An Update on the Journal of Technology in Behavioral Science and Kicking Off the Columns as a Meeting Place for Discussion Among Colleagues

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It aims to help readers consider the social, psychological, cultural, biological, and other medical/health contexts of behavior. To achieve its goals, JTiBS has embraced a variety of methodologies (e.g., surveys and questionnaires, randomized controlled trials, direct observation, descriptive methods, laboratory and field experiments, economic cost analyses, project and program profiles, ethnography, evaluation and process improvement, and quantitative and qualitative approaches). All publications—but particularly the columns—serve as an international forum and repository for the exchange of ideas between professionals engaged in science, practice, policy, and education in a way that transcends geographical, cultural, disciplinary, and methodological boundaries. The columns include research in technology and behavioral sciences; new developments and resources in technology for behavioral science; telecompetency, evaluation and outcomes; policy, organizational, reimbursement, and legal factors; and technological innovation. They can also help JTiBS grow in submissions (> 100/year), downloads (35,000+ in 2019), and indexing with PubMed/Medline, Scopus, EMBASE, and other services.

Historical Perspective

The Journal of Technology in Behavioral Science (JTiBS) enters its 4th year with the leading role in exploring the intersection of human behavior, telehealth, use of technology, and healthcare. It considers the social, psychological, cultural, biological, and other medical contexts of behavior. JTiBS' approach and papers integrate the scientific literature and evidence-bases across behavioral analysis counseling couples, marriage, and family therapy, psychiatry, psychology, social work, substance use and other behavioral professions. It serves as an international forum and repository for the exchange of ideas between professionals engaged in science, practice, policy, and education in a way that transcends geographical, cultural, disciplinary, and methodological boundaries.

To achieve its goals, JTiBS has embraced a variety of methodologies (e.g., surveys and questionnaires, randomized controlled trials, direct observation, descriptive methods, laboratory and field experiments, economic cost analyses, project and program profiles, ethnography, evaluation and process improvement, and quantitative and qualitative approaches). We strive for *logarithmic* impact and solutions,

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rather than *arithmetic and additive* contributions. We have become a trusted and influential source for new health knowledge, evidenced-based clinical care, and technological research best practices. While the COVID pandemic has caused many challenges and suffering, it is also an opportunity to come together and learn by sharing ideas and best practices—it may not shift our aim and mission but is a call to action to help others.

We have come along way since the Introductory Column for the Journal in late 2016 (Hilty, 2016)—and accomplished the short-term and some of the mid-term goals. Now we have to reset those and we have the help of JTiBS' leadership including Deputy/Associate Editors Kenneth J. Drude PhD, Robert J. Boland MD, and Christina M. Armstrong PhD. Their expertise spans clinical care interventions, health care systems, academia, policy, and training/educational. Our dedicated Editorial Board and reviewers have worked tirelessly to promote a high standard to give input to improve publications and serve as liaisons to organizations across the world. The Coalition for Technology in Behavioral Science (CTiBS), our founding organization, and the Telebehavioral Health Institute (TBHI) support JTiBS via their non-profit missions, founded by Marlene M. Maheu PhD. We have the support of one of the world's best publishers, if not the best in Springer Nature, with more than 2900 journals, 200,000 books, and nearly 70 years in the industry, and named one of the fastest growing independent publishers in the USA by Publishers Weekly.

JTiBS is growing in all manners, including submissions (> 100/year), downloads (35,000+ in 2019), and time from submission to publication (approximately 100 days). A top priority is applying for indexing for PubMed/Medline, Scopus, EMBASE, and other services—estimations at this time are impact hS index of 11 and a 5-year rating of 1.747. While author satisfaction is over 90%, we have to accelerate our turnaround time, provide better customer service, ensure quality control of reviews, and connect with even more international organizations and scientific meetings.

New Developments

Broader foundation for JTiBS. Now, innovation in technology has taken us to new fronts of research related to lifestyle, relationships, and health—made possible by health informatics, artificial intelligence, machine learning, and other approaches—with wearable sensors as an example the intersection. Furthermore, we must continue to translate the findings from basic science and clinical studies in ideal conditions to the real world—a shift from the randomized controlled trials and efficacy—to implementation science, human factors, and effectiveness

research (Proctor et al., 2010; Curran et al., 2012; Gargon et al., 2019). The latter inquiry is more person-, patient-, learner-, and team-centered and informs acceptability, adoption, appropriateness, feasibility, and sustainability (Proctor et al., 2010).

Editorial Board revision. We are revising the Editorial Board's membership and to maintain our Aim and Mission and to have a more diverse board with a broader range of expertise. This includes better representation internationally, across professional training, implementation science, population health, biostatistics, effectiveness, economics, epidemiology, informatics, augmented and virtual reality, and artificial intelligence/machine learning, and other fields. A good journal reaches millions of people in over 100 countries, with research reports originating from across the world—a truly global brand. We should also consider more communication with and input from fields of history, anthropology, political science, and public health.

Special Editions. Successful ones so far have been one for mobile health and related technologies in 2019 and evidence-based clinical and educational interventions with video, mobile health, and wearable sensors for 2020 (in press). One special edition for 2021 is for submissions researching, evaluating, and describing uses and misuses of social media including uses of technology and social interaction such as texting, email, instant messaging, professional websites, microblogging, and all forms of social networking. Another one is Implementation Science and Clinical Integration of Health Technologies, which aims to help interprofessional healthcare teams, program, services, and health system leaders/administrators improve implementation strategies to increase adoption and improve patient outcomes. Objectives are to help readers to understand, apply, and shift perspectives on health technology integration using best practices from implementation science. We have invited 100 authors each from across the world.

The JTiBS' Columns as a Meeting Place for Colleagues

The plan to feature original, empirically supported research, theoretical articles, and position papers on relevant policy issues has been effective. One of our initial goals has been to provide a meeting place, inspire new ideas, and generate discussion among many readers via columns, editorials/commentaries, and letters. Our 5 columns are as follows:

- **Research in Technology and Behavioral Sciences.** JTiBS embraces research at the intersection of human behavior, use of technology, and healthcare.

It publishes a variety of methodologies (e.g., surveys and questionnaires, randomized controlled trials, direct observation, descriptive methods, laboratory and field experiments, economic analyses, project and program studies, ethnographic analysis, and other studies). Queries about this column may be addressed to Dr. Donald Hilty at donh032612@gmail.com.

- **New Developments and Resources in Technology for Behavioral Science.** This includes information about education and training events and opportunities as well as references to articles, reports, and books about telehealth. For example, material will be considered that encompasses the application of technology to all levels of behavioral health education (i.e., student, graduate, residents, faculty, clinicians, and community partners). For clinical care, the column could be directly useful to translate technology into daily practice, whether that is focused on educational, clinical, or quality improvement work. The articles in this column are intended to be practical, offer sound options, and use technology so support dissemination and sustainability. Occasionally reviews and descriptions of new products and services may also be provided. Queries about this column may be addressed to Jack Tsai PhD at jack.tsai@uth.tmc.edu.
- **Tele-competency, Evaluation, and Outcomes:** This column includes papers about identified telebehavioral health competencies, their acquisition, evaluation, and intervention outcome measurement. These papers are encouraged to be evidence-based, educational, creative, innovative, or exploratory. Queries about this column may be addressed to Kenneth Drude PhD at kdrude@gmail.com.
- **Policy, Organizational, Reimbursement, and Legal Factors.** This column addresses current events and their positioning as related to policy development for generaltelehealth/telebehavioral health; administrative/documentation requirements by federal and national regulations; oversight agencies (e.g., CARF, COA, JCAHO, URAC); changes with insurance carriers; changes with local regulatory and licensing boards; and hospital, agency, clinic, and other community groups and individual practitioners. Reimbursement factors are also discussed in light of changing laws/CPT codes and changes in categories of technology being considered for reimbursement (e.g., new apps, remote patient monitoring, artificial or augmented reality, and other aspects of innovation) internationally. Included legal factors include interjurisdictional practice, model acts proposed for licensing boards, privacy and confidentiality, informed consent, documentation for intakes, assessments and termination policies, and their documentation. Lastly, social media policies, development and enforcement of best practices, and the

impact of such policies upon the regulatory establishment are also examined. Queries about this column may be addressed to Marlene M. Maheu, PhD at marlene@telehealth.org.

- **Technological Innovation:** This column is intended to help readers and writers reflect on technology's role in clinical care, education, training, and research related to engaging patients and learners, assessing/developing skills/behaviors, and testing responses to/with technology. The column specifically involves direct utility and translation of technology into daily practice, whether focused on educational, clinical, or quality improvement work; practical and offering sound options to facilitate a purpose to existing or new settings, to leverage resources and to overcome obstacles. A tire-to-the-pavement approach adds something via technology but keeps the objectives, goals, and evaluation of technology. The column balances innovation with sustainability and generalizability. Queries about this column may be addressed to Steven Chan, MD, MBA at steven@berkeley.edu.

The “how we do the columns best” question was informed by gaining input from authors, reviewers, other journals and publications from business and other walks of life. They have to be timely, be something readers look forward to, and balance evidence with “good,” incisive opinion. They should emphasize best practices in research, clinical care (e.g., guidelines), training, administration, and leadership—and translate those broad and/or technical works for our readers in a helpful way. As per the Author Instructions for JTIBS, columns range from 1000 to 2000 words with up to 2 figures or tables and 25 references. If a timeline is needed, our goal is that a June 1 submission revision acceptance production would be all done to go into production July 20th for issue published in early September; likewise, deadlines of September 1st due for December issue, December 1st due for March issue, and March 1st due for June issue.

Submissions for the JTIBS' column will be judged via primary criteria:

1. Synthetic use of technology in terms of theory, content, process, and other dimensions,
2. Originality (e.g., “If I were marooned and had to teach on an island, which two or three technologies should I pack?”),
3. Power of practical dissemination and sustainability,
4. Global/international applicability (e.g., global, across learners, organizations, institutions, and countries), and
5. Clarity of presentation, balance between breadth and depth, and quality of references.

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