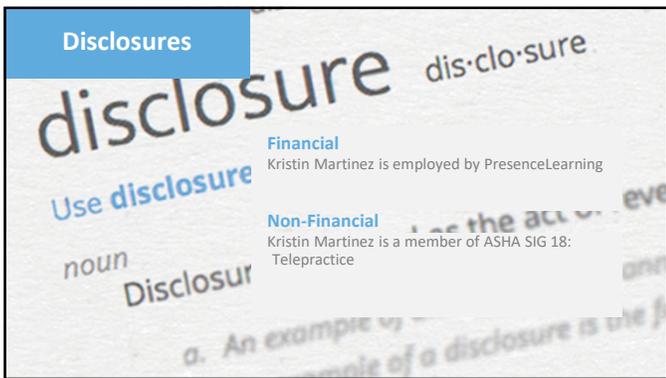
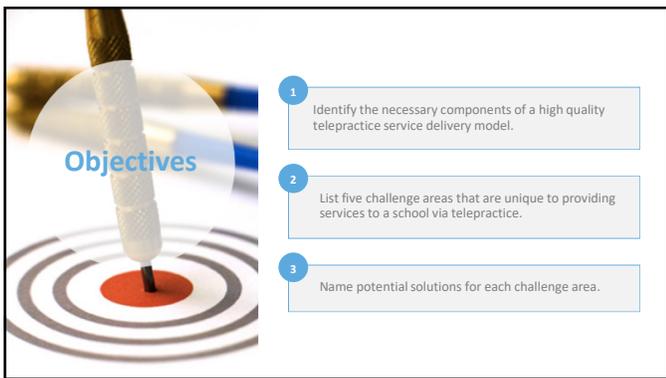




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What is Telepractice?

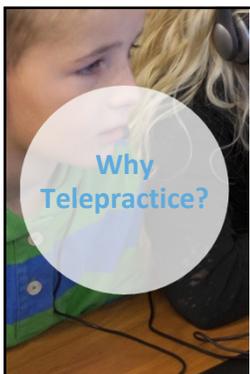
ASHA:

Telepractice is the application of telecommunications technology to the delivery of speech language pathology and audiology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation.

The use of telepractice does not remove any existing responsibilities in delivering services, including adherence to the [Code of Ethics](#), [Scope of Practice in Audiology](#) and [Scope of Practice in Speech-Language Pathology](#), state and federal laws (e.g., licensure, HIPAA), and ASHA policy.

TAC §111.212 (k) As pertaining to liability and malpractice issues, a provider shall be held to the same standards of practice as if the telehealth services were provided in person.

3



Why Telepractice?

- ✓ Addresses nationwide SLP shortage
 - According to a recent survey, 65% of undergraduate and graduate participants indicated a preference to work in a healthcare setting rather than a school-based setting, even though 52.6% of SLPs were employed in school-based settings in 2015. This discrepancy may further perpetuate shortage of SLPs in schools.
 - 2015-2016 Educator Supply and Demand report indicates that all US states indicate some degree of shortage related to speech-language pathologists.
- ✓ Reduces caseloads for on-site SLPs, providing opportunity for improved overall quality of therapy
- ✓ Removes geographic barriers
 - Reduces or eliminates travel time for on-site SLPs
 - Reduces district loss of FTE time to travel
- ✓ Increased opportunity to bring SLPs with specialized training to students with specific needs (e.g., bilingual therapy, AAC, ASL certified, etc.)

4

Research

American Speech-Language-Hearing Association (2005). *Telepractice: Key Issues* [Client/Patient Selection]. Available from www.asha.org/policy.

Telepractice has been endorsed by ASHA as a viable service delivery method since 2005. ASHA has worked in partnership with both national and state speech-language-hearing associations to ease current restrictions surrounding telepractice, and has supported efforts to move toward Medicaid reimbursement for online-based speech-language pathology services in all states.

5

Research

Molini-Avejonas, et al, A Systematic Review of the Use of Telepractice in Speech, Language and Hearing Sciences *Journal of Telemed Telecare* (2015)

Literature review of 103 papers published between 2008 and 2014. Some findings:

- Telehealth allows greater ability to train caregivers and support personnel in support of client's goal carryover
- Primary benefit reported across studies was improved access to care
- Barriers to implementation of telehealth services: issues with technology, acceptance by professionals

6

Research

Lincoln, M. et al. (2014) Multiple Stakeholder Perspectives on Teletherapy Delivery of Speech Pathology Services in Rural Schools: A Preliminary, Qualitative Investigation, *International Journal of Telerehabilitation*

- Interviews of parents, school principals and therapy facilitators related to pilot teletherapy program in rural community
- Parents who attended their child's teletherapy sessions reported they had also gained skills in supporting their child's communication
- Despite some issues with technology (Adobe Connect used during this pilot program), overall response was that teletherapy was "highly acceptable"

7

Research

McDuffie et al (2016) [Early Language Intervention Using Distance Video-Teleconferencing: A Pilot Study of Young Boys With Fragile X Syndrome and Their Mothers](#), *American Journal of Speech-Language Pathology* (2016)

- Preliminary support for the efficacy of telehealth format of parent-implemented language intervention; as parents are present and involved during therapy session, they are better trained and prepared to embed language teaching into naturally occurring routines and activities.
- Remote therapy with child in home setting means that intervention is occurring in child's naturalistic environment, leading to greater opportunities for immediate practice and carryover of skills.

8

Research

More research needed!

Wales et al (2017) [The Efficacy of Telehealth-Delivered Speech and Language Intervention for Primary School-Age Children: A Systematic Review](#), *International Journal of Telerehabilitation* (2017)

Overall, the findings from the seven reviewed studies revealed that telehealth is a promising method for treating children with speech and/or language difficulties. However, in spite of this finding, a number of methodological issues limit the quality of the results. The conclusions found in the literature on the effectiveness of telehealth-delivered intervention are dependent on the selected outcome measure.

9

Restrictions

There are regulatory restrictions that either prevent or limit our ability to deliver speech-language services via teletherapy, and/or to request Medicaid reimbursement for such services.

Check with your state regulatory board and licensure information.

10

Advantages

Provider:

- More flexibility in scheduling, assisting with a work/life balance
- Provider can focus specifically on therapy and related clinical responsibilities
- Smaller group sizes, or individual sessions, allowing for more focused and targeted work, helping students to meet their IEP goals faster

Student:

- Smaller group sizes (2-4 students), allowing for more individualized attention
- Students motivated by computer-based activities
- Reinforcement of computer literacy and fluency

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Components of a High Quality Session



High-quality telepractice requires:

- ✓ Provision of therapy by a qualified, appropriately licensed and experienced clinician
- ✓ Knowledge of ASHA guidelines as well as state regulations and requirements related to telepractice in schools
- ✓ Sufficient internet bandwidth
- ✓ Adequate equipment and technology support
- ✓ Site/home support of service delivery model

12

Common Challenge Areas



Potential challenge areas can be related to

- ✓ System and technology
- ✓ Students
- ✓ School (brick and mortar) sites
- ✓ Virtual schools
- ✓ Clinicians

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Environment & Technology



Optimal environment for learning



Access to necessary equipment



Internet speeds

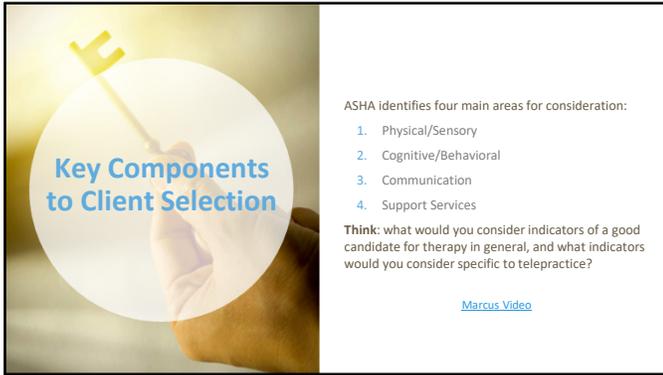


Plan for troubleshooting



Security and Privacy

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Key Components to Client Selection

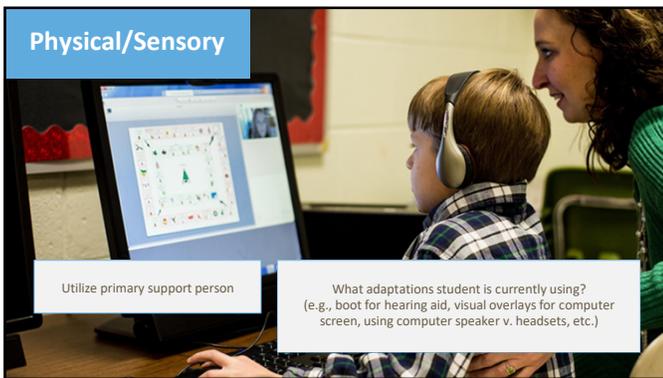
ASHA identifies four main areas for consideration:

1. Physical/Sensory
2. Cognitive/Behavioral
3. Communication
4. Support Services

Think: what would you consider indicators of a good candidate for therapy in general, and what indicators would you consider specific to telepractice?

[Marcus Video](#)

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Physical/Sensory

Utilize primary support person

What adaptations student is currently using?
(e.g., boot for hearing aid, visual overlays for computer screen, using computer speaker v. headsets, etc.)

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Cognitive/Behavioral

Utilize onsite supports

Choose activities at the student's cognitive/developmental level

Incorporate rewards into your therapy session

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Communication

- Amplification/Use of headsets/Superior audio quality
- Use of bilingual providers/interpreters
- Consider what you would do onsite

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School Site Considerations

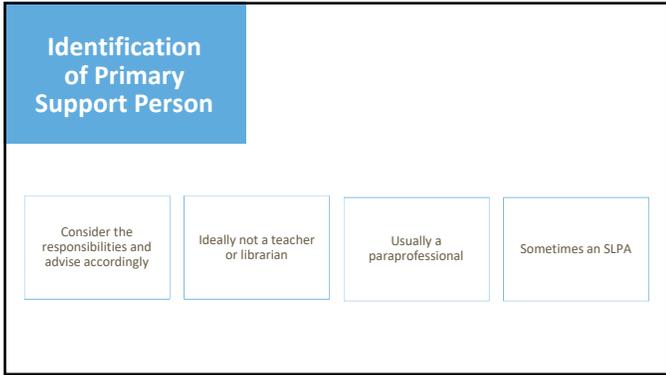
1. Location of Services
2. Identification of Primary Support Person
3. Primary Support Person Responsibilities
4. Cooperation from school staff, especially principal

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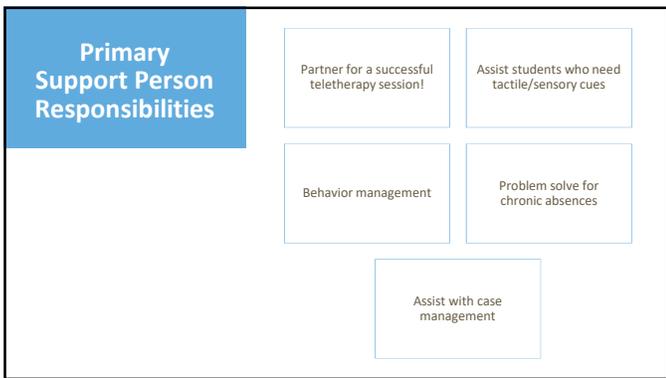
Location of Services

- Noise Level ([Jen Video](#))
- Privacy
- Lighting
- Distractions
- Internet connection

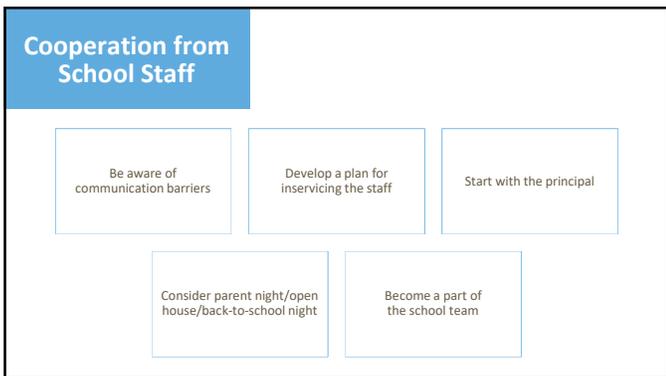
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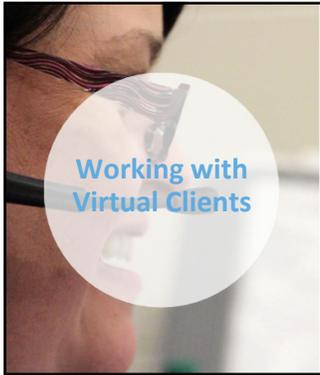
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Working with Virtual Clients

1. Working with School Staff
2. Working with Families
3. Virtual Session Best Practices
4. Technology
5. Attendance
6. [Bethany Video](#)

24

Working with School Staff

Similar to that if working with a brick and mortar site	Sometimes requires persistence
Documentation is key. If it's not documented, it didn't happen!	Determine how you will obtain the IEP and where it will be stored

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Working with Family

Learning Coach = Primary Person Person/Teacher = Parent

Main contact for the provider	Schedules sessions directly with provider*	Ensures the student is present for the session
Many times this is a parent but it can be a grandparent, older sibling, or a person hired by the family.	Become an important piece to student's success	Therapy needs to be delivered during school hours

*You may need to rely on the school staff for support in communicating with the family and/or supporting you with the scheduling the session.

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Virtual Student Session Best Practices

- Schedule sessions according to student's typical schedule (i.e. afternoon sessions v. morning sessions)
- Ensure student has time to eat prior to the session
- Encourage appropriate attire
- Minimize distractions
- Check state laws/school policies regarding supervision

Establish expectations from the beginning!

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Virtual Student: Technology

- Bandwidth
- Ensure updated computer and current operating system
- High quality headset with microphone
- Consider LC's tech skills
- Each virtual session = a new mini school site

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Virtual Student: Attendance

- No shows are more common with virtual students
- Calendar reminders, email, texts are helpful to improve attendance
- Know the school's absence policy and communicate it early and often
- Document, document, document

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Clinician Challenges

While the therapy provided online by licensed SLPs is comparable to face-to-face therapy in terms of being evidence-based and IEP-goal directed, telepractice brings its own set of challenges for clinicians.

- Clinician's Environment
- Licensure Requirements
- Time Management
- Conducting Evaluations
- Access to Therapy Materials

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Clinician's Environment

Typically a home office	Any private, quiet location
Use caution with public locations (private room in library v. coffee shop)	Keep background organized and professional
Adequate lighting	Keep a copy of important numbers accessible

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Licensure Requirements

Must be licensed in the state where student is located
License in the state where you are located
Check state guidelines on major issues such as: <ul style="list-style-type: none"> • SLPA supervision requirements • Onsite visit requirements • Informed consent

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Time Management 

- Plan for case management duties
- Begin scheduling IEP meetings and assessments early!
- Log into room a few minutes before session
- Data collection during session
- Consider sessions with 5-minute gaps

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Conducting Evaluations 

- Decide which assessments you'd like to have in your repertoire
- Explore copyright and permissions requirements
- Disclosure statements
- Scoring and reporting: online vs. paper protocol

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Access to Therapy Materials

- Screenshare
- Interactive websites
- Digital versions of your favorite materials
- Consider copyright issues
- Use of manipulatives /therapy tools

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Therapy Room

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References

Reference 1 2015 Educator and Supply Demand Report, American Association for Employment in Education

Reference 2 American Speech-Language-Hearing Association (2005). *Telepractice: Key Issues* (Client/Patient Selection). Available from www.ssha.org/policy.

Reference 3 American Speech-Language-Hearing Association (2015). *Highlights and Trends: Member and affiliate counts, year-end 2015*. Retrieved from <http://www.asha.org/juliodedfiles/2015-Member-Counts.pdf>

Reference 4 Tucker, J. (2012) Perspectives of Speech-Language Pathologists on the Use of Telepractice in Schools. *International Journal of Telehealth*, Fall 4(2): 47-60
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4296828/#d4e2-art-10-5195-iii-2012-6102>

Reference 5 Leonard et al (2016) Emerging Practice Preferences of Speech-Language Pathology Students, *Contemporary Issues in Communication Science and Disorders*, Fall (43): 285-298

Reference 6 Lincoln, M. et al. (2014) Multiple Stakeholder Perspectives on Teletherapy Delivery of Speech Pathology Services in Rural Schools: A Preliminary, Qualitative Investigation, *International Journal of Telehealth*

Reference 7 Molini-Avejonas, et al, A Systematic Review of the Use of Telepractice in Speech, Language and Hearing Sciences *Journal of Telemed Telecare* (2015)

Reference 8 McDuffie et al (2016) *Early Language Intervention Using Distance Video Teleconferencing: A Pilot Study of Young Boys With Fragile X Syndrome and Their Mothers*, *American Journal of Speech-Language Pathology* Fall; 4(2): 65-74

Reference 9 Wales et al (2017) *The Efficacy of Telehealth-Delivered Speech and Language Intervention for Primary School-Age Children: A Systematic Review*, *International Journal of Telehealth* Spring; 9(1): 55-70

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