necessary to keep in mind that virtual delivery of intervention groups involve performing for the audience. Thus, we learned that nonverbal communication, including gestures and facial expression, are important for leading a virtual group. Because the group is not gathered together in person, there is a lack of warmth and connection felt among members of the group and the facilitators. Therefore, additional effort must be put in to display this connection from one screen to another. It can be theatrical at times, but it can make all the difference. These enhanced performative measures can take on many forms. First, it is important to greet people as they enter the virtual space. This recognition assigns importance to each group member's attendance, creates a sense of belonging and generates a welcoming environment. It is also useful to be aware of the facial expressions that are displayed. Just as one should monitor their body language and facial expressions in person, it should carry over to this setting as well. Be mindful of one's resting face and the facial reactions to questions, answers or other statements made by group members. It is also important to be more expressive than usual in a telehealth setting since the camera and microphone cannot always capture the magnitude of various emotions. This includes exaggerated hand gestures, vigorous head nods, and big smiles. When conducting groups over a screen, it can be tempting to slip into a "talking head" webinar

style of delivery, which can be effective in some settings. However, in our experience, an interactive style among participants and facilitators was more inviting and enjoyable. Even though a great deal of this type of virtual work included some type of performative action, our team also chose to embrace authenticity and encourage parents to come as they were. It is vital for participants to feel comfortable attending in whatever way they were able, especially in a virtual format due to the COVID-19 pandemic, whether that meant while they were cooking and eating dinner, playing with their children, or tending to other aspects of their lives with their video turned off. These parents were willing and able to make time in their busy lives for us, therefore we wanted to respect that valuable time and participation regardless of what it may have looked like. As a result, engagement and interaction waxed and waned, depending on what participants were able to offer in the moment. We expressed gratitude for whatever level of participation parents were able to provide.

#### **Lesson 4: Establish Ground Rules for Interaction Online**

At the beginning of a series of in-person sessions, it is common for group expectations and rules to be established. Our team found it important to carry on this tradition in a virtual setting as well. The family consultants on our team, who served as group facilitators, started by teaching the parents in the group about the functions of the videoconference platform (Zoom). This teaching of Zoom etiquette and functions allowed participants to understand how to operate Zoom and demonstrated facilitator knowledge and understanding of the platform. Pairing the participants' growing understanding of the platform and the rules set in place collectively by the participants and group facilitators led to a universal etiquette that was implemented in the remaining sessions. As an example of this etiquette, after a few instances of audio disruptions from group members, our group facilitators encouraged the use of the mute function if the

background noise was distracting. Facilitators started groups using the “mute all” function on Zoom in order to silence all noise that was not part of the content delivery, establishing a group norm. Once this was widely practiced by group members, the facilitators discontinued the use of the “mute all” function and the parents muted themselves during content delivery. It is important to also remind participants to unmute themselves when they want to talk, otherwise they will not be heard by the facilitators or the rest of the group. One thing to keep in mind regarding the “mute all” function or establishing a group norm of being muted during content delivery is that it could potentially discourage group discussion or answers from participants. To combat this, we encouraged all group members to unmute themselves when it was time for group discussion. This strategy motivated more natural and organic conversations and discussion.

#### **Lesson 5: Consider Participant Faces and Nonverbal Cues**

We also learned the importance of paying attention to the faces and body language of the participants in virtual groups. Building off of a prior point, watching the reaction of participants allows us to gauge how the material is received. For example, we noticed that when a parent in the group wanted to speak, they would typically unmute themselves or lean towards the camera. Depending on the participant, turning their video on may have also been a sign they had something to add. It is the job of the facilitator to provide the space for participants to say what they would like and not accidentally go ignored. This attention to detail can also allow the facilitator to draw on patterns or similarities in the group that can unite multiple reactions and foster a sense of connection among all group members. This attention also places importance on individual participants, their contributions and their overall presence in the group. Every other aspect of leading the group is harder, if not impossible, if participants’ facial expressions and nonverbal cues are not monitored.

## **Lesson 6: Adapt PowerPoint Presentations**

In an in-person group, PowerPoint presentations or other slideshows may be a bit grueling to pay attention to and have the potential to take the focus away from the discussion and group facilitation. Inappropriate use of a slideshow can degrade the quality of a presentation. That said, in a virtual environment we found that the PowerPoint functioned as a centerpiece of the virtual group. The presentation served as the “dinner table” that we all sat around. We found that the PowerPoint is most effective when it is visually appealing, with limited words per slide. We avoided flashy transitions and hard-to-read colors. We recommend including images that are reflective of the identities of group participants and aligned with the content being delivered.

## **Lesson 7: Prepare Thoroughly Prior to Online Sessions**

Another important lesson learned in this virtual experience was the importance of practice. We found rehearsing each session to be important for several reasons. First, it was critical for us to be familiar with and understand the information that we were delivering. This afforded better content delivery and helped identify how much time was being used in certain sections or overall, which can be important if time constraints are present. Practice also helped us master any technical transitions that occurred during the group. In any given session we frequently toggled between sharing the PowerPoint screen on Zoom, sharing videos, and returning to “gallery mode,” which showed all of the participants’ faces at the same time, each in a small box. Gallery mode created a sense of group cohesion, and made it easier for our team to “read the room” and pick up on the subtle visual cues of the participants. We noticed that discussion was more effective if we were in the gallery mode because it was easier for participants and facilitators to see each other as they were speaking.

Practice also allowed our team to get a feel for what the group meetings would look like for the parents joining the sessions using varied devices (e.g., phones or tablets). Our team found it valuable to know how to navigate the platform on different devices. Lastly, practice sessions can allow facilitators to tailor their content and method of delivery to best suit the group participants. Our team had dress rehearsals each week to practice the content, so the facilitators could anticipate any questions or concerns the parents may have had with the material and navigate the best way to communicate the content in thoughtful and inclusive way. Although the dress rehearsals took considerable time each week, we noticed that the time was equivalent to the time our team would have spent setting up and cleaning up an in-person group. In the future, we may need to spend slightly less time with dress rehearsals. Admittedly our team was on a learning curve. In the future, we will already know how to navigate many of the issues that arose in the virtual delivery of our interventions.

### **Lesson 8: Take Advantage of Technology Tools**

Our team attempted to use as many of the Zoom features as possible in the delivery of each weekly session. We used the whiteboard, polling feature, video sharing and breakout room features. We noticed that toggling between different functions was more stimulating than just looking at the same PowerPoint. Each of the Zoom features, and frequent transitions between features, helped keep the group members engaged.

With that said, it was important to maintain a balance between the presentation of a PowerPoint (or screen share) and the display of the entire group's faces on screen. Although the PowerPoint and other screen share functions are critical to content delivery, we observed that connections were harder to establish among participants when the faces of the group weren't seen. Thus, our team made conscious efforts to frequently switch between screen share and total

group mode to encourage conversation and to create a connection among the parents. We were careful to mimic the in-person experience of a group. In so doing, we noted that virtual groups can be a meaningful experience for participants, especially during a pandemic when in-person contact is limited. Our team put in the same amount of time and effort into the content that would go into an in-person gathering and delivered all of the content, rather than presenting a more streamlined or limited intervention experience.

As demonstrated, there is a great deal of work done to create a space that resembles an in-person group structure in a virtual setting. While there was careful planning around the group's performative nature and the intricacies of maintaining attention virtually, one of the most notable considerations made by this team was the accessibility and inclusiveness of the group and its content.

### **Lesson 9: Expand Accessibility and Promote Inclusion**

Conducting virtual groups provided an opportunity to expand access and inclusion for families who might have had difficulty coming to an in-person group for various reasons. However, virtual groups also required technology and internet access with the capacity to run live quality video. Initially as our team transitioned to an entirely virtual setting, we worried about internet accessibility for our families living in rural areas. However, we found that Wi-Fi quality and accessibility varied greatly within the urban communities as well. During the assessment phase of the project, we talked with families about their access to technology and the internet. Our team developed a resource list of programs and community support available to connect families to technology and the internet. Proactively, our team reached out to families in areas where we thought the Wi-Fi access would be spotty. Most families felt confident they would be able to participate in a live group setting with their current set up. Ultimately, we found



that running groups was a better way to understand who would have ongoing Wi-Fi needs. When it seemed that a family was having internet struggles, our team reached out to them. First, we would express appreciation for their persistence and commitment to the group. Then, we would ask questions about what might be at the heart of their internet needs. In most situations, we offered hotspots and covered the monthly service fees for the duration of the groups. Much to our surprise, families living in suburban neighborhoods sometimes had difficulty maintaining internet connection in the evening. They had a quality hotspot and the best available internet in their suburban neighborhood. We speculated that their neighborhoods might be experiencing an overload of internet activity during the pandemic. Our team also offered the phone number to the Zoom session to provide an alternative to accessing the group over Wi-Fi. When a family used the phone number, our team was careful to talk through what was happening in groups while facilitating the sessions to ensure that the person without video could understand what was happening and be included in the group process.

### **Lesson 10: Create a Website for Easy Access**

Our team used two methods to help families connect to the weekly intervention sessions. In our first wave of groups, we emailed families the Zoom link weekly. We also emailed families the links to the weekly check-in, which was filled out before groups and the weekly evaluations, which was filled out after groups. In addition to sending the links over email, our team sent text reminders for groups and text reminders to prompt families to complete the check-ins and evaluations. Our completion rate with online surveys was similar (or sometimes better) than our in-person survey completion rate. When our team prepared to do a second wave interventions online, we developed a different method to support our families connecting to the virtual groups, check-in surveys, and evaluations. Our team created a simple password protected website. The

website contained three large buttons that connected the families with one click to the weekly Zoom meeting, check-in survey, and evaluations. Nothing confidential was stored on the website. Links to resources discussed in groups and copies of the PowerPoints used in groups each week were posted to the website as well. This meant that families who had to miss groups were able to access materials and resources on our website. We continued to send text reminders to families during the week, which contained the link to the group website. Our team found that the website led to higher rates of check-in survey and evaluation completion and was easy for parents to navigate. We will continue to use the website for future group delivery.

### **Lesson 11: Use Powerful Visual Images**

As mentioned earlier in the chapter, the PowerPoint played an important role in the virtual group setting. It functioned like the focal point or metaphorical “dinner table” to our gathering. In an in-person setting, group leaders might sit at the front of the room and there might be an easel with a large pad of paper or a white board. Parents are typically sitting in a semi-circular formation and it is easy to know what to focus on while the group leader speaks. In the virtual world, the order of boxes with faces in them is different on every screen. This gets further complicated between accessing a virtual group over computers, tablets, and phones. The PowerPoint provides the focal point for the group and is useful when sharing complex ideas or robust content. Since there may be times in the virtual groups experience when the PowerPoint presentation fills the participant’s screen, it is important to be very thoughtful about what is on the slides. Powerful visual images tend to be remembered better than other types of information.

Our team found that slides needed to have a balance between images and words. The words on the slide clarify the content being shared by the facilitator and the images should be relatable. We recommend that facilitators should choose photos that reflect the families in the

group. This means including photos that depict families of different racial, religious, and cultural backgrounds. Our group facilitators sought input from team members about the images chosen for the slides to head off any biases that might crop up. The goal is for group participants to see themselves reflected positively in the images on the slides. Overall, the PowerPoint is an outward manifestation of the degree to which the group was created with the group members in mind. Our team also used simple graphs and cartoon illustrations to depict complex topics. One of our group facilitators had a personal interest in cartooning and would draw fun images for families during role plays using the white board feature in Zoom. Font size and color should be easy to read and see. During one group, a father suggested that a darker font on our slides would be easier for participants to read. We valued this thoughtful suggestion and changed the font color of our slides. This was an opportunity to improve the group experience for everyone and demonstrate that we value the feedback we receive from our families.

## **Lesson 12: Establish Additional Contact/Outreach**

In addition to focusing on the virtual delivery, we looked for ways to outreach to each family. Before groups began, we sent the families binders with tabs for all sixteen weeks of intervention. We included the agenda for each week and the home activities. In addition, the group facilitators hand wrote notes of support and encouragement on sticky notes, which were placed throughout the binder. This provided a tangible aspect to the group experience that the parents could interact with weekly. About six weeks into groups, a survey packet was sent to families. Group facilitators collected information about the special interests of the children in each family. Coloring sheets were prepared for each child in the theme of their special interest and included in the survey packet. The spirit of this gesture was to provide an opportunity for the families to see that our team was listening to them and working to create an experience that

centered on them. At different times during the course of intervention, facilitators hand-wrote thank you cards, notes of encouragement, or holiday cards and sent them to group participants. Our family consultants also checked in with families over text regularly and called families at scheduled intervals using a brief motivational interviewing tool to enhance engagement and participation.

Group facilitators used the brief motivational interview to prepare families for groups, plan for potential barriers to group participation, and learn family's strengths that might ease participation. Family consultants met with parents to do the first motivational interview during the assessment phase prior to the start of groups. Another motivational interview was completed the week before groups started to provide an opportunity to walk parents through the game plan for groups, check in on any changes in the family or barriers, and answer any questions. Family consultants conducted another motivational interview at the 7-week mark and again at the end of groups. Although we had originally planned to complete the motivational interviews in-person in family homes, we completed these brief interviews over video call or telephone. The length of the motivational interview varied based on parent need, and the content of discussions were tailored to the specific needs of the parents. Our family consultants were thoughtful to stay in contact with families who were struggling to attend group intervention sessions. Our team also reached out to families who regularly attended groups in the spirit of recognition and appreciation.

The motivational interviews offered a great starting point for our team to connect with families. We found it to be important to not just maintain the connection, but to continuously work to grow and strengthen relationships with participating families. Our group facilitators implemented a number of ways to do so in a virtual setting.

### **Lesson 13: Welcome Participation**

In transitioning to virtual groups, we made it our goal to embrace the inclusive and accessible nature of the online format while striving to create a space that was as close to an in-person experience as possible. We wanted to generate lively discussions, foster opportunities for connection, and keep people engaged and wanting to return each week. We found it more challenging, but not impossible, to create warmth, connection and the ease of natural communication in a virtual setting. It required us to become adept at reading the subtle cues of our participants and inviting them to contribute when we noticed their heads nodding or a smile in agreement of another's experience. We also explicitly encouraged people to show up as they were comfortable and for some, that meant contributing in the chat box and frequently having their screens off. We modeled keeping our screens on and celebrated people showing up as they were comfortable and able. We had families attend when they were in pain, when they were sick, while they made dinner, as they ate, and as they got their children ready for bed. The virtual format made it easy for them to attend, no matter their stressors. And there were a lot!

### **Lesson 14: Refer to Parent Principles**

We used the strategy of “parent principles” to generate discussion. This strategy is a tool used in the Incredible Years program (Webster-Stratton, 2013) and is designed to reinforce the curriculum and attribute “words of wisdom” to individual participants. An example of this would be if we were teaching about the importance of giving labeled and specific praise and a participant shared how they provided specific praise to their child for cleaning up all of their blocks. The next week, when reviewing our “parent principles” slide, we would attribute the principle of using labeled and specific praise to that parent and celebrate and acknowledge them for providing such great wisdom. To do this, each week after our group ended, we would debrief

as a team for about 5-10 minutes to share the great things we heard, remembered, and thought would be worth celebrating and mentioning the following week. Depending on the size of the group, we would have one to four new “parent principles” to share back the following week. As the weeks went on, our “parent principles” multiplied and we quickly clicked through the slides, only reading the newest principles for that week. Creating “parent principles” requires the group leaders to be especially attuned to the comments and experiences shared by the participants, and it supports parents feeling a sense of ownership while reinforcing the group’s teachings. We creatively embedded “parent principles” that not only reinforced the group content, but also emphasized parent strengths, insight, commitment and effort. As we filled up our slides and read the new principles at the beginning of the group each week, it reinforced the message that we are listening, we value what parents have to share, and we want parents to continue participating. It served as a valuable warm-up and refresher, supporting group dialogue.

### **Lesson 15: Reinforce Participation**

To encourage group conversation in an in-person setting, we would have used a treat or prize bowl to reward and incentivize participation. In an effort to mimic this concept, we offered specific verbal praise during our virtual sessions. Our team took notice when a parent was the first to share for the night, talked about something positive in their week, posed a thoughtful question, or shared a great idea. We would reward them by naming the great thing we noticed them do and then by changing their Zoom name to something like “Superstar Sam” or “Awesome Alex.” This became a group norm and others began to call out the strengths of their peers and acknowledge them as well. This became a fun way to promote sharing, model the concept of rewards and incentives that we were teaching, and foster group cohesion.

### **Lesson 16: Acknowledge Birthdays**

Our groups met for a total of 16 weeks. Four months is a long time and over the course of our group, we made continual efforts to acknowledge people's commitment to their children, families, and our gratitude for their time. To keep people encouraged and enthusiastic, we asked parents what their children's interests were and we kept track of both children and adult birthdays and asked permission to acknowledge them in group. In some cases, we changed our virtual backgrounds to honor a child's favorite cartoon or sang happy birthday to make them feel special. It brought big smiles to the screen and invited children into the space, creating a welcoming and warm environment that can be difficult to simulate virtually.

### **Lesson 17: Incorporate Music**

We found ways to bring music into the online space, which lifted peoples' spirits and often naturally invited children to join, dance on screen, and connect with others. We played music in several different ways. We coupled a short song clip when we wanted to acknowledge a participant in a meaningful way. We played a song at the end of group as everyone logged off for the night (our outro music), and we also explored doing a mid-way intermission and incorporated a "wiggle break" halfway through the session. We had staff on our team to help facilitate cuing up the songs but as we became more savvy, we learned we could play a music video and share just the audio, as to still see everyone's faces and allow for others to connect. We modeled the silliness and danced with parents and their children. It softened the formality of a virtual group and fostered connection, joy and delight. We chose family friendly songs but also experimented with some dance classics. Every song was a hit!

### **Lesson 18: Use the "Parking Lot" Metaphor**

In reflecting further on how to mimic the in-person feeling in a virtual setting, we came to the conclusion that there needed to be more opportunities for the natural, unscripted social

connections that are typical of an in-person context. In the virtual setting we had breakout groups and brainstorm, but we wanted to offer an opportunity for parents to connect with one another naturally. When a group session has ended in an in-person setting, families walk out to their cars and sometimes strike up a conversation with other caregivers in the parking lot. These parking lot conversations organically unfold and are a natural extension of the in-person group environment. Our team decided to simulate the parking lot feeling by creating a virtual parking lot. After the virtual group ended each night, we assigned all the participants to one single breakout room. We shared the intention behind it and kept it open for five minutes after the group each night. We encouraged those who wanted to connect a little bit longer to stay on and for those who were ready to “get in their car and go home” to sign off as they pleased. It served as an uninterrupted, informal space for parents to connect without the presence of facilitators. This was a great success. In fact, we even had people request more time in the “parking lot” so we extended the breakout room to 10 minutes. Our team stayed on in the main room so that participants could pop back in with any question or issue they had, but often we noted that parents would simply leave the “parking lot” and “drive home” at the end of the evening without returning to the main room. This set up worked well for the families we served. Many people, especially after the pervasive isolation of the pandemic, were yearning for connection and joined the group hoping to feel less isolated in their parenting and human experience. Responding to that desire and striving to create connection and a positive experience in parents’ lives, we brought ideas like this into the space and more often than not, people responded very positively.

### **Lesson 19: Show Appreciation to the Co-facilitator**

We previously stated that co-facilitation is a key ingredient to leading a successful group. Our team found that when we expressed a genuine appreciation of our co-facilitator’s strengths



and modeled a functional working relationship with the co-facilitator, we demonstrated what cooperation and collaboration looks like for the families we supported. Expressing a genuine appreciation for your partner/co-facilitator goes a long way in conveying a positive approach to teamwork. Beyond expressing appreciation of the co-facilitator's strengths, we also used humor and honesty to lead participants through the session content.

### **Lesson 20: Bring Skills and Talents to Each Session**

Finally, we found that sessions became more enjoyable and engaging when our group facilitators brought their special skills and talents to the sessions. For example, one group leader connected with bilingual participants in their native language. Our tech support team members used their extensive online music libraries to find fun playlists for the break and outro music. Every member of the team had a talent or skill that they used each week in our group sessions. Our goal was to make each session engaging and genuine for families, while at the same time sticking to the agenda and script for content delivery.

### **Conclusion**

Our team had intended to delivery in-person behavioral parent training and stress reduction interventions to parents/caregivers of preschool-aged children with developmental delays and disabilities; however, the pandemic introduced challenges to gathering in person. Although delivering our interventions remotely was certainly a "Plan B" and not our first choice for this clinical research program, we consider ourselves fortunate to have had the experience of pivoting to remote delivery of the intervention package. We now recognize the myriad advantages that a telehealth delivered group parenting intervention can offer. The field of early childhood education and family supports needs the full range of intervention options to be maximize benefit, access, and inclusion. The hope is that our experiences and lessons learned

may encourage others who are struggling with if (or how) to delivery family-centered interventions remotely. Although this chapter reflects a personal account of our team's experience, research is needed on efficacy of our approach and the relative efficacy of remote versus in-person delivered group interventions. Our research project is ongoing. As a result, we do not yet have data on child or parent outcomes; however, preliminary data suggest feasibility and satisfaction with the telehealth delivery (see McIntyre et al., 2021). The practice of telehealth parenting interventions for young children with disabilities is an emerging area of research that holds promise for addressing the needs of families and children, particularly in challenging situations and times of crisis.

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