

Stronger Together:
**Reimagining
School-Based SLP Teams
With a Blended
Service-Delivery Model**



Today's Objectives:



- Identify and address common misconceptions of telepractice as an effective service-delivery model.
- Describe at least three ways that onsite and virtual SLPs can effectively team in a blended service-delivery model to address student needs and to meet all compliance requirements.
- Explain how integration of telepractice into school-based SLP teams supports student needs and clinical best practices of our profession.

Disclosures:

Financial

Kristin Martinez is employed by PresenceLearning.

Non-Financial

Kristin Martinez is a member of ASHA SIG 18: Telepractice; SIG 16: School-Based Issues; & SIG 01: Language Learning and Education.

The reality for
school-based SLPs
and students

Our Schools and Students Without Teletherapy

- ✓ Emergency interim licenses for students enrolled in speech-language pathology master's programs. Regulations around supervision for this role can be limited or missing altogether.
- ✓ Heavy reliance on SLPAs, however appropriate supervision continues to be a challenge.
- ✓ Non-certified staff (e.g., paraprofessionals without training in communication disorders) meeting direct therapy IEP minutes, sometimes with little or no supervision.
- ✓ Chronically non-compliant IEPs.

Outlook for School-Based SLPs

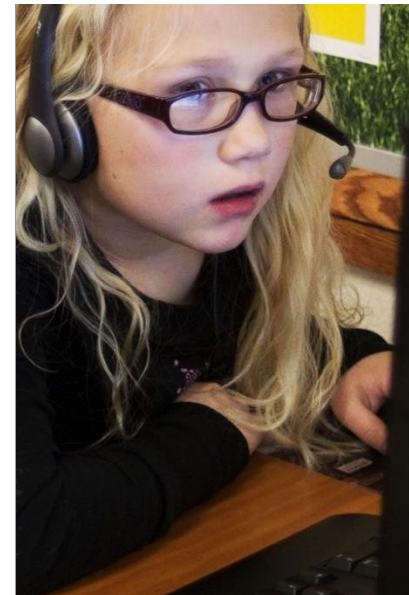
- ✓ According to a 2016 study, 65% of undergraduate and graduate participants indicated a preference to work in a healthcare setting rather than a school-based setting, even though 52.6% of SLPs were employed in school-based settings in 2015.
- ✓ 2016-2017 Educator Supply and Demand report indicates that all US states indicate some degree of shortage related to speech-language pathologists.
- ✓ The number of needed SLPs (across settings) is expected to grow 17%, or by 25,900 positions in the next decade.
- ✓ Over the last decade, the percentage of ASHA certified SLPs working in school-based settings has dropped from 55.4%, to 51.8%. There has been a comparable increase in the percentage of SLPs working in some type of health care setting.
- ✓ According to the ASHA 2018 Schools Survey, 71.2% of responding school-based SLPs identified "high workload/case size" as their greatest professional challenge.

Telepractice: The Basics

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.



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.).
- ✓ Allows all SLPs, both onsite and online to work at the “top” of their license.

Components of 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

How does teletherapy work?



Addressing Telepractice Misconceptions

Telepractice is taking jobs away from onsite SLPs

- We are all one “pool” of SLPs!
- Statistics on “blended” schools: ~45% of districts served by PL teletherapists also have onsite SLPs.

Telepractice is not as effective as in-person therapy, or you can’t work with certain populations

- Growing body of research in support of the effectiveness of teletherapy across settings and student populations:

Gabel, R., Grogan-Johnson, S., Alvares, R., Bechstein, L., & Taylor, J. (2013). A field study of telepractice for school intervention using the ASHA NOMS K-12 database. *Communication Disorders Quarterly*, 35, 44–53

Grogan-Johnson, S., Alvares, R., Rowan, L., & Creaghead, N. (2010). A pilot study comparing the effectiveness of speech language therapy provided by telemedicine with conventional on-site therapy. *Journal of Telemedicine and Telecare*, 16, 134–139.

Sutherland, R., Trembath, D. & Roberts, J. [Telehealth and autism: A systematic search and review of the literature](#) Pages 324-336 | Received 09 Jul 2017, Accepted 11 Apr 2018, Published online: 30 Apr 2018

Wales, D., Bspath, Skinner, L., and Hayman, M. The Efficacy of Telehealth-Delivered Speech and Language Intervention for Primary School-Age Children: A Systematic Review [Int J Telerehabil](#). 2017 Spring; 9(1): 55–70. Published online 2017 Jun 29. doi: [10.5195/ijt.2017.6219](#)

Blended Service-Delivery Model

Quotes

“Selecting the most appropriate service delivery model is a fluid process. While no single model is appropriate for all students, one must understand the range of service delivery models as well as the advantages and limitations of each model (Nippold, 2012). Student outcomes may be improved if a flexible approach to scheduling and service delivery is adopted.”

American Speech-Language-Hearing Association (2020). *School-Based Service Delivery in Speech-Language Pathology. Information for Speech-Language Pathologists: School Settings*. Available from <https://www.asha.org/SLP/schools/School-Based-Service-Delivery-in-Speech-Language-Pathology/>

Nippold, M. (2012). Different service delivery models for different communication disorders. *Language, Speech, and Hearing Services in Schools*, 43, 117–120. Retrieved from [https://doi.org/10.1044/0161-1461\(2012\)ed-02](https://doi.org/10.1044/0161-1461(2012)ed-02).

Role of the (tele)SLP in the Schools

- Prevention
- Assessment
- Intervention
- Program Design
- Data Collection & Analysis
- Compliance
- Collaboration
- Leadership
- Working across all levels
- Serving a range of disorders
- Ensuring educational relevance
- Providing unique contributions to curriculum
- Highlighting language and literacy
- Providing culturally competent services

District Options

- Assign caseload for entire school sites to telepractitioner.
- Blend onsite and telepractice SLPs within buildings.
- Might vary depending on assistant support for online therapy.
- Allow onsite SLP and telepractitioner to collaborate on ultimate determination of service delivery.
- Support person should not be the onsite SLP!

Onsite SLPs can be integral in a district's decision to utilize telepractice and help guide determinations about use and placement of telepractitioners.

Factors to consider:

- Student populations
- Site support for telepractice if new to district (administrative, parent)
- Site selection that would most benefit onsite SLPs: remote, home-based
- Would blending service delivery within sites provide more support for onsite SLPs?

Opportunity to collaborate/shift caseload as the year progresses:

- Help with screenings/Rtl/high referrals
- Compensatory time

Physical/Sensory

- What if the client requires hand-over-hand assistance to utilize tools?
 - Consider the role of the Primary Support Person.
- What if the client has a visual impairment that prevents the ability to see computer graphics and text?
 - Similar to barriers with face-to-face therapy.
 - May require on-site manipulatives, similar to online OT services.
- What if the client has a hearing impairment (HI) and either has a limited ability to hear the clinician, or uses sign to communicate?
 - Audio boot can be fitted to a hearing aid if headset is not appropriate.
 - Consider on-site supports already in place for client.
- What if the client has sensory issues that don't allow use of headsets, or that are aggravated by the light/color/sound of the computer?
 - Work to modify computer-related stimuli as well as general room environment.

Key Components to Client Selection

ASHA identifies four main areas for consideration:

- Physical/Sensory
- Cognitive/Behavioral
- Communication
- Support Services

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

Cognitive/Behavioral

- What if client has difficulty maintaining sustained attention?
 - Student should be referred as an appropriate candidate.
- What if client exhibits frequent and/or disruptive behavior issues?
 - Consider role of Primary Support Person.
 - May benefit from individual therapy sessions.
- What if client with a cognitive impairment is not able to follow basic oral directions?
 - Consider role of on-site supports already in place.

Communication

- What if the client can't read or recognize letters?
 - Consider activities available to you during your sessions
 - What would your requirement be for on-site services?
- What if the client has a severe phonological disorder or apraxia?
 - Need not be a barrier!
 - Ensure audio quality is excellent
- What if the client has a hard time following directions?
 - Consider the role of the Primary Support Person
 - Use visual supports available on the platform (e.g. visual instructions/schedule)
- What if the client needs bilingual therapy?
 - Student should be referred as appropriate

Support Services

- What if the client doesn't have internet access or the speeds are very slow?
 - Must have internet access for synchronous therapy.
 - Slow speeds can be an issue; need to consider audio/video quality.
 - Consider access to tech support. What if there is a problem?
- What if the client needs assistance due to physical or cognitive limitations?
 - Consider the role of the Primary Support Person.
 - Student may already have access to a 1:1 aide.
- What if the environment for therapy is not ideal for the client?
 - Our responsibility as clinicians is to support a therapeutic environment.
 - Consider lighting, extraneous noise, seating, etc.

Blended Service-Delivery Model: Collaboration Required!

Effective collaboration is:

- A social learning process
- Influenced by individual beliefs, values, and assumptions
- A shared knowledge & expertise (distributed cognition)
- Affected by time and opportunity for interaction and understanding
- Requires shared interest in a problem
- Providing powerful solutions

"The elements that must be in place before interdisciplinary collaboration can be successful are interprofessional education, role awareness, interpersonal relationship skills, deliberate action, and support."
- Petri, 2010

Collaboration Best Practices



- Relationship building
- Cultural considerations
- Regulations & Guidelines
- Teaming

Why is Collaboration so Important?

As identified by Orelove and Sobsey (Educating Children with Multiple Disabilities: A Collaborative Approach - 4th Edition, 2004)

- Ensuring coordination of services; that everyone is working collaboratively for the betterment of the child and his/her progress.
- Services are provided in a cohesive and coordinated approach.
- Every team member has an identified role and is educationally relevant and necessary for the student's success.

What are Challenges to Collaboration?

According to Roles of Related Services Personnel in Inclusive Schools, historically common practices that interfere with the provision of educationally necessary related services include:

- Groups of providers serving the same student but not functioning as a team.
- Support service determinations are made by providers in isolation without consideration of interrelationships among the services provided by team members.
- Each team member develops separate goals.

Giangreco, M., Prelock, P., Reid, R., Dennis, R., and Edelman, S.(unknown), Roles of Related Services Personnel in Inclusive Schools

Barriers to Blended Service-Delivery Collaboration



- Technology
- Quality of equipment
- Limited access
- Discomfort with technology
- Lack of training

- Professionalism
- Personality traits
- Professional experience
- Culture
- Community norms
- Exclusion

- Policies and procedures
- Unclear institutional procedures
- Confidentiality
- Limited opportunity
- Time constraints
- Not intentional

Getting Practical: Resources to Support Communication and Collaboration



- Cloud storage.
- Shared calendars.
- Virtual office hours.
- Coordinated outreach to teachers and parents.

Examples of teaming and collaboration between online and onsite SLPs:

- Telepractitioner completes initial evaluations then confers with onsite SLP regarding eligibility determination.
- Telepractitioner completes all kindergarten screenings allowing onsite SLP to complete influx of initial referral evaluations.
- Telepractitioner and onsite SLP collaborate to determine best therapeutic plan and service delivery model for students with moderate to high needs
- Telepractitioner creates fluency group across two sites within a district allowing students who stutter the opportunity to meet each other and to practice fluency-enhancing strategies.

Telepractice is a viable option to address not only under- and non-served students who require speech-language services, but telepractice is also an exciting solution to onsite SLP working conditions that do not follow best practice guidelines for our profession.

A **blended model** that utilizes both online and onsite SLPs can be a scalable and sustainable service delivery model for districts experiencing chronic SLP shortages.

Questions & Discussion

References

- Reference 1** 2015 Educator and Supply Demand Report, American Association for Employment in Education
- Reference 2** 2016-2017 Educator and Supply Demand Report, American Association for Employment in Education. Available from https://www.aeee.org/resources/Documents/AAFE%20Supply%20-%20Demand%20Report%202017%20Ex%20Summary_fnl.pdf
- Reference 3** 2017-2018 Educator and Supply Demand Report, American Association for Employment in Education
- Reference 4** American Speech-Language-Hearing Association (2005). *Telepractice: Key Issues* [Client/Patient Selection]. Available from www.asha.org/policy
- Reference 5** American Speech-Language-Hearing Association (2015). *Highlights and Trends: Member and affiliate counts, year-end 2015*. Retrieved from <http://www.asha.org/uploadedFiles/2015-Member-Counts.pdf>
- Reference 6** American Speech-Language-Hearing Association. (2016b). Scope of practice in speech-language pathology [Scope of Practice]. Available from www.asha.org/policy
- Reference 7** American Speech-Language-Hearing Association (2018). Supply and Demand Resource List for Speech-Language Pathologists. Available from <https://www.asha.org/uploadedFiles/Supply-Demand-SLP.pdf>
- Reference 8** American Speech-Language-Hearing Association (2020). *School-Based Service Delivery in Speech-Language Pathology. Information for Speech-Language Pathologists: School Settings*. Available from <https://www.asha.org/SLP/schools/School-Based-Service-Delivery-in-Speech-Language-Pathology>
- Reference 9** Gabel, R., Grogan-Johnson, S., Alvares, R., Bechstein, L., & Taylor, J. (2013). A field study of telepractice for school intervention using the ASHA NOMS K-12 database. *Communication Disorders Quarterly*, 35, 44–53
- Reference 10** Giangreco, M., Prelock, P., Reid, R., Dennis, R., and Edelman, S.(unknown), Roles of Related Services Personnel in Inclusive Schools
- Reference 11** Grogan-Johnson, S., Alvares, R., Rowan, L., & Creaghead, N. (2010). A pilot study comparing the effectiveness of speech language therapy provided by telemedicine with conventional on-site therapy. *Journal of Telemedicine and Telecare*, 16, 134–139.
- Reference 12** Leonard et al (2016) Emerging Practice Preferences of Speech-Language Pathology Students, *Contemporary Issues in Communication Science and Disorders*, Fall (43): 285-298
- Reference 13** 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*

- Reference 14** 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; 6(2): 65–74
- Reference 15** Molini-Avejonas, et al, A Systematic Review of the Use of Telepractice in Speech, Language and Hearing Sciences *Journal of Telemed Telecare* (2015)
- Reference 16** Nippold, M. (2012). Different service delivery models for different communication disorders. *Language, Speech, and Hearing Services in Schools*, 43, 117–120. Retrieved from [https://doi.org/10.1044/0161-1461\(2012\)ed-02](https://doi.org/10.1044/0161-1461(2012)ed-02).
- Reference 17** Orelove and Sobsey (Educating Children with Multiple Disabilities: A Collaborative Approach - 4th Edition, 2004)
- Reference 18** Perspectives of Speech-Language Pathologists on the Use of Telepractice in the Schools: The Qualitative View. *International Journal of Telerehabilitation*, vol 4, no 2, 47-60.
- Reference 19** Projections Managing Partnership (PMP), Projections Central – State Occupational Projections, "Long Term Occupational Projection (2016-2026)." Available from <https://projectionscentral.com/Home/Index>
- Reference 20** Sutherland, R., Trembath, D. & Roberts, J. Telehealth and autism: A systematic search and review of the literature Pages 324-336 | Received 09 Jul 2017, Accepted 11 Apr 2018, Published online: 30 Apr 2018
- Reference 21** Tucker, J. (2012) Perspectives of Speech-Language Pathologists on the Use of Telepractice in Schools. *International Journal of Telerehabilitation*, Fall 4(2): 47-60 | <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4296828/#b6-v4n2-art-10.5195-ijt.2012.6102>
- Reference 22** Wales, D., Skinner, L., and Hayman, M. The Efficacy of Telehealth-Delivered Speech and Language Intervention for Primary School-Age Children: A Systematic Review *Int J Telerehabil*. 2017 Spring; 9(1): 55–70. Published online 2017 Jun 29. doi: [10.5195/ijt.2017.6219](https://doi.org/10.5195/ijt.2017.6219)