



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



## COVID-19 and the Acceleration of Behavioral Parent Training Telehealth: Current Status and Future Directions

Alexandra D.W. Sullivan and Rex Forehand, *University of Vermont*  
Juliana Acosta, Justin Parent and Jonathan S. Comer, *Center for Children and Families,  
Florida International University*  
Raelyn Loiselle and Deborah J. Jones, *University of North Carolina at Chapel Hill*

*The SARS-COV-2 (COVID-19) pandemic and associated social distancing guidelines have accelerated the telehealth transition in mental health. For those providing Behavioral Parent Training (BPT), this transition has called for moving sessions that are traditionally clinic-based, active, and directive to engaging, supporting, and treating families of children with behavior disorders remotely in their homes. Whereas many difficulties accompany this transition, the lessons learned during the current public health crisis have the potential to transform BPT service delivery on a large scale in ways that address many of its long-standing limitations. We describe both challenges and opportunities and consider the possibilities inherent in a large scale BPT service delivery model capable of increasing the reach and impact of evidence-based treatment for all families.*

COVID-19 is a complex, multisystem stressor for children and families. Parents must cope with worries related to surges in infection rates, lingering side-effects among even the seemingly young and healthy after they recover, and COVID-related mortalities as well as compromised life functioning among the most vulnerable. As news on vaccine development and roll-out unfolds, caregivers must continue to navigate an unprecedented level of uncertainty in their families' daily lives. Increases in isolation, joblessness, and underemployment are part and parcel of public health quarantine, stay-at-home, and social distancing efforts. Unsurprisingly, both parents and children report growing levels of psychological distress (Patrick et al., 2020), and risk of child maltreatment is on the rise (Humphreys et al., 2020; Lawson et al., 2020). Further, the most vulnerable children and families, including racial and ethnic minorities, those with limited financial resources, and those with preexisting medical conditions, are at even greater risk of contracting COVID-19 (Goyal et al., 2020) and pandemic-linked deteriorat-

ing psychological wellness (Gassman-Pines et al., 2020; Holman et al., 2020).

Considering such challenges, parents and other caregivers are reporting elevations in child misbehavior, highlighting a critical public health need to increase reach of, access to, and engagement in evidence-based treatment for disruptive behavior disorders (DBDs) and related issues (Fitzpatrick et al., 2020). Evidence-based treatment targeting parenting skills, called Behavioral Parent Training (BPT; also called Parent Management Training), may fulfill this need, mitigating stress for both children (Comer et al., 2013; Rothenberg et al., 2020; Stoll et al., 2020) and caregivers (Mehri et al., 2020; Sullivan et al., 2018; Tømmerås et al., 2018). Accordingly, BPT providers have risen to the challenge, rapidly transitioning to telehealth to support families at home, in the context of their daily lives as they balance work, homeschooling, and childcare (Gurwitsch et al., 2020).

This article details challenges and opportunities arising from the swift transition to telehealth delivery of BPT. Although technology has transformed BPT service delivery in several ways, including technology-enhanced treatment, we focus on therapist-led, synchronous (i.e., real-time) care that leverages audio and video data (i.e., videoconference), given their unique relevance to treatment needs in the context

---

*Keywords:* parenting; behavior; behavioral parent training; telemedicine; COVID-19

1077-7229/20/© 2021 Association for Behavioral and Cognitive Therapies. Published by Elsevier Ltd. All rights reserved.

of COVID-19 social distancing guidelines. As such, we provide a brief review of the history and evidence base for BPT, including remotely delivered treatment. We then delineate long-standing challenges with traditional, clinic-based BPT, and how remote formats may overcome these obstacles. Next, we discuss issues clinicians might consider specific to the transition to remote BPT. We then highlight the potential to build upon this momentum to transform the field, as surveys indicate a large majority of psychologists intend to continue offering telehealth services post-pandemic (Sammons, VandenBos, & Martin, 2020; Sammons, VandenBos, Martin, et al., 2020). We conclude with future directions for subsequent research and practice, as we believe COVID-19 accelerated remote service delivery should continue as a treatment option long after the COVID-19 public health crisis passes.

### **BPT: History and Evidence Base**

BPT is a well-established family of treatment programs with common history, theory, and practice elements targeting childhood noncompliance, oppositionality, aggression, and associated challenges (Chorpita et al., 2011; Comer et al., 2013; Daley et al., 2014; Evans et al., 2014; Eyberg et al., 2008; Kaehler et al., 2016; Kaminski & Claussen, 2017; Pelham & Fabiano, 2008). Parental use of behavioral skills intended to disrupt a coercive cycle of parent-child interaction implicated in early-onset DBDs constitutes BPT's mechanism of action (Forehand et al., 2014; Patterson, 1982). Practitioners teach parents to consistently (a) pay more attention to behaviors they want to increase (e.g., compliance, gentle hands, calm body), (b) decrease attention to non-safety-related attention-seeking behaviors (e.g., whining, tantrums), and (c) use effective consequences for noncompliance and unacceptable behaviors (e.g., aggression, property destruction). As caregivers master these new skills, their relationship with their child, and in turn, child behavior, improves with effect sizes that have been called "large" and "robust" (Comer et al., 2013; Eyberg et al., 2008; Kaminski & Claussen, 2017; Kazdin, 2000). Extant BPT programs are numerous and diverse; a few contemporary examples include Community Parent Education Program (COPE; Cunningham et al., 1995), Defiant Children (DC; Barkley, 2013), Incredible Years (IY; Webster-Stratton et al., 2004), Helping the Noncompliant Child (HNC; McMahon & Forehand, 2003), and Parent-Child Interaction Therapy (PCIT; Schuhmann et al., 1998). Research on BPT constantly evolves, with frequent publications on BPT iterations tailored to specific groups of families (e.g., specific cultures; children with severe behavioral difficulties, intellectual disabilities, or devel-

opmental concerns) or integrating BPT into other established multi-system family treatments (Bagner et al., 2010; Bagner & Eyberg, 2007; McCabe et al., 2012; Parra-Cardona et al., 2017).

BPT programs are the most studied and efficacious psychosocial intervention approach for behavior disorders in preschool and school-aged children, and they are the recommended first-line treatment for children with behavioral difficulties in this age range (Kaminski & Claussen, 2017; Kazdin, 2000; McCart et al., 2006; Mingeback et al., 2018; Nock, 2006). In addition to well-established reductions in externalizing behavior, there is increasing evidence that BPT also leads to reductions in comorbid childhood internalizing problems, including separation, social, and generalized anxiety, as well as depressive symptoms and general disinhibition (Carpenter et al., 2014; Comer et al., 2013, 2021; Higa-McMillan et al., 2016; Rothenberg et al., 2020). Critical in the context of the pandemic, BPT also has cascading effects for parental mental health and well-being, including reductions in parental stress and depressive symptoms, increases in perceived parental competence, and decreases in interparental conflict (Anastopoulos et al., 1993; Chacko et al., 2009; Daley et al., 2014; Gonzalez & Jones, 2016; Pisterman et al., 1992; Sonuga-Barke et al., 2001; Sullivan et al., 2018). With families spending more time together in isolation, the parenting skills BPT promotes can offer marked relief and stress reduction for overwhelmed caregivers and underserved children.

### **Telehealth Delivery of BPT (Tele-BPT)**

The well-established clinical efficacy of BPT, however, depends on a caregiver's access to and engagement in services (Quetsch et al., 2020). Moreover, BPT does *not* work for everyone, and treatment effects tend to wane with time (Leijten et al., 2019; Nock & Ferriter, 2005; Overbeek et al., 2020; Ros et al., 2016). Scientists have tested many strategies to overcome these long-standing challenges, including technology-enhanced and virtual service delivery options (see Georgeson et al., 2020; Hall & Bierman, 2015; Jones et al., 2013; MacDonell & Prinz, 2017 for reviews). Amid the social distancing guidelines critical for pandemic-era public health, emerging data on the latter has been particularly timely and useful (Comer et al., 2015; Gurwitsch et al., 2020).

Comer and colleagues' Internet-delivered version of the BPT program, PCIT (Comer et al., 2015), helpfully illustrates the transition to tele-BPT. iPCIT (Comer et al., 2017) uses videoconferencing to stream parent-child interactions in real-time from families' homes to a remote therapist who synchronously provides live coaching via a Bluetooth earpiece the parent wears.

Efficacy data suggest iPCIT results in meaningful reductions in child problem behaviors, as well as improvements in parent-child interactions and overall family functioning. Comer and colleagues (2017) found the rate of “excellent responders” as assessed by independent evaluators masked to treatment condition was significantly higher among families treated with iPCIT relative to clinic-based PCIT. Such findings suggest that in addition to overcoming traditional barriers to care, synchronous therapist-led BPT may offer improved ecological validity of care by treating families in their natural settings. Moreover, families participating in iPCIT, relative to those treated with clinic-based PCIT, report significantly fewer barriers to receiving care (e.g., transportation obstacles, scheduling sessions, competing time commitments). Finally, early results suggest iPCIT is associated with comparable treatment acceptability and satisfaction relative to in-clinic/person BPT (e.g., Comer et al., 2017), and it may even yield improved treatment engagement among traditionally underserved populations (Sanchez et al., 2021). In addition to iPCIT, synchronous group-based parent programs such as Triple P (Reese et al., 2012, 2015), Defiant Child (Xie et al., 2013), and Bootcamp for ADHD (Fogler et al., 2020), as well as asynchronous models (e.g., Tantrum Tool; Diaz-Stransky et al., 2020), are accumulating evidence favoring their effectiveness in reducing child behavior challenges (for a review of existing telehealth behavioral interventions, see Monzon et al., 2021; Ros-DeMarize et al., 2021). Accordingly, iPCIT and other virtual iterations are the linchpins in many pandemic-era child mental health practitioners’ array of evidence-based treatments, and we hope remote tele-BPT will remain a central offering going forward.

### **BPT Obstacles and Telehealth Solutions**

For decades before the COVID-19 pandemic, broad limitations in the accessibility and acceptability of office-based care models have hampered the public health impact of well-established BPT programs (Comer & Barlow, 2014). Person-power issues in mental health care have rendered the mental health workforce insufficient to address the overwhelming demand and need for children’s services (American Psychological Association, 2020; Kazdin & Blase, 2011). The increasing concentration of mental health providers in metropolitan regions and academic hubs further compounds these problems, resulting in widening geographic disparities in care (American Psychological Association, 2018). As a result, children in remote geographic regions and rural areas are more than 20% less likely to receive mental health care, despite comparable rates of mental health problems

(Fehr et al., 2020). Children with moderate levels of impairment are particularly underserved, as they are 50% less likely to receive mental health services than children in urban and suburban regions (Fehr et al., 2020).

To address these disparities, telehealth uses audio and visual data (e.g., videoconferencing) to provide synchronous clinician-led BPT services to more families in need (Comer et al., 2015; Doss et al., 2017). There has been a steep uptake in technology use and household internet in the past decade, especially among underserved families (e.g., rural- and low-income; Horrigan, 2009). Current estimates suggest that 85% of Americans own a smartphone, a share that is up from just 35% in 2011 (Pew Research Center, 2021b). Additionally, initiatives such as the Psychology Interjurisdictional Compact (PSYPACT), an interstate legislative effort designed to facilitate telepsychology and temporary in-person, face-to-face practice across state boundaries, offer opportunities for BPT providers in many states to provide tele-BPT services to underserved families living in areas outside of state lacking BPT providers. For families who have access to the necessary technology, such policy shifts allow large numbers of historically underserved populations to receive concrete parenting skills supporting an overall improved family milieu.

Beyond issues with access to providers, difficulties with engagement are another challenge in children’s mental health, including BPT (Chacko et al., 2016; Nock & Ferriter, 2005). Studies indicate approximately 50% of families with children diagnosed with DBDs and referred for BPT never enroll in treatment, enroll but never attend, drop out prematurely, or struggle with engaging in treatment tasks (e.g., between-session skill practice; Chacko et al., 2012; Fernandez et al., 2011; Peters et al., 2005). BPT engagement is particularly challenging for families experiencing adversity (e.g., low income, parental psychopathology) and thus could likely benefit from services the most (e.g., Chacko et al., 2008, 2009, 2016; Chronis et al., 2004; Kazdin, 1993; Miller & Prinz, 1990; Shaw & Taraban, 2017). Financial strain increases the likelihood of the coercive cycle of parent-child interactions implicated in the etiology and maintenance of early-onset DBDs and decreases the likelihood that low-income families can effectively engage in BPT (see Conger & Donnellan, 2007 for review; Santiago et al., 2011; Sullivan et al., 2019; Sullivan et al., 2021). Further, parenting stress, stemming from financial strain and other psychosocial factors, is linked to parental depression and children’s behavior disorders (Goodman et al., 2020; Peverill et al., 2021; Sullivan, Wright, et al., 2021), and there is substantial evidence that both stress

and depression may impede parents' motivation to effectively and consistently use BPT skills at the level necessary to achieve durable child behavior change (Chacko et al., 2016; Chronis et al., 2004; Kazdin, 1997; Nock & Ferriter, 2005; Webster-Stratton, 1985). Accordingly, many factors contribute to difficulties retaining families in BPT.

In addition to psychosocial stressors, logistical and psychological obstacles can further challenge motivation. BPT services are often offered at inconvenient locations for families who experience transportation challenges, limited flexibility in work schedules, and lack of childcare for siblings (Feil et al., 2008; Harris et al., 2020; Jones, 2014; Tarver et al., 2014). Even if families do enroll in BPT, perceptions of stigma and concerns about confidentiality are also barriers to seeking and engaging in clinic-based BPT services (Love et al., 2016; Tarver et al., 2014; Weisenmuller & Hilton, 2021). Moreover, these challenges each disproportionately impact communities of color and those living in rural regions (Dixon De Silva et al., 2020; Fehr et al., 2020; Planey et al., 2019), further widening disparities in care.

Finally, poor ecological validity of clinic-based therapy sessions may also be complicit in parents' limited skill use (e.g., Fabiano et al., 2012). Clinic-based BPT uses therapist modeling and role-plays as contexts for parents to practice their new skills; however, largely contrived and well-controlled sessions can rarely create the circumstances parents and children actually experience in the home and context of their daily lives. When parents must generalize these skills to the stressors and unique qualities of the home environment and other natural settings, clinic-based learning may fail to prepare them for the particulars of parenting in real life.

The provision of BPT via telehealth responds to many of these barriers, presuming families have access to reliable internet and devices. First, remote, real-time services increase flexibility for multiply stressed families and the clinicians who serve them. Greater flexibility with scheduling due to reduced logistical challenges with schedules, transportation, and childcare can reduce parental stress and increase motivation to engage in services (e.g., Boggs et al., 2004; Heinrichs et al., 2005). Indeed, no-show rates appear to be dropping in the context of widespread telehealth usage (Chen et al., 2020). Tele-BPT services also provide the unique opportunity to shape caregivers' behavior in natural day-to-day routines during which children's problem behavior tends to occur (e.g., bedtime, morning routines; Comer et al., 2017), enhancing the ecological validity of care. For example, if mealtimes are particularly challenging for a family, clinicians can intentionally schedule a session so that they can

observe and coach a parent through the dinner hour. As such, parents can learn and implement skills in natural contexts, which may enhance maintenance of treatment effects, while clinicians also have the added benefit of evaluating behaviors and family functioning as they occur naturally. Therapists can also better observe treatment-interfering circumstances and collaboratively problem-solve home-based barriers when they are providing remote services to the home (e.g., helping identify an optimal timeout spot after examining the home environment). Such formats can even afford therapist opportunities for improved/augmented empathy, as they can better appreciate stressful circumstances in the home setting (e.g., sirens in the background, crying sibling, phones ringing, household disorder, an unhelpful spouse; Comer & Timmons, 2019). Further, conducting treatment sessions in families' natural environments rather than a community-based setting may mitigate concerns regarding stigma (Owens et al., 2002). Taken together, tele-BPT may be easier for families to access, engage in, and benefit from, ameliorating many of BPT's longstanding limitations.

Tele-BPT has the potential to afford a more cost- and resource-efficient approach for reducing child problem behavior, given lowered costs associated with reduced office space and minimizing the need for clinicians to travel for home visits. Indeed, compared to traditional, face-to-face in-office care, costs associated with telemedicine efforts have been shown to be reduced by as much as one-third (e.g., Khanna et al., 2007). As childhood disruptive and externalizing disorders come at high societal cost (Chorozoglou et al., 2015; Romeo et al., 2006), reduced costs of remote BPT are particularly attractive.

### Clinical Considerations for Tele-BPT

Transitioning to and expanding the availability of remote delivery options comes with its own obstacles, including technological difficulties (e.g., poor internet connectivity, equipment failure, videoconferencing application failure) that may interfere with treatment delivery, effect, fidelity, and length (Comer et al., 2015). As a result, treatment may last longer given session time being devoted to solving technological and logistical dilemmas (e.g., where to set up toys for child-centered play). Additionally, therapists may need to support emergent technological challenges and consider alternatives when the internet fails (e.g., rapidly shifting to a phone session). Rapport building may be more challenging given technological difficulties and obstacles related to distractions and interruptions in the treatment environment. At the same time, Comer and Timmons (2019) discuss how using video-

conferencing to provide services directly in homes can offer some opportunities for improved alliance, empathy, and engagement.

“Strategic flexibility” (Georgiadis et al., 2020) and “flexibility within fidelity” (Kendall et al., 2008) is particularly critical when remotely delivering BPT. Namely, clinicians must be prepared to flexibly adapt and tailor treatment protocols to respond to the specific clinical and technological needs and challenges of individual families (Georgiadis et al., 2020). Relative to traditional BPT, in which skill practice occurs in contrived laboratory tasks, treating families in their natural environments enhances the ecological validity of BPT. For example, clinicians may consider offering session times during particularly difficult aspects of a family routine (e.g., early morning for morning routine, later evening for bedtime routine), deviating from the traditional model of meeting once weekly at the same time. Therapists have more opportunities to capitalize upon behaviors that crop up naturally in the home context. For example, if siblings begin fighting in the other room, clinicians might consider immediately walking a caregiver through an effective timeout. Such flexibility is difficult, for trainees and seasoned clinicians alike; however, leveraging advantages unique to tele-BPT offers the opportunity to intervene in ecologically valid ways that may translate to more impactful change.

In addition to practical considerations, clinicians must give serious consideration to how best to cultivate cultural competence. Tele-BPT presents opportunities to work with diverse, underserved families; however, effective clinicians require targeted training, experience, and supervision to support these communities with cultural sensitivity and humility. Historically, BPT promotes an authoritative parenting style aligned with individualistic and Anglo-American cultural values, groups upon which BPT was developed (Rudy & Grusec, 2001; Weisenmuller & Hilton, 2021), suggesting that dissemination into cultures with differing histories and values may benefit from culturally-sensitive adaptations. Broadly, research on global and multicultural dissemination of psychological treatments suggests implementing treatments that feature cultural adaptations can be advantageous over implementing those without (Benish et al., 2011; Hall et al., 2016). In contrast, findings on the effect of culturally-tailored *parenting* interventions are mixed (Gardner et al., 2016; Kaehler et al., 2016; Masiran et al., 2019; Ortiz & Del Vecchio, 2013; van Mourik et al., 2017), resulting in ongoing consideration regarding what constitutes best practice when implementing evidence-based parenting interventions with underserved families (e.g., Baumann et al., 2019; Mejia et al., 2017). In addition to potentially bolstering widespread imple-

mentation, increased use of remote technology may allow program developers to consult liberally with community stakeholders and local providers. Such collaboration aligns with expert recommendations in how best to culturally adapt evidence-based interventions (e.g., Keown et al., 2018; Murray et al., 2011). While such research on providing culturally relevant BPT to underserved groups continues, there is consensus that an increased emphasis on culturally-informed case conceptualization (e.g., Gardner et al., 2016), treatment planning, and supervision is important to engage and retain individual families and, in turn, optimize tele-BPT outcomes for all families.

Further considerations include the need to develop telehealth-specific emergency plans given the potential for increased exposure to domestic violence and child abuse (Mazza et al., 2020; Pereda & Díaz-Faes, 2020) and associated elevated dangerous child internalizing problems (e.g., nonsuicidal self-injury, suicide attempts; [Carosella et al., 2021; Hill et al., 2021; Krass et al., 2021]) and externalizing problems (e.g., aggression, property destruction, child running from home), particularly among the most distressed families (Achterberg et al., 2021). As such, increased emphasis should be placed on proactively identifying safety procedures and enhancing therapist-parent coaching to ensure environment and family safety (e.g., Humphreys et al., 2020; Luxton et al., 2010; Racine et al., 2020). In a recent report, Humphreys and colleagues (2020) provide recommendations to prevent and protect children from such outcomes, including frequent assessment for violence risk factors (e.g., parental stress and irritability, substance use increases, harsh responses to child behaviors), supporting parent coping, and maintaining structure and consistency in schedules in the home. Depending on parents' comfort, severe abuse presentations may benefit more from in-person intervention, particularly early in treatment, to allow the provider to have more control over the treatment environment. Additionally, families with a maltreatment history require careful consideration, weighing the pros and cons of in-person versus remotely delivered treatment, as well as careful safety planning (e.g., identifying triggers for dysregulation and developing a coping plan) and informed consent efforts, to ensure parents understand clinician mandated reporter responsibilities (Comer & Myers, 2016). Across families, in times of distress, prioritizing parent coping may support improved parent-child interactions and family environments.

Amidst the current public health crisis, several emergency practice and policy changes have been implemented to facilitate immediate access to telehealth services (e.g., Centers for Medicare & Medicaid

Services, 2020; Office of Civil Rights, 2020). For example, in 2020, the U.S. federal government announced an emergency policy shift that providers would not be subjected to penalties for any unintended HIPAA violations occurring in the context of good faith telehealth practices during the pandemic. This announcement also allowed providers to use consumer-grade videoconferencing platforms rather than expensive HIPAA secure platforms. Accordingly, throughout the pandemic, most mental health providers have been able to feel comfortable, from a liability perspective, to practice telehealth without fear of professional or financial ruin in the event of an unintended technology-related confidentiality breach (e.g., hacking). In addition, although telehealth was rarely reimbursed for before 2020, during the pandemic, payers have adjusted their policies to ensure telehealth services are reimbursable. These emergency policy shifts have enabled a considerable proportion of mental health services to occur remotely during the pandemic, abruptly transforming the mainstream nature of outpatient mental health services. That said, it is unlikely that all of these policy shifts are permanent—particularly those related to patient confidentiality and HIPAA. Providers will need to keep abreast of evolving policies to be able to provide continuous services that are compliant with current policies.

### **Future Directions for Tele-BPT in a Postpandemic World**

Reliance on telemental health during the COVID-19 pandemic has presented a unique opportunity to engage more families in BPT. That said, remote formats are nascent relative to a centuries-old practice, and more research, development, and infrastructure is required to serve all families who need support. First, despite the offline population shrinking (Perrin & Atske, 2021), disparities in internet access and technological literacy exist, and much room for improvement remains if a goal of remote services is to increase access for all families. Younger, more affluent, urban, and higher-educated families are still more likely to access broadband internet at home (Pew Research Center, 2021a, 2021b; Swenson & Ghertner, 2020), whereas rural communities and counties with higher densities of older populations contend with slower connections speeds associated with mobile data (e.g., LTE) dependence (Dempsey & Sun, 2020). Accordingly, clinicians who are comfortable offering tele-BPT on different technological platforms (e.g., smartphone, tablet, computer) will be able to better serve families with limited access to technology. Additionally, clinicians should consider carefully educating and verifying understanding regarding the technology necessary to engage in tele-BPT to empower patient engagement. Finally,

using existing technology in schools and integrated care contexts may further close the digital divide, increasing reach to children lacking internet access. While some of these steps may ease the individual burden of inequitable technology and internet access, system-level intervention is necessary to fully address widespread access to high-speed internet.

As such, many families, particularly those with lower incomes, lower levels of educational attainment, or those living in more rural environments, may lack access to personal electronic devices with webcams or have the broadband internet connectivity (e.g., internet deserts) needed to conduct treatment sessions. For example, in 2021, only 86% of individuals whose income is less than \$30,000 use the internet, relative to 99% of those who make \$50,000 or more.

Geographic disparities also exist. As another example, 86% of urban families have a subscription for broadband internet access, but that rate falls to 81% in rural communities, with the lowest subscription internet rates in the rural South (Martin, 2021). COVID-19 has highlighted the impact of these digital disparities on underserved families, which can thus benefit less from the rapid telemedicine expansion in response to the pandemic (Ortega et al., 2020; Wosik et al., 2020). That said, the Broadband Data Act (Public Law 116-130), signed into law in March 2020, should facilitate the allocation of broadband resources to underserved areas and, in turn, the reality of remote BPT service delivery for all families. As a field, we must be cautious that the promise of telehealth methods for meaningfully expanding the reach of treatment is not squandered on simply providing more delivery options to the very same populations traditional brick-and-mortar services serve. Indeed, at present, many of the populations with reduced access to technology and the internet are among the same populations disproportionately experiencing barriers to office-based care (Chou et al., 2017).

Expanding the virtual reach of BPT services to underserved, economically disadvantaged, and rural families increases the likelihood of matching families and clinicians based on language of preference, race, and ethnicity, which can be a benefit given data on matching and engagement (e.g., McCabe et al., 2012). However, diverse providers are underrepresented in children's mental health, underscoring the need for recruiting and retaining diverse candidates to training programs that represent the backgrounds of the families in need, and bolstering instruction and clinical supervision in multicultural competency, exploration, and humility.

As remote technologies allow BPT's reach to expand to different cultures and geographic regions, services

must be thoughtfully tailored to address the diverse needs of low-income, racial, and ethnic minority families. Previous research has shown that these families traditionally benefit the least from BPT interventions (e.g., Lundahl et al., 2006; Reyno & McGrath, 2006), primarily due to poor engagement and disproportionately high dropout (e.g., Lavigne et al., 2010). One way to tailor internet-delivered BPT may be to conduct treatment using a modularized, family-centered approach that flexibly adapts to a diverse range of presenting problems. The opportunity to offer a modular approach to BPT may prove significantly advantageous during and following the COVID-19 pandemic as families face uniquely distressing and uncertain events (e.g., job loss, a family member contracting the virus or dying) that impact family functioning and, consequently, child behavior problems. In turn, delivering BPT in a modularized approach may more feasibly allow clinicians to target important areas of family functioning, such as parental well-being and co-parenting conflict, which closely relate to child behavior problems, but exist outside of parent-child interactions. For example, emergent research explicitly discusses the importance of directly targeting parent coping (e.g., parental psychological flexibility; Coyne et al., 2020), particularly for parents of children with DBDs and comorbid challenges (e.g., *Supporting Caregivers of Children with ADHD*; Chronis-Tuscano et al., 2020). Directly addressing these facets of caregiving in the context of remotely delivered BPT may prove critical in better serving families with culturally and socioeconomically diverse backgrounds.

If families can access, engage in, and complete BPT services, evidence still suggests that treatment gains wane over time (Leijten et al., 2019; Overbeek et al., 2020). Declining treatment effects are largely attributed to parents decreasing or discontinuing altogether using their new skills (Overbeek et al., 2020). Parents revert to focusing their attention on the child's non-compliance and other problematic behavior without the ongoing support and coaching of the therapist and in the context of the family's daily routine. Such regression is likely even more predictable in the context of public health crises like the COVID-19 pandemic, which has exacerbated all challenges known to limit BPT engagement, including parental financial strain, mental health challenges, and practical barriers (i.e., working at home/search for employment, homeschooling, childcare). It may be the case that targeting parent stress directly in the context of remote BPT enhances long-term outcomes. Additionally, families are better able to access booster sessions when offered remotely, potentially protecting against potential treatment regression. However, follow-up data on remotely

and flexibly delivered BPT is limited, and further research is necessary.

## Conclusions

The transition to tele-BPT in response to the COVID-19 pandemic has been challenging; however, work with families of children with DBDs has yielded unexpected benefits. Providing treatment in the home affords valuable flexibility, including connecting with underserved families most in need of BPT and adapting BPT to target routines with which families need the most support. Much research is needed to solidly ground these experiences in evidence; in addition, policy, insurance, and tradition will need to flex accordingly. Going forward, clinicians are urged to continue leveraging the unique advantages remote BPT confers, even as face-to-face treatment again becomes safe.

## References

- Achterberg, M., Dobbelaar, S., Boer, O. D., & Crone, E. A. (2021). Perceived stress as mediator for longitudinal effects of the COVID-19 lockdown on wellbeing of parents and children. *Scientific Reports*, *11*(1). <https://doi.org/10.1038/s41598-021-81720-8>.
- American Psychological Association. (2018). A summary of psychologist workforce projections: Addressing supply and demand from 2015-2030. Author. Retrieved from <https://www.apa.org/workforce/publications/supply-demand/summary.pdf>.
- American Psychological Association. (2020). Distribution of licensed psychologists and mental health indicators. Author. Retrieved from <https://www.apa.org/workforce/data-tools/mental-health-indicators>.
- Anastopoulos, A. D., Shelton, T. L., DuPaul, G. J., & Guevremont, D. C. (1993). Parent training for attention-deficit hyperactivity disorder: Its impact on parent functioning. *Journal of Abnormal Child Psychology*, *21*(5), 581–596. <https://doi.org/10.1007/BF00916320>.
- Bagner, D. M., & Eyberg, S. M. (2007). Parent-Child Interaction Therapy for disruptive behavior in children with mental retardation: A randomized controlled trial. *Journal of Clinical Child & Adolescent Psychology*, *36*(3), 418–429. <https://doi.org/10.1080/15374410701448448>.
- Bagner, D. M., Sheinkopf, S. J., Vohr, B. R., & Lester, B. M. (2010). Parenting intervention for externalizing behavior problems in children born premature: An initial examination. *Journal of Developmental and Behavioral Pediatrics*, *31*(3), 209–216. <https://doi.org/10.1097/DBP.0b013e3181d5a294>.
- Barkley, R. (2013). *Defiant children: A clinician's manual for assessment and parent training* (3rd ed.). Guilford.
- Baumann, A. A., Mejia, A., Lachman, J. M., Parra-Cardona, R., López-Zerón, G., Amador Buenabad, N. G., Vargas Contreras, E., & Domenech Rodríguez, M. M. (2019). Parenting programs for underserved populations in low- and middle-income countries: Issues of scientific integrity and social justice. *Global Social Welfare*, *6*(3), 199–207. <https://doi.org/10.1007/s40609-018-0121-0>.
- Benish, S. G., Quintana, S., & Wampold, B. E. (2011). Culturally adapted psychotherapy and the legitimacy of myth: A direct-comparison meta-analysis. *Journal of Counseling Psychology*, *58*(3), 279–289. <https://doi.org/10.1037/a0023626>.



- Boggs, S. R., Eyberg, S. M., Edwards, D. L., Rayfield, A., Jacobs, J., Bagner, D., & Hood, K. K. (2004). Outcomes of parent-child interaction therapy: A comparison of treatment completers and study dropouts one to three years later. *Child and Family Behavior Therapy*, 26(4), 1–22. [https://doi.org/10.1300/J019v26n04\\_01](https://doi.org/10.1300/J019v26n04_01).
- Carosella, K. A., Wiglesworth, A., Silamongkol, T., Tavares, N., Falke, C. A., Fiecas, M. B., Cullen, K. R., & Klimes-Dougan, B. (2021). Non-suicidal self-injury in the context of COVID-19: The importance of psychosocial factors for female adolescents. *Journal of Affective Disorders Reports*, 4. <https://doi.org/10.1016/j.jadr.2021.100137>.
- Carpenter, A. L., Puliafico, A. C., Kurtz, S. M. S., Pincus, D. B., Comer, J. S., Carpenter, A. L., Pincus, D. B., Puliafico, A. C., & Kurtz, S. M. S. (2014). Extending Parent-Child Interaction Therapy for early childhood internalizing problems: New advances for an overlooked population. *Clinical Child and Family Psychology Review*, 17, 340–356. <https://doi.org/10.1007/s10567-014-0172-4>.
- Centers for Medicare & Medicaid Services. (2020). COVID-19 emergency declaration blanket waivers for health care providers. <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>.
- Chacko, A., Jensen, S. A., Lowry, L. S., Cornwell, M., Chimklis, A., Chan, E., Lee, D., & Pulgarin, B. (2016). Engagement in behavioral parent training: Review of the literature and implications for practice. *Clinical Child and Family Psychology Review*, 19(3), 204–215. <https://doi.org/10.1007/s10567-016-0205-2>.
- Chacko, A., Wymbs, B. T., Chimklis, A., Wymbs, F. A., & Pelham, W. E. (2012). Evaluating a comprehensive strategy to improve engagement to group-based behavioral parent training for high-risk families of children with ADHD. *Journal of Abnormal Child Psychology*, 40(8), 1351–1362. <https://doi.org/10.1007/s10802-012-9666-z>.
- Chacko, A., Wymbs, B. T., Flammer-Rivera, L. M., Pelham, W. E., Walker, K. S., Arnold, F. W., Visweswaraiyah, H., Swanger-Gagne, M., Girio, E. L., Pirvics, L. L., & Herbst, L. (2008). A pilot study of the feasibility and efficacy of the Strategies to Enhance Positive Parenting (STEPP) program for single mothers of children with ADHD. *Journal of Attention Disorders*, 12(3), 270–280. <https://doi.org/10.1177/1087054707306119>.
- Chacko, A., Wymbs, B. T., Wymbs, F. A., Pelham, W. E., Swanger-Gagne, M. S., Girio, E., Pirvics, L., Herbst, L., Guzzo, J., Phillips, C., & O'Connor, B. (2009). Enhancing traditional behavioral parent training for single mothers of children with ADHD. *Journal of Clinical Child & Adolescent Psychology*, 38(2), 206–218. <https://doi.org/10.1080/15374410802698388>.
- Chen, J. A., Chung, W. J., Young, S. K., Tuttle, M. C., Collins, M. B., Darghouth, S. L., Longley, R., Levy, R., Razafsha, M., Kerner, J. C., Wozniak, J., & Huffman, J. C. (2020). COVID-19 and telepsychiatry: Early outpatient experiences and implications for the future. *General Hospital Psychiatry*, 66, 89–95. <https://doi.org/10.1016/j.genhosppsy.2020.07.002>.
- Chorozoglou, M., Smith, E., Koerting, J., Thompson, M. J., Sayal, K., & Sonuga-Barke, E. J. S. (2015). Preschool hyperactivity is associated with long-term economic burden: Evidence from a longitudinal health economic analysis of costs incurred across childhood, adolescence and young adulthood. *Journal of Child Psychology and Psychiatry*, 56(9), 966–975. <https://doi.org/10.1111/jcpp.12437>.
- Chorpita, B. F., Daleiden, E. L., Ebesutani, C., Young, J., Becker, K. D., Nakamura, B. J., Phillips, L., Ward, A., Lynch, R., Trent, L., Smith, R. L., Okamura, K., & Starace, N. (2011). Evidence-based treatments for children and adolescents: An updated review of indicators of efficacy and effectiveness. *Clinical Psychology: Science and Practice*, 18(2), 154–172. <https://doi.org/10.1111/j.1468-2850.2011.01247.x>.
- Chou, T., Bry, L. J., & Comer, J. S. (2017). Overcoming traditional barriers only to encounter new ones: Doses of caution and direction as technology-enhanced treatments begin to “go live.” In *Clinical Psychology: Science and Practice* (Vol. 24, Issue 3, pp. 241–244). Blackwell Publishing Inc. <https://doi.org/10.1111/cpsp.12196>.
- Chronis-Tuscano, A., O'Brien, K., & Danko, C. M. (2020). Supporting caregivers of children with ADHD. Oxford.
- Chronis, A. M., Chacko, A., Fabiano, G. A., Wymbs, B. T., & Pelham, W. E. (2004). Enhancements to the behavioral parent training paradigm for families of children with ADHD: Review and future directions. *Clinical Child and Family Psychology Review*, 7(1), 1–27. <https://doi.org/10.1023/B:CCFP.0000020190.60808.a4>.
- Comer, J. S., & Barlow, D. H. (2014). The occasional case against broad dissemination and implementation: Retaining a role for specialty care in the delivery of psychological treatments. *American Psychologist*, 69(1), 1–18. <https://doi.org/10.1037/a0033582>.
- Comer, J. S., Chow, C., Chan, P. T., Cooper-Vince, C., & Wilson, L. A. S. (2013). Psychosocial treatment efficacy for disruptive behavior problems in very young children: A meta-analytic examination. *Journal of the American Academy of Child and Adolescent Psychiatry*, 52(1), 26–36. <https://doi.org/10.1016/j.jaac.2012.10.001>.
- Comer, J. S., Furr, J. M., Cooper-Vince, C. E., Madigan, R. J., Chow, C., Chan, P. T., Idrobo, F., Chase, R. M., McNeil, C. B., & Eyberg, S. M. (2015). Rationale and considerations for the internet-based delivery of parent-child interaction therapy. *Cognitive and Behavioral Practice*, 22(3), 302–316. <https://doi.org/10.1016/j.cbpra.2014.07.003>.
- Comer, J. S., Furr, J. M., del Busto, C., Silva, K., Hong, N., Poznanski, B., Sanchez, A. L., Cornacchio, D., Herrera, A., Coxe, S., Miguel, E., Georgiadis, C., Conroy, K., & Puliafico, A. C. (2021). Therapist-led, internet-delivered treatment for early child social anxiety: A waitlist-controlled evaluation of the iCALM telehealth program. *Behavior Therapy*.
- Comer, J. S., Furr, J. M., Miguel, E. M., Cooper-Vince, C. E., Carpenter, A. L., Elkins, R. M., Kerns, C. E., Cornacchio, D., Chou, T., Coxe, S., Deserisy, M., Sanchez, A. L., Golik, A., Martin, J., Myers, K. M., & Chase, R. (2017). Remotely delivering real-time parent training to the home: An initial randomized trial of Internet-delivered parent-child interaction therapy (I-PCIT). *Journal of Consulting and Clinical Psychology*, 85(9), 909–917. <https://doi.org/10.1037/ccp0000230>.
- Comer, J. S., & Myers, K. (2016). Future directions in the use of telemental health to improve the accessibility and quality of children's mental health services. *Journal of Child and Adolescent Psychopharmacology*, 26(3), 296–300. <https://doi.org/10.1089/cap.2015.0079>.
- Comer, J. S., & Timmons, A. C. (2019). The other side of the coin: Computer-mediated interactions may afford opportunities for enhanced empathy in clinical practice. *Clinical Psychology: Science and Practice*, 26(4). <https://doi.org/10.1111/cpsp.12308>.
- Conger, R., & Donnellan, M. B. (2007). An interactionist perspective on the socioeconomic context of human development. *Annual Review of Psychology*, 58, 175–199. <https://doi.org/10.1146/annurev.psych.58.110405.085551>.
- Coyne, L. W., Gould, E. R., Grimaldi, M., Wilson, K. G., Baffuto, G., & Biglan, A. (2020). First things first: Parent psychological flexibility and self-compassion during COVID-19. *Behavior Analysis in Practice*. <https://doi.org/10.1007/s40617-020-00435-w>.
- Cunningham, C. E., Bremner, R., & Boyle, M. (1995). Large group community-based parenting programs for families of preschoolers at risk for disruptive behaviour disorders: Utilization, cost effectiveness, and outcome. *Journal of Child Psychology and Psychiatry*, 36(7), 1141–1159. <https://doi.org/10.1111/j.1469-7610.1995.tb01362.x>.

- Daley, D., Van Der Oord, S., Ferrin, M., Danckaerts, M., Doepfner, M., Cortese, S., & Sonuga-Barke, E. J. S. (2014). Behavioral interventions in attention-deficit/hyperactivity disorder: A meta-analysis of randomized controlled trials across multiple outcome domains. *Journal of the American Academy of Child and Adolescent Psychiatry, 53*(8), 835–847. <https://doi.org/10.1016/j.jaac.2014.05.013>.
- Dempsey, J., & Sun, P. (2020). The digital divide in U.S. mobile technology and speeds. <https://www.fcc.gov/reports-research/working-papers/digital-divide-us-mobile-technology-and-speeds>.
- Diaz-Stransky, A., Rowley, S., Zecher, E., Grodberg, D., & Sukhodolsky, D. G. (2020). Tantrum tool: Development and open pilot study of online parent training for irritability and disruptive behavior. *Journal of Child and Adolescent Psychopharmacology, 30*(9), 558–566. <https://doi.org/10.1089/cap.2020.0089>.
- Dixon De Silva, L. E., Ponting, C., Ramos, G., Cornejo Guevara, M. V., & Chavira, D. A. (2020). Urban Latinx parents' attitudes towards mental health: Mental health literacy and service use. *Children and Youth Services Review, 109*. <https://doi.org/10.1016/j.childyouth.2019.104719> 104719.
- Doss, B. D., Feinberg, L. K., Rothman, K., Roddy, M. K., & Comer, J. S. (2017). Using technology to enhance and expand interventions for couples and families: Conceptual and methodological considerations. *Journal of Family Psychology, 31*(8), 983–993. <https://doi.org/10.1037/fam0000349>.
- Evans, T., Whittingham, K., Sanders, M. R., Colditz, P., & Boyd, R. N. (2014). Are parenting interventions effective in improving the relationship between mothers and their preterm infants?. *Infant Behavior and Development, 37*(2), 131–154. <https://doi.org/10.1016/j.infbeh.2013.12.009>.
- Eyberg, S. M., Nelson, M. M., & Boggs, S. R. (2008). Evidence-based psychosocial treatments for children and adolescents with disruptive behavior. *Journal of Clinical Child & Adolescent Psychology, 37*(1), 215–237. <https://doi.org/10.1080/15374410701820117>.
- Fabiano, G. A., Pelham, W. E., Cunningham, C. E., Yu, J., Gangloff, B., Buck, M., Linke, S., Gormley, M., & Gera, S. (2012). A waitlist-controlled trial of behavioral parent training for fathers of children with ADHD. *Journal of Clinical Child & Adolescent Psychology, 41*(3), 337–345. <https://doi.org/10.1080/15374416.2012.654464>.
- Fehr, K. K., Leraas, B. C., & Littles, M. M. D. (2020). Behavioral health needs, barriers, and parent preferences in rural pediatric primary care. *Journal of Pediatric Psychology, 45*(8), 910–920. <https://doi.org/10.1093/jpepsy/jsaa057>.
- Feil, E. G., Baggett, K. M., Davis, B., Sheeber, L., Landry, S., Carta, J. J., & Buzhardt, J. (2008). Expanding the reach of preventive interventions: Development of an internet-based training for parents of infants. *Child Maltreatment, 13*(4), 334–346. <https://doi.org/10.1177/1077559508322446>.
- Fernandez, M. A., Butler, A. M., & Eyberg, S. M. (2011). Treatment outcome for low socioeconomic status African American families in parent-child interaction therapy: A pilot study. *Child & Family Behavior Therapy, 33*(1), 32–48. <https://doi.org/10.1080/07317107.2011.545011>.
- Fitzpatrick, O., Carson, A., & Weisz, J. R. (2020). Using mixed methods to identify the primary mental health problems and needs of children, adolescents, and their caregivers during the Coronavirus (COVID-19) pandemic. *Child Psychiatry and Human Development, 51*(10), 1007–1014. <https://doi.org/10.1007/s10578-020-01089-z>.
- Fogler, J. M., Normand, S., O'Dea, N., Mautone, J. A., Featherston, M., Power, T. J., & Nissley-Tsiopinis, J. (2020). Implementing group parent training in telepsychology: Lessons learned during the COVID-19 pandemic. *Journal of Pediatric Psychology, 45*(9), 983–989. <https://doi.org/10.1093/jpepsy/jsaa085>.
- Forehand, R. L., Lafko, N., Parent, J., & Burt, K. B. (2014). Is parenting the mediator of change in behavioral parent training for externalizing problems of youth?. *Clinical Psychology Review, 34*(8), 608–619. <https://doi.org/10.1016/j.cpr.2014.10.001>.
- Gardner, F., Montgomery, P., & Knerr, W. (2016). Transporting evidence-based parenting programs for child problem behavior (Age 3–10) between countries: Systematic review and meta-analysis. *Journal of Clinical Child and Adolescent Psychology, 45*(6), 749–762. <https://doi.org/10.1080/15374416.2015.1015134>.
- Gassman-Pines, A., Ananat, E. O., & Fitz-Henley, J. (2020). COVID-19 and parent-child psychological well-being. *Pediatrics, 146*(4), 2020007294.
- Georgeson, A. R., Highlander, A., Loisele, R., Zachary, C., & Jones, D. J. (2020). Engagement in technology-enhanced interventions for children and adolescents: Current status and recommendations for moving forward. *Clinical Psychology Review, 78*. <https://doi.org/10.1016/j.cpr.2020.101858> 101858.
- Georgiadis, C., Peris, T. S., & Comer, J. S. (2020). Implementing strategic flexibility in the delivery of youth mental health care: A tailoring framework for thoughtful clinical practice. *Evidence-Based Practice in Child and Adolescent Mental Health, 5*(3), 215–232. <https://doi.org/10.1080/23794925.2020.1796550>.
- Gonzalez, M. A., & Jones, D. J. (2016). Cascading effects of BPT for child internalizing problems and caregiver depression. *Clinical Psychology Review, 50*, 11–21. <https://doi.org/10.1016/j.cpr.2016.09.007>.
- Goodman, S. H., Simon, H. F. M., Shamblaw, A. L., & Kim, C. Y. (2020). Parenting as a mediator of associations between depression in mothers and children's functioning: A systematic review and meta-analysis. *Clinical Child and Family Psychology Review, 23*(4), 427–460. <https://doi.org/10.1007/s10567-020-00322-4>.
- Goyal, M. K., Simpson, J. N., Boyle, M. D., Badolato, G. M., Delaney, M., McCarter, R., & Cora-Bramble, D. (2020). Racial and/or ethnic and socioeconomic disparities of SARS-CoV-2 infection among children. *Pediatrics, 146*(4).
- Gurwitch, R. H., Salem, H., Nelson, M. M., & Comer, J. S. (2020). Leveraging parent-child interaction therapy and telehealth capacities to address the unique needs of young children during the COVID-19 public health crisis. *Psychological Trauma: Theory, Research, Practice, and Policy, 12*, 82–84. <https://doi.org/10.1037/tra0000863>.
- Hall, C. M., & Bierman, K. L. (2015). Technology-assisted interventions for parents of young children: Emerging practices, current research, and future directions. *Early Childhood Research Quarterly, 33*, 21–32. <https://doi.org/10.1016/j.ecresq.2015.05.003>.
- Hall, G. C. N., Ibaraki, A. Y., Huang, E. R., Marti, C. N., & Stice, E. (2016). A meta-analysis of cultural adaptations of psychological interventions. *Behavior Therapy, 47*(6), 993–1014. <https://doi.org/10.1016/j.beth.2016.09.005>.
- Harris, M., Andrews, K., Gonzalez, A., Prime, H., & Atkinson, L. (2020). Technology-assisted parenting interventions for families experiencing social disadvantage: A meta-analysis. *Prevention Science, 21*(5), 714–727. <https://doi.org/10.1007/s11121-020-01128-0>.
- Heinrichs, N., Bertram, H., Kuschel, A., & Hahlweg, K. (2005). Parent recruitment and retention in a universal prevention program for child behavior and emotional problems: Barriers to research and program participation. *Prevention Science, 6*. <https://doi.org/10.1007/s11121-005-0006-1>.
- Higa-McMillan, C. K., Francis, S. E., Rith-Najarian, L., & Chorpita, B. F. (2016). Evidence base update: 50 years of research on treatment for child and adolescent anxiety. *Journal of Clinical Child & Adolescent Psychology, 45*(2), 91–113. <https://doi.org/10.1080/15374416.2015.1046177>.

- Hill, R. M., Rufino, K., Kurian, S., Saxena, J., Saxena, K., & Williams, L. (2021). Suicide ideation and attempts in a pediatric emergency department before and during COVID-19. *Pediatrics*, *147*(3), 2020029280. <https://doi.org/10.1542/PEDS.2020-029280>.
- Holman, E. A., Thompson, R. R., Garfin, D. R., & Silver, R. C. (2020). The unfolding COVID-19 pandemic: A probability-based, nationally representative study of mental health in the United States. *Science Advances*, *6*(42), 1–8. <https://doi.org/10.1126/sciadv.abd5390>.
- Horrigan, J. B. (2009). Home Broadband Adoption 2009. <https://www.pewresearch.org/internet/2009/06/17/home-broadband-adoption-2009/>.
- Humphreys, K. L., Myint, T., & Zeanah, C. H. (2020). Increased risk for family violence during the COVID-19 pandemic. *Pediatrics*. <https://doi.org/10.1542/peds.2020-0982>.
- Jones, D. J. (2014). Future directions in the design, development, and investigation of technology as a service delivery vehicle. *Journal of Clinical Child and Adolescent Psychology*, *43*(1), 128–142. <https://doi.org/10.1080/15374416.2013.859082>.
- Jones, D. J., Forehand, R. L., Cuellar, J., Kincaid, C., Parent, J., Fenton, N., & Goodrum, N. (2013). Harnessing innovative technologies to advance children's mental health: Behavioral parent training as an example. *Clinical Psychology Review*, *33*(2), 241–252. <https://doi.org/10.1016/j.cpr.2012.11.003>.
- Kaehler, L. A., Jacobs, M., & Jones, D. J. (2016). Distilling common history and practice elements to inform dissemination: Hanf-model BPT programs as an example. *Clinical Child and Family Psychology Review*, *19*(3), 236–258. <https://doi.org/10.1007/s10567-016-0210-5>.
- Kaminski, J. W., & Claussen, A. H. (2017). Evidence base update for psychosocial treatments for disruptive behaviors in children. *Journal of Clinical Child and Adolescent Psychology*, *46*(4), 477–499. <https://doi.org/10.1080/15374416.2017.1310044>.
- Kazdin, A. E. (1993). Adolescent mental health: Prevention and treatment programs. *American Psychologist*, *48*(2), 127–141. <https://doi.org/10.1037/0003-066X.48.2.127>.
- Kazdin, A. E. (1997). Parent management training: Evidence, outcomes, and issues. *Journal of the American Academy of Child and Adolescent Psychiatry*, *36*(10), 1349–1356. <https://doi.org/10.1097/00004583-199710000-00016>.
- Kazdin, A. E. (2000). Treatments for aggressive and antisocial children. *Child and Adolescent Psychiatric Clinics of North America*, *9*(4), 841–858. [https://doi.org/10.1016/s1056-4993\(18\)30095-6](https://doi.org/10.1016/s1056-4993(18)30095-6).
- Kazdin, A. E., & Blase, S. L. (2011). Rebooting psychotherapy research and practice to reduce the burden of mental illness. *Perspectives on Psychological Science*, *6*(1), 21–37. <https://doi.org/10.1177/1745691610393527>.
- Kendall, P. C., Gosch, E., Furr, J. M., & Sood, E. (2008). Flexibility within fidelity. *Journal of the American Academy of Child and Adolescent Psychiatry*, *47*(9), 987–993. <https://doi.org/10.1097/CHI.0b013e31817eed2f>.
- Keown, L. J., Sanders, M. R., Franke, N., & Shepherd, M. (2018). Te Whānau Pou Toru: A randomized controlled trial (RCT) of a culturally adapted low-intensity variant of the Triple P-Positive Parenting Program for indigenous Māori families in New Zealand. *Prevention Science*, *19*(7), 954–965. <https://doi.org/10.1007/s11121-018-0886-5>.
- Khanna, M., Aschenbrand, S., & Kendall, P. (2007). New frontiers: Computer technology in the treatment of anxious youth. *the Behavior Therapist*, *30*, 22–25. <https://psycnet.apa.org/record/2007-11700-009>.
- Krass, P., Dalton, E., Douppnik, S. K., & Esposito, J. (2021). US pediatric emergency department visits for mental health conditions during the COVID-19 pandemic. *JAMA Network Open*, *4*(4). <https://doi.org/10.1001/jamanetworkopen.2021.8533>.
- Lavigne, J. V., LeBailly, S. A., Gouze, K. R., Binns, H. J., Keller, J., & Pate, L. (2010). Predictors and correlates of completing behavioral parent training for the treatment of oppositional defiant disorder in pediatric primary care. *Behavior Therapy*, *41*(2), 198–211. <https://doi.org/10.1016/j.beth.2009.02.006>.
- Lawson, M., Piel, M. H., & Simon, M. (2020). Child maltreatment during the COVID-19 pandemic: Consequences of parental job loss on psychological and physical abuse towards children 104709. *Child Abuse and Neglect*, *110*(2). <https://doi.org/10.1016/j.chiabu.2020.104709>.
- Leijten, P., Gardner, F., Melendez-Torres, G. J., van Aar, J., Hutchings, J., Schulz, S., Knerr, W., & Overbeek, G. (2019). Meta-analyses: Key parenting program components for disruptive child behavior. *Journal of the American Academy of Child and Adolescent Psychiatry*, *58*(2), 180–190. <https://doi.org/10.1016/j.jaac.2018.07.900>.
- Love, S. M., Sanders, M. R., Turner, K. M. T., Maurange, M., Knott, T., Prinz, R., Metzler, C., & Ainsworth, A. T. (2016). Social media and gamification: Engaging vulnerable parents in an online evidence-based parenting program. *Child Abuse and Neglect*, *53*, 95–107. <https://doi.org/10.1016/j.chiabu.2015.10.031>.
- Lundahl, B., Risser, H. J., & Lovejoy, M. C. (2006). A meta-analysis of parent training: Moderators and follow-up effects. *Clinical Psychology Review*, *26*(1), 86–104. <https://doi.org/10.1016/j.cpr.2005.07.004>.
- Luxton, D. D., Sirotin, A. P., & Mishkind, M. C. (2010). Safety of telemental healthcare delivered to clinically unsupervised settings: A systematic review. *Telemedicine and E-Health*, *16*(6), 705–711. <https://doi.org/10.1089/tmj.2009.0179>.
- MacDonell, K. W., & Prinz, R. J. (2017). A review of technology-based youth and family-focused interventions. *Clinical Child and Family Psychology Review*, *20*(2), 185–200. <https://doi.org/10.1007/s10567-016-0218-x>.
- Martin, M. (2021). Computer and internet use in the United States: 2018 American community survey reports. [www.census.gov/acs..](http://www.census.gov/acs..)
- Masiran, R., Ibrahim, N., Awang, H., & Ying, P. (2019). Improving multicultural parenting program for children with emotional and behavioral problems : An integrated review. *Asian Journal of Psychiatry*, *101851*. <https://doi.org/10.1016/j.ajp.2019.101851>.
- Mazza, M., Marano, G., Lai, C., Janiri, L., & Sani, G. (2020). Danger in danger: Interpersonal violence during COVID-19 quarantine. *Psychiatry Research*, *289*. <https://doi.org/10.1016/j.psychres.2020.113046> 113046.
- McCabe, K., Yeh, M., Lau, A., & Argote, C. B. (2012). Parent-child interaction therapy for Mexican Americans: Results of a pilot randomized clinical trial at follow-up. *Behavior Therapy*, *43*(3), 606–618. <https://doi.org/10.1016/j.beth.2011.11.001>.
- McCart, M. R., Priester, P. E., Davies, W. H., & Azen, R. (2006). Differential effectiveness of behavioral parent-training and cognitive-behavioral therapy for antisocial youth: A meta-analysis. *Journal of Abnormal Child Psychology*, *34*(4), 527–543. <https://doi.org/10.1007/s10802-006-9031-1>.
- McMahon, R., & Forehand, R. L. (2003). Helping the noncompliant child: Family-based treatment for oppositional behavior (2nd ed.). Guilford.
- Mehri, M., Chehrzad, M. M., Maleki, M., Kousha, M., Akhlaghi, E., & Mardani, A. (2020). The effect of behavioral parent training on children with Attention Deficit Hyperactivity Disorder on parents' mental health. *Neurology Psychiatry and Brain Research*, *37*, 53–59. <https://doi.org/10.1016/j.npbr.2020.06.003>.
- Mejia, A., Leijten, P., Lachman, J. M., & Parra-Cardona, J. R. (2017). Different strokes for different folks? Contrasting approaches to cultural adaptation of parenting interventions. *Prevention Science*, *18*(6), 630–639. <https://doi.org/10.1007/s11121-016-0671-2>.

- Miller, G. E., & Prinz, R. J. (1990). Enhancement of social learning family interventions for childhood conduct disorder. *Psychological Bulletin*, *108*(2), 291–307. <https://doi.org/10.1037/0033-2909.108.2.291>.
- Mingebach, T., Kamp-Becker, I., Christiansen, H., & Weber, L. (2018). Meta-meta-analysis on the effectiveness of parent-based interventions for the treatment of child externalizing behavior problems e0202855. *PLOS ONE*, *13*(9). <https://doi.org/10.1371/journal.pone.0202855>.
- Monzon, A. D., Zhang, E., Marker, A. M., & Nelson, E.-L. (2021). Overview of child telebehavioral interventions using real-time videoconferencing. In R. Latifi, C. R. Doarn, & R. C. Merrell (Eds.), *Telemedicine, telehealth and telepresence* (pp. 347–364). Springer International Publishing. [https://doi.org/10.1007/978-3-030-56917-4\\_22](https://doi.org/10.1007/978-3-030-56917-4_22).
- Murray, L. K., Dorsey, S., Bolton, P., Jordans, M. J. D., Rahman, A., Bass, J., & Verdelli, H. (2011). Building capacity in mental health interventions in low resource countries: An apprenticeship model for training local providers. *International Journal of Mental Health Systems*, *5*(1), 1–12. <https://doi.org/10.1186/1752-4458-5-30>.
- Nock, M. K. (2006). Progress review of the psychosocial treatment of child conduct problems. *Clinical Psychology: Science and Practice*, *10*(1), 1–28. <https://doi.org/10.1093/clipsy.10.1.1>.
- Nock, M. K., & Ferriter, C. (2005). Parent management of attendance and adherence in child and adolescent therapy: A conceptual and empirical review. *Clinical Child and Family Psychology Review*, *8*(2), 149–166. <https://doi.org/10.1007/s10567-005-4753-0>.
- Office of Civil Rights. (2020). Notification of enforcement discretion for telehealth remote communications during the COVID-19 nationwide public health emergency. <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>.
- Ortega, G., Rodriguez, J. A., Maurer, L. R., Witt, E. E., Perez, N., Reich, A., & Bates, D. W. (2020). Telemedicine, COVID-19, and disparities: Policy implications. *Health Policy and Technology*, *9*(3), 368–371. <https://doi.org/10.1016/j.hlpt.2020.08.001>.
- Ortiz, C., & Del Vecchio, T. (2013). Cultural diversity: Do we need a new wake-up call for parent training?. *Behavior Therapy*, *44*(3), 443–458. <https://doi.org/10.1016/j.beth.2013.03.009>.
- Overbeek, G., van Aar, J., de Castro, B. O., Matthys, W., Weeland, J., Chhangur, R. R., & Leijten, P. (2020). Longer-term outcomes of the Incredible Years Parenting Intervention. *Prevention Science*, *1–13*. <https://doi.org/10.1007/s11212-020-01176-6>.
- Parra-Cardona, J. R., Bybee, D., Sullivan, C. M., Rodríguez, M. M. D., Dates, B., Tams, L., & Bernal, G. (2017). Examining the impact of differential cultural adaptation with Latina/o immigrants exposed to adapted parent training interventions. *Journal of Consulting and Clinical Psychology*, *85*(1), 58–71. <https://doi.org/10.1037/ccp0000160>.
- Patrick, S. W., Henkhaus, L. E., Zickafoose, J. S., Lovell, K., Halvorson, A., Loch, S., Letterie, M., & Davis, M. M. (2020). Well-being of parents and children during the COVID-19 pandemic: A national survey e2020016824. *Pediatrics*, *146*(4). <https://doi.org/10.1542/peds.2020-016824>.
- Patterson, G. R. (1982). *Coercive family process*. Castalia.
- Pelham, W. E., & Fabiano, G. A. (2008). Evidence-based psychosocial treatments for attention-deficit/hyperactivity disorder. *Journal of Clinical Child & Adolescent Psychology*, *37*(1), 184–214. <https://doi.org/10.1080/15374410701818681>.
- Pereda, N., & Díaz-Faes, D. A. (2020). Family violence against children in the wake of COVID-19 pandemic: A review of current perspectives and risk factors. *Child and Adolescent Psychiatry and Mental Health*, *14*(1), 1–7. <https://doi.org/10.1186/s13034-020-00347-1>.
- Perrin, A., & Atske, S. (2021). 7% of Americans don't use the internet. Who are they? Pew Research Center. <https://www.pewresearch.org/fact-tank/2021/04/02/7-of-americans-dont-use-the-internet-who-are-they/>.
- Peters, S., Calam, R., & Harrington, R. (2005). Maternal attributions and expressed emotion as predictors of attendance at parent management training. *Journal of Child Psychology and Psychiatry*, *46*(4), 436–448. <https://doi.org/10.1111/j.1469-7610.2004.00365.x>.
- Peverill, M., Dirks, M. A., Narvaja, T., Herts, K. L., Comer, J. S., & McLaughlin, K. A. (2021). Socioeconomic status and child psychopathology in the United States: A meta-analysis of population-based studies 101933. *Clinical Psychology Review*, *83*. <https://doi.org/10.1016/j.cpr.2020.101933>.
- Pew Research Center (2021a). Internet/broadband fact sheet. *Pew Research Center* <https://www.pewresearch.org/internet/fact-sheet/internet-broadband/>.
- Pew Research Center (2021b). Mobile fact sheet. *Pew Research Center*. <https://www.pewresearch.org/internet/fact-sheet/mobile/>.
- Pisterman, S., Firestone, P., McGrath, P., Goodman, J. T., Webster, I., Mallory, R., & Coffin, B. (1992). The effects of parent training on parenting stress and sense of competence. *Canadian Journal of Behavioural Science / Revue Canadienne Des Sciences Du Comportement*, *24*(1), 41–58. <https://doi.org/10.1037/h0078699>.
- Planey, A. M., Smith, S. M. N., Moore, S., & Walker, T. D. (2019). Barriers and facilitators to mental health help-seeking among African American youth and their families: A systematic review study. *Children and Youth Services Review*, *101*, 190–200. <https://doi.org/10.1016/j.childyouth.2019.04.001>.
- Quetsch, L. B., Girard, E. I., & McNeil, C. B. (2020). The impact of incentives on treatment adherence and attrition: A randomized controlled trial of Parent-Child Interaction Therapy with a primarily Latinx, low-income population 104886. *Children and Youth Services Review*, *112*. <https://doi.org/10.1016/j.childyouth.2020.104886>.
- Racine, N., Hartwick, C., Collin-Vézina, D., & Madigan, S. (2020). Telemental health for child trauma treatment during and post-COVID-19: Limitations and considerations. *Child Abuse and Neglect*, *104698*. <https://doi.org/10.1016/j.chiabu.2020.104698>.
- Reese, R. J., Slone, N. C., Soares, N., & Sprang, R. (2012). Telehealth for underserved families: An evidence-based parenting program. *Psychological Services*, *9*(3), 320–322. <https://doi.org/10.1037/a0026193>.
- Reese, R. J., Slone, N., Soares, N., & Sprang, R. (2015). Using telepsychology to provide a group parenting program: A preliminary evaluation of effectiveness. *Psychological Services*, *12* (3) <https://psycnet.apa.org/journals/ser/12/3/274.html?uid=2015-01203-001>.
- Reyno, S. M., & McGrath, P. J. (2006). Predictors of parent training efficacy for child externalizing behavior problems - A meta-analytic review. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, *47*(1), 99–111. <https://doi.org/10.1111/j.1469-7610.2005.01544.x>.
- Romeo, R., Knapp, M., & Scott, S. (2006). Economic cost of severe antisocial behaviour in children - And who pays it. *British Journal of Psychiatry*, *188*(JUNE), 547–553. <https://doi.org/10.1192/bjp.bp.104.007625>.
- Ros-DeMarize, R., Chung, P., & Stewart, R. (2021). Pediatric behavioral telehealth in the age of COVID-19: Brief evidence review and practice considerations. *Current Problems in Pediatric and Adolescent Health Care*, *51*(1). <https://doi.org/10.1016/j.cpped.2021.100949>.
- Ros, R., Hernandez, J., Graziano, P. A., & Bagner, D. M. (2016). Parent training for children with or at risk for developmental

- delay: The role of parental homework completion. *Behavior Therapy*, 47(1), 1–13. <https://doi.org/10.1016/j.beth.2015.08.004>.
- Rothenberg, W. A., Anton, M. T., Gonzalez, M., Lafko Breslend, N., Forehand, R. L., Khavjou, O., & Jones, D. J. (2020). BPT for early-onset behavior disorders: Examining the link between treatment components and trajectories of child internalizing symptoms. *Behavior Modification*, 44(2), 159–185. <https://doi.org/10.1177/0145445518801344>.
- Rudy, D., & Grusec, J. E. (2001). Correlates of authoritarian parenting in individualist and collectivist cultures and implications for understanding the transmission of values. *Journal of Cross-Cultural Psychology*, 32(2), 202–212. <https://doi.org/10.1177/0022022101032002007>.
- Sammons, M. T., VandenBos, G. R., & Martin, J. N. (2020). Psychological practice and the COVID-19 crisis: A rapid response survey. *Journal of Health Service Psychology*, 46(2), 51–57. <https://doi.org/10.1007/s42843-020-00013-2>.
- Sammons, M. T., VandenBos, G. R., Martin, J. N., & Elchert, D. M. (2020). Psychological practice at six months of COVID-19: A follow-up to the first national survey of psychologists during the pandemic. *Journal of Health Service Psychology*, 46(4), 145–154. <https://doi.org/10.1007/s42843-020-00024-z>.
- Sanchez, A. L., Jent, J., Garcia, D., Aggarwal, N., La Roche, M., Cavira, D., & Comer, J. S. (2021). Can family cultural assessment improve service engagement and outcomes? A randomized clinical trial examining feasibility, acceptability, and preliminary effects.
- Santiago, C. D. C., Wadsworth, M. E., & Stump, J. (2011). Socioeconomic status, neighborhood disadvantage, and poverty-related stress: Prospective effects on psychological syndromes among diverse low-income families. *Journal of Economic Psychology*, 32(2), 218–230. <https://doi.org/10.1016/j.joep.2009.10.008>.
- Schuhmann, E. M., Foote, R. C., Eyberg, S. M., Boggs, S. R., & Algina, J. (1998). Efficacy of parent-child interaction therapy: Interim report of a randomized trial with short-term maintenance. *Journal of Clinical Child Psychology*, 27(1), 34–45. [https://doi.org/10.1207/s15374424jccp2701\\_4](https://doi.org/10.1207/s15374424jccp2701_4).
- Shaw, D. S., & Taraban, L. E. (2017). New directions and challenges in preventing conduct problems in early childhood. *Child Development Perspectives*, 11(2), 85–89. <https://doi.org/10.1111/cdep.12212>.
- Sonuga-Barke, E. J. S., Daley, D., Thompson, M., Laver-Bradbury, C., & Weeks, A. (2001). Parent-based therapies for preschool attention-deficit/hyperactivity disorder: A randomized, controlled trial with a community sample. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40(4), 402–408. <https://doi.org/10.1097/00004583-200104000-00008>.
- Stoll, R. D., Pina, A. A., & Schleider, J. (2020). Brief, non-pharmacological, interventions for pediatric anxiety: Meta-analysis and evidence base status. *Journal of Clinical Child and Adolescent Psychology*, 49(4), 435–459. <https://doi.org/10.1080/15374416.2020.1738237>.
- Sullivan, A. D. W., Forehand, R. L., Vreeland, A., & Compas, B. E. (2021). Does parenting explain the link between cumulative SES risk and child problems in the context of parental depression?. *Child Psychiatry and Human Development*.
- Sullivan, A. D. W., Parent, J., Forehand, R. L., & Compas, B. E. (2018). Does interparental conflict decrease following changes in observed parenting from a preventive intervention program?. *Behaviour Research and Therapy*, 106, 64–70. <https://doi.org/10.1016/j.brat.2018.05.006>.
- Sullivan, A. D. W., Wright, K., Jones, D. J., Breslend, N. L., Highlander, A., & Forehand, R. L. (2021). Who looks on the bright side? Expectations of low-income parents with a disruptive young child. *Journal of Psychopathology and Behavioral Assessment*. <https://doi.org/10.1007/s10862-021-09888-x>.
- Swenson, K., & Ghermer, R. (2020). People in low-income households have less access to internet services. <https://aspe.hhs.gov/pdf-report/low-income-internet..>
- Sullivan, A. D. W., Benoit, R., Breslend, N. L., Vreeland, A., Compas, B., & Forehand, R. (2019). Cumulative socioeconomic status risk and observations of parent depression: Are there associations with child outcomes?. *J. Family Psychol.*, 33(8), 883–893.
- Tarver, J., Daley, D., Lockwood, J., & Sayal, K. (2014). Are self-directed parenting interventions sufficient for externalising behaviour problems in childhood? A systematic review and meta-analysis. *European Child and Adolescent Psychiatry*, 23(12), 1123–1137. <https://doi.org/10.1007/s00787-014-0556-5>.
- Tømmerås, T., Kjøbli, J., & Forgatch, M. (2018). Benefits of child behavior interventions for parent well-being. *Family Relations*, 67(5), 644–659. <https://doi.org/10.1111/fare.12344>.
- van Mourik, K., Crone, M. R., de Wolff, M. S., & Reis, R. (2017). Parent training programs for ethnic minorities: A meta-analysis of adaptations and effect. *Prevention Science*, 18(1), 95–105. <https://doi.org/10.1007/s1121-016-0733-5>.
- Webster-Stratton, C. (1985). Predictors of treatment outcome in parent training for conduct disordered children. *Behavior Therapy*, 16(2), 223–243. [https://doi.org/10.1016/S0005-7894\(85\)80048-4](https://doi.org/10.1016/S0005-7894(85)80048-4).
- Webster-Stratton, C., Reid, M. J., & Hammond, M. (2004). Treating children with early-onset conduct problems: Intervention outcomes for parent, child, and teacher training. *Journal of Clinical Child and Adolescent Psychology*, 33(1), 105–124. [https://doi.org/10.1207/S15374424JCCP3301\\_11](https://doi.org/10.1207/S15374424JCCP3301_11).
- Weisenmuller, C., & Hilton, D. (2021). Barriers to access, implementation, and utilization of parenting interventions: Considerations for research and clinical applications. *American Psychologist*, 76, 104–115. <https://doi.org/10.1037/amp0000613>.
- Wosik, J., Fudim, M., Cameron, B., Gellad, Z. F., Cho, A., Phinney, D., Curtis, S., Roman, M., Poon, E. G., Ferranti, J., Katz, J. N., & Tchong, J. (2020). Telehealth transformation: COVID-19 and the rise of virtual care. *Journal of the American Medical Informatics Association*, 27(6), 957–962. <https://doi.org/10.1093/jamia/ocaa067>.
- Xie, Y., Dixon, J. F., Yee, O. M., Zhang, J., Chen, Y. A., Deangelo, S., Yellowlees, P., Hendren, R., & Schweitzer, J. B. (2013). A study on the effectiveness of videoconferencing on teaching parent training skills to parents of children with ADHD. *Telemedicine and E-Health*, 19(3), 192–199. <https://doi.org/10.1089/tmj.2012.0108>.

This research was supported by the National Institutes of Child Health and Human Development (F31HD098825 to A. D. W. S.; F31HD101257 to J. A.; R01HD084497 to J. S. C.; T32HD007376 to R. L.) and Mental Health (R21MH11387 to D. J. J.). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health. The authors declare no conflicts of interest.

Address correspondence to Rex Forehand, Ph.D., 2 Colchester Ave., University of Vermont, Burlington, VT 05405 e-mail: [Rex.Forehand@uvm.edu](mailto:Rex.Forehand@uvm.edu).

Received: January 19, 2021

Accepted: June 19, 2021

Available online 09 September 2021