It's Not About the Computer: Effective and Rewarding Telepractice Strategies for School-based SLPs

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- [Amy] All right, well welcome everyone to this webinar. It's not about the computer effective and rewarding telepractice strategies for school-based SLPs presented in partnership with EBS Healthcare and our presenter today is Joe Comeau. He is the National Director of Telepractice at EBS Healthcare. Joe has been fully immersed in teletherapy for school caseloads since 2015, and has enjoyed presenting to colleagues as an ASHA approved continuing ED provider since 2008. He currently manages, trains, supports and motivates other tech savvy clinicians working with the EBS telepractice team. So welcome Joe, it's a pleasure to have you with us today.

- [Joe] Thank you so much. It's a pleasure to present you today and we're going to just get some disclosures out of the way. First, I would like to disclose that I am the National Director of Telepractice at EBS Healthcare and we are working in partnership with speechpathology.com for this event. And there are no relevant non-financial relationships to disclose. As far as the content goes. This learning event does not focus exclusively on any specific product or service and any mention, of outside sources, of products or services is strictly for learning purposes. And of course, this course is presented by speechpathology.com.

The learning outcomes for this course are as follows, after this course, participants will be able to create an optimal workspace by implementing specific productivity tools and strategies. Participants will be able to begin the school year with at least three strategies to integrate yourself into a special education program or a team at any school. And participants will be able to approach their sessions with an emphasis and reliance on their clinical skills and not so much an exclusive reliance on apps and websites. Here's our agenda for the presentation. For the first five minutes, which is happening now, we'll take care of the introduction. And then we'll talk about optimizing your clinical workspace for the next 15 minutes. For minutes 20 to 35 we'll establish,

talk about establishing key connections. From minutes 35 to 50, we'll talk about organizing your clinical tool set. From minutes 50 to 55 and the last few remaining minutes, we'll talk about motivating and engaging your students, and then summarize everything we've talked about and discussed. So I like to start with some important concepts upfront with a little section I call, first things first or a set of additional disclaimers that I hope will open up many more possibilities to you in how you use this information. Most of the ideas and content of this presentation can be applied to students receiving services in their homes, but they were designed with school-based audiences in mind and let's hope we can all be back in a what we consider normal school routine pretty soon. My role with my employer, EBS Healthcare involves training, coaching and supporting contracted clinicians.

But most of the information in this presentation can be applied to private practice models as well. So, first, we're going to talk about optimizing your clinical workspace and getting everything ready at a very foundational level because the allure of teletherapy for some is the thought of, "Hey, I can work from anywhere," as long as I have a laptop. And I'd like to create an image in your head of you working in the future, being very comfortable with video conferencing and teletherapy. So comfortable that the stress and nervousness of starting a new session has completely dissipated.

And instead of that, you start each session really enjoying this and being rather grateful that you get to work in such a convenient way, enjoying it so much that although you always do the necessary prep work to have meaningful therapy tools and resources and strategies ready for each individual, you provide intervention for, there's really no more stress involved in this than there ever was in simply walking into your therapy room and sitting down at the table with your students. See the reality is, is that at some point you will be presenting and teaching many hours per day. And while you can be comfortable at home, in remote locations you can't jump online for a session quickly, casually without paying attention to your background and your setup. And you can

jump in in what I call the bathrobe and bunny slippers approach. And that might sound funny or ridiculous to some of you. You'd think I'd never do that. But think about it, you're working from home every day. You eventually may slip into a more relaxed routine because you're not getting ready to leave your house and do your daily commute. And that creates a different routine. All of the comforts of home are just steps away from your computer and your therapy workspace. So you'll get to a point where you are so comfortable that you are quickly grabbing a muffin or something quick for breakfast just a minute or two before your first scheduled session of the day. And you might be swallowing that muffin as you start your first session.

That's not what should happen but this is an example of what could happen if you're not mindful about your online presence and your ability to adapt to the teletherapy delivery model. So we'll start where I don't think any other course on teletherapy I've seen has started. And that is with your appearance. In 2017, inc.com and many other business sites and publications online presented the results of a research study that suggested professional attire may affect your mood, your energy levels, and how you think. Now this wasn't a study on telecommuting or video conferencing, but it did make mention of professionals who work from home.

And there's a reference to the article in the handout. So please dress the part and know that teletherapy is still very much under the eye of scrutiny from school administrators and parents. And first impressions have enormous lasting power. I'd also like you to take a good look at your background when you go online. Go online by yourself and take a good detailed look at what you see behind and over your shoulder. Your students are going to notice. There is no one correct setup but here are three suggestions to consider. You can set it up. nondescript, no busy kitchen backdrop, no bedroom backdrop, a corner, or a segment of a room is totally okay, appropriate, but you don't want to show much more than that if you don't have to. Do you really want your students, children, or teachers or parents wondering about the details of your

bedroom? Because they see a great deal of personal effects. It's simply not relevant. You could also try to set it up with an academic or clinical theme, meaning having a bookshelf and degrees and certificates behind you. Some therapists put up a banner or a sign on the wall behind them that clearly shows their name and the name of the company they work for. If that's the case. And then the third option could be, the total interactive studio, whiteboard, posters, and decorations behind you, or around you creating a fun and almost a whimsical environment. And you can keep props and fun things nearby like noisemakers, bells and hats and costumes. I've seen some great therapists go all in with this approach and it can really engage the students. Your seating should be an obvious concern, you'll want to be comfortable. So that means having a chair that supports you while you're working, but also feels good when you sit back and relax for a minute or two in between sessions.

I don't feel I should urge you to spend hundreds of dollars on an ergonomic chair if you don't want to. And you can get a decent work chair at any big office supply retailer for 99 or $79 when they go on sale but keep in mind how much time you'll be spending in that chair. And have you thought about your lighting? I'm going to show you some graphics and images on the screen in just a moment. Most people don't give this much thought. I recommend a very simple setup, very simple lighting setup with metal or aluminium light holders. These are the kind that you might see hanging in a garage or a workshop or a basement or an outdoor shed.

No one's going to see them. And they cost only about seven or $8 each. So I would suggest you get an outlet strip and light bulbs to go into these metal holders. They should be the indoor flood lights, the kind that are flat across the top. Like those that you'd see in recessed ceiling lighting, the combination of the floodlight and the metal diffusers, or those metal encasements will spread the light across the area and light your area very evenly. You need multiple lights at least two, to reduce the contrast and the shadows that will appear on camera. This might sound like overkill, but it really

does make a subtle, but a professional difference. Three lights are what the pros use, but I usually don't recommend that. Two lights are sufficient for almost everyone in a teletherapy setting. You'll find a way to hang them or secure them facing you about three to four feet away. And you'll place them at about 45 degrees and 300 degrees in an arc around you or one o'clock and 10 o'clock in simpler terms. See one light causes too much brightness and contrast and deep shadows. And that's why just placing a bedroom lamp in front of you is not going to give you the same results. I learned this approach from studying video bloggers and video podcasting. And the third light is really only necessary for video production that will be recorded. And that third light would be placed off camera and slightly behind you at about four or five o'clock in the circle but that's again, a bit of overkill.

You typically should not be recording your sessions unless there is a very specific, very relevant and approved reason for it. You may have heard that many schools had began banning the use of the video conference platform, Zoom. And you may have heard that it was associated with the risk of Zoom bombing, uninvited guests infiltrating the session. I've learned firsthand from school administrators that I've worked with that was not truly the reason for the ban. Every teletherapy clinician should be thoroughly trained on the options and features of their chosen video conference platform. And with adequate training, you would know that it's possible to create a very secure environment in Zoom, in which it is nearly impossible for uninvited guests to come into your session.

The real concern is that there were instances of therapists recording their sessions or portions of them with consent, and sometimes without consent, with valid reasons and without valid reasons, and then storing those video recordings in the cloud without proper security in place. But the anti-Zoom stance that stemmed from the Zoom bombing scenario kind of made a better news story. And the recording risk is really the responsibility of the therapist, but in our professional world, it wasn't really presented

that way. It's not an external threat if you don't have control over the settings in your, I'm sorry. It isn't an external threat if you don't have control over the settings in your video conference platform, but that really has to be the responsibility or at least partly the responsibility of the therapist who can help prevent any of that happening in the first place. And we'll come back to the idea of storing your therapy data securely in just a short while. Another idea, or sorry, another tool to consider for your optimal workspace is your mouse. If you're using a laptop, please consider plugging in an external mouse.

I have worked with full time case loads of my own from my laptop and my wrist hurts just thinking about those days. I now prefer a full desktop computer if I can use one and a vertical mouse, which you can get for about $30 at Amazon, it lets you use the mouse with your wrist in a much more natural and less stressful position. Keeping your wrist and arm muscles active on a typical laptop mouse pad for hours at a stretch creates a great deal of unnecessary and harmful tension that slowly leads to injury and discomfort. You should spend your money instead on the right equipment instead of a wrist brace after the damage is done. Last thing to consider is the question of whether or not you should get a standing desk because you'll be at your desk so often, so frequently.

My answer to that is typically no, but you do need to get up out of the chair whenever you can. And I'm going to tie this into my recommendation regarding your visual health as well. You have to get up or move, move your body away from the computer, and you must get your eyes off the monitor whenever you can. The American Optometric Association, the ASHA of the eye doctors world recommends the 20-20-20 rule. And that is focusing on something at least 20 feet away for at least 20 seconds after 20 minutes of looking at a digital screen. Your sessions will be 30 minutes in many cases. So us SLPs will typically need to stretch that to every 30 minutes and simply closing your eyes in between sessions is not sufficient. It's very similar to the stress on your

wrist. When you're using the built-in mouse pad, you must activate different eye muscles to keep them functioning in a healthy manner. Last on my list of recommendations for your workspace is the topic of documentation. It's very much a part of your workspace because you'll want to have an easy to use system of capturing and storing the necessary information. Don't rely exclusively on your video conferencing system for documentation. There is a tendency to think that your teletherapy setup is totally encapsulated in your video conference platform. Hence the title of this presentation, it's not about the computer.

Even though most therapy platforms, those are the platforms that are created exclusively for the purpose of providing intervention with a very specific audience in mind, even though most of the time those are compliant with the law, It's usually better to keep your documentation private until it's needed. In most school settings. Most of your data will be entered directly into the district's IEP system. And in some districts, that system is the IEP platform and nothing else. And in others, it's an additional second party platform designed for capturing attendance records and daily session notes and progress notes. And sometimes it's such a thorough and complex system. It requires new users to complete a day or two of training.

ASHA recommends any system that allows the clinician to capture data that can be interpreted into skilled progress notes to satisfy IEP and school district requirements. And a system, does not mean a web based program built into your therapy platform. A system can be your notebook. Some clinicians are very comfortable with a good trusty notebook and legal pad, but you might be, you must be prepared to transfer those handwritten notes into something digital at some point. Some schools have really stringent documentation requirements and they will be dictated by the documentation system, meaning you'll log in and you'll have to make sure everything is completed thoroughly and accurately online in their system. But if you're keeping your own records in your own manual notes, just be sure to keep a log of all of your activity

throughout the day. Even if you're not asked for it, with the idea in mind that one day you might be. So you've got your workspace set up. And the next thing that's going to come into the picture are typically people. So let's talk about establishing your key connections. Your initial contact should provide you with the names, email addresses, and phone numbers of your key contacts. And they would typically be special education directors, possibly other therapists and possibly in other disciplines and possibly classroom or content area teachers. I recommend you introduce yourself proactively with a very friendly, what I call handwritten email.

And that simply means not a form letter that you created in a PDF that you mail out to all the new people you're meeting at the school. Like "Hello, welcome to speech therapy," note. Instead, provide your phone number and you'll be just by the fact that emailing them, providing your email address in a very personal, individually worded email. You can often build rapport more successfully through this approach and then following up with a phone call and after talking with them on the phone for the first time, ask if text... or while you're talking with them, ask if texting is okay, sometimes you just need one small, quick bit of important information and a text is better for the job than trying to catch, get someone on the phone or wait for an email reply.

With my employer, EBS Healthcare, when we set up teletherapy in a school setting, it is the facilitator, another individual, and absolutely your, if not most important, very important key connection at the school that drives the success of nearly the whole teletherapy delivery and program. A facilitator should be hired directly either by the school district or by a third party for the specific role of acting as facilitator. And they should also be given orientation or training on all and also receive all the ongoing support they will need. They honestly have about 20 different responsibilities, and that's why it's always best to have a dedicated and oriented person fill the role, not a random varying volunteer and some of the most important responsibilities they have include student support and modeling student behaviors and encouraging participation

through turn-taking. And following the therapist's lead. Teachers and onsite staff, will need communication from you and your facilitator is typically the conduit for that. Facilitators are never expected to have access to IEP proceedings or the details discussed in an IEP meeting, but they are part of a child's school day experience and community. So they can assist you with certain details like meeting dates, deadlines, approaching testing dates, and test administration. Some schools strongly discourage direct contact between parents and facilitators and other districts give that direct responsibility to the facilitator.

Whatever their preference, there should be a clear chain of command that involves you following the lead of the school district and the facilitator following the lead of the therapist. And when I use the phrase following the lead, I'm only implying a process that allows everyone to fill their important role in the process effectively. The role of the facilitator does not require a license or a certificate, but a background or experience in special education helps tremendously. It's a very good entry level position for future special education professionals. You should start building rapport with your facilitator, with the intention of becoming partners in the process and not thinking them as your assistant.

You'll become very good professional level friends and that will just help you work collaboratively and productively throughout the entire school year. Now, if you're seeing students in their homes, the parent is most likely going to be the facilitator or the caregiver. So the model is slightly different but a brief orientation session with them is a great idea to set the expectations that will make teletherapy successful and effective. And those may fall in line with these few, these following ideas. A good facilitator offers support to the student as needed without constant direct coaching or nudging. A good facilitator is always nearby or within your shot. Sometimes you'll want the facilitator to assist with participation and promote participation. And then there will be times when you want the facilitator to sit back and allow the student to work independently on their

own. Again, the facilitator, should follow the lead of the therapist and a good facilitator gets debriefed at the end of each session. So they know what was important and what was covered and what specifics are, or details are relevant to the goals and objectives that were being addressed and what to expect in the next session. Again, teletherapy is not a new form of therapy. It is simply a service delivery model. And when you model your teletherapy offerings on your past traditional therapy delivery, using your existing skillset, it really emphasizes in a school setting that you know how to be part of an IEP team, which is exactly what the traditional model relies on.

And that's a great segue for me to introduce a topic that is the reason that some of you really showed up for this presentation. If you're concerned about a child on your caseload and the appropriateness of teletherapy, here are a few things to keep in mind. These are suggestions that all have their foundations in the traditional therapy model. Document and gather your data before making any decisions about whether or not a child should continue to receive teletherapy, meaning collect data based on what you've tried, what you've observed. Consult with other people on the team and gather even more information about the student. You don't have to wait for an IEP meeting to do that.

You can chat with the facilitator in case they know the student and have a history of working in their classroom, perhaps. You can chat casually with the classroom teacher under traditional circumstances. You can chat with the parents, of course, and you can look for information that supports effective techniques and strategies based on what the student likes, what their interests are, what they do not like, what their preferences are for and against. And work with them over a short brief period of time. And there's no way to define the specific amount of time that's required in this process. It could be two weeks. It could be six weeks because of all the varying factors that will affect each individual scenario, but resist making snap judgments based on one quote unquote, bad session where you feel you did not get the attention of the student, as you had

hoped for. Working with a student, learning their preferences and learning styles is often a process. So give that process time to reveal itself through your efforts because any final indecisive actions or changes must be the result of working with the IEP team and must be an IEP team decision made formally, typically at an IEP meeting. So you can't have one bad session where your students, sat or hid under the table for 20 minutes and decide, nope, teletherapy is not going to work. You may have had behavior issues in your traditional sessions, in your speech room. It wasn't, it typically isn't a reason to cancel speech therapy indefinitely. Consult with the team, gather your data, consult more with the team.

And again, resist making those snap judgments or instant judgements and then discuss your findings. And who knows, you may come up with a new approach that you hadn't thought of on that day when that bad session occurred. So we have the things in place. We have the people in place, let's get a bit more organized. Eventually you'll accumulate a library of documents and files and applications and websites that you use regularly. A lot of the things you use in teletherapy of course, will be digital, but not everything. It doesn't have to be.

And your existing collection of traditional therapy materials can be a great source of inspiration for digital materials. I've always thought of my collection of therapy resources, my approach to it as having three branches. Branch one, would be things like PDFs and word documents, things that I store on my computer generally. Google Docs would fall into this, even though technically they're not stored on your computer. Those are interactive with Zoom because you can allow a student to collaborate with you on the screen very easily. It's possible using other things like Microsoft word too. But my experience, Google Docs is very quick to load and very easy to integrate with the Zoom platform, which I have a great deal of experience using. Once you open your doc and share your screen and then open remote control in Zoom, your student can write words, sentences, paragraphs, stories with you, directly onto any document you

open on the screen. Your iPad is also a good source of material. If you're using a platform like Zoom that allows you to easily mirror the iPad screen. You can digitize all of the great workbooks and activity books that you have and even your card decks, your stimulus cards that you use in therapy activities, and these become a great way to adapt your traditional print based materials into a telepractice model. All you need to do is get an inexpensive scanning app on your phone and start snapping away. Those become images that you can easily send to yourself and open on your computer in PowerPoint, in Google Slides and with a few very simple editing steps and trimming or cropping those images.

You've got yourself, a set of manipulative images in those slide decks. Now the second branch or, prong of my therapy resource materials approach is a category of materials that I use from the web, directly. Web based materials. And the web is an endless source of materials. And here's how you begin tapping that endless resource, take words and phrases and statements directly from your students' goals and objectives. We're not talking about identifying information. We're talking about the actual skill in question were being addressed in a goal or objective statement and start searching for those key words in Google.

You're going to find endless resources, some which will be ready to use, and some which will be inspiration for you to create simple things to use with your students. Then over time, as you begin searching more and more for these things, taking the words and phrases right from the goal statements like using age appropriate or grade appropriate syntax, vocabulary, sentences, whatever the case may be, whatever you're looking for from a speech or language perspective, when you start searching over time, you'll see that a lot of the results come up associated with the website, Pinterest. And whether or not you're a Pinterest user. You're going to want to broaden your horizons and look to all the other resources available because that is not the only source. So you can search for those goals, those phrases, those set objective statements and

terms, and then add a minus sign and the word Pinterest, like take away the Pinterest results. And you'll see all of the others. And I'm only saying that because I am actually not a frequent Pinterest user. I do have an account. It does seem to dominate the results the same way that Wikipedia dominates general search results for any, general interest term you might be searching for. It's just that widely used on the internet that Google thinks it's the result that you want. Now also under this second branch of my approach to how I categorize my therapy resources. The first one was things that I store directly on my computer, the second one being web based resources. And under that category includes specific websites.

There are too many to mention and there are a few that have become very popular very quickly and they're all great to use because every therapist can use them in different ways. Boom cards, ultimateslp.com, ABCya or ABCya.com and even YouTube because a lot of clinicians have told me, they love using the videos with celebrities, reading children's stories because they're really great for working on predicting and inferencing skills and asking questions to work on comprehension, because you can pause the video at key moments.

So you'd have to watch those videos and make sure they're on target for what you're working on, and then plan your session activities and come up with those approaches where you know, when to stop the video. You know what part of the story is generally about to occur in a general part of the video, same as preparing your therapy materials in the traditional setup. It's just that your resources are in a different format now. So that was still the second category of resources. The third and final way I categorize my resources is to use traditional and tabletop materials, boxed games for example, all you need are the cards from the game. If you have a great game that happens to work in language skills, vocabulary skills, general knowledge skills, all those cards from all those board games, keep them near your desk and get rid of the rest of the game. You won't need the spinner. You won't need the game board. And also any card decks that

you have from speech and language publishers as well. Now, some therapists like to use a document camera with a small area that they can lay things out on, and the camera projects things directly onto the screen. And they also like to keep a small white board nearby and taking the same approach, they can have the camera aimed on the whiteboard and that just lets them quickly change stimulus material using the dry erasing. There's one box game in particular that I think of often when I think about this approach, using the things on my the games on my shelf, and that's the game Headbands, it is a wonderful game for taking a structured approach to formulating questions and gathering, or synthesizing information.

But what makes it work so well is the clinician's ability to engage the student because the student absolutely loves watching the clinician interact with that silly plastic thing on their head. And then the clinician takes it from there, with the right questioning and targeting the right structure and format of the desired outcomes. So that's how I categorize all of my clinical tools. I usually think of them in those three different categories. But one more thing that I consider part of my clinical tool-set is my license or my licenses. Just to be absolutely clear an SLP must be licensed in both the state where the services originate and the state in which the recipients reside or attend school.

There may be temporary provisions in place that affect this requirements, given the current circumstances but you must exercise due diligence and check. I want to talk for just a quick moment about a technique I use or a resource I use for motivating and engaging students. I don't have enough time to discuss all the great approaches out there, tools at your disposal that you can use and how you choose the tools sometimes based on the student, the student will give you signals or feedback telling you whether or not you've chosen the right resources for the task. But my number one go to resource for encouraging students and providing something like a reward system are what I call reward pages. I create these in Google slides and you could use

PowerPoint in exactly the same way. I have something called, the reward pages slide deck. It's a resource that I believe I came up with on my own, but I think I was inspired by the sticker books of my childhood generation because collecting stickers was a big thing back then. And the concept still seems to resonate with kids today. Even if they're not going to a store to buy stickers anymore, the concept is still there. And here's why, let me explain what it looks like and how it works first. You create a slide deck or a PowerPoint deck and, one, you create one page or slide for each student. You put the student's name on it, in big, clearly visible letters. You can even let the student be involved in setting this up and let them choose the font.

Or if they have an appropriate nickname they'd like to use, and they also get to choose or use a background image on their slide. You should be involved in choosing the images. You can begin searching for a collection of images that you have ready to show the student as choices. And then you can put each one in its own PowerPoint slide or page, and then let the student pick the one that they'd like to use as the background on their personal page.

And all of this could be done in the same deck, or you could have a PowerPoint deck that consists of all background images, and you have both files open at the same time, copy and paste based on the student's choices. And ultimately what you have is a slide deck consisting of one page for each student showing the background image, each student chose and their pa... on their page, labeled with their name. I would definitely make the whole reward deck one slide deck. So if you, if you have a weekly therapy schedule, you have this one PowerPoint file that you can open quickly and frequently that has every student's reward page in it. It's sort of like your reward book or like your giant sticker book. You then begin collecting the reward images, any images you think would resonate in a positive way with your students. They could be characters, pop culture items, even appropriate, fun things like video game images, always appropriate for a school setting though. And you could also come up with fun

themes like candy shop, and you have all the different items in a candy shop because you went and searched for images of ice cream cones and chocolate chips and candy bars and et cetera. You could do themes that involve animals like horses or whatever animal the student has a preference for. You could do fun things like UFOs and motorcycles, whatever. You add, all the images you find to another page in your slide deck and at the end of an activity or when a student hits a milestone they get to pick one of those small images and add it to their page.

The students get really motivated by getting to make the selection and they really enjoy their page or their scene evolve over time with their growing collection of quote unquote stickers. Now, it sounds like such a simple idea, and it doesn't sound very clinical in nature. It is, it's part of the structure of rewarding and reinforcing specific skills. And I've given you the idea. So please take it and make something big with it. You may think of a slightly different approach than I've described here and the same goes for all the other ideas I've given you.

And I've planted in your imagination today. Here are some of the most frequently asked questions that I receive regarding teletherapy from the perspective of a clinician who's just getting started and really feels like they don't know much about it. I am often asked about creating a schedule and working with groups or seeing groups of students together in a session. And how many should you see in a group? Any experienced school-based SLP will tell you that they are accustomed to having schedules that include groups of four, five, six, Oh goodness. I've heard nightmare scenarios involving eight students in a session and that's speech class. That's not an individual speech therapy session, but I get asked about teletherapy and group sizes. And the concern is how would you work with a group in teletherapy when all of the action takes place on the computer? And let's go back to my foundational perspective on this whole presentation. It's not about the computer. The computer is the channel that we're using, the conduit we're using to communicate with the students, but when a student

and a group of students, and I'll talk about group size specifically, in just a moment, interacts with the therapist for a structured session, it does not mean the student must position themselves at the keyboard hunched over the monitor, the way an individual computer user might. That's really not at all the communication style we're targeting most times anyway, in our sessions. We often want to work on interaction between the students' conversation skills. So your small groups of students, and by the way, they should typically not be more than three students at a time. Your small group of students in a session do not have to have their hands and body placed over the keyboard of the computer.

What works great in a small group, three students or less is if they're all seated two or three feet from the computer in an arc or a semicircle, they can see here and hear each other. And most importantly, they can see and hear you very clearly. And with the right setup that is easily accomplishable with a tabletop microphone, speaker combo, a small box you can purchase on Amazon that will make the communication even easier for everyone involved. There are microphones speaker devices that can be plugged into the computer in the USB ports and act as both the microphone and the speaker. It presents a richer, fuller sound for the students. The sound of your voice sounds more lifelike.

And it also gives a unidirectional mic or provides a unidirectional mic to capture the sound right in front of that device. So the device is placed on the table in front of the students and the students are seated again, just two to three feet away in a semicircle. Are headsets necessary? I have interacted with many therapists online that sound great without headsets, but every single time a clinician uses a microphone headset combo. They always sound better. That's just my informal research but it always improves the quality of the signal, the richness of the sound, the depth of the sound. And it helps whether you need this or not. It helps with your own focusing, having that headset on blocks out all other noises and distractions. And since we're all working

from home and so is everyone else right now, we could use all the help we can get in blocking out distractions while we're working. So again, the group size should not be more than three students and you don't get to wave a magic wand and demand that the school not give you groups of three or more, but you do get to have a meaningful discussion with school administrators before teletherapy is installed, as I usually put it or set up, before that environment is created, you can talk about as an advocate for the students, what works best and what will provide optimal outcomes.

And in my experience that has been when group sizes are capped to three and under this gives great opportunities for interaction among the students in conversational type activities. It lets them respond to each other, even while you are trying to facilitate controlled turn-taking, there's a little bit of give and take, but just enough, just enough respond and, or a response and reaction among the students that it doesn't throw your activity off the rails. It's great conversational practice for the students who need that. And it's a very manageable size for you to keep hold of in your interactions with each of the students. There won't be over-talking, there won't be difficulty getting a single student's attention and you won't have to memorize eight students' names at once, only three.

So do what you can and it's the process starts again with those advocating conversations you might have with school administrators before therapy begins, letting them know what works best and even being so bold in those conversations to suggest that teletherapy gives you flexibility, that is not always affordable in a traditional therapy setup. And that would mean, if the students really are going to get the services that would provide the most optimal outcomes, it might involve more than one teletherapist for that school's caseload. Just something to think about. And the reason I say flexibility or use flexibility to describe that is because it's typically easier for a school to locate in place a teletherapy SLP than it is for one in the immediate geographic area. Another question I'm asked frequently are seemingly basic issues about therapy with

the expectation or assumption that for some reason, something is different about the approach in teletherapy. For example, I get asked often in teletherapy, how long should your sessions be? And my answer to that is always instantly, as long as the IEP tells you to, indicates for them to be, because that is dictated by the IEP. And again, it's not, it's just a lack of experience. I think, that makes clinicians want to be prepared for every last detail before they give this a try without stopping for a moment and realizing, wait, some of the structure of this is already in place and is decided by other things and not by the fact that we're using teletherapy. And that's a great example. Session length and frequency does not instantly get adjusted just because you're using teletherapy.

You're going to provide your sessions with a time amount and frequency based on what's mandated in the IEP. And that should not change at all until you and the IEP team have discussed meaningful and appropriate reasons for making that change. Now here's a note on that thought though, many experienced teletherapy SLPs will tell you that they feel that they get so much more accomplished in their teletherapy sessions once they become comfortable with their routine and their setup. And there seems to be a reason for that. There seems to be this, for lack of a better term, this locked in effect. We've heard for years about the need to be aware of screen time for students.

And now here we are pushing for more screen time. At least we can hope it's for all the best reasons but nevertheless there is an effect that a screen has on most students and most children. And at least we're getting them dedicated to a screen where something meaningful is going to be produced in a teletherapy session, but there seems to be this locked in effect. And that means the moment you have your students sit, facing the camera to begin interacting with you. In most cases, not in every case, but most, frequently enough to, honestly expect this. Once you have a regular scheduled caseload, in most cases, your students will sit down and in an instant as if

they're waiting for okay, what do you got for me? What's next? And that's why planning is so important in teletherapy, you really do have to be ready to roll the moment the session starts, and there are clocks on every computer monitor as well that tell you exactly what time it is. So there will never be any question about the amount of time you spend in a session and the amount of time you spend with a student. So you've got to have your materials ready to go. You've gotta have a general outline for every session ready to use.

And your students will be ready to work and ready to respond and giving you responses typically much more frequently and more faster throughout your session than you might be used to. The dynamic is slightly different in teletherapy. The response rate is sometimes different in teletherapy. And when I create simple materials, I use those slide decks quite a bit. I always make an effort to have more than I actually need. And it's great to not use half of your plan material in a session because that becomes material you can use in your next session and the session after that. So it's always better to have more material than you need. And that's always the approach I take when I'm throwing together my quick and easy to use simple therapy materials, teletherapy materials do not have to be elaborate.

You do not have to be playing Call of Duty or World of Warcraft or something over the top graphic wise, visually stimulating for therapy materials. We're working on communication skills, not computer game play skills. Now it's fun to have a really great colorful and alluring and interactive app or website or program to use but you can also be just as effective, as I mentioned before, with my selection of traditional tabletop materials, with a simple set of stimulus items that you've kind of snatched from a board game or a deck of cards and make your session really interactive based on the communication skills and again, not on the computer resources that you're showing to the students. So, the original question, how long should a session be? As long as the IEP tells you it should be. And that change, any change should only be made as a

result of the IEP process. It is not the result of the teletherapy process. Group sizes, always three or less. You may very well get to work with individual students with your school caseload. I hope you do, it's especially effective for working with fluency students. And I'm sometimes asked as another FAQ or frequently asked questions. What would you use for, what therapy materials are available for this type of goal, that type of goal. And for some reason, the topic or the specific question of fluency comes up frequently. What good fluency apps are out there?

You know what a good fluency app is? A good set of conversation materials, which you don't need an app for. If you do happen to have some existing fluency resources on your bookshelf, open them up and get ideas and get inspiration from the content of those. And then put that in a simple document, put some single statement sentence starters on the screen, put the first paragraph of a short story on the screen, put whatever foundational items you want to use for your fluency building exercises in text, on the screen. It will take you seconds to type them in, and you've got great fluency materials. It's not about the computer. It's about the communication and the skill behind the communication that you are uniquely qualified to deliver. So don't get too caught up on finding the right app for every goal and objective that you're going, that you plan to address.

Think about the foundation, the base of the skill and what you bring to the table with your existing clinical skills already. One other thing I get asked frequently is, What does teletherapy pay? And I'm going to address that as one of the final issues I address in our presentation today and hopefully leave you inspired to go find the opportunity that's right for you. The research on teletherapy that currently exists, all generally agrees that the outcomes are typically similar. The response is generally a positive one in general, and that there is a need for more research. And there have been some areas of concern that have been raised. And although no longterm research is available yet, most experienced teletherapy SLPs are saying that they feel it is just as productive.

The outcomes are just as optimal as traditional therapy. When the clinician is organized and knows how to address the students with the same intentions they had in a traditional therapy setting. There is an argument that, and made by schools generally that teletherapy does not cost as much, so should not be compensated at the same rate or as, or higher, as traditional onsite teletherapy. And I don't know if I can side with that argument, but we're providing the same, the equivalent service, simply using a different communication method to deliver the service. So there really should not be any discrepancy in what you would expect for compensation in your traditional role and the same factors affecting the variance of compensation across the country are going to affect teletherapy delivery, because you will typically be within school settings anyway, you'll be working with those local, those regional school areas and there do seem to be different regional compensation ranges across the country.

They do seem to be certain, it does not seem to be effective though, by whether or not a school district is in a rural or metropolitan area that has not been my experience. It sometimes has to do with the experience of the clinician. And that means, that the same negotiating process may be in place for securing a clinician to provide teletherapy services and on piggybacking on the idea of having a good understanding of compensation rates for teletherapy.

I want to advocate for all my fellow clinicians, by letting you, by preparing you for a school interview for a teletherapy position and your preparation for that interview, by suggesting that you focus on your clinical skills, the school administrators in most cases already feel pretty confident that there's going to be a video conference system in place to handle the communication that's necessary. What they really want to be certain of, is that they're getting a qualified and confident clinician, a speech therapist in their eyes. They want to be sure that they'll have someone who knows how to address the speech and language needs of the students who are eligible for services at their school. They are typically not hoping, not even secretly, hoping that they get a

computer whiz. They know that life revolves around computers these days, they use them themselves, they know that their IEP system is driven by a computer platform. They know that there's a platform that will again be the vehicle, the conduit, the channel that we use to connect with the students in their schools. There may be technical concerns about getting it set up if they haven't done this before for therapy session purposes. But what they're looking for when they interview a clinician is a qualified and confident clinician and not necessarily teletherapy clinician. And if you ever find yourself being questioned by a school administrator about your potential role as the SLP, using a teletherapy setup, focus on your clinical skills, elaborate on your clinical skills and your clinical experience. It is so much more important and valuable than any teletherapy experience or lack of teletherapy experience. Teletherapy is not a new form of therapy. You are the skilled and qualified expert that's needed for the position. We just happen to be using this channel to provide the service. So again, I wish you all the very, very best, I hope you are able to take advantage of this really exciting time that we're in. I know most of you who just heard that phrase have not thought of this as an exciting time but I want to challenge you to see the room for opportunity and growth here and what we might come out with on the other side of this. And I think that thought will really keep a lot of us going with our chins up and our spirits high. I hope I get the chance to interact with you, personally one day. And I may in my future endeavors in teaching and coaching intel in the field of teletherapy delivery, and it's been a pleasure and a privilege to present to you today. Thank you so much.

- [Amy] Thank you, Joe. Really great information that you're sharing and clearly you know, this is something that is going to be around for a while. So the more we know and the more we feel comfortable with teletherapy and telepractice, the better off we'll all be. So thank you for sharing your expertise in this area. We really do appreciate it. And we will go ahead and wrap it up there for today. And again, thank you to everyone attending and we look forward to seeing everyone again soon. Take care, everyone.