

Teletherapy for Students with Limited Engagement

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Intro & Disclosures

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- **Training:** BA & MA in Speech/Language Pathology, Kent State University; Educational Administration, Bowling Green State University
- **Experience:** 40+ years as an SLP specializing in: AAC, Complex Communication Needs, Deaf/Hard of Hearing
- **Employment:** The Speech Pathology Group (SPG): AAC Mentorship Program Coordinator & AAC Clinical Supervisor
- **ASHA:** Member; SIG 12 (AAC) Coordinating Committee

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Non-Financial Disclosures

- SPG may benefit from the name visibility
- Many thanks to Hall & Jellison, Communicare, LLC. for sharing information and resources
- See these and additional references listed on the last slides

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Teletherapy It's Reality Now

- Who could have predicted that we would need to support our students while staying in our homes?
- Of the many questions that clinicians have asked, the one question that keeps coming up is:

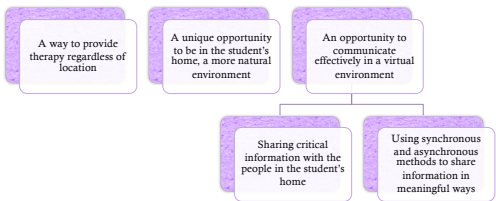
How do we serve our students that have limited engagement, complex needs, behavior issues, etc?

The answer is that we need a new model of services that truly supports the whole student and their families

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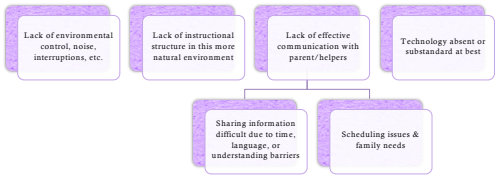
Positives of Providing Teletherapy in the Home



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Concerns of Providing Teletherapy in the Home







And more!

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And for those Providing Tele-AAC or AT

-  A subset of Teletherapy involving an AAC or AT system or tool
-  The clinician needs to have “eyes on” the AAC or AT system
-  This can include everything from high tech to low or no tech
-  May mean having a second computer, iPad, or camera to be able to have a visual of the student, AAC system, etc.

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The success of the teletherapy session is closely connected to the ability of the clinician and student and/or parent/helper to communicate effectively in a virtual environment



Easy to say, but how do we do that?

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Let's Start with the Basics

How to connect with one another from different locations with different technologies

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Teletherapy “making it work”

- Teletherapy in optimal set-ups (like in clinics, established practices, hospitals, virtual schools, etc.) have the experience and technology already in place
- We will be focusing on “making it work” with the technology you’ve got at hand
- Even this may need to be adjusted depending on who you are working with and what technology is available at their home

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Privacy & Security

Critical components of Teletherapy

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First things, first

- Each district should have approved Teletherapy as a Service Delivery Model, including:
 - Platform and security information
 - Determined the platforms secure and encrypted to maintain HIPAA and FERPA privacy
 - Link to HIPAA Compliant platforms: [HHS.gov](https://www.hhs.gov)
 - Many free versions of platforms are NOT secure
 - A Business Associate Agreement (BAA) should be signed with company to ensure HIPAA

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Next...

- Parents provided with notice of teletherapy services
- This ensures FERPA (Family Educational Rights and Privacy Act), a federal privacy law designed to protect a student's privacy, by generally requiring schools to ask for written consent before disclosing a student's personally identifiable information to individuals other than parents

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And finally

- As the clinician, ensure that you have the most private area to work from as possible
- Be aware of who can hear
- Be aware of who can see
- Be careful about how content from the session is shared, stored, and/or secured

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Teletherapy Set-up

What does it look like from the **clinician's** view?



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Equipment Basic Needs Clinician



A way to **see** information (video and content)



A way to **share** content (Internet, video-conferencing software, cameras and tripods)



Relevant and appropriate **content** to share (AAC or AT emulation, images, tutorials, videos, etc.)

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Optional Equipment Needs



Additional camera views (and therefore additional participant "seats" within your software program) to demonstrate your own use of a tool



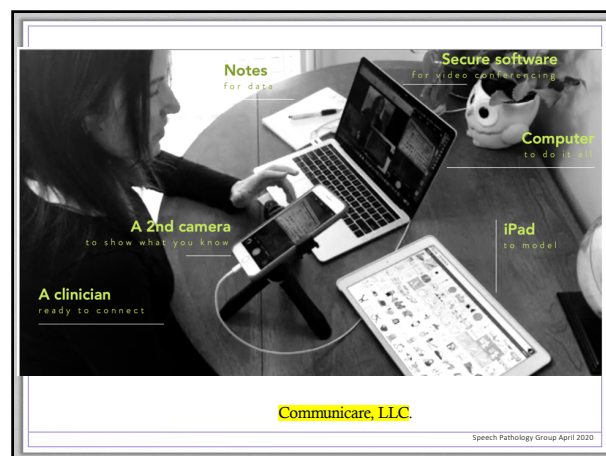
Tripod to steady the external camera



Built-in recording features will help with sharing of information

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Tele-AAC or AT Equipment Needs

- Clinician has version or emulation of student's AAC or AT system
- Camera directed to clinician's AAC or AT system or emulation for modeling
- Having access to software that can annotate or help draw attention to something can help others follow along and see what you're saying
- Headset can be valuable for improved signal reception

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Clinician's phone camera on tripod films the use of the tablet with app, using QuickTime to record on the computer

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Internet Needs Clinician

- Hardwired whenever possible,
- 150 kbps for screen sharing with video thumbnail,
- 600 kbps for video calling, and
- 1.5 mbps for video calling with many people/seats (using a 2nd camera counts as a seat)

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Software/Material Needs Clinician

- Keep the technical complexity low so as not to take away from the service being provided.
 - For example with AAC, the games played, materials shared, and programs used should be simple yet targeted to communication.
- Work within your current skill set, this will expand with time and practice

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Recording

- Consider recording the session so that someone else can view it or reference it at another time when needed
- Recording is helpful for demonstrating a skill that can be able to access at a later time
- Software applications, such as: *loom* and *QuickTime*, can be used to record Synchronous and Asynchronous sessions

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What if the clinician does not have a tablet with AAC or AT apps?



Share screen shots



Share a video tutorial from the vendor/developer



Check YouTube for other resources



Use shared reading in the most engaging way possible to encourage interaction via students' apps. Slows down the processing time needed.



If you don't have all the technology tools, cobble together what's available online

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Teletherapy Set-up

What does it look like from the **student/parent/helper** view? (*Best case scenario*)



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What technology is available in the student's home?

- Does the parent/helper have a smart phone?
- Do they have a tablet?
- Do they have a computer?
- What needs to be provided?
- What do they feel comfortable with?
- All of the above has to be considered in order to provide effective Teletherapy

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A partner
ready to help

Secure software
for video conferencing

Computer
to do it all

An awesome individual
ready to learn

A 2nd camera
to show what you know

AAC System

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Best Case Scenario!

Student & Clinician both using the same AAC devices, webcam, and computers



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Technology in the Home

- Parents/helpers can use a mobile phone and then also a tablet or computer.
- They can call in from both devices with 2 different sign-ons
- Mute one of the devices
- Clinician can then get different views of what the student or parent/helper is doing
- Especially important to have a second camera for Tele-AAC & AT so you can see their tools

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Technology in the Home

- Clinician can direct the parent/helper to move their camera (usually mobile phone) so that the student can be seen
- If the student uses an iPad the clinician can direct parent/helper to use QuickTime or Camtasia to record their screen

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FAQ Troubleshooting Technology Glitches

If experiencing connection problems

- Check the bandwidth capabilities in both homes
- Check if there are other devices using bandwidth and turn off (if possible):
 - Others online with computers, tablets, phones, **Smart TVs**

Still having connection problems?

- Turn off your audio for awhile and try again after a few minutes

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What if the student's home does not have technology?



Phone calls become the primary means of connection



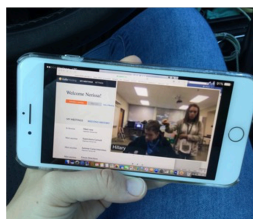
Supplemental materials sent in advance, since the phone is not the best way to share materials (Asynchronous therapy model – we'll be learning more about that!)



Giving parent/helpers the materials in advance provides a shared reference and the phone can be saved for face to face, or voice only

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- Example of successful Teletherapy use of phone screen
- Clinician was able to use the phone to diagnose an emergency Bluetooth switch glitch
- Using video conferencing the clinician could see exactly what was going on with the equipment
- Given the live video feed the clinician was able to diagnosis the problem with the blue tooth switch interface.
- The helper then seamlessly troubleshooted the error with guidance

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Supporting Parent/Helpers



- Have a clear conversation at the start:
 - Let them know that there are some things that cannot be recreated virtually, i.e. hands on demos
 - *But* there are some things that we can do better in a virtual setting, i.e. sharing knowledge

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Initial Parent/Helper Contact

- Complete with the parent/helper to determine:
 - the people at home
 - the home environment
 - the technology and platform available for use, and
 - the best ways to connect with them (synchronous, asynchronous, hybrid, etc.)
- Use a tele-survey to gain information
 - Example of excellent initial tele-survey provided on Communicare, LLC.'s website: <https://www.aacommunicare.com/teleaacsources>

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Initial Parent/Helper Contact

- This process is a “feature-matching” process: What are the supports and needs in the home to support the student?
- It is not a “yes” or “no” answer about whether or not someone meets the pre-requisite criteria for teletherapy services
- Rather, how are they going to be best served, and how are we going to provide the service?

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Supporting Parent/helpers

- How comfortable are they with technology?
- How comfortable are they with the student's educational and therapy supports?
- How comfortable are they with modeling and appropriate prompting?
- How familiar are they with the student's goals, behavior supports, and needed teaching strategies?

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And in the Current Situation...

- At what times is teletherapy best for the household?
- How available are they for live sessions?
- How much time and technology do they have for assignments?
- Are they working from home?
- Are there other children to support?
- Who else is going to be there, can the environment be controlled?

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Supporting Student

- When is the student likely to be alert and attentive?
- How long can they sustain attention while at home?
- How often should movement breaks be included?
- Can the student shift focus from happenings at home?
- Will there be visual and behavior supports available?

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Language to Support Parent/helper from Hall & Jellison (2020)



"No judgment here, it's how can we meet you and how can we help support from where we are and move forward."



"It's okay if you're not comfortable. We're going to start with that."



"What does feel like a comfortable starting point?"



"Let's start small and move up with from there."

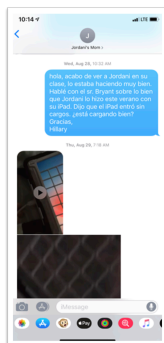
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Supporting Non-English Speaking Parent/helpers

- Google Translate
- Mother's primary language is Spanish.
- Clinician used google translate to support text messages to the mother paired with Spanish resources on aided language stimulation.
- Clinician shared a video modeling the strategy and followed up with simple bulleted instructions in Spanish
- Mother sent a text message back in Spanish the clinician used google translate to translate the message.
- Given some errors in translation, visual pictures or video supported comprehension through translation.

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Department of Education Teletherapy Guidance March 23, 2020

<https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/qa-covid-19-03-12-2020.pdf>



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“...these exceptional circumstances may affect how all educational and related services and supports are provided, and the Department will offer **flexibility** where possible.”

“...although federal law requires distance instruction to be accessible to students with disabilities, it **does not mandate specific methodologies**. Where technology itself imposes a barrier to access or where educational materials simply are not available in an accessible format, educators may still meet their legal obligations by providing children with disabilities equally effective alternate access to the curriculum or services provided to other students”

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“Alternate education models that may potentially be under consideration by school divisions after the current closure could include **online or virtual instruction (synchronous or asynchronous), instructional telephone calls, and other curriculum-based instructional activities.**”

“IEP teams must **individually determine** what can and should occur for each student.”

“Some divisions may have the ability to offer all students a continuum of options; others may only have one or two options available due to their local needs and resources”

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Therapy Models New ways to deliver services

On Site Therapy

- Direct Service
- Indirect Service
- Consultation

Teletherapy

- Synchronous Service
- Asynchronous Service
- Instructional Phone Calls
- Curriculum-based Instructional Activities

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OSEP Directive on IEP Minutes

- “...we're not looking at the requirement of meeting all of the required time that's in it. It was going to be looking at what is going to be most appropriate for that student to receive in order for them to continue to make progress, not only with the curriculum, but toward their progress on their goals and objectives.”
Laurie Vander Ploeg, Director of the Office of Special Education Programs (OSEP)
-

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More from OSEP

- “If the move to online or virtual is part of the school closure recommendation, we are not requiring you to go back into the IEP to address it.”
- <https://www.asha.org/uploadedFiles/Summary-of-ED-Guidance-for-Serving-Students-with-Disabilities.pdf>

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Synchronous Service

- Real-time that replicates in-person sessions
- When to use (guidance from past experiences):
 - When live engagement enhances participation.
 - When invitation is most easily conveyed in this format.
- The student that benefits most from synchronous:
 - able to attend to the clinician on the screen
 - follow directions
 - respond within a given timeframe
 - responsive to modeling and prompting (Hall, et al, 2020)

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Asynchronous Service

- Time Delayed, not in real time
- Ensures transfer of information without the need for participants to be interacting at the same time
- When to use:
 - Parents/caregivers/student **not available** for synchronous activities.
 - Families do not have access to computers or technology.
 - Student/family have solid home routine and understanding of specific activity/routines.
 - The student does not require direct therapy intervention

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Curriculum-Based Instructional Activities

- Definition from APTA:
 - Materials created for students and families and typically distributed as a **hard copy** vs. electronic formats... Care should be taken with written materials - check accommodations on IEP.
 - Materials may need to be **translated**.
 - Written materials should be free of jargon and written to promote readability
 - Documents should include **contact information**.

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Curriculum-Based Instructional Activities

- When to use:
 - Where broadband internet connectivity will not be available to students and families.
 - When there is **not consistent availability to participate in or supervise** synchronous activities.
 - When visual learning is preferred by the student or family.
 - Could be used in conjunction with other models.

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Instructional Phone Calls

- Defined as audio-telephone calls delivered either individually or via phone conferencing.
- **Mechanism for follow up** should be defined with established time frames to responsible person (s).
- When to use:
 - Family has limited internet access and desires contact.
 - Auditory learning is the preference of the student or family.
 - To clarify curricular based instructional activities...
 - To promote team engagement and problem solving via real time conferencing.
 - Can be used in conjunction with other models.

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The good news is... There's a Teletherapy model for (almost) all students



Let's look more closely at Teletherapy Service Models for our students with limited engagement:

- Younger students
- Cognitive issues
- Sensory issues

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Supporting Student Needs in Teletherapy

The more the student has:

- Limited independence at task skills →
- Limited sustained engagement →
- Limited ability to shift focus on the screen →
- Limited ability to regulate →

The more the parent/helper:

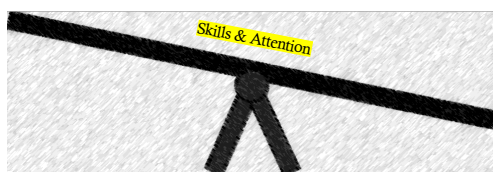
- Needs to remain with the student in the session
- Needs guidance with instructional techniques
- Needs guidance with behavior modification tools
- Needs visual supports, schedules, core boards, token boards, etc.

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Service Delivery Model Decision Making

More skills & attention =
More Synchronous Service



Less skills & attention =
More Asynchronous or
Hybrid

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Services are driven by *availability* of student or parent/helper (DOE, 3-12-20)



Students with limited engagement are often not *available* to benefit from Synchronous Teletherapy without onsite one-on-one support



As the role of the Parent/helper expands, our role shifts to providing guidance and materials to them



It is critical that Asynchronous Services are included for these students so that the supports we provide are relevant to what is happening right now

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Set-up the session as closely as possible to previous onsite therapy sessions and simplify

- Carrie Clark from *The SLP Solution* (6-20) recommends consistency to easily transition between in-person therapy and teletherapy during Coronavirus and beyond
- Clark also recommends using one stimulus material with different reinforcers to simplify therapy and keep clients engaged:
 - “New mindset – In order to increase retention and simplify, we can use the same, simple stimulus material...and change the reinforcer to increase engagement.”

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More from Carrie Clark!

- Set up one generic collection that you can use for a variety of clients
 - Online games and activities
 - Videos on YouTube
 - A box of puppets & toys you keep handy for showing on-screen
 - Other generic activities and videos, such as: <https://www.pinterest.com/theslpsolution/teletherapy-resources-for-speech-language-therapy/>

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Adding 3D to Teletherapy



- Teletherapy is in a 2D environment, many of our students have more difficulty with 2D only
- Encourage the parent/helper to include any 3D manipulatives that the student already has at home can be highly motivating
 - Suggestions: play doh, small stuffed animal, koosh balls, etc.

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Synchronous Teletherapy Tips

- Provide verbal information in short burst so as not to overload the student. Think:
 - Tell something, show something, tell something, show something
- To reduce the cognitive load, “bookend” the sessions with the same routine
 - This is helpful for the student *and* the parent/helper!
- Something may (will?) go wrong. Don't panic! Become solution oriented as everyone figures out how to move forward

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Synchronous Service Tips

- Start with shorter sessions and build from there – give everyone a **feeling of success** if possible!
- Provide opportunities to complete activities that helps them to feel competent
- This feeling of success and competence is incredibly important for:
 - The student
 - The parent
 - And *YOU*

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What determines success & competence for all stakeholders?



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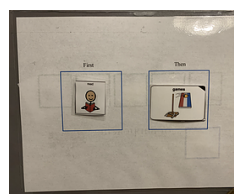
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Behavior Modification Tools

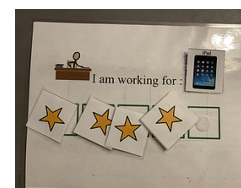
- Some students have access to visual schedules and token boards at home, but most will not.
- Mail out or share online to be printed using software such as *Boardmaker Online*
- Some visual schedules and token board images can also be accessed on a tablet or phone, or apps such as *Choice Works* by Bee Visual, LLC
- If you don't have access, there are some work arounds such as drawing one on paper or on a dry-erase board

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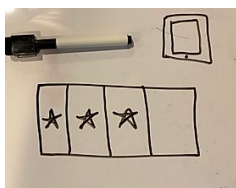


Created on Boardmaker Online



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Parent/helper created

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Assisting Student to Shift Focus

Challenge

- Student being able to shift focus from screen to activity to communication board to parent/helper, back to clinician, etc.

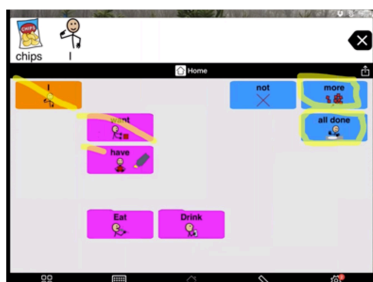
Assist

- Map out screen or paper activity by color or movement: "in the green box you will see something popping up"
- Animated facial expressions, voice, or sounds
- Screen annotation

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Screen Annotation in Power Point



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Screen Focus Supports

- Use accessibility feature of zoom in or magnifier to enlarge or add movement (e.g.: moving your cursor around) near where they should look
- Adjust cursor size and color within laptop settings to provide additional visual feedback
- Use Lesson Pix downloadable PowerPoint files with tokens, which are also great tools for making visuals. (Hall & Jellison, 2020)

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Example of Lesson Pix with movable game pieces

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Show Finger Movements on the Screen

- For some individuals it is difficult to follow or make sense of cursor movement on the screen
- Instead try using the the camera feature of a phone/tablet or additional webcam. This creates a projector-like set-up so the student can follow the clinician's hand on the screen
- This is more engaging and real for students
- <https://www.youtube.com/watch?v=vuXm4E5QeaQ&feature=youtu.be>

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Parent/Helper Engagement

- We must ensure that they feel comfortable in their role and know the expectations of them during a teletherapy session
- Review the prompting hierarchy, communication partner strategies such as not talking or interpreting for the student, and knowing when to say the message for a student who is using a communication board
- Check for understanding of the concepts

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Parent/Helper Engagement

- Give examples of what you want them to do: "give your child to the count of 5 before prompting to start the activity"
- Encourage the parent/helper to stay positive throughout the session. It is a learning process for everyone.

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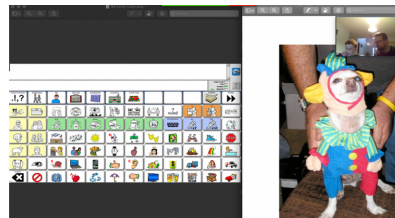
Synchronous Session Parent help



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Same Session Clinician View



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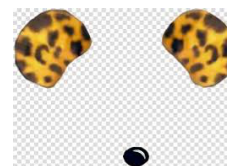
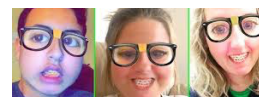
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But what if AAC or other educational supports have not been supported at home?

- This can be our opportunity to encourage supports in the home (gently)
- Focus on helping that parent/helper to be comfortable with educational and/or communication strategies *before* adding the technology piece
- Provide activities they can enjoy together, such as SnapChat Filters: mustaches, hats on, fun stuff to laugh together about

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Synchronous Group Therapy

- Concerns about privacy abound have not been addressed
- However if group therapy must occur:
 - Maintain privacy as much as possible
 - Focus on making connections between students
 - Watch funny videos and engage in motivating activities, then comment
 - This is not the time to focus on technical issues
 - It slows the group down and discourages learning skills and communication – the real goals

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Asynchronous Service

- A good option when others in the home may need to be on the computer at scheduled times, siblings with school work, parent working from home, or student cannot attend
- Some may opt for Asynchronous services only
- Appears to be less intimidating for parent/helper
- May need to demonstrate the value of this service in the home environment by providing effective consultation for real time interactions in the home

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Asynchronous: Store-and-Forward

- Parent/Helper captures student in real-life situations
- Audio and/or video recording
- Sent to clinician to review *prior* to next session
- Must be sent via secure email or other platform
- Clinician interprets and provides feedback

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Parent & Student Using Phone for Clinician Video



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Asynchronous Session Example



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https://www.youtube.com/watch?time_continue=28&v=pbhgPYvJB5g&feature=cmb_logo



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An example of Asynchronous Service from start to finish

- Background:
 - Parent working from home full-time
 - Unreliable internet service
 - Has an iPhone and iPad but no access to printer
- Student is receiving Asynchronous service to accommodate the family needs

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Cool

Hi! I'm really excited that you want to include AAC during family game night. Here is the language board as well as a video of how to use it when playing the game.

LB-Guess Who - Symbol...

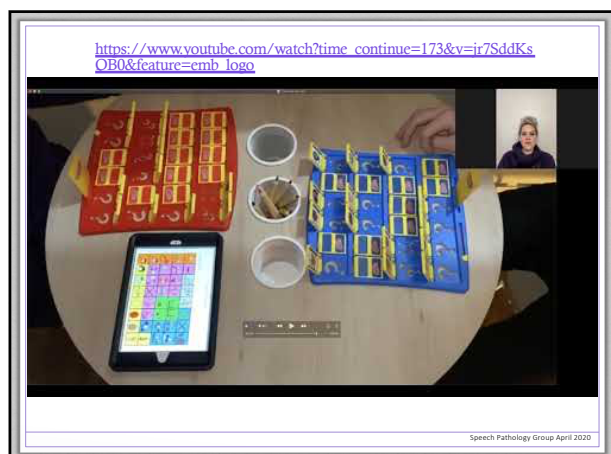
Take a video while you play, share it with me and then we can talk about it during our scheduled time. Have fun!

Read 6:51 PM

1. SLP text message to mother with activity and supports
2. Parent Shares video with SLP
3. SLP then provides feedback, giving important feedback

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What does Hybrid Service look like?

- A combination of synchronous and asynchronous service. The percentages of each may vary depending upon student and family needs.
- Hybrid services can be within the same session, or the overall schedule

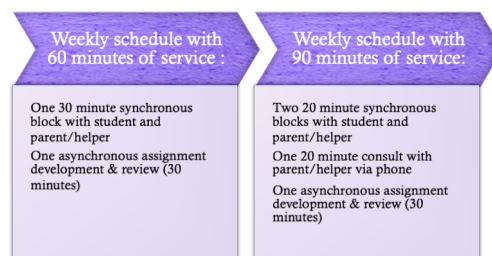
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Hybrid Schedule Example Within the Session



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Hybrid Schedule Example Weekly



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So How Do We Decide?

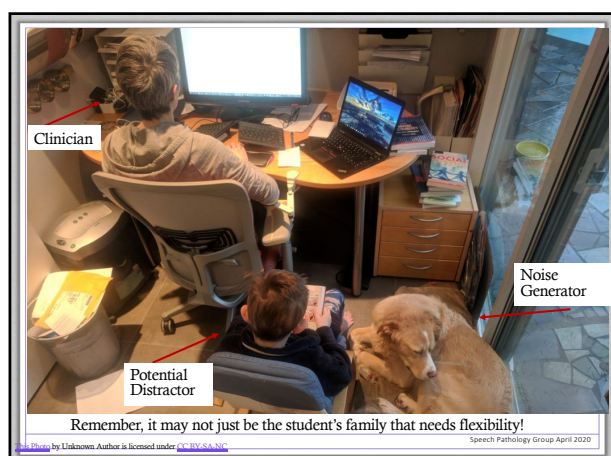
- We need to look at the skills & needs of the student
 - We *also* need to look at the skills and needs of the parent/helper
 - Only then can we determine which kind of service delivery option will be optimal *at this time*
 - These decisions should be made with the IEP Team, if possible
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Fluid Service Delivery

- May start off as very Asynchronous and then shift to include a little bit more Synchronous service
 - Or may be that Synchronous service starts and then shifts to more Asynchronous as the parent/helper takes on more
 - This should be a fluid, flexible process, especially in the current climate
 - Remember, the DOE stated that they will be *flexible*
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Other Types of Teletherapy Services

- Assessments
 - Can be administered in synchronous, asynchronous, or hybrid sessions
 - However, **asynchronous AAC & AT assessments cannot stand alone as a reliable method of evaluation** (Hall, N., et.al., 2020)
 - Outside of the this presentation's scope – more will be coming on this topic!

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Lots of ideas and resources freely shared online right now

- Communicare, LLC. Teletherapy packets in English and Spanish, with both SymbolStix and MinSpeak icons:
<https://www.aacommunicare.com/enrichment-activities>
- PrAACtical AAC has curated a remarkable ever-growing amount of teletherapy materials:
<https://praacticalaac.org/praactical/aac-learning-at-a-distance/>

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12 Engagement Tips from Our Friends at Communicare!



1. Provide parent/helpers with clear expectation of session and partner participation



2. Limit conversation with caregiver as to not distract from the individual during their session, if doing direct services

Limit side conversation



3. Limit distractions

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12 Engagement Tips from Our Friends at Communicare!



4. Have a reinforcement visual for parent/helper to follow your prompts for reinforcement



5. Make sure to include motivating tasks



6. Have a predictable routine to your session (bookends)

Consistency to support focus on content
Consistency to support parent/helper's comfort level

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12 Engagement Tips from Our Friends at Communicare!



7. Consider starting with short successful bursts of sessions versus longer sessions when beginning



8. Stay positive! Use succinct language, and be explicit when supporting the parent/helper



9. Have a backup plan. Be comfortable using lite-tech. The goal is to communicate.

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12 Engagement Tips from Our Friends at Communicare!



10. Use annotation tools within the video conference platform to support engagement, visual supports, etc.



11. Clean up your desktop and organize your documents to share prior to beginning session, to limit transition times and decrease visual distractions on your shared screen.



12. It's a process. Meet the communication partner where they are. Don't underestimate the power of asynchronous teletherapy supports, especially as a bridge sometimes to synchronous support.

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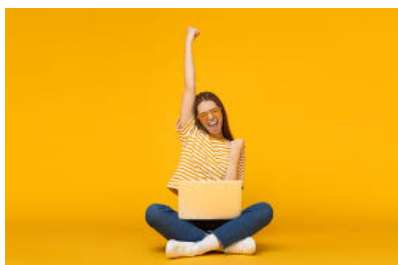
Our Primary "New" Role

- Providing parents/helpers with the skills to help their child succeed in their real-life situations: *right now*
- Encouraging parents/helpers that they can do it, by providing them with success
- Remember that this is an incredibly stressful time for us all – stay positive and reward yourself for taking this on!

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Reward Yourself You are ready for teletherapy!



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