



STA: SCHOOL TELEPRACTICE ASSESSMENT PART 2

11/5/2021

Presented by

Ellen R. Cohn, PhD, CCC-SLP

University of Pittsburgh



Moderated by

George Dayton

Director of Marketing, eLuma

Agenda

Introduction	1:00 pm EST (5 minutes)
Presentation	1:05 pm EST (45 minutes)
Q&A	1:50 pm EST (10 minutes)

Who is eLuma?

eLuma Online Therapy

- ▶ Dedicated to solving problems in the areas of special education and mental health
- ▶ Provides live services online with dedicated therapists
- ▶ Founded in 2011
- ▶ Comprised of 299 dedicated team members
- ▶ Over 27,000 students served in 36 states
- ▶ Follow us on Twitter @eLumaTherapy
- ▶ Follow us on Facebook facebook.com/elumatherapy/








The Webinar

A few facts:

- ▶ Part of our “Online Therapy: From Research to Practice” Webinar Series.
- ▶ Recording link, Slide Deck and Certificate of Attendance will be sent after the webinar.

DON'T MISS OUR UPCOMING WEBINAR SERIES FEATURING

				
Sue Grogan Johnson	William Bolden III	Erin Elizabeth Gill Lundblom	Ellen R. Cohn	Joneen Lowman
10/13	10/22	10/29	11/5	11/12

The Presenter

Ellen R. Cohn, PhD, CCC-SLP, ASHA Fellow

- ▶ Ellen R. Cohn PhD, CCC-SLP, ASHA Fellow, is part-time lecturer in the Department of Communication and Rhetoric, University of Pittsburgh.
- ▶ She is also Professor-Adjunct, University of Maryland Global Campus.
- ▶ Cohn is the founding Editor of the International Journal of Telerehabilitation.
- ▶ She received a 2019 Editor's award, ASHA's Perspectives Journal, for a journal article about tele-ethics.



The Presentation

STA: SCHOOL TELEPRACTICE ASSESSMENT – PART 2

The School Telepractice Assessment (STA) can be used to both guide school-based telepractice and assess whether telepractice services are comparable to in-person practice. This presentation addresses: use of personnel, roles and responsibilities of school-based SLPs, and privacy and security.

School-based Telepractice Assessment (STA) - Part 2

LUNDBLOM, E., COHN, E.R. & COVERT, L. (2021). SCHOOL TELEPRACTICE ASSESSMENT (STA), D

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[HTTP://DSCHOLARSHIP.PITT.EDU/ID/EPRINT/41773](http://dscholarship.pitt.edu/id/eprint/41773)

Presenter Information

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Participants viewing this presentation will be able to:

1. Describe the School-based Telepractice Assessment (STA)
2. Discuss if services delivered via telepractice are comparable to those delivered in-person.
 - a. Describe an obligatory requirement
 - b. Describe an optional requirement
3. List three categories of STA's telepractice assessment

Conflict of interest (COI) declaration

Relevant financial relationships:

- Speaking fees from this and other conferences.
- Book royalties from Telerehabilitation (Springer UK) and Tele-AAC (Plural Press)
- University salaries

Relevant non-financial relationships:

- American Telemedicine Association: member and past BOD
- ASHA Special Interest Group #18 on Telepractice: founder/member
- MidAtlantic Telehealth Resource Center (MATRC): annual conference
- *International Journal of Telerehabilitation*: Founding editor

Introduction to the STA

STA (download)

<http://d-scholarship.pitt.edu/id/eprint/41773>

Components of the STA

60+ aspirational questions in four categories:

- (1) compliance with federal legislation
- (2) personnel policies
- (3) roles and responsibilities of school-based SLPs
- (4) privacy and security

Why was the STA designed?

- Over 50% of ASHA-certified speech-language pathologists (SLPs) are employed in schools.
 - Many were abruptly thrust into telepractice due to the pandemic
 - Some were already engaged in telepractice:
 - In solo private practice
 - Employed by telepractice companies

ASHA requires comparable services

- ASHA's Roles and Responsibilities of Speech-Language Pathologists in Schools document (ASHA, 2010) states that telepractice services must be comparable to in-person services (ASHA, 2010).
 - **Exactly what constitutes “comparable” services, and how can comparability be assessed?**

How to Use the STA

It is open source (*free*)

Diagnostic, audit tool (*this is where we are...*)

Aspirational elements (*this is what we need...*)

Not standardized

- Adapt, as you wish (*with attribution*)
- Use what makes sense for your context
- Not meant to offer pass/fail or a performance eval
- Elements are not necessarily weighted the same

STA can inform best practices for telepractice

Telepractice knowledge is uneven:

- What do *I know* to be able to engage in telepractice?
- What do *I need to know*?
 - Many practitioners know a lot -- but realize they will need to know more. They exhibit *telepractice humility*.

STA can also inform best practices for school-based practice

School-based knowledge is uneven across the profession:

- What do I know about SLP school-based practice?
- What do I need to know?
 - Many practitioners know a lot -- but realize they will need to know more. They exhibit *school-based practice humility*.

What is required to support legal, safe and competent school-based telepractice?

- Culture of collaboration
- Satisfying legal imperatives
- Technology infrastructure
- TIME
 - Enough time
 - Reasonable productivity requirements
 - Salaried time

STA can also inform related audiences

- Associated professions: special education, OT, PT, literacy, psychology, etc.
- School administrators
- School districts
- Contracted providers
- University training

The knowledge required for school-based telepractice is complex and specialized

- ❑ Clinical: Assessment and therapy
- ❑ Legal: Federal, state, and district requirements for school-based practice
- ❑ School: Culture and function
- ❑ Telepractice: Best practices



Tele-ethics provides a unifying thread

The ASHA Code of Ethics triad:

- Practice in a lawful manner
- Employ ethical communication
- Uphold the well-being of the client

Telepractice Ethics “Quick Test”

- ❖ Is there evidence (research or experiential) that telepractice might be equally effective as in-person practice for your client?
- ❖ Might your client be better served by a hybrid (in-person plus telepractice) approach to treatment?
- ❖ Is your knowledge of telepractice delivery (e.g., client safety, privacy, technology, telepresence) sufficient to render services in this manner?
- ❖ Is your knowledge about a client’s disorder sufficient to practice “at the top of your license,” or would it best serve the client to refer the client to another clinician or a specialized team?

[Source: Cohn, E. & Cason, J. (2019). Ethical Considerations for Client-centered Practice, Perspectives of ASHA Special Interest Groups, https://doi.org/10.1044/2019_PERS-SIG18-2019-0001]

The Texas Instruments' "Ethics- Quick Test"

Is the action legal?

Does it comply with our values?

If you do it, will you feel bad?

How will it look in the newspaper?

If you know it's wrong, don't do it!

If you're not sure, ask.

Keep asking until you get an answer.

Part 1: Erin Lundblom, PhD, CCC-SLP, October 29, 2021



COMPLIANCE OF TELEPRACTICE DELIVERY WITH FEDERAL LEGISLATION:

**INDIVIDUALS WITH DISABILITIES EDUCATION IMPROVEMENT ACT OF 2004
(IDEA)**

TITLE II OF THE AMERICANS WITH DISABILITIES ACT OF 1990

SECTION 504 OF THE REHABILITATION ACT OF 1973

Part 2: Telepractice Content

PERSONNEL POLICIES

*ROLES & RESPONSIBILITIES OF SCHOOL-BASED
SLPS*

PRIVACY AND SECURITY

Personnel Policies

Q1. Do telepractice SLP personnel meet all state requirements (e.g., state licensure; educational certification if required) to practice in the school?

Q2. Are the telepractice SLP personnel covered by professional malpractice insurance?

Q3. Are the telepractice SLP personnel members in good standing with ASHA?

Q4. What is the level of prior training and experience of the speech-language pathologist who provides telepractice?

Q5. Does the SLP possess the knowledge and skills to function as a telepractitioner?

Q6. How will support personnel, e.g., e-helpers and Speech Language Pathology Assistants, (SLP-As) be trained to support telepractice?

Q7. How will support personnel (e-helpers and SLP-As) be supervised when the supervising SLP is offsite?

Q8. Is there a plan in place for the supervision of SLP telepractice practitioners?

Q9. Is there on-site support in the school to support telepractice, as follows?

- Technical support?
- Escorting the child to and from the tele-session?
- Providing support during the tele-session?

Q10. Is there a plan to have ongoing contact with parents, teachers, and other personnel to be certain that therapy is relevant to a student's academic and home environments?

Q11. Is there a policy concerning caseload amounts for telepractice?

Q12. Is there a policy concerning session length in the telepractice session?

Q13. Is there a policy concerning the "student to practitioner" ratio?

Q14. Is there a policy concerning the maximum group size in a telepractice therapy session?

Q15. What is the approximate minimum active individual therapy time (specify minutes) per client, per session?

Roles and Responsibilities of SLPs in the Schools

Q1. Are speech and language services offered via telepractice across all grade levels, (including early intervention if provided)?

Q2. Are speech and language services offered via telepractice for a range of disorders?

Q3. Do the speech and language services offered via telepractice have educational relevance?

Q4. Do the speech and language services offered via telepractice provide unique contributions to the curriculum?

Q5. Do the speech and language services offered via telepractice highlight language/literacy?

Q6. Do the speech and language services offered via telepractice provide culturally competent services?

Q7. Does the school-based SLP telepractitioner exercise a role in prevention?

Q8. Does the school-based SLP telepractitioner engage in assessment and can the telepractice environment support all types of assessment?

Q9. Does the school-based SLP telepractitioner engage in educational program design?

Q10. Does the school-based SLP telepractitioner engage in data collection and analyses, and compliance?

Q11. Does the SLP telepractitioner place a high priority on collaboration with others (i.e., professionals, universities, community, family, students) to meet student needs?

Q12. Will the SLP telepractitioner become engaged in school and after school activities –as part of the larger “school community?”

Q13. Will the SLP telepractitioner be able to observe and interact with students outside of the “therapy room” or classroom, to assess progress and promote generalization?

Privacy, Security, & Safety Policies

TELEPRACTICE PRIVACY

Q1. Does the telepractice provider (vendor) have privacy policies in place?

Q2. Do the privacy policies meet federal and state(s) guidelines?

Q3. Is a Business Associate Agreement (BAA) in place between the telehealth system vendor and the school or contractor?

<https://www.hhs.gov/hipaa/for-professionals/covered-entities/sample-business-associate-agreement-provisions/index.html>

Q4. Is the telepractice environment sufficiently private if/when recordings occur?

Q5. Are minors whose parents/guardians have not given consent to be recorded, captured on recordings?

Q6. How is unauthorized viewing of telepractice sessions or data prevented?

STORAGE POLICIES

Q1. Are recordings or other content from a telepractice session stored? (If yes, by whom, and for how long?)

Q2. Is protected health information (PHI) securely stored?

Q3. Can information stored on a mobile or any other devices used for telepractice sessions be remotely erased if lost or stolen?

ENCRYPTION

Q1. Are all telepractice devices used encrypted and password protected?

Q2. Do the encryption practices meet federal (HIPAA, HITECH, ISO and NIST) and state(s) standards?

Q3. What data are encrypted?

Q4. Are encryption keys regularly updated?

Q6. Is there are system in place to authenticate a user of the telepractice equipment?

DATA BACK-UP PLAN

Q1. If equipment fails, is there a data back-up plan to retrieve the data?

Q2. If the video conferencing fails, is there a back-up plan to resume communication?

AUTHENTICATION/ACCESS CONTROL

Q1. Is written authorization required before granting requests for Protected Health Information (PHI)?

Q2. Is approval for disclosures of PHI approved by qualified individuals?

Q1. If requested by law enforcement or government officials, will the PHI from sessions be made available?

SECURE NETWORKS

Q1. Does the telepractitioner use secure networks to connect to telehealth sessions and avoid use of public Wi-Fi?

Q2. Does the telepractitioner avoid connecting to insecure mobile apps?

Q3. Is there an audit trail to learn who is gaining access to PHI?

Q4. Is there a policy in place to report incursions to the system?

Q5. Is there current anti-virus and anti-malware programs installed on all devices used for telepractice sessions?

TELESESSION SAFETY

Q1. Are there procedures in place in the event of an emergency during the session?

Q2. Is there a policy in place concerning how students are escorted to and from a session?

CONSENT POLICIES AND PROGRAM EVALUATION

Q1. Is informed consent obtained from the student's parent or guardian before telepractice sessions begin?

Q2. Does informed consent include information about privacy and security features and vulnerabilities of the telehealth system?

Q3. Is there an accessible and confidential mechanism for parents to provide feedback about a tele-session or the telepractice program?

Q4. Are families made aware that they may initially reject or discontinue tele-services, that in-person services will be substituted if needed?

Q5. Is there a plan for an annual program evaluation, to determine service outcomes?

Q6. Is there a plan for an annual program evaluation and improvement, to determine stakeholder (e.g., clients, teachers, family, support personnel, etc.) satisfaction?



So, what now?



Presumed benefits of telepractice: Time, money, and access

- ❖ Cost savings for districts (assuming clinician work time is comparable); profit for companies
- ❖ Less travel time for families
- ❖ Less travel time for therapists
- ❖ Comparable therapeutic results
 - ❖ Per context/disorder/severity?
 - ❖ Time to achieve results?

Do we now need to ask *different* questions? (In-person vs telepractice?)

1. Must *time in therapy* be comparable?

□ What is the *ratio of time to complete diagnostics* for telepractice vs in-person treatment?

□ What is the *ratio of time to complete the IEP process* for telepractice vs in-person treatment?

2. Must *therapy goals and measurable outcomes* be comparable?

3. Must *therapy methods* be comparable?

4. What role will AI (artificial intelligence) play in the future?

Are there school-based curricular benefits for in-person therapy vs telepractice?

- What is the tele-SLP's knowledge of school curricula? Does the tele-SLP integrate the curriculum into therapy?
- Does the tele-SLP ever engage in co-teaching in the virtual "classroom?"
 - Disorder types? Who initiates?
 - Time spent?
 - Outcomes? (Is it preventative?)



Therapeutic outcomes: to compare in-person tx vs. telepractice?

- Standardized outcome measures
- Self-concept and impact of communication differences
- Generalization outside of the therapy “room”
 - Communication with family members
 - Communication with peers
 - Communication with teachers
- Perception of clinician CARING

Clinicians' time allocation: In-person vs. telepractice?

- Time spent with student (diagnostic and therapeutic)?
- Time spent communicating with teacher(s), other professionals, and staff?
- Time spent participating in IEP preparation and meetings?

Hybrid practice: In-person plus telepractice?

- When is a hybrid model used? (e.g., disorder, behavior, etc.)
- Who initiates a hybrid model? (Is it supported by the employer? Does it cost more?)
- What is the *ratio of in-person to hybrid care*?

Denial or termination of telepractice

- Why?
- When?
- Following denial, is in-person treatment feasible?

What is the impact of telepractice on the professional? [*Positive, negative, mixed, no impact?]

- Training? What is the gold standard?
- Is there *in situ* mentorship?
- Are salary and benefits comparable?
- Does the SLP need to pay for equipment and connectivity? [factor in infrastructure investment by tele-companies?]
- What is the time spent per unit of function (or productivity)?
 - IEP work
 - Collaboration and socialization
 - Technical
 - E-helper training and supervision
 - Therapy

How does telepractice work for students whose families are economically challenged?

- Is the necessary professional effort comparable?
- Are family satisfaction and interaction comparable?
- Are cultural factors impactful?
- Are the therapeutic results comparable?

Does telepractice “level the playing field?”

Creativity is required

- ❑ To adapt to a lack of physical presence in the school
 - ❑ To connect with school personnel and parents and establish relationships
 - ❑ To observe the child in non-therapy interactions
- ❑ To create engaging materials and techniques for telepractice
- ❑ To manage small groups



A love for
telepractice
is key!



Thank you for
your time and
attention.
Questions?

ECOHN@PITT.EDU

Next Webinar

Maximizing and Sustaining School-based Telepractice Services: A Panel Discussion

Friday, November 12, 2021



Joneen Lowman

School-based telepractice services are only as good as the foundation on which they are built. Hence, variables influencing a solid tele-foundation must be identified if we are to maximize student outcomes through a virtual environment. Practicing teletherapists and Special Education Directors will share effective strategies for developing sustainable telepractice programs. Solutions to unexpected barriers will be shared along with tips for working with telepresenters and for maintaining communication between the teletherapists and school personnel.

*This is part of our “Online Therapy: From Research to Practice” Webinar Series
You will receive an email with the watch link as the webinar gets closer.



Thank You

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