**Tele-behavioral Health Research, Training and Treatment Program**

In June 2020, Dr. Susan Elswick received funding from the Urban Child Institute and The University of Memphis Institute for Interdisciplinary Memphis Partnerships to Advance Community Transformation (iIMPACT) to develop a tele-behavioral health training and treatment program for the region due to the impact of COVID-19 pandemic on the mental health service delivery in the region. With this seed funding, Dr. Elswick launched the Tele-behavioral Health Research, Training, and Treatment program.

The University of Memphis School of Social Work Tele-behavioral Health Research, Training, and Treatment Program aims to provide training on best practices in tele-behavioral health, develop opportunities to research the use of technology in practice, and provide direct services to the states most vulnerable populations.

**Mission**

The mission of the Tele-behavioral Health Research, Training, and Treatment Program is to develop scholarly research in the field, provide competency-based professional training and consultation to the community, provide training in higher education to support the workforce development of this growing field, provide effective, evidence-based therapeutic interventions, and advance the responsible use of technology in mental health practice. The mission of the program is to provide easily-accessible and affordable support services for tele-behavioral health in the region.

**Upcoming Events:**

The University of Memphis School of Social Work Tele-Behavioral Health Research, Training, and Treatment Program, conjunction with the University of Memphis ICHC and FIT programs, will be providing a series of supportive webinars on best practices in tele-health and remote education.

**Webinar Topic: Supporting Teachers with Classroom Management Techniques in the Virtual Classroom**

Date: Thursday September 24th, 2020

Time: 11:00-12:00pm CST

Learning Objectives: Participants will learn...

Why some students will struggle in a virtual platform

Techniques to support classroom management in the virtual world

Ways in which school social workers can embed practices to support the social-emotional and behavioral needs of students and support teachers in the virtual classroom

**Webinar Topic: Mindfulness Moments: Embedding Regulating Activities into Prek-12th Virtual Classrooms**

Date: Thursday October 22 , 2020

Time: 11:00-12:00pm CST

Learning Objectives: Participants will learn....

Why mindfulness and regulating activities are needed in a time of virtual school

Ways in which to embed mindfulness activities into the Prek-12 virtual classroom

Activities to engage learners and assist them with regulating through grounding activities and incremental breaks

Past webinars provided by Dr. Elswick can also be found here:

<https://www.memphis.edu/fedex/events/telehealth.php>

**Services Offered Through the Tele-Behavioral Health Research, Training, and Treatment Program**

***The Need for Direct Services Via Tele-behavioral Health***

Each year in the U.S., one in four adults’ experiences mental health issues, only 60 percent of whom receive treatment. One in five teens (13-18 years) and more than one in 10 children (8-15 years) experience severe mental illness, but almost half of those aged 8-15 years with a mental illness receive no treatment. Common barriers to treatment include stigma, lack of insurance, and limited availability of providers.

In rural states such as Tennessee, most mental health providers are clustered in major urban areas, making it necessary for rural residents in need of those services to travel long distances for care, incurring transportation and child care costs and days lost from work. Its not just rural areas that struggle to access effective, evidence-based mental health services. Both rural and urban underserved areas often have a difficult time attracting and accessing licensed and credentialed clinicians. There is a health care shortage in the United States, and this includes a shortage of trained and licensed mental health professionals. Many parts of our state have been designated a Health Professional Shortage area by the U.S. Department of Health and Human Services due to having a partial low-income population (Tennessee Department of Health, 2013). Finally, many counties across Tennessee are designated as Medically Underserved Areas (MAUs) or Federal Primary Care Shortage Areas for Mental Health (Tennessee Department of Health, 2013). This healthcare shortage impacts the ability for clients and mental health consumers to find clinicians near their homes.

The Tele-behavioral Health Research, Training and Treatment programs service provisions will focus on the youth and adolescent populations of Tennessee who are at-risk for mental health issues and have limited supports, specifically children in PreK-12 educational programs with limited school-based mental health programming, and will work to develop tele-suite programs across the state in high risk areas where there is little to no access to supportive services.

This Tele-behavioral Health program will provide evidence-based direct service interventions for identified participants such as Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT), Play-based interventions, Social Skills Groups, Trauma-based interventions, and other interventions based on client needs. The services are offered from the comfort of the client’s home or school environment. All that is needed is a computer/ laptop with audio and camera capabilities, and access to internet. Upon intake, the U of M clinical team will assess the technology access and digital literacy of each client prior to signing consent for services and treatment.

**Direct Counseling Services and Cost**

**Individual Services-** Individual tele-behavioral sessions for 45 minutes for a maximum of 12

months at a rate of $30 an hour- schools must have a contract with a minimum of 10 hours of

service a week

**Group Services-** Group tele-behavioral health sessions for up to 45 minutes for 12 weeks of

service delivery at a rate of $30 per person- schools must have a contract with a minimum of 2

groups a week with at maximum of 8 students in each group

**Warm Line Call Center-** The Bachelors Student will provide direct support to the "Warm-line." A

warmline is a telephone service (aka a call line) for people who are looking for someone to

discuss their daily struggles. Warmlines are staffed with peers who have lived experience of

mental health struggles themselves and who are open to sharing their stories of challenging

situations, recovery, and perseverance. The U of M "warm-line" will provide some of this BUT

will mostly focus on supporting local consumer needs and linking them to services and supports

for behavioral/ mental health (connections to local agency provided) or for supporting their

basic needs (housing, food, job, etc). The BA student will be given training on "warm line"

protocol, resources to provide the consumer, a script for the calls, what to do in a crisis call (if it

happens), and the student will also keep data on satisfaction of the consumer with the service in

addition to the number of consumers supported with this "warm-line" intervention. The BA

student will make follow up contacts with consumers they have be in contact to determine level

of continued need and to see if the linkage to service was established and helpful.

***The Need for More Training and Professional Development in Tele-behavioral Health Practices***

One may ask why clinicians should use technology in practice such as telehealth. There are many reasons why embedding technology into the applied setting can be beneficial and helpful. Some of these reasons include the following: higher mental health needs in the nation, an indicated shortage of mental health professionals, increase in the use and access to useable technology within the nation, the need for more accessible and affordable mental health services, and the need to offer services in a way that will decrease the barriers related to stigma around receiving behavioral health services.

First, let’s look at the current levels of mental health across the nation. In a 2016 report by Mental Health America (MHA) it indicated that 1 in 5 adults have a mental health condition. That is an estimated 40 Million Americans reportedly suffer with a mental health condition. Rates of reported mental health conditions are on the rise, and additionally there is a serious known mental health workforce shortage. Because they are poorly represented in this workforce, there is a great need for more African-Americans and other people of color. This reported shortage indicates that there is only 1 mental health profession for every 1,000 clients. This statistic includes social workers, psychologists, psychiatrists, counselors, and psychiatric nurses combined. Now that we have identified that there is a large societal need for mental health services, but not enough mental health professionals to serve the need, one can see that technology-based supports and services can be beneficial in providing needed services, and moreover are essential to serving the needs of the nation.

You may still wonder how technology can answers the nations need. Research has shown that the nation is more familiar with technology use than ever before, and that society’s use of technology is on a consistent upward trend. A survey conducted in 2014 by Pew Research Center (PRC) indicated that 87% of the population used the internet. With such a large need within the nation seeking supportive mental health services, and similar high reported levels of access to technology it seems to be a logical solution to research further; however, many mental health clinicians struggle with the thought of embedding technology in practice.

Many practitioners worry about technology access and equity across consumers, and this is something we should always assess for when beginning any form of technology-based intervention. Although the digital divide is still evident, and there is still great need for digital advocacy and access to many underserved populations, a study conducted in 2013 by PRC indicated that of those individuals surveyed, who did not use the internet, only 7% of the participants indicated that they lacked access to the internet. Furthermore, 72% of internet users reported in the 2013 survey, that they utilized the internet to find health information for their own personal and family use. In addition, recent 2015 PRC survey indicated that 90% of the population now owns a cellphone of some type, and 64% own a smartphone. Similar data was also gathered on what types of support were these cellphone users accessing, and it was indicated that 62% of those surveyed who used a smartphone also utilized the device to obtain some form of health-related information. With such staggering numbers related to the access and availability of technology among the general population, and the indicated use of these forms of technology being utilized for purposes of self-care and health-related supports, it seems to be clear that practitioners should also be thinking about the usefulness of technology in practice.

Technology embedded in social practice also assists with breaking down common barriers and gaps in service delivery, as it relates to mental and behavioral health, we often think of the following: access to the delivery of services, lack of education, limited affordability, and stigma around requesting and accessing services.

Although embedding technology in practice seems to be a positive movement in the field of social work practice, many clinicians still feel ill prepared and underequipped to provide therapy in this format. Since the first US case of coronavirus disease 2019 (COVID-19) infection was identified on January 20, 2020, the outbreak has expanded to all 50 states and the District of Columbia. As of August 3, there have been more than 154,002 COVID-19–associated deaths in the US. Aside from the increased morbidity and mortality that the COVID-19 pandemic has brought upon vulnerable populations, the mitigation response of social distancing and safer at home, places great emotional, mental, and educational hardship on all Tennesseans, and especially for vulnerable populations. When the pandemic occurred, many mental health practitioners were thrust into tele-behavioral programming with very limited if any training. Many clinicians did not feel adept to this form of practices, and many others had no infrastructure to provide remote therapy when face to face programming was halted. This left practitioners in financial burdened and clients without needed services. This was largely due to the lack of 21st century skills and current tele-behavioral infrastructures within mental health organizations.

21st century skills are embedded in current K-12 curriculum; however, not many adult learners had previous access to developing these needed skills which leaves a gap in the digital literacy of many mental health clinicians. Digital literacy refers to an individual's ability to find, evaluate, and compose clear information through writing and other media on various digital platforms. Digital literacy is evaluated by an individual's grammar, composition, typing skills and ability to produce text, images, audio and designs using technology. Digital literacy is one of the first skills clinicians need in order to feel comfortable with embedding technology into practice. Due to the COVID-19 pandemic, the evidence of the need for assisting community partners and clinicians with growing digital literacy skills became more evident.

Many nontraditional technology consumers that struggle with digital literacy will fall into a category that was described by one researcher as digital immigrant (Prensky, 2001). Digital immigrants are described as individuals that have not been totally immersed in technology practices, but they do embed some technology into their daily lives. Although digital immigrants are not as fluent in technological practices, with the guidance of the university support systems, digital supports, training, and effective coaching, even non-traditional technology consumers can be successful within an online educational program or with using technology. Some of our community partners, clinicians and students in higher education in our region will greatly need the support of programs that teach digital literacy and technology skill building. Connecting students and clinicians to supports, training programs, and digital literacy coaching programs that focus on reviewing the use of technology in practice within a formal “training format”, in addition to participating in screening clinicians and students current level of digital literacy for their needs and strengths prior to beginning direct service delivery in a digital format will be integral to the clinicians and clients success.

Community-based trainings and consultation supports will be offered to community partners and working clinicians who need guidance and professional development on best practices in tele-behavioral health. With more affordable and accessible training options in the region, we will have the ability to support and nurture the growth of tele-behavioral health practices for the local region and decrease clinicians fears about providing effective interventions in the remote environment.

**Training and Professional Development Provided to the Community**

* + Tele-behavioral Health Best Practices
	+ Assessing Clients Digital Literacy and Access to Technology
	+ Adapting Evidence-based Practice Models for Delivery in a Virtual Platform
	+ How to Track Client Progress in Tele-behavioral Health
	+ Setting Up a School Tele-behavioral Health Program
	+ Supporting Teachers and Students in Virtual Education: Best Practices in Remote Education
	+ Mindfulness Moments: Embedding Mindfulness Techniques into Remote Interventions Work
	+ Tele-behavioral health 101: Prepping for the New Way of “Being With”
	+ Enhancing Community Digital Literacy Through Digital Liaison Programming
	+ Understanding Digital Immigrants and Digital Natives: Teaching 21st Century Skills

**Consultation and Supports**

* + Consulting with Schools on How to Set up a Tele-behavioral Health Program
	+ Consulting with Community Partners on Tele-behavioral Health Best Practices
	+ Consulting with Local Practitioners on Embedding Technology into their Mental Health Practices
	+ Developing Digital Liaison Programs: Enhancing Community Digital Literacy
	+ Consultation is at the local, national, and global level

**Training Center for Undergraduate and Graduate Students**

In addition to training undergraduate and graduate students in evidence-based interventions in the field of mental and behavioral health, students will also need training in embedding technology-based interventions and supports into their mental health practices. Assisting students with becoming more familiar and competent in using technology in practice and increasing their digital literacy will be a necessary step in ensuring effective outcomes in their educational journey and beyond.

Digital technology and informatics in practice have also influenced social work education. Many accredited social work programs offer undergraduate and graduate courses online, offer video-recorded lectures, participate in online social work practice simulations, interact with other clinicians via asynchronous programming, and utilize the internet, social media, and podcasts to enhance their educational outcomes. In addition to classic educational programming, more and more clinicians are obtaining and providing training, supervision, and consultation through the use of technology in the form of videoconferencing.

Although higher education is utilizing technology in many formats the concept of teaching social workers and practitioners to utilize technology in practice and in professional manner has just recently been adopted. There is still a gap in the educational processes used in higher education to prepare young social work practitioners with utilizing all aspects of technology in practice.

Social work students need to be prepared to practice in a technologically global context and think critically about what this context involves. Although social work education is addressing the many needs of practitioners and educators in regards to use of technology in certain aspects of learning outcomes and practices in the field, very little research and supports are offered in context to teaching social workers to be good consumers of technology, empowering social workers to be confident in the use of technology in practice, and enhancing social workers literacy in technology-based practices.

With research indicating that there are still social work educators that have some hesitation about technology-based supports and programming in practice, we must be diligent and conscious of ensuring that although some of us may have biases towards technology, that we owe it to the new cohorts of students and the community at large to include ways in which to embed technology into practice within our coursework. One way in which social work education can encourage social work students to embed technology into their work would be embedding training and education into the course curriculum.

There are many ways to embed applicable technology into already existing courses, and it is especially important to utilize technology components within the practice classes and applied setting within the field experiences. The university will focus on curriculum infusion across courses to prepare the next generation of social workers with developing their clinical skills in the digital world. In addition to curriculum infusion, and the expansion of courses offering training in tele-behavioral health and informatics, the Tele-behavioral Health Research, Training, and Treatment program will also be a catalyst for this student and future work-force development via internships programming.

Master level students will have the ability to practice and be trained within the program to provide direct services to the community via tele-behavioral health. Masters level students who are assigned to the program for field experience/ internship/ practicum, will carry a small caseload of clients from the local region. Under the direction of Dr. Elswick, these students will receive effective training and supervision in the use of tele-behavioral practices with youth and adolescents.

Additionally, Bachelors level students will also be trained in lower level tele-behavioral health practices including the use of a warm-line to provide supports and linkage to services for families in the region. Bachelors level students will complete their internship/ practicum/ field experience in the Warm-line center supporting the needs of the community, under direction of Dr. Elswick, and Master level mentors.

Below are a few of the new courses and programs being developed as offerings for current and future social work students interested in the field of informatics in social work practice.

**Course Development**

**Informatics in Social Work Practice-** This course emphasizes the use of information technology in social work practice (1) to improve overall quality of services provided by clinicians as well as (2) to leverage the implicit knowledge of workers so that agency’s foster ongoing innovations in service provision. (in development for Fall 2021)

**Graduate Certificate- Informatics in Social and Behavioral Sciences-** The Graduate Certificate in Informatics in Social and Behavioral Sciences may be used by current graduate students or recent graduates from social work, computer sciences and engineering, psychology, clinical mental health, counseling or a related field. The purpose of his graduate certificate is to assist students with obtain knowledge and skills to effectively develop and utilize technology within the social and behavioral sciences fields. As one of the 12 Grand Challenges in Social Work Practice, Harnessing Technology for social good, university and institutions of higher education must start to offer interdisciplinary programs that prepare computer scientist and social behavioral practitioners to work collaboratively on projects that enhance technology for use in the field. (in development).

**Funding, Research, Professional Presentations, and Scholarly Publications**

***The Need for Research in Tele-behavioral Health Programming***

The very limited amount of research and literature available regarding the integration of technology and practice found within the field of social work as compare to the fields of psychology and counseling is staggering. This directly results in a large gap between the direct practice and expertise of social workers and the growing need to embed technology into direct practice within the behavioral science field. It has also been noted that more and more social workers are being required to utilize aspects and pieces of technology in their daily practices.

With this increase in technology demands in the field, but obvious discrepancies in the comfort and fluency in the use of technology in the field of social work there are obvious concerns that need to be addressed in order to empower clinicians. Research can be that pathway to ensuring social work clinicians that tele-behavioral health and other technology-based practices are beneficial and worthwhile in the field.

As many industries are quick to embrace new technologies in practice, for the field of social work a switch to more advanced technology in the field will not be an easy task. To prevent further gaps between the profession and use of technology, we must ensure that social work practitioners can see the value add of a technology driven application or intervention in practice. One way to do this is through advancements in research.

With advancing research and awareness geared towards mental health issues, and the need for innovative technologies to support client, more technology innovations are being developed than ever before. Emerging trends and new technology developments in recent years have the potential to completely change the health care environment for those struggling with mental health conditions. There are many new companies developing technologies to creatively provide solutions to treat and support the needs of clients suffering with mental health issues and in order to promote mental health wellness. Considering the reach of social work, the potential for innovation in the field of behavioral sciences, and the inevitability of social workers utilizing technology in practice, social workers must meet this grand challenge to harness the benefits of technology in practice.

In the following sections you will find a sample of Dr. Elswick’s previous and current funding for this work, previous and current publications, and previous and current scholarly presentations on the field of Informatics in Social Work and Technology in the Field of Social and Behavioral Sciences.

***Previous Funding and Research:***

Elswick, S. (2018). (PI) Green Fee Funding Grant Proposal- University of Memphis, Sustainable Campus Green Grant. Proposal to support the development of an environmental social work class, internship, and building infrastructure in the community for Green technology transfer with social/ behavioral sciences embedded. ($30,000).

Elswick, S. (PI) (2016). University of Memphis- FedEx Institute- Technology Transfer Grant ENGAGE: An API Capable Data Collection and Analysis System for Education and Behavioral Health ($20,000).

***Research in progress:***

Elswick, S. (PI) (2020). Telebehavioral health therapy and training center. University of Memphis. iIMPACT/ UCI grant funds. ($50,000).

Elswick, S. (PI) & Washington, G. (2020). COVID-19 and Trauma: The Need for Continued and Additional Supportive Services Through a Telehealth Framework. Refugee Empowerment Program (REP). $5000.

Elswick, S. (Co-PI), Lee S., Jin, S., Tawfik, A., Williams, Y., Quinones-Mauras, I., Hicks, K., Bartelli, D., and Bertz, C., CoRS Health Spaces and Technology Research Community. University of Memphis.

Rus, V., Morshed, B., Hampton, D., Elswick, S.,(Co-PI) Casey, L. et al. (2019). Learners’ Data Institute: Harnessing The Data Revolution To Improve The Effectiveness, Efficiency, and Engagement of The Learning Ecosystem. (2019-2021). NSF Funding. ($2,605,586).

***Professional Presentations:***

Mueller, C. E., Casey, L. B., Albert, D., Harrell-Williams, L. M., Zoblotsky, T. A., & Elswick, S. E. (2020). Towards Convergence in Approaching LDI Concrete Tasks: The K-12 Education Expert Panel Perspective. The 13th International Conference on Educational Data Mining, July 10-13, Virtual Conference. Paper submitted for publication.

Elswick, S. (2019). Let’s Talk Tech- Harnessing Technology for Good (ePoster) Council on Social Work Education Annual Program Meeting (CSWE APM). (October 2019).

Elswick, S.E. (2018). IoT-Supported Data Collection System for Tracking Client Behavioral Progress. ACSSW. (January).

Elswick, S.E. and Malone, C. (2017). IoT-Supported Data Collection System for Tracking Client Behavioral Progress. CSWE APM. (October, 2017).

***Previous Scholarly Publications:***

Elswick, S., Casey, L., Black, T., Zanskas, S., Smith, C. (2016). Investigating data collection processes utilized in monitoring the effects of the good behavior game: Technology-based data collection versus hand collected data. Computers in Human Behavior, 54(1), 158-169.

Elswick, S. (2016). Data Collection: Methods, Ethical Issues and Future Directions. Nova Science Publishers, Inc. (editor and author).

Elswick, S. (2017). Informatics in Social Work Practice: Technology within the Field. Nova Science Publishers, Inc.

Elswick, S. (2018). Behavior Change Project- Informatics. Teaching Social Work with Digital Technology. CSWE Press. (in press). (chapter submission).

***Scholarly publications under review and in progress:***

Elswick, S., Jin, S. Casey, L., Owens, J., Nelson, M. (2020). Technology in Higher Education: Increasing Successful Outcomes and Decreasing Attrition rates of Students. (in progress).

Elswick, S. (2020). Supporting Students and Teachers Needs in Remote Education: A School Social Workers Role during the COVID-19 Pandemic and Beyond. Children & Schools. (under review- Children and Schools)

Elswick, S., Mangrum, H., Washington, G., Barnes, E., Watson, J., and Peterson, C. (2020). Adapting an Evidence-based Group Trauma Intervention for Telehealth. (in progress).

Elswick, S. (2020). Let’s Talk Tech: Developing Social Work Skills in Interdisciplinary Collaboration & Science Convergence to Harness Technology for Good. The Journal of Technology in Human Services. (in progress).

Elswick, S. & Hendrick, W. (2020). ENGAGE: An API Capable Data Collection and Analysis System for Classroom Behavior. The Journal of Technology in Human Services. (in progress).

Elswick, S., (2020). Minecraft™: Just a Game or a Conduit to Enhance Social-Emotional Learning? The Journal of Technology in Human Services. (under review).

Elswick, S., Washington, S., & Pirkey, P. (2020). Evaluating the effectiveness of an Evidence-based trauma intervention in face-to-face programming versus tele-behavioral health programming. (in progress).

Elswick, S. (2020). Training Students for Harnessing Technology for Good. Social Work Journal. (in progress).

**Dr. Elswick’s Bio:**

Susan Elswick obtained her Master of Social Work at University of Tennessee in 2006 and her Doctor of Education in Instructional and Curriculum leadership with a specialty in Applied Behavior Analysis at the University of Memphis in 2011. Served as a clinical assistant professor at the University Of Memphis Department Of Social Work Memphis from 2012-2015. She served as assistant professor and BA Program Director from 2015-2019 at the University of Memphis Department of Social Work. She is currently an Associate Professor within the Social Work Department.

Dr. Susan Elswick has over 16 years of clinical mental health experience that includes community mental health, case management, residential programming, ABA-based programming, school-based programming, parent coaching, integrated behavioral health, infant mental health, and home-based services. Her research interests include the use of evidence-based behavioral interventions for addressing client’s needs, the use of expressive art therapies/ experiential therapies in the field of social work practice, and the use of informatics and technology in the field of social work.

Dr. Elswick is an LCSW in AR, MS, and TN, and she is a licensed school social worker in TN. She is a nationally certified CBITS, TFCBT, and EMDR clinician. She is endorsed in Infant Mental Health in the state of TN, is Certified as an Animal Assisted Interventionist, and she is also a Registered Play Therapist and Supervisor (RPT-S). She is also a national trainer and supervisor for a number of evidence based modalities and trauma based interventions.

Dr. Elswick is the author of over twenty-five peer reviewed journal publications, two monographed books, and served as the editor for one book publication. She also has over thirty referred conference presentations. She has received more than $1 million in internal and external grants to date. She was also awarded the NASW-TN West Branch Social Worker of the Year in 2017 and was awarded the prestigious Gary Lee Shaffer Award for Academic Contributions to the Field of School Social Work by the School Social Work Association of America (SSWAA) in 2018. Dr. Elswick is also serving as the Co-chair for the Council on Social Work Education (CSWE) Annual Program Review Technology Track that focuses on harnessing technology for social good in behavioral health practice. Dr. Elswick is a Faculty Affiliate on campus at U of M with the Institute for Intelligent Systems (IIS). IIS is dedicated to advancing the state of knowledge and capabilities of intelligent systems, including psychological, biological, and artificial systems. She is also an identified Co-PI on the U of M’s $2.58 million National Science Foundation (NSF)-funded project, which will lay the foundation for a future Learner Data Institute (LDI).