

Telepractice in Schools

Common Challenges and Solutions

Disclosures

Financial
Kristin Edwards is employed by PresenceLearning

Non-Financial
Kristin Edwards is a member of ASHA SIG 18: Telepractice

Objectives

- 1 Identify the necessary components of a high quality telepractice service delivery model.
- 2 List five challenge areas that are unique to providing services to a school via telepractice.
- 3 Name potential solutions for each challenge area.

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.)

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.

Research

Molini-Avejona, 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](#)

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"

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.

Research

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)

More research needed!

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.

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.

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

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

Common Challenge Areas

Potential challenge areas can be related to

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

Environment & Technology

	Optimal environment for learning
	Access to necessary equipment
	Internet speeds
	Plan for troubleshooting
	Security and Privacy

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](#)

Physical/Sensory

Utilize primary support person

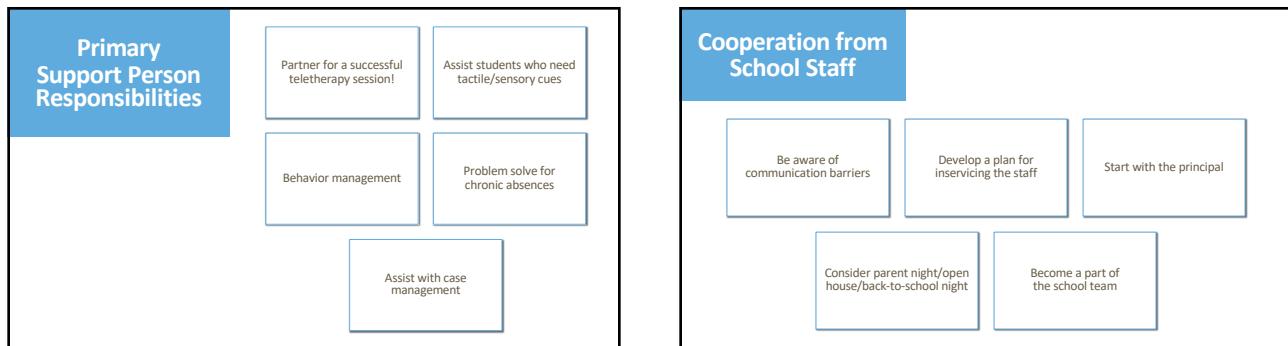
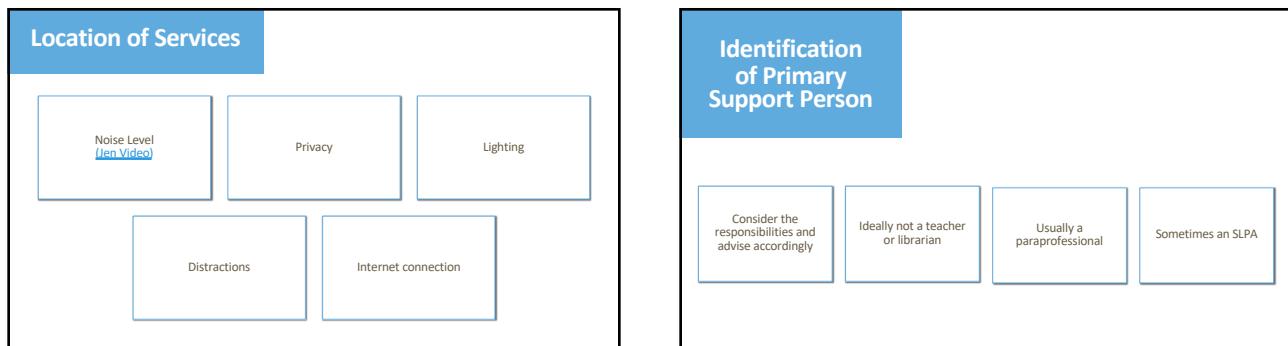
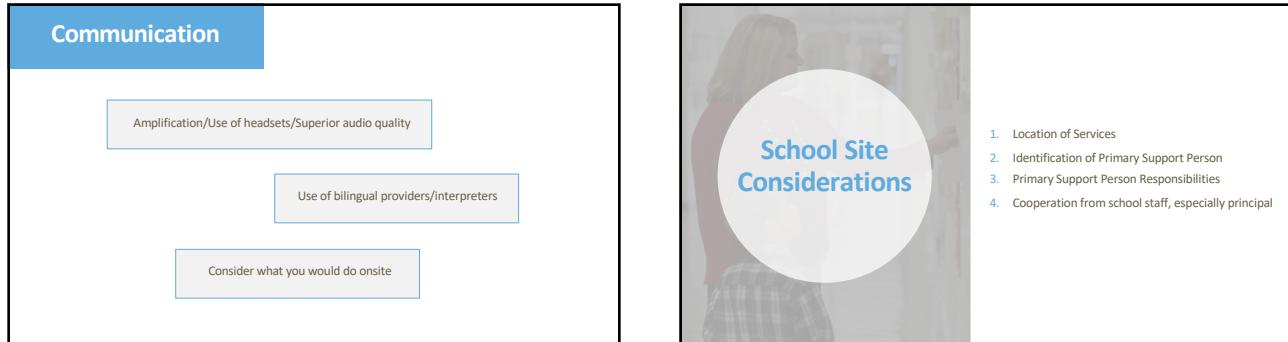
What adaptations student is currently using?
(e.g., boot for hearing aid, visual overlays for computer screen, using computer speaker v. headsets, etc.)

Cognitive/Behavioral

Utilize onsite supports

Choose activities at the student's cognitive/developmental level

Incorporate rewards into your therapy session



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](#)

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

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.

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!

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	

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

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

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

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:

- SLPA supervision requirements
- Onsite visit requirements
- Informed consent

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	

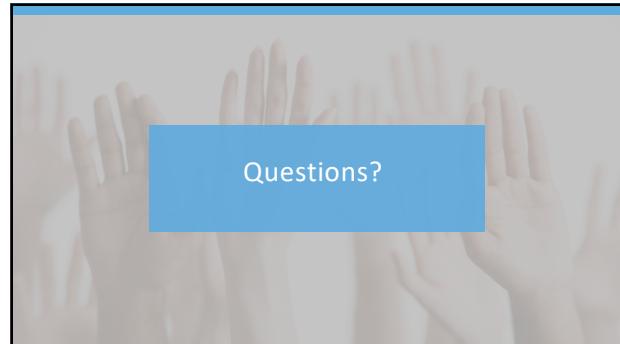
Conducting Evaluations



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

Access to Therapy Materials

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



References

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

Reference 2 American Speech-Language-Hearing Association. (2015). *Practitioner: Key Issues* [Client/Patient Selection]. Available from www.asha.org/policy/Practitioner-KeyIssues.pdf

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

Reference 4 Tucker, J. (2012) Perspectives on speech-language Pathologists on the Use of Telepractice in Schools. *International Journal of Telerehabilitation*, Fall(4), 47-50. doi:10.1089/ijtr.2012.0107
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3785378/#h0-v47-101.10.1089/ijtr.2012.0107>

Reference 5 Leonard L et al (2016) Emerging Practice Perspectives 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 Telerehabilitation*

Reference 7 Molin-Avignone, 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; 6(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 Telerehabilitation* Spring, 9(1): 65-70