Technology-Enhanced Teleconsultation to Support K-12 Mental Health Across MTSS Tiers in Rural and Underserved Schools

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Abstract

Underserved K–12 schools often face limited access to school-based mental health professionals. Educators in the areas constantly face stress and difficulties supporting students' mental health. Recently, researchers have been evaluating the utility of technology in reaching more students and educators who need support, especially since the COVID-19. Teleconsultation was an effective tool that helps support educators and students based on my personal consultation experiences. This paper reflects on my experiences providing mental health consultation across the underserved schools. More specifically, the paper included on how to utilize digital tools in practical ways (e.g., video conferencing, shared resource hubs, video modeling, remote observation systems, digital data platforms, and online therapy) to strengthen collaboration and continuity across three tiers of MTSS. Key recommendations include flexibility in using technology in engaging in core mental health support and ethical concerns. School mental health professionals, educators, and policymakers can be benefited from utilizing strategies described in the paper.

Keywords: Teleconsultation; technology; mental health; multi-tiered system of supports

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Manuscript received: Dec, 1, 2025; Modified: Jan, 24, 2026; Accepted: Mar, 12, 2026
DOI:10.6249/SE.202603_77(1).0008

Across K–12 schools, a growing number of students demand mental health needs support, as emotional difficulties and behavioral challenges have become increasingly visible in classrooms (Brindley et al., 2024). Yet access to school-based mental health professionals remains uneven, particularly in rural, remote, or low-resource communities, where school-based service infrastructures are often limited or inconsistently funded (Heinrich et al., 2023). In my practice, it was common for me and other practitioners to experience logistical barriers, such as long travel distances between schools, limited staffing, and few opportunities for sustained on-site support. These challenges reflect a common pattern of workforce shortages and inequitable access to school mental health services (Ray et al., 2012).

Over the past several years, especially since the COVID-19 pandemic, technology has been increasingly utilized in school systems (Li et al., 2024; Zepeda et al., 2023; Al Mazrooei et al., 2022). Initially adopted out of necessity, digital communication quickly became a common way for teachers and mental health professionals to stay connected (Li et al., 2024; Zepeda et al., 2023). In my own work, technology-assisted support shifted from an emergency response to a sustainable, acceptable, and effective approach of supporting mental health services in K–12 schools. Although the progress appears to be slow, technology was used well in the areas where geography and limited access to mental health services made it difficult to support students' mental health (Al Mazrooei et al., 2022).

Within this evolving landscape, consultation serves as a foundational service delivery model in school mental health practice. Consultation is an indirect service delivery model in which a consultant (e.g., a mental health professional) collaborates with a consultee (e.g., educators) to address concerns related to a client (e.g., a student) (King et al., 2022). Building on this framework, teleconsultation refers to the integration of digital technologies into the consultation process to support educators and students when in-person consultation is limited or unavailable. Rather than representing a distinct consultation model, teleconsultation extends traditional consultation by increasing access, interaction frequency, and timeliness of feedback across all three tiers of a Multi-Tiered System of Supports (MTSS). Through video conferencing, digital data systems, and other technology-based tools, teleconsultation allows mental health professionals to collaborate with educators and support students. These tools also enable consultants to monitor intervention implementation and progress even when in-person consultation is not possible (Lyons et al., 2023; Zhang et al., 2023). Figure 1 provides a conceptual overview of how technology-enhanced consultation integrates consultation roles, information flow (e.g., data, feedback, and coaching), and MTSS tiers.

Technology has advanced and made mental health supports more feasible across three tiers of MTSS (see Table 1). Some video conference platforms (e.g., Zoom, Microsoft Teams, and Google Meet) are being widely used for professional development, coaching, and meetings. Asynchronously, emails, messaging tools, or learning platforms enable educators to seek feedback flexibly and use materials at their convenience. For example, video modeling offers training for educators, such as classroom management techniques, de-escalation skills, or social skills instructions. Remote observation tools (e.g., observation robots, portable cameras) are also available to achieve classroom or playground observations. Artificial intelligence (AI) has been a surging tool for educators to better support students' mental health.

Unfortunately, many schools continue to face challenges in supporting students' mental health, special rural school districts or those with very limited resources. Some mental health professionals have to travel a long distance to provide services, which still could not support all of the students in need. Teachers often express loneliness when responding to complex student needs without timely professional support (Kearney et al., 2025).

In these contexts, technology has become an essential tool to mitigate the shortage of mental health professionals and expand the support to more students who need mental health support. For example, virtual meetings make it possible for mental health professionals to engage in interviews with children, educators, and caregivers. Remote observation tools allow observing classrooms without spending travel time and facing severe weather during driving. Following the application of technology in school settings, educators shared that virtual meetings feel less intimidating and are easier to schedule (Sidi et al., 2023). Recorded training sessions, SEL demonstrations, and digital resource libraries allow teachers to revisit strategies as needed (Leech et al., 2022).

Despite the growing use of technology, limited literature describes how mental health professionals could integrate digital tools across MTSS tiers in K–12 settings, especially in rural and underserved school districts, during the school consultation processes. This reflective practitioner report seeks to address this gap by describing practical experiences using technology to support Tier I, Tier II, and Tier III mental health practices. Supported by current research and grounded in real-world practice, this paper highlights strategies, lessons learned, and considerations for strengthening technology-enhanced consultation systems in K–12 schools.

Tier I: Universal Mental Health Promotion

Technology-supported consultation plays an essential role in strengthening Tier I mental health

supports. Although Tier I is typically framed as school-wide support, its success relies on professional learning, shared resources, and consistent communication, domains where technology has become indispensable.

Expanding Access to Professional Learning Through Video Conferencing

Tier I initiatives, such as social-emotional learning (SEL), mental health literacy, trauma-informed practices, and positive behavioral supports, require ongoing professional development and shared understanding among staff (Durlak et al., 2011). For many rural, remote, or low-resource K–12 schools, distance, limited substitute availability, and tightly structured school schedules make regular in-person training difficult. Video conferencing platforms (Zoom, Microsoft Teams, Google Meet) address these barriers by allowing educators and mental health professionals engage in training without the aforementioned barriers (Fischer et al., 2016).

In my consultation work, virtual meeting was possible for frequent workshop and informal discussions for individual educator's concerns. Given some mental health concerns demand prompt interventions, educators expressed appreciation for timely support via virtual meetings. Research similarly demonstrates that online professional development increases participation and supports implementation fidelity, particularly in underserved communities (e.g., Bice-Urbach & Kratochwill, 2016; Erickson et al., 2012).

Building Sustainable, Shared Digital Resource Systems

In Tier I implementation, it is crucial for educators to have consistent, easily accessible materials, such as lesson plans, expectations matrices, visuals, routines, and communication scripts. In one district I support, the consulting team and school staff collaboratively developed a digital Tier I resource hub in cloud drives (e.g., google drive) that could be accessed by educators across elementary, middle, and high schools. The hub consolidated key materials designed to promote consistency and ease of implementation, including SEL demonstrations, schoolwide PBIS expectation videos, shared behavior and climate matrices, and core classroom routines. Teachers reported that having these resources in a single, easily accessible digital space reduced guesswork and supported more cohesive Tier I implementation across campuses.

Teachers reported that having a stable, centralized resource library reduced guesswork and increased consistency across classrooms, even during staffing transitions. Collaborative digital systems also promote shared ownership: in several K–12 schools, grade-level teams and support

staff regularly update materials, resulting in greater alignment across school buildings and grade spans. Digital resource systems can help schools maintain consistent Tier I materials and reduce disruptions caused by staff turnover or limited on-site support.

Supporting Classroom Climate Through Video Modeling

Video modeling (e.g., short, targeted recordings that demonstrate key instructional practices) offers a flexible and highly efficient form of professional learning for educators, as evidenced by video-based PD models that significantly improve teaching practice and student outcomes (Roth et al., 2017). Unlike in-person consultation, video modeling allows them to review examples as many times as possible at their own pace.

In my consultation work, brief two- to five-minute video demonstrations, via an animated video creation website (Vyond), were created to illustrate a range of Tier I practices. These recordings demonstrate strategies for promoting students' emotional regulation, redirecting minor disruptions, and engaging in restorative conversations, along with SEL activities adapted for different grade levels. Teachers reported that these videos help them visualize these strategies and effectively use them in schools. Consistent with research, video modeling has been shown to increase teacher implementation fidelity and is viewed positively by teachers as a helpful, confidence-building professional development tool (Brock et al., 2018). In rural or low-resource districts, where consultants cannot visit frequently, video modeling could be a sustainable and scalable Tier I support.

Using Remote Observation Tools to Strengthen School Climate

Observation is an essential component of consultation, allowing consultants to understand classroom environments, identify behavioral patterns of students and educators, and offer contextually relevant feedback. Remote tools, such as telepresence robots (e.g., Double Robotics, Kubi), portable classroom cameras, and 360° video devices, could be used to observe classrooms remotely. These tools allow consultants to participate in classroom walkthroughs, observe SEL routines, and gather contextual information without physically being in the classrooms. Teachers often report that remote observations feel less intrusive than unannounced in-person visits, and research indicates that such approaches can preserve authenticity and reduce observation-related anxiety (Elmimouni et al., 2024). Furthermore, these tools can be used to observe at non-classroom settings (e.g., hallway transitions, arrival and dismissal, cafeteria routines, and school assemblies) that are crucial in evaluating students' mental health and effectiveness of strategies used by

educators. These broader observations might also lead to recommendations that generate effective support in non-classroom settings.

AI Application in Tier I

AI can enhance universal SEL instruction and educator capacity-building. Teleconsultants can use generative AI (e.g., ChatGPT) to generate lesson materials, adapt SEL content for different cultures or grade levels, and create multilingual family outreach resources. Custom GPTs or equivalent AI tools can learn classroom manage and SEL instruction strategies and make these materials accessible to educators at their convenience. For example, educators may ask AI to clarify certain aspects of SEL strategy and even request step-by-step instruction on how to implement SEL for the class. Given a diverse body of students in classrooms, the AI can help translate the materials for multilingual students and modify the materials and strategies based on students' cultural backgrounds and developmental levels.

While teleconsultation could be perceived as a daunting task for consultants, AI can strengthen the teleconsultation flow itself by helping consultants prepare meeting agenda, summarizing meeting content, drafting action plans following the meeting, and generating training plans for consultees (e.g., educators). Moreover, AI can be functioned as a follow-up consultant following a professional development. For example, following a professional development about how to provide effective SEL lessons, the custom AI can be created with the professional development content. The consultant can share the link of the custom AI with consultees to learn more about the materials by asking the AI or asking AI how to apply the learned knowledge to a specific student

Summary of Tier I Technology Applications

Across Tier I supports, technology primarily serves as capacity-building and consistency-enhancing tool instead of an intervention itself. Some tools (e.g., video conferencing, shared resource hubs, and video modeling) allow universal mental health practices to be implemented with a higher fidelity, especially in districts with limited onsite consultation. These tools align with the preventive goals of Tier I by promoting shared understanding and supporting proactive mental health practices before concerns escalate. In underserved areas, technology could become essential for sustaining universal supports at scale while maintaining coherence across educators and settings

Targeted Supports for Tier II Through Technology-Enhanced Consultation

While Tier I practices provide the foundation for schoolwide mental health support, around 15-20% of students require additional, targeted support that extends beyond universal support due to emerging social-emotional challenges, academic disengagement, or behavior concerns that warrant structured small-group intervention. Tier II supports play a critical preventive role, reducing the risk of escalation into more intensive needs (i.e., Tier III). However, these interventions require frequent monitoring, teacher-consultant collaboration, and specialized training that are often difficult to maintain in geographically isolated contexts or when schedules of consultants and consultees are too busy for in-person meetings. In these situations, teleconsultation becomes essential to sustaining Tier II implementation.

Building on the teleconsultation strategies for Tier I described in the previous section, the following section describes how technology supports planning, delivering, and monitoring targeted interventions. The examples provided reflect not only my own consultation experience but also align with a growing evidence base supporting digital consultation for targeted mental health supports.

Collaborative Planning of Tier II Interventions Through Video Conferencing

Coordinating regular planning meetings among counselors, teachers, administrators, and external consultants can be logistically difficult in many schools, especially when staff have limited shared planning time. When it comes to tier II interventions, such as small-group social skills sessions, anxiety groups, academic resilience clubs, and Check-In/Check-Out (CICO) mentoring programs, upfront planning and ongoing refinement are needed. Prior to adopting teleconsultation, these planning sessions occurred infrequently, often leading to delayed intervention implementation or inconsistent practices.

Fortunately, video conferencing has changed this dynamic significantly. In several schools I supported, we held standing biweekly virtual Tier II planning meetings. These meetings typically include the school counselor, a mental health professional (e.g., school psychologist), a grade-level coordinator, and teachers who refer students. During these sessions, we review student data, discuss student needs, and determine which interventions are appropriate. The ability to meet virtually means we no longer have to wait until schedules align or until I can travel to the campus.

For example, in one rural middle-high school, we identified a group of 9th grade students

exhibiting signs of anxiety. Through virtual meetings, the social emotional learning team and I planned a structured peer-support group focused on coping strategies. Previously, such an intervention would have taken months to organize due to travel limitations and staffing constraints. Instead, the group was launched within 3 weeks, and the team continued refining it through short, targeted check-ins on video. These experiences are consistent with literature demonstrating that remote collaboration reduces delays and improves intervention alignment with student needs (Calvert et al., 2023).

Using Digital Data Systems for Progress Monitoring

To evaluate the effectiveness of Tier-II support, schools need formative and summative assessment. Rather than using traditional paper surveys, schools may adopt online surveys or even simple tools, such as Google Forms or spreadsheet templates. As students or parents often have smart phones, they could finish it within their smart phones at their convenience to indicate effectiveness of the Tier II support across weeks or a summative report at the end of a semester.

In several schools I supported, we developed Google Form behavior trackers for use in CICO programs. Teachers completed quick daily ratings on students' self-regulation, peer interactions, and task completion. School team could analyze the data to evaluate student progress, share the data with the consultant, and initiate discussion as questions arose. For group-based interventions, I also used digital pre- and post-assessments focusing on anxiety symptoms, social confidence, or emotional regulation. These tools help both educators and students visualize growth, increasing motivation and reinforcing the value of Tier II supports.

The ability to share digital data with families has also been helpful. In one case, a caregiver living in a remote farming area had limited ability to come to school meetings due to work constraints. Digital progress reports emailed weekly allowed her to stay informed and supportive of her son's intervention efforts.

Video Modeling for Intervention Delivery

Just as video modeling supports Tier I, it is equally helpful in Tier II consultation. Many teachers feel confident leading academic instruction but less comfortable facilitating small-group SEL or behavioral interventions (Schiepe-Tiska et al., 2021). Video modeling has helped bridge this gap by demonstrating specific scripts, role-plays, and activity structures needed for targeted groups.

In my consultation work, I regularly find available videos or develop short instructional videos

that provide concrete examples of interpersonal and communication skills commonly addressed in small-group interventions. These recordings include sample conversations that educators can use to help students navigate social conflict, as well as role-plays illustrating assertive communication in developmentally appropriate ways. Although the existing video library focuses on relational and communication practices, similar tools could also support instruction in coping, grounding, and self-monitoring strategies. Such resources offer staff accessible, repeatable examples they can revisit when facilitating social-emotional or behavior-focused supports for students with similar concerns.

Teachers often appreciate these videos which helped them deliver interventions with greater confidence. In some schools that may only have one counselor serving several hundred students, teachers or teacher substitutes frequently take on leadership roles in Tier II groups. Having on-demand access to video models ensures that they are not navigating these responsibilities alone. This approach is supported by research showing that video modeling enhances intervention fidelity and teacher skill acquisition, especially when paired with ongoing consultation (van der Linden et al., 2022).

Remote Observation of Small Groups and Mentoring Sessions

Remote observation tools, such as telepresence robots (e.g., Kubi), allow consultants to observe Tier II interventions directly, even when working across multiple distant campuses. In my own practice, I have used telepresence robots to join CICO sessions, observe social skills groups, and participate in morning routine groups. These observations provide insight into group dynamics, student engagement, and staff facilitation skills while minimizing disruption. For example, in one rural school with only one counselor, I remotely observed a group session focused on coping strategies for test anxiety. Using a robotic device placed a few inches away from the area where the group session was conducted. I watched the counselor introduce grounding techniques and guide students in practicing them. After the session, we met briefly on video to debrief. These remote observations help build a shared understanding of students' needs and provide the consultant with contextual insights that purely verbal reports cannot capture. Research shows that remote video-based observation can maintain the authenticity of instructional interactions and support higher-quality coaching by enabling deeper, evidence-based reflection (Carson & Choppin, 2021).

Supporting Caregiver Engagement Through Technology

Caregiver involvement is essential for students, yet some families frequently face barriers such

as transportation challenges, shift work, and limited access to school events (Pullmann et al., 2010). Technology has allowed caregivers to participate more regularly in Tier II meetings through virtual conferencing, phone-based consultations, or asynchronous messaging. In one middle school, we implemented "virtual family consultation hours" twice a month, where caregivers could drop into a Zoom meeting to ask questions about interventions, progress, or concerns. Several caregivers shared that this was their first time being able to regularly engage with school mental health staff.

Summary of Tier II Technology Applications

Technology-enhanced teleconsultation shifts from board capacity-building toward targeted supports in Tier II. Video conferencing, digital data systems, and remote observation tools support the timely adjustment of small-group and targeted interventions, which helps prevent escalation toward Tier III. These tools are critical in rural and underserved schools, where delays in collaboration often undermine the effectiveness of targeted supports. By allowing frequent data-informed modifications and sustained caregiver engagement, technology strengthens Tier II's role as a preventive bridge between universal and intensive services.

Tier III: Intensive and Individualized Supports

Tier III supports represent the most intensive level of the school mental health continuum, helping students with chronic, severe, or complex emotional and behavioral needs. The students often experience multiple intersecting challenges, including trauma histories, academic disengagement, family stressors, or co-occurring learning difficulties. Providing individualized support requires frequent coordination among school psychologists, counselors, teachers, caregivers, and community mental health providers. Yet in geographically isolated or resource-limited districts, opportunities for consistent in-person collaboration are often constrained, making technology-enhanced teleconsultation an essential mechanism for sustaining Tier III services. This section reflects on how technology facilitates assessment, intervention, crisis response, and wraparound planning within Tier III supports in real-world school contexts, especially those operating in rural or underserved regions.

Conducting Functional Behavioral Assessments Through Teleconsultation

Functional Behavioral Assessment (FBA) is a core component of Tier III support. FBA requires careful data collection, direct observation, and multi-informant interviews to identify the functions

of challenging behavior and to develop a Behavior Intervention Plan (BIP). Often, these assessments depended on the onsite presence of a school psychologist, behavior specialist, or other mental health professional, a resource that many rural, remote, or low-resource schools cannot access consistently. Before adopting technology-assisted approaches, I often struggled to complete comprehensive FBA due to infrequent site visits, weather-related travel barriers, or scheduling conflicts with teachers.

Technology-supported FBA procedures have significantly improved the feasibility and quality of this work. With caregiver and administrative consent, educators or caregivers can record brief video clips of typical behavioral incidents, transitions, or academic tasks using a school device or smartphone. These clips are shared through secure, encrypted platforms. They allow me to examine antecedents, consequences, environmental conditions, and interactional patterns that might otherwise be missed during intermittent in-person visits. Importantly, these recordings do not capture high-risk moments or physical interventions; instead, they document naturally occurring patterns that help clarify behavioral triggers and maintaining variables. Teachers frequently report that video clips reveal nuances they forgot to mention in interviews, making the functional assessment more accurate and grounded in everyday practice.

These video observations are paired with virtual interviews, which allow educators, students, and caregivers to describe contextual factors, perceived triggers, and past intervention attempts. Digital ABC (Antecedent–Behavior–Consequence) forms, often completed through excel, word or similar platforms, provide time-stamped entries that support efficient hypothesis development. When an experimental or structured descriptive component is needed, mental health professionals can coach educators or caregivers through remote procedures, such as presenting specific antecedent contexts or adjusting environmental conditions, much like those described in telehealth FA studies (Craig et al., 2023; Martens et al., 2020). Through live videoconferencing, mental health professionals can guide staff step-by-step, increasing the accuracy and consistency of data collection. Research demonstrating that educators and caregivers can implement these procedures with high fidelity further supports the viability of telehealth-enabled functional assessments (Schieltz & Wacker, 2020; Wacker et al., 2013).

Once data collection is complete, I convene a virtual meeting with educators, caregivers, and administrators to review findings and collaboratively design a function-based BIP. This collaborative process ensures that plans are actionable, context-sensitive, and feasible for staff to implement within existing constraints. Taken together, the literature strongly supports remote and hybrid FBA as effective and reliable approaches for hypothesis generation and intervention planning, particularly

when paired with ongoing consultation and coaching. For rural, remote, or low-resource K–12 schools, technology has transformed the practicality of conducting timely, thorough FBAs, ensuring that students receive individualized support without waiting months for specialized services.

Remote Coaching to Support Behavior Intervention Plans

Once a BIP is in place, implementation fidelity becomes essential. Many schools, particularly those in rural, remote, or low-resource communities, struggle to maintain fidelity due to staffing shortages, limited specialist availability, inconsistent training, or the absence of ongoing coaching (Heinrich et al., 2023). Telepresence robots, webcams, and stationary cameras enable real-time observation of implementation, even when in-person consultation is not possible. For example, in one school, a student with emotional and behavioral difficulties required a structured break routine during periods of academic frustration. During the first week of implementation, I joined the classroom remotely through a telepresence robot (i.e., Kubi) to observe how the teacher introduced the break option and how the student responded. After each session, the teacher and I met briefly via videoconference to review observations, collected data on teacher implementation fidelity, clarified key steps, and adjusted the plan as needed. The teacher later noted that remote coaching "felt less intrusive," while still providing immediate, actionable feedback.

Other digital tools have further strengthened implementation integrity. Teachers sometimes use earbuds connected to a device during class to receive subtle "whisper coaching"—brief suggestions such as reinforcing a prosocial behavior or adjusting the timing of a regulation prompt. This approach requires strong rapport and clear ethical boundaries, yet educators consistently report that it increases their confidence when navigating complex or high-stakes behavioral situations. To supplement live coaching, I also create short video modeling clips demonstrating core components of the BIP (e.g., how to deliver a break prompt, how to reinforce a replacement behavior, how to pre-correct during transitions). Teachers often revisit these videos during planning periods, which increases procedural consistency across classrooms and staff.

AI tools also offer new possibilities for supporting implementation fidelity. Schools can develop or adopt secure AI chatbots, trained on de-identified examples of behavior support strategies or intervention protocols, to provide educators with on-demand guidance when questions arise during implementation (e.g., "How should I prompt the break routine?" or "What do I do if the student refuses the replacement behavior?"). Research on AI-based conversational agents shows that these tools can deliver personalized, real-time, and continuously available support while maintaining user

privacy (Aggarwal et al., 2023). These models should be designed to exclude any identifiable student information and operate within district-approved data governance standards. By providing just-in-time guidance, AI-based tools offer another layer of treatment integrity support, especially for schools with limited access to mental health professionals.

Finally, virtual training sessions via videoconference have become a standard component of my Tier III consultation. These meetings allow me to train teachers, paraprofessionals, and administrators on the intervention steps, demonstrate procedures through screen-shared modeling, and ensure that everyone understands their role in implementing the BIP. These practices align with findings from Bice-Urbach and Kratochwill et al. (2016) who reported that remote coaching and digital learning tools improved fidelity in behavioral interventions, even in schools with limited onsite mental health personnel. Remote and AI-assisted coaching also enable more frequent feedback cycles than traditional monthly visits, helping educators refine advanced skills more quickly and improving the consistency and quality of Tier III supports across diverse K–12 environments.

Summary of Tier III Technology Applications

At Tier III, technology supports intensive, individualized intervention by allowing remote FBA, real-time intervention observations, and ongoing coaching for BIPs, which are difficult to sustain through in-person services alone in underserved areas. Secure video recordings, telepresence observation, and AI-assisted coaching enhance the feasibility of functional assessment and treatment integrity while maintaining collaborative problem-solving among multidisciplinary teams. Technology at this tier I can be used to inform assessment decisions and to adjust individualized interventions based on ongoing observation and data. Such capacity is critical for students with complex needs, as they reduce service delays and ensure that individualized supports remain responsive and contextually appropriate.

Discussion

The discussion across Tiers I, II, and III highlight a central theme: technology-enhanced teleconsultation has become indispensable for delivering school mental health services in rural and underserved schools. While technology is often viewed as a supplement to traditional consultation, my experience, and growing research suggests it has become a core component of sustainable, equitable mental health systems (AI Mazrooei et al., 2022; Bice-Urbach & Kratochwill, 2016; Lyons et al., 2023; Zhang et al., 2023).

Technology as an Equity Strategy in Underserved Schools

One of the most significant insights across my consultation work is technology's role in addressing systemic inequities that rural schools have faced for decades. Limited mental health support, vast geographic distances, and uneven access to professional development have historically impeded rural schools' ability to implement MTSS-based mental health supports (Bice-Urbach & Kratochwill, 2016; Fischer et al., 2016; Heinrich et al., 2023). When mental health professionals can only visit a campus once a month or once a semester, students and educators are left without ongoing guidance. This structural inequity means students with the highest needs often receive the least consistent support.

Teleconsultation disrupts these patterns. By enabling regular team meetings, remote observation, and shared access to digital materials, technology transforms what was once sporadic into something continuous and collaborative. Educators in the underserved school districts I served have often expressed that teleconsultation makes them feel more connected to support systems and less isolated when addressing mental health challenges in their classrooms.

From an equity standpoint, teleconsultation serves as a mechanism for improving the consistency, accessibility, and quality of mental health supports in schools that have traditionally lacked resources. When implemented thoughtfully, technology can help level the playing field for students and educators in underserved areas who otherwise might not receive timely or specialized care.

Technology Does Not Replace Relationships

A consistent message from the support to all tiers is that technology alone does not produce meaningful change. Rather, it enhances collaborations that already exist or helps build new ones where opportunities for face-to-face contact are limited. Educators have emphasized that the responsiveness, consistency, and collaboration of the consultant drive successful implementation, instead of the tool itself (Carson & Choppin, 2021; Sheridan et al., 2014).

In my practice, teleconsultation has created more connections and collaborations with educators, allowing for frequent formal and informal interactions that build trust over time. A teacher who might hesitate during a monthly in-person meeting often feels more comfortable sending a quick message for advice. This openness strengthens the collaborative relationship, which in turn improves implementation fidelity of Tier I routines, Tier II interventions, and Tier III support plans. Research also indicates successful consultation hinges on shared problem-solving, mutual trust, and reciprocal

communication (Barrett et al., 2017; Wong et al., 2018). Technology enhances, rather than replaces, these relational processes by making communication more fluid and accessible.

Flexibility and Responsiveness in Teleconsultation

One of the primary benefits of technology in consultation is increased flexibility. Unlike traditional consultation models that depend on scheduled site visits, teleconsultation allows for rapidly available support. This flexibility is especially important in underserved schools, where crises can arise quickly and students' needs may fluctuate every day.

In Tier I work, virtual PD sessions can be adapted for different educator groups and offered multiple times without additional travel costs or scheduling conflicts. In Tier II, educators can share progress data in real time, allowing for immediate adjustments to small-group interventions. In Tier III, teleconsultation enables rapid crisis communication, remote FBA interviews, and ongoing coaching for BIP implementation. These features align with research emphasizing that consistency and timely support are critical for effective MTSS implementation (Kearney et al., 2025).

Limitations and Risks of Technology-Enhanced Consultation

Despite its promise, technology-enhanced consultation contains various limitations. Table 2 summarizes key challenges and technology-supported solutions relevant to underserved schools. Rural schools often face technology access challenges, including inconsistent connectivity and other infrastructure limitations, which can disrupt virtual meetings or impede real-time remote observation (Calvert et al., 2023; Elmimouni et al., 2024). When these barriers arise, low-tech alternatives, such as SMS updates, phone calls, or offline SEL materials, become essential supports.

Another limitation is the wide variation in teachers' digital literacy and confidence. While many educators are comfortable using platforms like Zoom or Google Drive, others may feel overwhelmed by unfamiliar tools (Schiepe-Tiska et al., 2021). Effective teleconsultation therefore requires ongoing training, patient coaching, and accessible technical support.

Privacy, consent, and ethical use also remain central concerns. Video recordings, remote observations, and AI-assisted tools must follow strict privacy laws and ethical guidelines. In my practice, I prioritize safeguarded storage, transparent communication with families, and explicit consent before any recording or digital tool is used, so that the practice is aligned with U.S. HIPAA requirements for protecting Protected Health Information (PHI). In countries outside the United States, comparable national or regional regulations serve a similar purpose, ensuring that

teleconsultation practices uphold the secure and ethical handling of sensitive data.

Maintaining authenticity is another challenge. Although telepresence tools can preserve natural behavior to certain extent, some students or educators still alter their behavior due to the presence of cameras or devices (Elmimouni et al., 2024). Building rapport and normalizing digital observation helps reduce this "camera effect" (Sheridan et al., 2014). Increased digital access can unintentionally expand expectations for rapid consultant responses, potentially intensifying workload demands. Establishing clear boundaries and communication agreements supports a sustainable pace for both consultants and teachers.

Finally, when technology is overused without clear expectations and institutional support, consultation demands may shift onto educators and consultants in ways that reduce effectiveness. For example, increasing pressure for immediate responses, fragmenting communication across platforms, or substituting virtual contact for needed in-person support may reduce the effectiveness of consultation. Under these conditions, technology may reinforce existing inequities, as under-resourced schools often lack the staffing, training, or connectivity needed to sustain technology-based consultation.

Implications for Practicing School Mental Health Professionals

Based on the reflections and related literature, several important implications emerge for schools considering or expanding teleconsultation. A blended model tends to be the most effective approach; virtual consultation works best when paired with periodic in-person visits that support relationship-building, deepen contextual understanding, and strengthen follow-up. Schools also benefit from investing in staff capacity building. Digital resource hubs, asynchronous videos, and virtual professional development can help teachers and counselors feel more confident using technology, reduce overreliance on the consultant, and promote long-term sustainability.

Digital tools also create meaningful pathways for amplifying student voice. Online surveys, virtual check-ins, and shared collaborative documents allow adolescents to engage actively in their own intervention planning, often with greater comfort and autonomy than in traditional formats. Teleconsultation can further serve as an equity-promoting practice by reducing disparities in access to services, particularly for rural, underserved, or multilingual student populations.

Finally, thoughtfully integrating AI can enhance efficiency without replacing professional judgment. When used responsibly, AI tools can reduce administrative burdens and free educators and consultants to spend more time providing relational and instructional support. Collectively, these

implications highlight the potential of teleconsultation to strengthen secondary school systems when implemented with intention and care.

Lessons Learned from Practitioner Experience

Reflecting on consultation across the underserved schools, several lessons have steadily emerged. Effective teleconsultation begins with starting small and scaling gradually; introducing only one or two digital tools at a time allows teachers and staff to build confidence without feeling overwhelmed. Over time, I have also learned that trust remains the foundation of every successful partnership. No technology can compensate for weak relationships, and the quality of consultation ultimately depends on the rapport established with educators, students, and families.

Relatedly, based on my experience, technology-enhanced consultation is most effective under specific conditions rather than as a universal solution. In practice, technology has been most useful when geographic distance, limited staffing, or scheduling constraints restrict regular in-person consultation, and when consultation goals emphasize capacity building, progress monitoring, and implementation support rather than direct service delivery. Within an MTSS framework, these conditions have allowed technology to strengthen Tier I professional learning, support data-based adjustments to Tier II interventions, and facilitate assessment, coaching, and coordination at Tier III when in-person access is limited. Conversely, reliance on technology alone has been less effective during acute crises, in contexts where strong relational trust has not yet been established, or when safety concerns require immediate in-person response.

Another important insight is the value of celebrating incremental progress. In many rural contexts, meaningful change happens in small steps (e.g., a teacher adopting a new regulation routine or a student engaging in one additional check-in) and recognizing these wins helps build momentum and sustain motivation. Flexibility is equally essential. Rural schools vary widely in culture, resources, and readiness, and teleconsultation must adapt to each local context rather than follow a rigid or prescriptive model.

Finally, effective use of technology requires several practical prerequisites that have become clear through experience. Reliable technological infrastructure, including stable internet access, secure platforms, and appropriate devices, is essential. Clear protocols related to privacy, consent, and ethical use of digital tools must be established in advance, particularly when remote observation or video recording is involved. Educators and consultants also benefit from initial training and ongoing support to ensure that technology enhances consultation rather than adding unnecessary

complexity. Clear expectations regarding communication frequency, response time, and consultant availability help maintain role boundaries and prevent overreliance on digital access. Administrative support and protected time for consultation are also critical, as technology alone cannot compensate for insufficient staffing or limited organizational readiness.

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Table 1
Technology Tools and Their Applications Across MTSS Tiers in Schools

Technology Tool	Tier I – Universal Supports	Tier II – Targeted Supports	Tier III – Intensive Supports
Video Conferencing (Zoom, Teams, Meet)	Virtual PD sessions; staff meetings; SEL and classroom-climate coaching	Biweekly planning meetings; caregiver meetings; progress-monitoring check-ins	Crisis meetings; FBA interviews; wraparound planning; remote debriefs
Digital Resource Hubs (Google Drive, OneDrive, LMS)	SEL lessons, PBIS matrices, advisory scripts, schoolwide expectations	Small-group curriculum storage; data trackers; intervention guides	Behavior plans, safety plans, shared documentation for multidisciplinary teams
Video Modeling	Classroom routines, SEL demonstrations, restorative conversations	Role-play scripts, group facilitation modeling, coping-skills demonstrations	BIP procedures, prompting strategies, replacement-behavior modeling
Remote Observation Tools (Telepresence robots, webcams, 360° cameras)	Classroom walkthroughs, non-classroom climate observations	Observation of small groups	FBA observations; real-time implementation coaching; crisis-prevention routines
Digital Data Systems (Forms, spreadsheets, dashboards)	Climate surveys; SEL implementation tracking	CICO ratings, group progress monitoring, pre/post assessments	ABC data, behavior frequency/duration charts, BIP fidelity checks
AI-Supported Tools	SEL material generation; translation for multilingual families	Drafting intervention scripts; summarizing data	On-demand guidance for BIP steps; generating modeled examples

Table 2
Challenges and Solutions for Technology-Enhanced Teleconsultation in Underserved Schools

Challenge	Description	Technology-Supported Solution	How it Helps
Geographic distance & limited consultant availability	Long travel times reduce in-person support	Video conferencing; remote observations	Standing virtual meetings increase continuity
Staffing shortages (counselors, mental health specialists)	One counselor may serve multiple campuses	Digital resource hubs; asynchronous training	Helps distribute expertise and reduce staff isolation
Inconsistent access to professional development	Teachers lack ongoing coaching	Virtual PD; video modeling	Short, targeted sessions more feasible for secondary staff
Limited time for collaboration	Secondary schedules restrict shared planning	Micro-consultations via messaging tools	Builds trust and provides rapid adjustments
Variable teacher confidence with SEL or intervention delivery	Teachers hesitant with behavior/SEL practices	Video modeling; remote coaching	Increases fidelity and reduces performance anxiety
Connectivity and device limitations	Rural areas with unstable internet	Hybrid approaches, low-tech backups	Phone calls, SMS, and offline materials offer redundancy
Privacy and ethical concerns	Risks with video recording and data-sharing	Secure platforms; explicit consent procedures	Aligns with HIPAA or equivalent protections
Caregiver engagement barriers	Transportation, work schedules, distance	Virtual family consultation hours	Improves attendance and communication
Student needs fluctuate rapidly	Delays in support worsen outcomes	Digital progress monitoring; real-time data sharing	Enables quicker intervention adjustments
Risk of consultant overload	Increased digital access → pressure for instant replies	Clear communication norms & boundaries	Supports sustainable practice

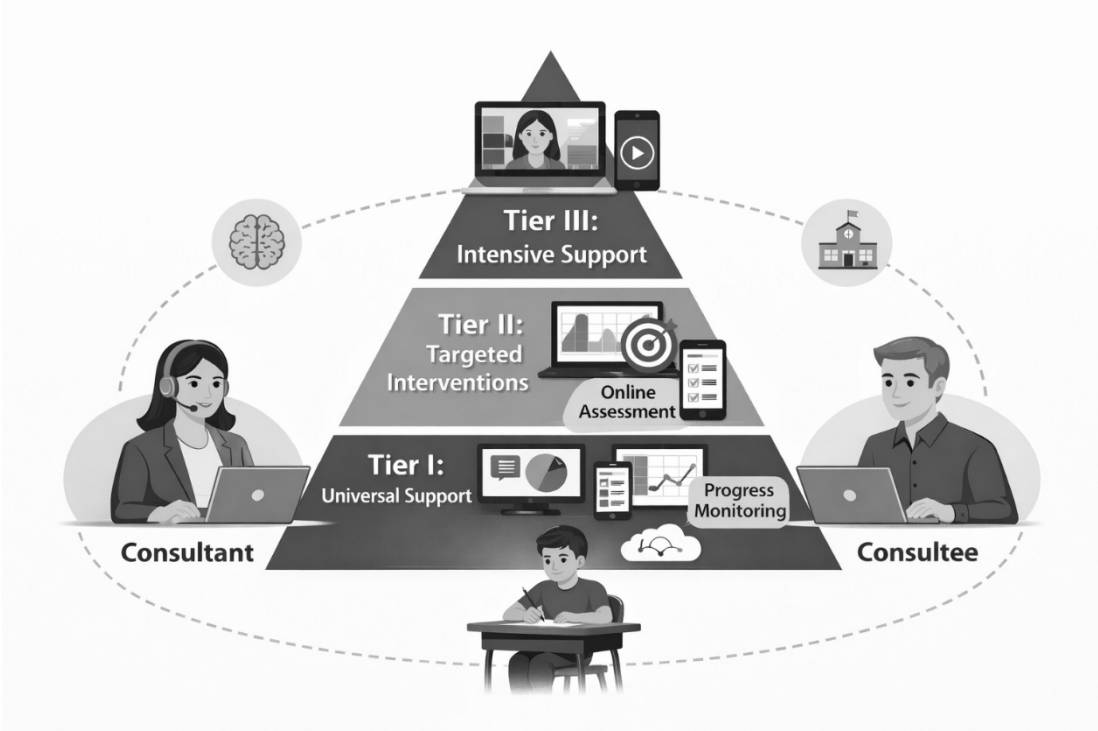

Figure 1 *A Conceptual Overview of Technology-Enhanced Consultation Across MTSS Tiers*