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Language Therapy via Telepractice:
Imagine the Possibilities
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- [Amy] Welcome, everyone, to our webinar today, presented by speechpathology.com and the American Board of Child Language and Language Disorders. Today's event is Language Therapy via Telepractice: Imagine the Possibilities. And right now I'd like to introduce Dr. Trisha Self to you. She is the CE co-chair for ABCLLD, our partner for this event. Dr. Self is an Associate Professor and the Paul M. Casset Distinguished Chair in the Communication Sciences and Disorders Department at Wichita State University, where she teaches courses, supervises, conducts research in autism spectrum disorders and serves as Coordinator of the Autism Interdisciplinary Diagnostic and Treatment Team Lab. And she is also a Board Certified Child Language Specialist. So, Trisha, welcome. I will hand over the mic to you to let you introduce our speaker today.

- [Trisha] Thank you, Amy. As Amy mentioned, this continuing education event is in partnership with the American Board of Child Language and Language Disorders, also known as ABCLLD. I'm on the Board of ABCLLD and just want to mention to today's attendees, that if you think you have advanced knowledge, skills, and leadership in child language and are interested in becoming a certified Child Language Specialist, you will find resources at our website that describes the process. The web address is www.childlanguagespecialists.org. Those of us who are specialists have found many benefits to being certified as an expert in child language. One being that we're all dedicated to ensuring that children receive high quality services. So I invite you to become a specialist. I'd like to thank all of you for joining us today. We're fortunate to have Melissa Jakubowitz with us who will present on the topic of child language therapy. Oh, sorry, on the topic of language therapy via telepractice. Now it's my pleasure to introduce our speaker Melissa Jakubowitz owns eLiveNow, which is developing a telepractice platform. She also provides telepractice services and consulting to schools and private practices. She is a Board Certified Specialist in Child Language. She was the Vice President of Clinical Services at a large telepractice company leading the clinical team. In addition, she owned a successful, multi-office

private practice. Melissa was ASHA Convention Co-chair in 2018 and currently serves as the Chair of the Board of Special Interests Group Coordinators. Welcome, Melissa. We're looking forward to your presentation today.

- [Melissa] Thank you, Trisha. I'd like to first thank the American Board of Child Language and Language Disorders for inviting me to do this presentation and also to thank speechpathology.com. I appreciate this opportunity. On this next slide, you see my disclosures. And as Trisha mentioned, I own a telepractice company. I'm a member of ASHA SIG 18, and I'm currently the Chair of the Board of Special Interest Group Coordinators. In this course, we will briefly cover the necessary groundwork and equipment needed to provide appropriate services online. One of the reasons I'd like to cover this is because you can't have quality services, unless you do the groundwork and have the appropriate equipment in order to do this. We will also discuss similarities and differences between online and in-person services and also techniques and materials for providing online therapy.

In terms of best practices, it's important that we understand first and foremost, our legal responsibilities. We must understand whether or not HIPAA and/or FERPA apply to you in your particular setting. In medical settings, private practices, HIPAA will apply any time you are working with protected medical information. FERPA is the privacy regulation you need to understand when working in the schools. HIPAA may also cover you in schools if you bill Medicaid or any insurance, as you are dealing with protected health information, such as client birth date, their disabilities, as well as their goals. One important piece of information is that when a platform indicates it is HIPAA compliant, it does not mean that you and your clients are protected and there's nothing more that you need to do. HIPAA compliance is more about the policies and procedures your organization has developed to protect your clients from security breaches, in addition to detailing how you will handle a breach and let your clients know what information you might have breached. So ensure that the entity that you

work for has those policies and procedures in place. HIGHTECH and COPPA are two laws that we also need to be aware of. HIGHTECH is an extension of HIPAA and it stands for Health Information Technology for Economic and Clinical Health. It was enacted to promote the adoption of meaningful use of health information technology, more specifically, electronic medical records. COPPA stands for Children's Online Privacy Protection Rule. And this sets out certain requirements on operators of websites or online services that are directed towards children under 13 years of age. COPPA was designed to limit the collection of and use of personal information about children. In order to determine if a website you are using for telepractice follows COPPA scroll to the bottom of the homepage of the website and there should be a link to privacy information.

Once you click on that, you'll see what information they collect and how they will use it. There should also be a place for a parent to opt out of that data collection. The purpose of this talk is really not to go into details about each of these laws, but to ensure that you are aware of them and look into them more in depth before jumping into telepractice. Also, I'm gonna talk a little bit about the technology, but again, the purpose is not to give advice on technology, but to make you aware of what is available and what you need in order to provide services that are equivalent to in-person services.

One of the things that is noted in our ASHA code of ethics and other ASHA documents is that telepractice services should be equivalent to in-person services. In the next slide we'll go into the types of features needed to provide high-quality services to our clients. Be sure you have a means to determine which clients may or may not be appropriate for telepractice. At times it might be difficult to determine this as there is little research in this area and there really aren't any formal measures to make this determination. Often we as SLPs need to actually work with a client before determining whether or not we should refer to in-person services. We will go a bit more in depth

later on in the presentation on how to determine client candidacy. There are some guidelines in our ASHA documents and I'll share those with you down the road. Setting yourself up for success is critical prior to teletherapy. Pre-work includes obtaining stakeholder buy-in. Stakeholders can be managers, principals, administrators, families and students among others. If there is no buy-in from all parties, it will be difficult to succeed. Communication with the client site, whether it's a public school, an office, a home it's all essential for success. It's also crucial to have good tech support from your site, whether it's the IT department at your school site, the tech support from a platform company or someone you hire to support tech while you're providing teletherapy services.

You want to be able to troubleshoot the technology issues that can arise and you want to do this quickly so you can provide quality therapy. You also need to set some guidelines when the tech is not working, because at times technology just doesn't work about how you're going to handle that and what are your policies for rescheduling those services. One of the questions I frequently get asked when I do presentations are what technology features are important and necessary for providing quality speech and language services? This really can vary depending on the age group and the type of disability the client has.

So it's important to look at your caseload and determine their needs prior to trying out a video conferencing platform. When working with young children and providing parent coaching and again, with any teletherapy services, you will need high quality video conferencing and the ability to enlarge the video feed so you can view your client and family members if needed. And particularly with the younger children, you want to be able to see them, whether they're sitting at the table, working on the floor or moving around the room. For older children, having a whiteboard which allows you to write on or draw on the materials that you are screen-sharing and, of course, you need those drawn annotate tools because it allows you and your client to interact with the screen.

Screen-share is important. Screen-sharing is important if you utilize websites, apps, books or have SLP materials in your possession that you want to share with your client. Oftentimes in the early days of telepractice, we would take our paper-based materials, which could include worksheets and we'd screen-share them. And with the screen-share, the whiteboard and the drawn and annotate features, clients would be able to type or write or draw on those worksheets as they would be if you were sitting with them in an in-person setting. School-aged students when receiving services via teletherapy appear to be more highly engaged when they can interact with the materials presented on the screen.

Know that not all video conferencing platforms, or platforms that are used for teletherapy allow you to do this. So those are some of the things you need to research before jumping into therapy with your clients. There are many pieces to providing teletherapy and all of these are interconnected. Again, this goes back to being prepared and to providing appropriate services and quality services to our clients. As clinicians providing teletherapy to our clients, again, as I mentioned earlier, we must be aware of public policy and law. This has changed significantly over the last few months due to the pandemic.

I was mentioning earlier to some of my colleagues that six months ago, if you said teletherapy, people would have said, probably not. Now, just about everybody is providing services via teletherapy. So it's important that we're aware of this law, but these laws have changed significantly over the last few months due to the pandemic. So it's critical to keep abreast of these changes as they will affect service provision. While HIPAA has relaxed its enforcement of the privacy rules for now, we don't know when this will revert back to pre-COVID days. So keeping informed is important as it will affect the platforms we use, how we provide services and where we might be providing those services. Evidence-based practice is what guides us in choosing the techniques for therapy and how we provide them. In addition to evidence-based

practice, we must keep in mind our clients, their families, and support communities, as well as, keeping in mind cultural and linguistic differences. It's also important that the communities are supportive of teletherapy, whether it's the school, the clinic, a private clinic or even the community surrounding these places where we're providing services. All of these are interconnected and help to support each other and we must keep them in mind as we develop our teletherapy services. As we begin to look at evidence-based practice intervention strategies, we need to determine if the practice is appropriate and feasible via technology. Does the chosen technique fit into a teletherapy setting? In many instances, it can, but often we don't have data research that indicates it is amenable or feasible in a telepractice setting. And this is where our clinical skills and clinical judgment become important.

Analysis of the recommended techniques will help us determine whether or not it is feasible and whether or not we can adapt it for telepractice. We also need to determine if the fidelity of a practice can be maintained and whether or not modifications are needed. With these modifications, or will the modifications affect the fidelity of the provision of that particular strategy? Will we be able to maintain the number of trials or intensity via telepractice and will the active ingredients in that with those strategies be maintained? Will we need additional equipment or resources?

And if additional equipment is needed, are there financial resources available and is the program sustainable? These are questions that need to be answered as we determine the strategies we use in telepractice. And as you decide which of the many strategies that are out there and working with our clients, ask yourselves these questions as you move into determining whether these practices will be possible in a telepractice setting. So there's a good body of research available in providing telepractice services. However, it's somewhat more limited when focusing on telepractice and telepractice with language therapy. There's lots of information out there about working with children with speech sound disorders via telepractice and a bit about language therapy. So

what we need to do is to look at the language therapy research that was done in in-person settings and determine if the techniques and those strategies translate or can be adapted to telepractice. Let's look at some of the research available and how it might be used in teletherapy. So here is a sampling of some early research or research in early intervention. There's a number of studies published in peer-review journals regarding early intervention. And most of these studies focused on a parent coaching model for the birth to three age group. In the case, in et al article, they looked at Part C services that were being provided in rural areas where there were shortages of providers.

At the time of the study, approximately 30% of the respondents were using telehealth services. Telehealth was being used to overcome shortages and improve access. And they found that most, the majority of providers and families were supportive of those services being offered via teletherapy. In the Olson article, they looked at the rationale for using telepractice to provide services in early intervention and summarize the results, including service provider and family satisfaction. This article concluded that using telepractice can be useful in accomplishing the mission of early intervention. It supports learning within the child's natural environment and it incorporates the use of the child's activities of daily living into therapy.

This study showed that both service provider and family satisfaction was very high. The other articles also indicate that telepractice is an effective form of service delivery for the birth to three age group. Here is some sampling of the research studies with school-aged children and these were all completed primarily in a public school setting. These studies concluded that telepractice was an effective form of service delivery and students receiving these services made as much progress as their peers receiving in-person services in the majority of those studies. While the Boisvert article in "ASHA Leader" was not a research study, she does provide guidance on working with children with significant behavioral issues. Often I hear from my colleagues that what am I going

to do with students who have a lot of behavioral difficulties? And so Boisvert discusses what happened when she was contacted to provide services via telepractice to students with intense behavioral and communication needs via telepractice and certainly there were some concerns. At the time that she wrote this article, there was very little research on strategies for these students in a telepractice setting. However, they did, excuse me. However, they were able to look at studies on technological strategies used with these types of students, such as virtual reality, computer assisted technology and video modeling and saw the benefits for the communication skills. In the article she lays out 12 steps to ensure that teletherapy would be successful and these steps are still applicable today.

Boisvert shared that it was necessary to establish a team, identify concerns and barriers, plan and prepare, send reminders, make troubleshooting easy and provide activity schedules for students. She also noted that materials may need to be modified as well. One of the things she note and I think it's really important when working with kids with significant behavioral issues is to keep what you have on the screen fixed and uncluttered. IN the Crutchley article in the SIG 18 Perspectives, they discussed specifically how to successfully implement a program in the schools. There is so much planning and preparation that goes into this and it's all important if you want to succeed.

The rest of the articles look at telepractice with students with autism and students who use AAC. Again, the results indicating that using teletherapy with these populations can be successful. There are also a number of systematic reviews of the telepractice research with various populations. There's limited information specifically for language disorders and telepractice. And often the research looks at general speech and language disorders in the schools or target specific populations such as individuals with autism or who utilize AAC to communicate. The Sutherland review indicated a positive outcome for autism in intervention delivered via telepractice. It also indicated

there may be a range of benefits for individuals with ASD, their families and their teachers. Again, depending on the methods used as each of the research articles used a variety of methods. The Neely article concluded that telepractice as a service delivery model for those with ASD has promise. Okay, hopefully that's better. The Neely article concluded that telepractice as a service delivery model for those with autism had promise. One of the issues that in the articles I reviewed was the variability in the training components employed with varying effects on intervention fidelity. The Wales review determined that the effectiveness of telepractice interventions are dependent on the selective outcome measures.

Outcomes were more consistently positive when standardized assessments were used for pre and post intervention testing. In many of these, the high levels of participant satisfaction for intervention delivered via telepractice, both participant and family satisfaction was very high. So as we dive into techniques, it's important to keep not only telepractice research in mind, but also what we know about language research, what works, what's effective, and what will enable positive outcomes for our clients. We're going to take a look at techniques for various age groupings as what we do will vary not only by language difficulties, but also their current functioning level. So there are several questions we need to ask ourselves in terms of what we do. Can this technique translate to a teletherapy service delivery model? Can I provide this technique with fidelity?

And whether or not the kids are engaged and whether it's engaging for the kids? A number of years ago, I remember watching a video of an SLP working with a child who was about five or six years of age. In this video they were working on articulation, but as a reward, the reward was drawing a picture of a person. However, the platform that this SLP was using didn't allow the student to do the drawing. So the SLP was asking the child what to draw for each parts of the body. So the child would say draw the head and the SLP would say, what shape is a head? And that was fine in the

beginning, but as the session moved on the little boy didn't appear to be very engaged because he could only watch. And so the SLP lost some of that engagement because the client couldn't interact in the way that, in the way that they would have in an in-person setting. So if you have materials that you use in in-person services, determine if they will translate to an online format. Also, you need to find out if the copyright will allow you to scan them into your computer to screen-share or if there are digital versions available that you can use. Also, you can use a document camera as well to share paper materials.

And one hack that many of my colleagues use instead of going out and purchasing a document camera, they will use their cell phone or tablet set up on a stand as a document sharing camera. So you would log into your virtual room with your phone or your tablet and put it on a stand so that the camera is showing the documents that you want to show the student. All right, one of the things that I still hear folks doing is they are holding up picture cards to the camera. And this is really not best practices. When you hold up a card to the camera, it's covering your face. So the student can't see your face, they're seeing the picture card. Which is why a document sharing camera or using a cell phone or an iPad is better for this task. I would like to talk a little bit about client characteristics and what we need to look at.

We need to look at the physical and sensory characteristics of our students; their hearing, their vision, their manual dexterity and their physical endurance. In terms of communication, what's their comprehension? What are their literacy skills? This will have impact on whether you use the written word in your materials along with pictures or you just use pictures or just the written word. You need to know what their speech intelligibility is. You need to look at cultural linguistic variables as well. We also need to look at cognitive and behavioral issues as well as motivation. What's their level of cognitive functioning, their attention to task? And are they able to manage the technology, as well as, sit in front of a camera? So let's talk about therapy in early

intervention and we're talking primarily about kids in the birth to three-age group. Best practice in this area is parent coaching and is play-based. It is... Those are the techniques that are supported in our literature. One of the things when we're working with the early intervention kids is camera setup and positioning are really important. Remember kids that are one, two, even three years of age are not necessarily going to sit at a table with their parent to do therapy. So you need to be a little bit more agile and flexible when you're working with age group. If the child is going to work better sitting on the floor with mom or dad or a caregiver, that's the best way to do that. So you wanna make sure that the camera on the device that the family is using is set up in a way that you can see them.

In an ideal setting we would want to ensure that, we would want to look at getting a wide angle camera. A wide angle camera will allow you to keep the device in one place and allow the clinician to see a wide area. So if the child's moving around in a room, they're able to follow and see and hear what the parent and child, what the parent and child are doing and hearing how they're interacting so that you can coach them. You also wanna determine what you might be doing if you were seeing the child in person. Most folks that are in the early intervention space are doing parent coaching, but they're also bringing toys and activities with them in their therapy bag to share with the child. Well, you're not there in person anymore.

So you are going to need to work with the parent and determine therapy activities in advance, in conjunction with the parent and guardian and determine what therapy materials the parents have at home that you can use. It's also important to meet with a parent or guardian prior to the session so that you can discuss these with the parent and then ensure the client has appropriate materials. If you need to send them some materials ahead of time, that's great. Some of the kids that are around three years of age might be able to do some cut and paste activities. So you could certainly email some of those to the client for the parent to prepare for you. But again, you need to

find out what the families have at home and this is going to vary quite a bit. And again, the focus is on parent training and coaching. As I mentioned, camera setup is important. The SLP needs to contact the parent prior to each session to make sure that they have the appropriate materials in place. And then also you need to walk the parent through the activity that you are going to be doing with the child. The SLP coaches parent, the parent does the activity and then the SLP and the parent can debrief on what was done. And then during that session, you can also decide on an activity for the next session. It can be the same activity. It can be a different activity. It will all depend on the level that the child is at. The other thing that you can focus on, too, when you're doing teletherapy, because the kids are in their natural environment, is to look at their activities of daily living. You could do potentially do a session around food preparation.

You could do sessions around, you could do some sorting with the child, have the parent bring the basket of laundry. You don't need to have a lot of extra materials. A basket of laundry you can sort by who the clothes belong to. You can sort all the socks. You can sort the socks by different colors. So there are lots of activities that you can bring in from daily living activities. So some of the activities beyond parent coaching. Book reading is a good activity, as long as you use an online book or both you and the parent have the same book and the parent can show the book while you have your copy of it and are reading to the child.

In order to get the child's attention, it might be appropriate to use a very short video, maybe a song or a short scene from the child's favorite cartoon or TV show. But be careful when you're using videos and make sure that you preview the video before you show it to the child. There are many activities... There are many activities out there that... There are many activities out there that or videos out there that are parodies on kids song and you would definitely not want to show them to a small child. There are some good videos. Little Baby Bum is a good website, as well as Cocomelon. They

both have nice videos that are oriented to kids and sometimes you can use that as an activity to engage your child and then work with the parent on how to engage the child in a conversation or naming activity, again, depending on what language activities you're working on. Toys, there are a number of ways you can use toys. You can have the same or similar toys on both sides and you can model and show your client using a document-sharing camera or your cell phone or an iPad as a camera and do some side-by-side play with the child. And then again, coaching the parent on how to play with the child. It's important that we follow the child's leads and assist the parent to continue working during the time with the child. It helps if you're focusing at least initially on one goal or step at a time. It's also important to be animated and energetic with these kids.

With age three to five the activities that you do are really going to depend on the client's cognitive abilities, their ability to focus on the computer and their manual dexterity. Some in this group will readily access activities presented on the computers and others won't and will need significant support from an adult. And it's important to keep in mind that you really know these kids before you try to engage them in activities on the computer.

Again, with three to five, you may continue to do some parent coaching, but oftentimes you can use interactive, computer-based activities and on the next slide I will show you some websites that will engage kids in this age group. Shared book reading is a great activity. I love using books when I work with kids, because I can work on a lot of different language goals all at once when I'm using a book. Drawing activities are great if the families have those kinds of materials at home or you could potentially send them to the parent. Shared activities, as I mentioned earlier, activities that involve activities of daily living. And finally, I have listed on here apps. I'm not a big proponent of apps. Kids get a lot of time these days on their devices, but there are some good apps out there that are good for eliciting language from clients. As we mentioned, coaching is

good at this age level, videos, book reading, websites, But we can also use PowerPoints, Google slides and photos as well. I will discuss the PowerPoints, the Google Docs and slides, et cetera when we're talking about school-aged children, but these can be used at a later, at a lot of different age levels. These techniques, we can scaffold what our clients are doing. We can use recasts, expansions, cloze procedures and lots of modeling when we're working with kids via telepractice. So here are some websites, pbskids.org is a great website. They've got all kinds of interesting things and it's easy at this age to choose an activity that will engage the child by finding out what their likes are and to include them. ABCya.com teaches preschool skills through some fun and interesting interactive materials. A creative SLP can use the activity in multiple ways.

Starfall the focus is on teaching reading, but does have some pre-reading skills as well that might be beneficial for what we as SLPs do. Flocabulary it has activities that promote literacy through creativity. It focuses on Tier Two and Tier Three vocabulary words and again, it's very creative. Meddybemps is, again, some interactive activities that are very colorful. They have online books with animation that kids can manipulate and there is activities for reading, writing, listening, and thinking skills. Alright, and I will let you look at and discover these other websites. Again, this is just a sampling. There are hundreds out there.

So I want to jump into school-age therapy. Once they hit school-age using websites and interactive materials are more readily used with this age group and interactivity at this age group is definitely important, especially, at the upper elementary levels. Typically with school-age kids, we like to use curriculum-based materials. Look at, find out what the kids are learning and get access to it. I think with many, many schools in the fall going to online learning environments, it might be easier to get access to those materials and it will help you plan for more effective therapy. If you're utilizing the materials and vocabulary that they're using in class school-aged kids will definitely see

that it will translate well to what they're doing in terms of their activities. And it will translate well to and carry over to school if you're using the same kinds of materials and vocabularies that they are in the school. Again, curriculum-based activities, interactive. With school-age kids, I use the draw and annotate tools quite frequently so that they can interact with the materials. Whether you're using paper-based materials that you're screen-sharing or you're using websites, they will be able to interact with those materials by using these draw and annotate tools. Book-sharing, as I mentioned earlier, I love using books in therapy. All right, here are a number of websites on the right hand side. They are great activities. They're interactive. For instance, Quia is one that has pre-made activities, where you can add your own vocabulary. It's for instance, they have a Jeopardy style game where you can put in whatever information you want and the kids can interact with it.

What I find helpful is using things that are already at your disposal. If you have Google Suite available or you can use Word documents, slides. or PowerPoints, drawing and Google Earth. On Google Documents, oftentimes, I will find a photo or use one of my own personal photos to share with the student so they can tell me a story about the photo. I will also have parents take a series of photos of kids doing various activities. Maybe making a peanut butter and jelly sandwich or washing their hands and take pictures of each step and then use those photos in therapy to work on some sequencing and language skills.

A lot of my colleagues use PowerPoints or Google Slides. And again, because you can animate the slides, it makes them very interactive and you can move, for instance, you could be teaching some prepositional concepts by having a picture of a table and then several items that the child can move on the table, under the table, next to the table. Boom Cards and LessonPix are subscription-based materials that you can customize them for your particular students. Both Boom Cards and LessonPix allow you to... Boom Cards and LessonPix allow you to customize them. They also have some free

versions available. What I found with some of the free versions is the activities are very limited. They may focus on one particular goal and they're not necessarily used more broadly, but some of the ones that you can purchase have much more, a much more broader use of them. There are a couple good websites here. Scholastic is a great one. It's an engaging web and whiteboard activities across all grade levels. They include some literacy activities, as well as eBooks. TweenTribune is sponsored by Smithsonian, which is great. It has wonderful curricular materials for all ages on a whole variety of topics. The vocabulary.co.il is building vocabulary skills. WebRangers is fun, as well, because you can view national parks and you can incorporate curricular areas such as biology, earth science, history and allow kids to see places that they might not have otherwise seen. So let's talk a little bit about middle and high schoolers. Basically with these kids, motivation is the key.

So you need to find materials that are going to engage them, that are going to motivate them, but that are also related to the curriculum that they're being provided in the schools. Again, we wanna use curriculum-based materials and, oftentimes, you can find YouTube videos around the materials that really help with the kids' comprehension of what they're studying. Again, look at the video, preview it before you share it with the student.

You want to work on and focus on vocabulary related to curriculum. And again, at middle and high school, as well as elementary school-age, working on morphology really helps these kids in terms of their language. And even more so, you need to use interactive websites with these students. So here are some interesting resources for high school. The iTunes Story Creator is really fun and can help to enhance oral and written language. It's used to create personal stories. Flocabulary teaches vocabulary related to curriculum. The Science Review Games targets taking notes and referencing notes, identifying keywords, how to answer typical higher level questions and also includes interactive games. Popplet is interesting. If you have a student who needs

graphic organizers, Popplet allows you to use a whole variety of these for reading, writing, brainstorming, strategizing, et cetera. Newsela is a newspaper for students and it's really versatile in terms of language skills. They have reading passages at various age or grade level and it also includes comprehension questions. 148Apps is social communication skills. They give explicit instruction to students on hidden social rules for adolescents and adults. Nat Geo is education activities related to science, history, art, animals and vocab. Epic are books for all ages. There are lots of classics. So many of the books that they may be using or reading in their English class and there's a huge variety here. And again, these books are online, so you can view them with your students. Project Gutenberg offers Kindle books and free eBooks. You can search by category here and there are many classics on here as well. So I wanna talk a little bit about apps. I mentioned that some of them are better than others. And what you really need to do is ask yourself questions. Are they effective? Are you getting... Are the kids just doing them and going through the motions or are they really developing their language skills by using them?

Do they compliment and support your therapy goals? How interactive are they? And it's important to remember when, if you are using apps and you're screen-sharing an app on your iPad onto your computer, unfortunately, your client will not be able to interact with that app. There aren't any platforms right now that allow a student to interact on your iPad or tablet remotely and it's just the nature of the thing, how things are now. I'm sure that somebody is working on that. And that's important to know that when you're screen-sharing an app the student is not going to be able to interact. They're going to have to tell you what they want to click on next. Because it's screen-shared on your screen, you can have them use the draw or annotate tools to circle or put an X or somehow mark what they want you to press next. Oftentimes with younger kids, you can tell them if they put an X on it or put a circle around it, that that's how they're going to activate that app. Sometimes they will believe you that they're activating the app. So that's a helpful way for that piece. So I just wanna say that and

summarize with language therapy is doable via telepractice and most of our techniques translate to a teletherapy setting. You just need to remember that you may have to adjust some of these techniques and again, keep good data. Keep good data so you know whether or not something is working or not and then to adjust your techniques as needed. All right, I can take a few questions now.

- [Amy] All right, thank you so much, Melissa. We did have a couple of people asking if you could repeat the websites you mentioned related to EI resources, videos. I know Cocomelon was one and what was the other one?

- [Melissa] Cocomelon was one. Hang on just a second. Hang on just a second and I will get that for you.

- [Amy] Someone's saying Little Baby Bum.

- [Melissa] Yeah, Little Baby Bum, yes.

- [Amy] Okay, thank you very much. Now we have had a couple of people mentioning that their students have Chromebooks and many of these students have trouble manipulating the mouse themselves and so that limits interactions. And is there any suggestions that you have for maybe dealing with that situation where the child might have trouble actively participating because of the physical limitations using the mouse?

- [Melissa] Yeah, the Chromebooks are not great for telepractice. The Chromebooks are not built for video conferencing. So what you have to do is you can show the child a screen. They're not going to necessarily be able to click on it, but you can do one of several, one thing that really helps is if you have a parent or other adult or an older child sitting with the student. That person can tell you what they clicked on so that you can activate it for them. Again, you're going to be doing a lot more oral work with these

kids. There's not gonna be much interaction. So I suggest using videos a little bit more because oftentimes they find those engaging.

- [Amy] Very good, thank you. Let's see, let me skip down. Someone was asking with regard to the shared-book reading. So do you have the same book and do the children have the same book in their home that you're doing the shared-book reading with or do you scan the books pages or do you use books that can be found online?

- [Melissa] Sure, so you cannot scan a book that you've purchased that usually violates copyright. And if you wanna do that, you would have to get permission from the publisher. However, I will use a document-sharing camera to share that book or if the family happens to have that book at home, then we can both be reading and looking at it together. So two ways to do it, have two books in both places, one in front of you and one with a family or you can screen-share a book where the child can see the book on the screen and you can even have the child, oftentimes, there's an arrow that you can click on to turn the page. And if the child has the manual dexterity to click on that or if the parent can do a hand over hand to help them click on that so that the child's actually turning the page.

- [Amy] Very good, thank you. So kind of, that was a nice segue. There are a couple of people that were asking if you could clarify how you were talking about using your cell phone and an iPad as an option to using a separate document camera. For example, to show picture cards and so on.

- [Melissa] Sure, so what you need to do on your, if you're using a phone or an iPad as a document-sharing camera you would log on your camera or tablet, log into your video conferencing room and then have some, you can either hold the camera or tablet in your hand, although that gets tiring. If you have some sort of stand to set the phone or tablet on right over the material, the child will then be able to see on the screen what

you're holding your phone over, when you hold the camera over it. Now one therapist I saw got really creative. She had two stacks of books that she set her tablet on with a camera facing the materials in between and that seemed to work.

- [Amy] Got it, okay, thank you. One of our other participants is saying that she works with a lot of EI patients or clients whose family are low income and don't own a computer and maybe only own a cell phone. Do you have any suggestions for situations like that where the family might have limited access to the materials, the equipment and so on?

- [Melissa] Yeah, in EI you're typically doing parent coaching. So you can certainly use a phone or a tablet. The parents can still log in to a video conferencing platform. Again, you're not going to really use the platform to share materials because on a phone, in particular, the quality and the size of what you're sharing might be too small for a young child. So you wanna make sure that the parents are able to prop the phone up so that you can see what the parent's doing with the child. And you wanna use materials the child has at home. You can do activities around food. You can do activities around laundry. You can do activities, ask the child to find things that are red or find things that are soft in their environment that they can bring in. And again, it's really the communication between you and the parent of that child to determine what materials are available in those homes.

- [Amy] Great, thank you. One of our participants had a comment instead of a question and he mentions that the Caribu app, that's C-A-R-I-B-U allows you and someone else who has the app to read a book, including turning pages at the same time. That's cool.

- Interesting, I am not familiar with that app. I'm not familiar with that app, but I will definitely check it out.

- [Amy] Right, and I am also, just for our participants out there, I've put a little Notes pod up under Melissa's pictures that has those two EI resources listed and then also that Caribu app that Jeff shared. Thank you, Jeff. Someone was asking about whether group therapy can be HIPAA compliant given that there might be people passing by the screen who can see or hear other students?

- [Melissa] You know, that's a good question. And I'm not an attorney and I'm not the attorney of the school district that you might be at. I believe that it is HIPAA compliant, but what you need to do is have a discussion with your families about confidentiality and not discussing what the other kids in the group are working on because each of those kids in the group may have a parent with them. The other thing you wanna do is on platforms like Zoom, where the child's name is displayed, have them change their name and just put maybe their first initial. Again, so that that protected information is not out there for everybody to see. Those are some ways that you can do it. But again, check with your work site, because I know that this is something that people struggled with and everybody is doing something different. Some said, nope, you can only do individual sessions. Some said, no, go ahead and do group therapy, you do it in the schools, we should be able to do it while we're doing telepractice into the student's home. It's really a matter of educating the clients, as well as, their families about confidentiality and making sure that you don't have family members coming in and out of sessions. If they can be in a room where they can close the door for the time you're working with them, that would be best practices.

- [Amy] All right, very good. I see an extra comment coming in here that says Caribu is free right now. So that's good to know.

- [Melissa] That's really good to know.

- [Amy] Someone else made the comment that their state has relaxed some of the HIPAA restrictions related to teletherapy. And I do believe I remember seeing that as well since we follow some of the regulations, do you know?

- [Melissa] Right, yeah, HIPAA is a federal regulation and there is a website and I don't have that handy, but I can find that where it tells you how those regulations have been eased a bit. Now, some States may have done some things on top of it. So again, it's important that you keep up-to-date on those, because it can change at any moment. Although, we don't know what's gonna happen with the pandemic, but as long as we're providing online services, you need to keep abreast of those because you don't wanna be using a non-HIPPA compliant platform, which you can use now, if those regulations change.

- [Amy] Yeah, exactly. I do see a couple of people that mentioned that their school districts had generated a letter explaining the benefits of group services and parents had to sign a consent about having their child participate and so on. So I've seen two or three people comment that way. So that's a way that some people are handling it.

- [Melissa] Yeah, that's a good way to handle that.

- [Amy] Very good, well, we're at five after, I feel like we should probably wrap up. Melissa, thank you so much. Obviously, a hot topic and lots of interest in this topic. Very timely. So I really appreciate you being here today and thank you so much to our participants for your engagement. We had some wonderful questions and I'm sorry we didn't have time to get to all of them, but thank you anyway. I hope everybody has a great day. Stay safe out there and we'll see you next time. Thank you.