

BEST PRACTICES IN TELETHERAPY

DEVIN MANNING



DEFINITION

“The application of telecommunications technology at a distance by linking a clinician to client or clinician to clinician for assessment, intervention, and/or consultation.” - ASHA

ASSOCIATED TERMS

- Many terms associated with teletherapy due to confusion by consumers. Many disciplines use terms other than teletherapy and have created their own terms such as:
 - Telehealth
 - Telemedicine
- Speech therapy typically uses telespeech or telepractice to make sure clients understand it is not only used in health care.

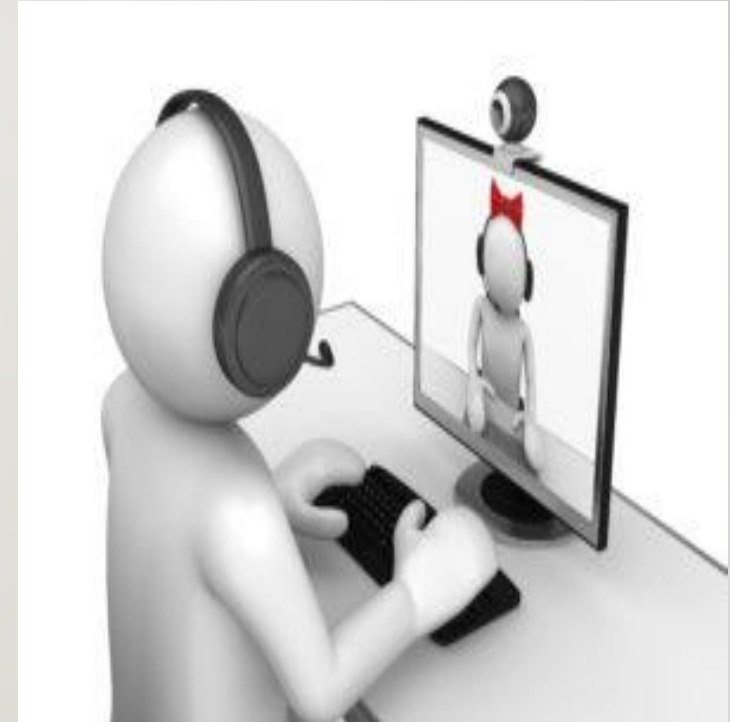
APPROACHES AND SETTINGS

Approaches:

- Synchronous – audio/video, live, person-to-person
- Asynchronous – information is stored and forwarded

Settings:

- In home
- In school



LICENSURE

- “Current guidance in medical and legal practices indicates that the client’s location determines the site of service. We remind readers that ASHA guidelines assert that **telepractioners must be licensed in both the state from which they provide services and the state where the client is located at the time of service**. Recognizing that this can be a burden to practitioners and a barrier to the growth of telehealth, several professional health care organizations (e.g., nursing, physicians, and physical therapists) are in the process of developing licensure compacts that would facilitate a streamlined process to practice in other states. ASHA currently is supporting an initiative to explore a similar solution for audiologists and SLPs.” - ASHA

LICENSURE CONT'D.

“Clinicians planning to do telepractice in a school setting in a state other than where they reside should verify with the Department of Education and the licensure board (in that state) whether licensure or teacher certification—or both—are required. Private contractors or clinicians working for telepractice companies that are contracting in schools would have to have a state license.”

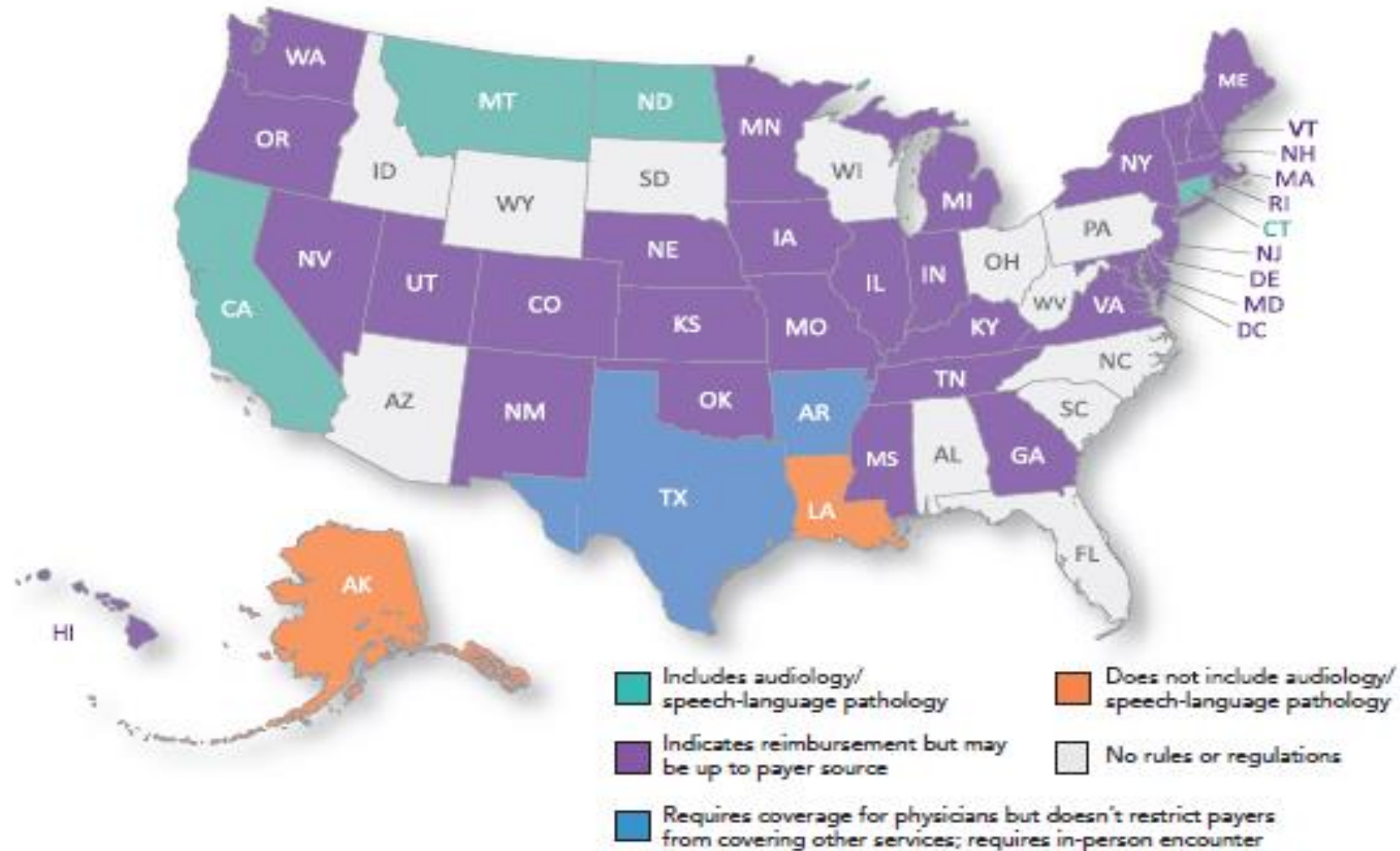


ILLINOIS REIMBURSEMENT

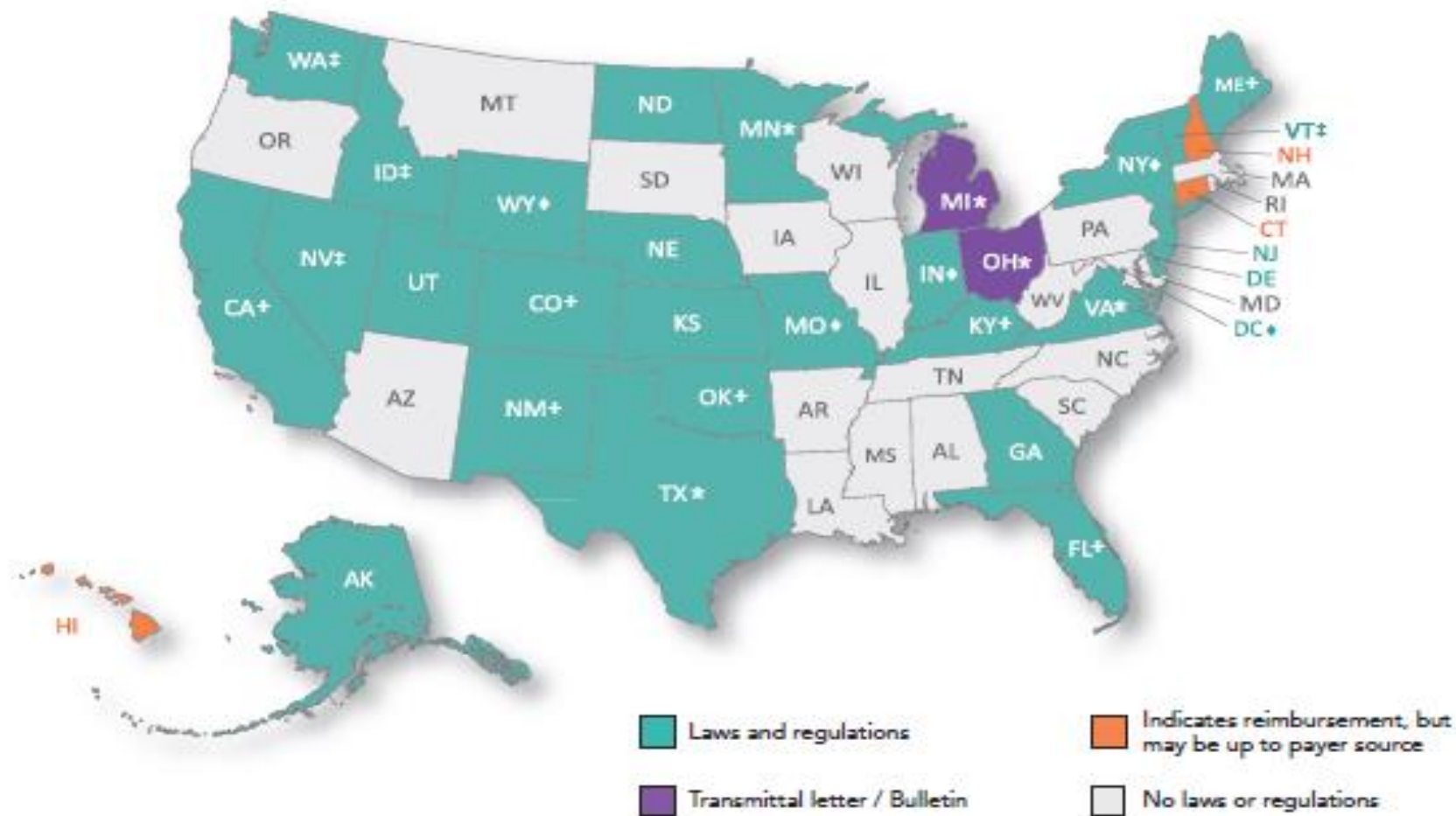
“The law is not clearly defined indicating that any healthcare provider and service may be covered. It is left up to interpretation and/or will be determined by the payers. Clinicians will have to contact payer sources to determine if and how telepractice is covered.” – ASHA

[ASHA State-By-State](#) > [Click on State](#) > [Telepractice requirements](#)


Private Insurance Laws and Regulations Telepractice Reimbursement Audiology & Speech-Language Pathology



Medicaid Laws & Regulations Telepractice Reimbursement Audiology & Speech-Language Pathology



BENEFITS OF TELETHERAPY


- Reduces barriers to access
 - Reduced travel
 - Reduces delays in care
 - Reduces overall healthcare costs
 - Servicing clients in their natural environment
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BARRIERS OF TELETHERAPY

For the Client:

- Technology or lack of
- Ability to use technology
- Access to internet

For the Therapist:

- The ability to assess and treat all disorders
 - Unable to use tactile cues
 - Communicating with school staff as frequently and fluidly
- 

EQUIPMENT NEEDED FOR TELETHERAPY

- Quality camera
- High speed internet
- Ethernet cable
- Lighting
- Headset with microphone
- Document Camera
- Safe/HIPPA compliant web-based platform e.g. Zoom, Theraplatform, Infinite conferencing, SKYPE for Business



ENVIRONMENT CONSIDERATIONS

- Well lit
- Quiet
- Limited background distractions
- Add personal touches
- Comfortable chair



DISCLAIMER

- “Many investigators have studied the use of telepractice to deliver speech and language services. Of the published articles, many are descriptive in nature. Fewer studies are empirically based; among these, many different research methodologies are used.” (Houston, 2014)
- “The current review aimed to determine if telehealth-delivered SLP interventions are as effective as traditional in-person delivery for primary school-age children with speech and language difficulties. The reviewed research was limited and of variable quality, however, the evidence presented showed that telehealth is a promising service delivery method for delivering speech and language intervention services to this population.” (Wales, Skinner, Hayman, 2017)

CLIENT SELECTION

- “Because clinical services are based on the unique needs of each individual client, telepractice may not be appropriate in all circumstances or for all clients. Candidacy for receiving services via telepractice should be assessed prior to initiating services. The client’s culture, education level, age, and other characteristics may influence the appropriateness of audiology and speech-language services provided via telepractice.” - ASHA

CLIENT SELECTION CONT'D

- Consider the following factors:
 - Physical and sensory characteristics
 - Hearing, visual, physical, and dexterity
 - Cognitive, behavioral, and/or motivation
 - Ability to maintain attention, ability to sit for a period of time, and client/caregiver's willingness to receive teletherapy services
 - Communication characteristics
 - Comprehension, intelligibility, and literacy
 - Client's support resources
 - Technology access, appropriate setting/environment, ability to operate and fix problems that may arise

WHO CAN BE TREATED USING TELE THERAPY?

- Aphasia
- Articulation
- Autism
- Dysarthria
- Dysphagia
- Fluency
- Language
- Voice

ASSESSMENT

- Issues in the delivery of assessment via telepractice include:
 - The age and characteristic
 - The skill and experience of the therapist
 - The assessment format
 - Appropriate modifications of tasks delivered in a telepractice setting
 - Data supporting that the assessment is valid from the paper format to teletherapy
 - Is it legal to use the test via teletherapy

Pearson Assessment > Professional > Products > Speech and Language > Name of Test



ASSESSMENT CONT'D.

Assessment	Test Equivalency Between Paper and Telepractice	Recommendations for Use Via Teletherapy	Other
CELF-5	Portions Excluding: <ul style="list-style-type: none"> Linguistic Concepts, Following Directions, Recalling Sentences, and Structured Writing 	<ul style="list-style-type: none"> Full screen Headset with boom mic Make sure when no image is needed that you are showing the title page or blank page 	https://www.pearsonassessments.com/campaign/telepractice-and-the-celf-5.html#
EVT-2	Yes	<ul style="list-style-type: none"> One image showing at a time Full screen 	https://www.pearsonassessments.com/campaign/telepractice-and-the-evt-2.html
PPVT	Yes	<ul style="list-style-type: none"> One image at a time Full screen 	https://www.pearsonassessments.com/campaign/telepractice-and-the-ppvt-4.html
GFTA-3	Not at this time	<ul style="list-style-type: none"> Full face with mouth clearly visible Headset Full Screen 	https://www.pearsonassessments.com/campaign/telepractice-and-the-gfta-3.html

LANGUAGE, ARTICULATION, & FLUENCY

- Larger body of research exists to support the efficacy of speech and language treatment for these areas.
- In a study done by Grogan-Johnson, Alvares, Rowan & Creaghead (2010) looking at school-age children with articulation, language, and fluency, it was found that the students made comparable progress by teletherapy as with traditional face-to-face treatment.
- In two additional studies by Grogan-Johnson (2011 & 2013) it was again shown that comparable progress was made compared to face-to-face treatment.

EARLY INTERVENTION

- Family centered early intervention (FCEI)
 - Teletherapy focuses on treating the parent as an equal partner when treating and developing goals for their child.
 - Therapist acts more as a coach than delivering direct services
 - Special set of skills are needed by the therapist that require additional training and education

AAC

- Several ways to achieve with a SGD:
 - **Direct text based tele-AAC** – client’s device can interface directly with the computer. Both the client and clinician input information into their own device which is transmit into the other person’s device. Requires that the client has some degree of literacy and language skills.
 - **Direct tele-AAC with two SGDs** – Client’s device is displayed on the therapist’s screen using a webcam. The clinician also has a webcam and device in order to model. Both parties need a comparable device in this scenario.
 - **Direct tele-AAC with one SGD** – Clinician uses a stimulation software from the device producer to model through screen sharing. A webcam is also typically used so the clinician can observe the client.
 - **Active consultation for tele-AAC** – Considered to be ‘indirect’ form of service. The therapist guides another adult who is face to face with the client. Need to provide training to the adult and schedule times for observation.
 - **E-supervision, mentoring, an training for AAC** – Experienced teletherapist provides training and support to other therapists that word directly with the client.

DIRECT TELE-AAC



TELE THERAPY AND APRAXIA

- No published evidence on the effectiveness of teletherapy for CAS.
- More research is needed on CAS in general

TELE THERAPY AND PEDIATRIC FEEDING/SWALLOWING

- **Research has been done but is limited especially in the pediatric population**
- Case Study done by Malandraki, Roth, and Sheppard in 2014:
 - 1 participant case study age 6;6
 - 1-hour session twice a week and 30 minute activity for family to complete everyday
 - Modifications made for teletherapy: tape on thyroid notch, positioning of client, video recording.
 - Email was sent one day prior to the session to the family outlining materials and food required for the session
 - Heavy parental involvement
 - Responsible for food and preparation
 - Responsible for performing the exercises
 - Results: Positive outcomes for feeding and swallowing, as well as, parent satisfaction measures

“The preliminary results of the present case study show promise for both pediatric assessment and treatment, however, further investigation is warranted to determine whether this mode of delivery can be generalized and is valid and reliable”

SCHOOL TELETHERAPY

- Most common setting for speech and language teletherapy
 - Shortage of therapists in rural areas
 - Distance in rural areas
 - Can offer specialization
- ASHA suggests the following for teletherapy services:
 - Clinicians meet state requirements to practice
 - Realize that not all students will be best serviced via teletherapy
 - Communicate to parents that they have the right to decline teletherapy services
 - Make note in the IEP that services are delivered via teletherapy
 - Provide someone in-person to support during teletherapy sessions
 - Develop a plan for maintaining contact and collaboration with teachers and parents

MATERIALS FOR TELETHERAPY

- Boom Cards
- Interactive PDFs
- PowerPoints
- YouTube
- Snipping Tool
- Dropbox/Sharepoint or something similar for file organization
- Traditional materials

ONLINE RESOURCES

- Into the Book - <https://reading.ecb.org/student/index.html>
- Fun English Games - <http://www.funenglishgames.com/>
- Whacky Web Tales - <http://www.eduplace.com/tales/>
- ABCya! - <https://www.abcya.com/>
- Cool Math Games - <https://www.coolmathgames.com/>

OTHER RESOURCES

- The Whimsical Word Blog - <https://www.thewhimsicalword.com/>
- BVG SLP - <https://bvgslp.com/>
- VocoVision - <http://www.vocovision.com/>
- Tele-AAC Book - <https://www.pluralpublishing.com/publications/tele-aac-augmentative-and-alternative-communication-through-telepractice>
- Teletherapy Book - <https://www.pluralpublishing.com/publications/telepractice-in-speech-language-pathology>

REFERENCES

- American Speech-Language-Hearing Association. Telepractice: Overview. Retrieved from <https://www.asha.org/practice-portal/professional-issues/telepractice/>.
- Cornish, N. (2015, January 2). Augmentative and Alternative Communication (AAC) and Telepractice. Retrieved October 4, 2019, from <http://blog.vocovision.com/language-impairments-telepractice/augmentative-and-alternative-communication-aac-and-telepractice/>.
- Cornish, N. (2014, October 10). Telepractice and Childhood Apraxia of Speech. Retrieved October 7, 2019, from <http://blog.vocovision.com/apraxia-telepractice/telepractice-and-childhood-apraxia-of-speech/>.
- Grogan-Johnson, S., Gabel, R. M., Taylor, J., Rowan, L. E., Alvares, R., & Schenker, J. (2011). A pilot exploration of speech sound disorder intervention delivered by telehealth to school-age children. *International journal of telerehabilitation*, 3(1), 31–42.
- Grogan-Johnson, S., Gabel, R., Taylor, J., Rowan, L., Alvares, R., & Schenker, J. (2011). A pilot exploration of speech sound disorder intervention delivered by telehealth to school-age children. *International Journal of Telerehabilitation*, 3(1), 31–42.
- Grogan-Johnson, S., Schmidt, A. M., Schenker, J., Alvares, R., Rowan, L. E., & Taylor, J. (2013). A Comparison of Speech Sound Intervention Delivered by Telepractice and Side-by-Side Service Delivery Models. *Communication Disorders Quarterly*, 34(4), 210–220.
- Houston, K. T. (2013). *Telepractice in Speech-Language Pathology*. Plural Publishing.
- Malandraki, G. A., Roth, M., & Sheppard, J. J. (2014). Telepractice for pediatric Dysphagia: a case study. *International journal of telerehabilitation*, 6(1), 3–16. doi:10.5195/ijt.2014.6135
- Stredler Brown, A. (2015). Examination of Early Intervention Delivered Via Telepractice with Families of Children Who are Deaf or Hard of Hearing Retrieved from <https://pdfs.semanticscholar.org/594c/f050a938d54ca64470b07048dfa01b390eae.pdf>
- Wales, D., Skinner, L., & Hayman, M. (2017). The Efficacy of Telehealth-Delivered Speech and Language Intervention for Primary School-Age Children: A Systematic Review. *International journal of telerehabilitation*, 9(1), 55–70. doi:10.5195/ijt.2017.6219
- Zangari, C. (2014, October 13). How We Do It: Tele-AAC with Nerissa Hall and Hillary Johnson. Retrieved October 17, 2019, from <https://praacticalaac.org/practical/how-we-do-it-tele-aac-with-nerissa-hall-and-hillary-johnson/>.