Telepractice in Schools
Common Challenges and Solutions

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?

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.)

Disclosures
Financial
Kristin Edwards is employed by PresenceLearning
Non-Financial
Kristin Edwards is a member of ASHA SIG 18: 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, 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.

Research

Telepractice has been endorsed by ASHA as a viable service delivery method since 2001. ASHA has worked in partnership with both national and state speech-language-hearing associations to ease current restrictions surrounding telepractice. Telepractice has also received national Medicaid reimbursement for online-based speech-language pathology services in all states.
Research

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:
  - With technology acceptance by professionals

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

- 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

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 research.

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.

Links for AR:
- https://www.asha.org/Advocacy/state/info/AR/Arkansas-Telepractice-Requirements/

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
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

Components of a High Quality Session

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?

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. headphones, etc.)

Cognitive/Behavioral

Utilize onsite supports
Choose activities at the student’s cognitive/developmental level
Incorporate rewards into your therapy session
Communication

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

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

Location of Services
- Noise Level
- Privacy
- Lighting
- Distractions
- Internet connection

Identification of Primary Support Person
- Consider the responsibilities and advise accordingly
- Ideally not a teacher or librarian
- Usually a paraprofessional
- Sometimes an SLPA

Primary Support Person Responsibilities
- Partner for a successful teletherapy session!
- Assist students who need tactile/sensory input
- Behavior management
- Problem solve for chronic absences
- Assist with case management

Cooperation from School Staff
- Be aware of communication barriers
- Develop a plan for inservice training the staff
- Start with the principal
- Consider parent night/open house/back-to-school night
- Become a part of the school team
1. Working with School Staff
2. Working with Families
3. Virtual Session Best Practices
4. Technology
5. Attendance
6. Bethany Video

Working with Virtual Clients

1. Working with School Staff
2. Working with Families
3. Virtual Session Best Practices
4. Technology
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6. Bethany Video

Working with School Staff

- Similar to 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 Virtual Clients

- Cooperation from School Staff
- 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.

Working with Family

- Learning Coach = Primary Person
- Teacher = Parent
- Schedule sessions according to student’s typical schedule (i.e., afternoon sessions vs. morning sessions)
- Ensure student has time to eat prior to the session
- Encourage appropriate attire
- Minimize distractions
- Check state laws/school policies regarding supervision

Virtual Student Session Best Practices

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

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
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
- 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.


