

Moderator: Georgia Malandraki:

Welcome everyone. Hello, welcome. We have posted on the chat the link to the handout for tonight. Can you guys see that? If you're having problems let me know and I can post it again. You can't see it? Okay. I'll post it again. Here it is. Here it's coming. What about now? You may have to copy paste.

Moderator: Georgia Malandraki:

Hi, everybody. So great to see so many of you here. Wonderful. Hopefully everybody has access to the handout now. Hello. Hi, [Latter 00:01:33] and [Akila 00:01:33] everybody. Christine, Jackie, Emily, hi. Wonderful. We have many States. Arizona, Connecticut, many States. Hello to everybody.

Moderator: Georgia Malandraki:

Welcome. We have posted on the chat, as I said before, the link to the handouts, so hopefully everybody has it by now. I'll post it again in a little... Okay. A couple of people say no, so I'm going to post it one more time. I am Georgia Malandraki. I'm an Associate Professor in the Department of Speech Language and Hearing Sciences here at Purdue, and it's my great pleasure to welcome all of you to the second webinar on the topic of Telehealth in Pediatric Populations During and Beyond COVID-19.

Moderator: Georgia Malandraki:

We have a great list of speakers today who are going to share their experiences and expertise in the area and how they handle this new service delivery model for a lot of us for pediatric populations. First, some housekeeping items. I want to remind all of you that you are muted and you should stay muted for the duration of the event.

Moderator: Georgia Malandraki:

We have a really large number of participants in this event, which is great, so it would be a little disruptive if we could hear everybody and the cameras also off in order for us to preserve bandwidth. But you should feel free to type your questions, and a lot of you have already started typing. So please type your questions or your comments, and we will try to get to as many of them as possible at the end.

Moderator: Georgia Malandraki:

If we cannot answer your question today, please feel free to email us and we are providing our email addresses on the last slide so that you can email us and ask you the questions. A couple of other things. As I said before, for those of you who maybe came in late, the handout is listed. We have a couple of links on the chat, so hopefully you can get the handout for today.

Moderator: Georgia Malandraki:

And here on this slide, you can see what we need you to do in order to receive the ASHA CEUs that we're offering for free. So there are two things that you will need to do in order to collect the full 0.1 amount. Please note that we cannot provide any partial credit given for this course since it is very short.

Moderator: Georgia Malandraki:

The first is that you have to attend this webinar in its entirety. Your attendance is tracked automatically through the system and only those who are present through the whole webinar are eligible for credits. And I, as the moderator today, will designate the end of the webinar.

Moderator: Georgia Malandraki:

Secondly, you will need to fill out a learning outcome assessment form, and this electronic form will be emailed to you the day after the webinar events, so tomorrow. You will need to submit that form within the software system no later than 15 calendar days after this event, which will be Friday December 4th. And then after that, a confirmation email will be sent to you once we have verified your attendance and have received your form.

Moderator: Georgia Malandraki:

Our wonderful administrator, who has been instrumental in these webinars, Teasha McKinley, can answer any questions about CEU redemption if you have any. Also, I want to quickly say that we value very much your feedback and would request just a moment of your time at the end of this webinar to provide your input on our communications and overall usefulness of this course.

Moderator: Georgia Malandraki:

This is not required, of course, but we would very much appreciate it and it will not affect your eligibility for CEUs. If you would like to provide your feedback at the end of the course, please keep your browser open after the webinar finishes. The survey will appear immediately when we close this webinar. Okay. And with that, I'm going to go ahead and start.

Moderator: Georgia Malandraki:

Here are the disclosures of all of our speakers. As you already know, we're welcoming you virtually to Purdue University which is in West Lafayette, Indiana, just a little bit South of Chicago and the Midwest, and we have a beautiful campus. Our university is primarily probably known for our engineering, aerospace and aeronautical engineering programs in particular, but we believe that we are also pretty well known for our really wonderful Department of Speech, Language and Hearing Sciences.

Moderator: Georgia Malandraki:

A rather historic department in the country. It was first initiated in 1935, and although through the years we've changed a few names and a few colleges it has remained one of the top ranked departments in the country. And I can attest that I have some of the best colleagues, staff and students in the country. So we're very, very lucky to be here and very, very happy to welcome you virtually all to our new building, Lyles-Porter Hall that was built just a few years ago.

Moderator: Georgia Malandraki:

These Are our speakers for today. We have Mrs. Greenwell, Dr. Loudermill, Mrs. Masters, Dr. Simpson and myself, and we will all share our valuable experiences in pediatric populations. At this time we will actually ask some questions. We will do some polls so that we can learn a little bit more about you, before I continue to the outline. So Teasha, can we please start the poll questions?

Moderator: Georgia Malandraki:

Great. Please respond to the poll. The first question... We have five questions. We'll try to go over them quickly. Wonderful. Okay. Give her a couple more seconds to respond to the first one. Basically asking what your profession is. Great. And can you see the results, everybody? Yes. Wonderful. So, we have quite a few SLPs, just a few AUDs, but we have some and quite a few students. So welcome to everybody. This is wonderful.

Moderator: Georgia Malandraki:

Let's go to the next poll question. Take a few seconds to respond. Let us know who is here. The poll should appear on your screen. And the next question is, what is your primary work setting? Okay. Right. So we have quite a few people from university settings and quite a few people from medical setting and the school setting as well. Wonderful. Everybody can see the results.

Moderator: Georgia Malandraki:

All right. Let's do the next question if everybody has seen the results. What is your experience with tele-health tele-practice? Your choice, none, minimal, some, extensive. Let's see. Hello everybody. Hello Houston. Hopefully we don't have a problem. Okay. Here are the results. Quite a few people say some experience. So we have a wide range of experiences. This is great. Hopefully this will be very helpful to many of you.

Moderator: Georgia Malandraki:

And we have two more questions, if I'm not mistaken. Here's the next poll? What is the age group to which you typically provide services? This is our age groups as you can identify and you could choose multiple answers in this one. I can see the responses already. We really have a very wide range. Great. That'll make you laugh, guys. That's wonderful. Great. Here are the responses. So we have all age ranges. Wonderful.

Moderator: Georgia Malandraki:

Let's go to the last question. What types of services do you provide? And again, here you can choose many. Great. And here we can see the results. A lot of speech and language, but we also have some people working with literacy, fluency, AAC, feeding, swallowing, voice, and audiology. This is great. Okay. So I think that gives us, the speakers, a very good idea of who is in the audience. Thank you so much. We can stop the poll now, Teasha. Just close it up.

Teasha McKinley:

The poll's closed.

Moderator: Georgia Malandraki:

Oh, sorry. I could still see it on my screen, so I wasn't sure. Wonderful. Okay. So here's what we will cover today. This is the outline that shows the different age groups that we will talk about and the different topics that we will cover. And I just want to very quickly remind everyone some of the things that we talked about in the previous webinar.

Moderator: Georgia Malandraki:

So, all the things that we talked about before about legal considerations, patient safety, clinician training, infrastructure that is needed in terms of internet connectivity and technology, as well as factors that we need to consider about patient and facilitator candidacy and parameters that we need to consider. These are all things that are still very valid.

Moderator: Georgia Malandraki:

For the sake of time, we won't go over them again. But I thought this slide really very nicely summarizes some of this information and it was created by my very talented PhD student, Rachel Arkenberg. And

with that, I'm going to have Mrs. Masters go ahead and talk about her experience with Early Intervention. Thank you.

Christi Masters:

Thank you, Georgia. Welcome everyone. I'm excited to talk to you about Early Intervention in my experience working with kids birth to age three, using telepractice. So for those of you that are familiar with Early Intervention and IDA part C you know that services should be provided in the natural environment and we know that young children learn and grow in the context of their real life activities, their daily routines and the people that are most important to them, so their caregivers and their parents and families.

Christi Masters:

And ideally we do this using a parent coaching model. So as a profession in Early Intervention, trying to move away from bringing the toy back into the home and really focusing on empowering parents and parent coaching. So parent coaching can be difficult during in-person sessions for a variety of reasons, but telepractice really presented this amazing opportunity to really jump in and implement parent coaching. And I have been doing parent coaching for a lot of years now, but it really did challenge me and helped me to refine my skills in parent coaching.

Christi Masters:

Next slide. Okay. So after we determined what families were appropriate for telepractice, we then considered the adaptations that we needed given different cultural and linguistic factors of the family. For example, if a family was low SES or did not have access to a device or an iPad, for example, we had a plan to drop off an iPad at their home for the duration of the program.

Christi Masters:

Also if we had a family whose home language was different than our language, we quickly learned that we needed to send them actually more information ahead of sessions. So maybe sending them videos of a strategy that we were going to talk about during that week. And then we also use information from the routines-based interview that we completed to help us understand what that family's specific routines and activities were and what materials they had available in their homes so that we weren't asking them to use materials that weren't appropriate or that they didn't have available.

Christi Masters:

Next slide. This is just a general overview of the program that we did for Early Intervention over the summer. The very first session was a virtual visit with just the parents. We discussed their routines, we did any follow-up on case history that we needed and really important was just to setup really clear expectations of what the sessions would be like.

Christi Masters:

So, we were not going to be the focus as clinicians of the session. We weren't trying to get the child to engage with us. Everything was going to be about the interaction between the parent and the child and we would be there to coach them along. And then we would send a detailed email before each session about what would happen and the strategy for the week and then we would have the actual session where we would do the parent coaching, and then we would follow up with an email after the session.

Christi Masters:

Next slide. This is just a quick example of the email that we would send and information we would send prior to the sessions that were happening. So we would have them set activities or materials that we knew they would have available. This was an example for a bedtime routine that we were going to focus on that week. And then we would also always include the session time as a reminder, and the link to the session that they would join with.

Christi Masters:

Next slide. This is basically how we plan to do each session. We anticipated that sessions would be about 30 to 40 minutes. They ended up being almost an hour for most sessions. Again, this was our goal for each session. We would do a check-in with parents, talk about what went well over the past week, maybe what didn't go well and what the parent really wanted to focus on if there was something that they wanted to focus on that week, in addition to what we had planned for our session.

Christi Masters:

And so then we would focus on the routine and the activity, do our parent coaching and then end with kind of reflection. And so making sure that we gave families time to reflect, ask them open-ended questions. How did they feel about that strategy and what questions they had about implementing it during the week? The key is we really had to be flexible though.

Christi Masters:

For example, if we logged onto the session and we wanted to do our check-in, but mom or parents said, "Hey, we've got these materials here and he is ready to go." We would jump into the parent coaching piece and maybe do our check-in later. So we really had to follow the lead of the child, just like we would do any other time. Or maybe the child just was not interested in that activity or that routine really wasn't going to be appropriate for that day or that time and the child was hungry or needed to do a meal time routine. We would just do that then.

Christi Masters:

So we would follow their lead and parents found that really helpful because that's what's happening in their daily life, right? So we were really flexible and just went with what they were doing and coaching in that moment. So for the most part the plan worked, but not always.

Christi Masters:

Okay. Next slide. So all of these telepractice sessions made me realize how much previously in-person I was modeling things for parents and families. So even though I was coaching parents, I would often talk about a strategy or an activity and I would model it first and then have the parent jump in and I would coach them through that. But I couldn't do that anymore.

Christi Masters:

So I couldn't be there with the child and actually show them what I was talking about. And so we came up with different things. So sometimes it was just role-playing with the parent about what we were talking about. Sometimes I would have a doll that I would model with, but really what ended up being most effective was just kind of being a bug in the ear to the parents.

Christi Masters:

So, if I was observing and the parent was trying to do an activity and they kind of just looked stuck or they weren't sure what to do next, I would quietly model. Like if we were working on self-talk or parallel talk, I would quietly say, if there was a puppy there, "Oh, the puppy is hiding." Because I didn't want the child's attention to go to me. So I had to be quiet, but the parent could hear me.

Christi Masters:

And then the parent would just say what I said, so they could do the parallel talk or the self-talk and parents caught on to that really quickly and were able to take my ideas of something to say, or do, and then kind of make it their own. So whatever, maybe use their own words or cater it to that child and what their interests were. And so that ended up being really effective and parents appreciated that.

Christi Masters:

Next slide. So following the session, we started off just sending really brief emails because we were hesitant to send parents too much information, but after the first week one parent sent an email and said, "It was an amazing session and two days later, I don't remember half of what we talked about. I'm not sure what other words to use, for example, during diaper changing, other than diaper and dirty."

Christi Masters:

So then we started getting much more detailed in our follow-up emails. And so we would give specific examples, but then also sending these types of handouts afterwards with a particular routine and ideas of nouns and concepts and exclamations and phrases and verbs that they could use during that particular routine. And we started seeing families would actually tape them up on a wall nearby wherever they would be doing that particular routine and they found that it was really helpful. So we ended up doing that for every session as well.

Christi Masters:

And so that was basically kind of a summary of our Early Intervention program. And then we also did preschool screenings virtually. So we did this using the PLS-5 Screener and Q-global had that available at no cost over the summer as a response to the pandemic. So we had this access to their virtual platform for the web-based assessment.

Christi Masters:

And if you're familiar with the PLS-5 basically the stimulus items, you could just share your screen and that would be available on the screen. But this outline basically goes over how we set that up. We would send them information prior to the screening and maybe if you could switch to the next slide, it might be easier to talk about it on the next slide. There we go.

Christi Masters:

So the left-hand side, you can see what we sent to the families prior to the session. How to prepare what the parents could do, technology check, for example. And then the link was there for them to join. And we would check in with the parent and then try to do the screening.

Christi Masters:

Again, we had to be flexible. Some kids wanted to just jump in and look at the screen and we would do the screening right away. Sometimes we let them warm up and talk to the parents first, but basically during the screening when we were sharing, they would label objects or whatever was part of the PLS-5. And for the receptive language portions, we had parents stand behind them and either give a thumbs up or a thumbs to the side if they didn't get it right.

Christi Masters:

Some parents would just say, "He pointed to this one," and we would know what their response was. So we would go through the screening and then try to make sure we had at least a little bit of conversation or observation with the child in a more natural conversation. So they would show us a toy just so we could hear their speech and language and more natural context.

Christi Masters:

And then follow up with the parent, we would score it right then during the screening and give the parents our recommendations based on that. And this is just an example of what we were using as our summary form, that we would also mail them after the screening. And so if we were recommending a further evaluation, we would also include community resources in terms of where they could go for additional evaluations. So that was basically it and overall it went very successfully. That was it in a nutshell. And I'm going to pass that over to Tamar.

Tamar Greenwell:

Hello. I'm going to talk about school-aged children and specifically the ones that I worked with this summer. They were aged six to 13. And the two type of clinics that I ran, one was for speech sound development and the other one was language and literacy. So I've just listed some of the different specific skills that we needed to work on with the children that we had this summer, and I'm going to spend most of my time actually on the assessment and treatment slides. So if you want to go onto the next slide, that would be great.

Tamar Greenwell:

Okay. I wanted to talk a little bit about service delivery because when we knew that we were going to telepractice, what I was really thinking about was, "Okay, I can't do what I planned to do this summer." Normally we do camps during the summer primarily, and started really thinking about what can we do?

Tamar Greenwell:

One of my favorite ways to do speech sound production is twice a week for 10 to 15 minutes. I did schedule the sessions for 20 minutes for telepractice because of possible technical difficulties, but doing the telehealth model, this allowed us to do two 20 minute sessions a week where that would be not very practical for parents to bring their children in twice a week for such short sessions.

Tamar Greenwell:

So I was able to capitalize on the tele-health platform for that reason. And then also literacy was the other one. And I have typically done that with a combination of a group session and individual sessions. And we were able to work that out and offer all of the children that we worked with the opportunity to do both. They were all paired. So they were with a partner for 30 minutes, twice a week, and then they had a one-on-one session once a week as well.

Tamar Greenwell:

If you could go into the next one. Also in just thinking about what we had to work with then, and I'm not going to get into a lot of specifics since I think this has been covered before. But you can see some listing out, some different, important items that we needed to have to make it successful. We quickly learned what devices worked better than others. Chromebooks, I'm not a big fan.

Tamar Greenwell:

I would rather in the end have a child on a smartphone than a Chromebook, but we did learn the strengths of the different devices and figured out, "Could we share the screen? Could we share control of the mouse? What was going to have the best signal?" We had some of our children that we were working with who were very rural and so they didn't have very consistent or reliable wifi.

Tamar Greenwell:

So one of the things that we ended up doing with those children is if their parents had a smartphone, their data plan through their smartphone might be more reliable than their home wifi. So we would maybe use a smartphone or they could use their phone as a hotspot. So those were some ways in a rural setting to get around some of the wifi. Also there were times when we just knew that if we shared the screen or did something else that we might lose them. So we adapted our materials.

Tamar Greenwell:

We might send more materials for them to have on hand, making sure... Us knowing if the family had access to a printer was very important because if we had a child who wasn't going to be able to use the mouse and the keyboard, we wanted them to have materials in front of them so that they had some manipulatives and things to use along with us and that they could follow our direction.

Tamar Greenwell:

Okay. Next slide. Communication with parents. We're fortunate in that whenever... Because in the type of clinic that we're in, we do see the parents often, but this was a different level of communication and being more connected with them. I really liked it. I think there are some of the lessons that we learned over the summer, not just with communication, but with some other pieces that I've continued with my clinics this fall.

Tamar Greenwell:

So just a couple things here. Initially working with the parents, not only getting the permissions in the setup of what they needed to get started, but also giving them some instructions on how they could facilitate for the assessments or as we were teaching some of the skills that we were working on. And also weekly emails both before to help get ready for the sessions and after so we were working on writing and spelling.

Tamar Greenwell:

So if their child had produced some sort of work like that, we would have the parent take a picture and email that or scan that and send it to us so that we could have a look at it and kind of make an assessment of what needed to happen next. And then at the end of the semester, we've had a parent conference and the end of semester report. What I really wanted to make clear or be sure to emphasize

is that we made clear within the report that we identified that telepractice was used for both assessment and the service delivery method so that that could be taken into account.

Tamar Greenwell:

Okay. Next, thank you. So with assessment, as I said, we did the speech production clinic and then the language and literacy assessment. So at the time we were doing these, this was in May, there was still this sort of process happening of a lot of tests coming online and being available as digital files. And we had to...

Tamar Greenwell:

I wanted to have something that was similar to what we would do in person, but of course it would need to be specific for the telepractice. And so we did choose a standardized assessment for the Arizona 4, and we also gave the PAST, which is a Phonological Awareness Screening Test. And then we did some baseline and benchmarks from the Five Minute Kids program. And really this all we were able to collect the information that we were needing.

Tamar Greenwell:

I would say that a really helpful piece of equipment for when you're working on phonological awareness in particular, is the kids really need to be wearing headphones. And if they have the headphones with the boom mic, that's even better. That really helps make sure that they're hearing a clear signal and that you're hearing what they're saying back to you. When it was for the language and literacy... Oh, sorry, can you go back? I know I'm running out of time, but I'll try to go a little bit quicker.

Moderator: Georgia Malandraki:

You're fine. You're fine.

Tamar Greenwell:

For the language and literacy assessments we had... So not all of our children had the same literacy needs, so not all the kids got all of these assessments. These are just examples of some of the ones that we chose from. And the piece I wanted to point out here is that... So we would do things like, for example when we were doing the non-phonetic word assessment, we'd turn that into a PowerPoint for the reading portion so they could just read the words off the PowerPoint and that worked great.

Tamar Greenwell:

And in fact, now that we're face-to-face, we're still using that instead of using the cards that we used before. And that's going to come up again in just a minute, but many of these assessments you can see it's quite possible to do them through the telepractice, when you're talking about getting a writing sample or a language sample, even doing a retell it's just the presentation is a little bit different, but not that greatly different.

Tamar Greenwell:

So as we've been in the pandemic there have been more digital materials available. So there are some pay for services like Pro-ed Red Shelf, and Pearson's Q-global. Also, if you happen to own the TILLS and you don't know this, I want to make sure you do now. So the TILLS, they have come out with the Tele-TILLS and what that is is it's a supplement to the main TILLS test.

Tamar Greenwell:

So if you own the physical TILLS test, you... Anyone can download, I think, the Tele-TILLS, but you can't use it by itself. You don't have any of the other materials that you need if you don't have a physical test.

Tamar Greenwell:

So it is meant to be a supplement to the test. And I've included a couple of links here for you to look at later that just talks more about assessments with telepractice. And communicating how you completed the assessment is really the most important piece. That's the takeaway, I think, from doing the assessments through telepractice.

Tamar Greenwell:

Okay. Next slide. Last one. So for therapy modifications along the same lines as with the assessment, if there were some things that we were previously using, we just thought about how we could change those and we got very familiar with boom cards, which is a great, wonderful resource. We love those. But we use PowerPoint a ton.

Tamar Greenwell:

The picture there on the right of the slide is a blending board and we were using physical blending boards in face-to-face. But now I like the PowerPoint Blending Board so much that that's really what we're doing now every time, and you're not messing with the cards. I consider going back to using card decks when we went to face-to-face this fall, but with the spreading and needing to limit touching we stayed with the PowerPoints and it's worked really well face-to-face.

Tamar Greenwell:

Also document cams to share materials is helpful. You can do that with a phone or actually have a camera. So behavior, something to think about. We were worried. I was worried, a lot of kids with language impairment also have attention issues and other things going on. But our kids, they did really well. Like I said, we had six to 13 year olds and all of them did great.

Tamar Greenwell:

I think they're just more used to screens and that interaction we were talking to them the whole time always had something for them to do, have materials in front of them so that it wasn't just the computer. We took breaks. Our breaks would often look like a video or a shared book. There might be movements that we were doing. We'd have a dance party, if that's what they needed.

Tamar Greenwell:

And I also found that the chat feature was great, especially during group, I could redirect one of the kids and no one else would know, and that works really well. So that's a quick run-through of what we did and I will pass it on to Dr. Loudermill.

Chenell Loudermill:

Hello. So I will tell you about our Virtual Social Skills group that we had for this summer. What we did, we had one group for older teens and two groups for adults, and we'll focus on the information for adolescents. There were three clinicians and three clients plus myself as the supervisor.

Chenell Loudermill:

We limited the participation to three clients per group because after adding the students and myself there were still seven people in the session and so that kind of made a lot of people for viewing. So we met for 60 minutes once a week and we did that for about eight weeks and we focused on those skills to help teams navigate high school and start to think about transitioning to adulthood.

Chenell Loudermill:

So helping them learn how to adult and move to adulting. We all know that that can be challenging. We reached out to previous clients that we had seen in our clinic and also advertised for new clients and in this was advertised as a free service, but for a limited time only in response to the pandemic.

Chenell Loudermill:

Next slide. As with our face-to-face services, we complete an assessment to determine the current level of functioning and we kept that piece in our tele-health services. We use the SSIS and some informal questionnaires and the informal questionnaires, they were electronic, so that allowed us to send those questionnaires via email to the parents.

Chenell Loudermill:

And with the SSIS, those were also questionnaires. And so we were able to mail those to the parents and ask them to get those responses back to us. And so we were able to use a norm-reference assessment to determine their current level of functioning at the time they enrolled in the group.

Chenell Loudermill:

Next slide. During our initial meeting, we mostly spent time getting to know each other and also getting clients acclimated to the platform. During that initial meeting, of course we discussed the purpose of the group, the expectations and what they hope to get out of the group.

Chenell Loudermill:

We allowed them to participate in planning of all of our topics and things we would discuss. We knew that it was extremely important that the group focused on things that they felt would be most helpful to them at this point in their lives. And so we actually went ahead and took the time to get their input.

Chenell Loudermill:

Next slide. I wanted to show this slide because doing this was critical for the success of our group. So we had to learn about the different devices that they were using as Tamar pointed out earlier, and we had to do the same thing with this group. We had to figure out how to instruct them to set up their screen for optimal viewing and to facilitate interaction and engagement with the group.

Chenell Loudermill:

And so we created this slide to guide them through what we wanted their screen to look like. So with this, they could see the information that we presented, they had a visual of the information that we talked about. They could see their peers in the floating panel. So we talked to them about pinning their peers so that they could see everyone that they were interacting with.

Chenell Loudermill:

They could also pin the group leader for that session so they could see the person that was discussing the information that they could see. And we directed their attention to their own camera down at the bottom where they could see their face and how they looked to the rest of the group.

Chenell Loudermill:

Also the chat box, we used that quite often during this time, it was very helpful throughout our sessions. So with this setup, they were able to see everything, the information, each other, the chat box and themselves, and this really enhanced their participation and our ability to deliver the instruction in this way.

Chenell Loudermill:

Next slide. Our sessions followed a general format each week that included a few minutes for greeting and screen set up at the beginning. Then the clinicians would introduce the topic of the day and provide that explicit instruction on the specific skills. And it was short. It didn't take very long. And then they also engaged in discussion about that particular skill.

Chenell Loudermill:

We had activities that included role-play and lots of video modeling during each session, and we also had dedicated time to practice conversational skills, which was the goal for everyone in the group. This is where that chat function came in handy for the clinicians. The clinicians could prompt and provide that coaching that they needed to help them engage in conversation with their peers. And no one ever knew how much help the clients needed for that.

Chenell Loudermill:

And it also allowed me an opportunity to immediately be that bug in the ear for the clinicians. And so I've always wanted to know how that would work. And so I had an opportunity to see how that chat function would work. Then at the end of our session we had time to wrap up and discuss what we had gone over for that session. And also talk about how they would generalize the skills that they learned for the day throughout the rest of the week.

Chenell Loudermill:

And then once we met again, we would kind of talk about, "Well, did you have an opportunity to practice these skills? And who did you practice these skills with? Who were your communication partners and what environment did you get to do these things?" And so they seemed to really enjoy that.

Chenell Loudermill:

The next slide. Things that help us make our Virtual Social Skills Group a success included the technology and all of the online resources that were available. So we no longer had unlimited access to our materials on campus. So we had to rely on those online resources. There are some helpful tools that are available and I've listed a few here for you to get ideas from.

Chenell Loudermill:

We use the AFIRM Modules pretty regularly in clinical education and also various webinars. And some of those are linked here. The AFIRM Module gives good information about evidence-based practices that

are available for ASD and social skills. And it also gives those age groups that those strategies are useful for, so that site has been very helpful.

Chenell Loudermill:

There are some great videos for video modeling on the UCLA pier site. The ACEP program, their vocational manual has companion videos on Plural's website and there are a few other resources here that are listed. I will also add having their camera available, if you'll go back just for a second... The clients being able to see themselves was beneficial when we had them to do things like practice nonverbal language, like you'll see these pictures that I have here.

Chenell Loudermill:

So they kind of got a kick out of seeing themselves, trying to imitate these facial expressions. And so at some points we were able to have a good laugh. So they seemed to enjoy that. Alright, the next slide. This slide just kind of sums up some of our opportunities and challenges for you all to review later. And I will go ahead and pass it along to Georgia.

Moderator: Georgia Malandraki:

Hello. Hello. Again. Thank you everybody. Great information. I know we don't have a lot of time, so I'm going to try to be very quick here. So I'm going to talk a little bit about pediatric dysphagia services just to give you a little bit of a taste, okay?

Moderator: Georgia Malandraki:

So first of all, in terms of what research evidence we have available about pediatric dysphasia tele-services, some of the research comes from before the pandemic and it's actually limited, but it was emerging. So for example, we have some evidence that asynchronous evaluations, especially in children with cerebral palsy can be as reliable and valid as in-person evaluations.

Moderator: Georgia Malandraki:

We also have our pediatric evaluation model that was developed by [Liz Wahls 00:44:26] group and her trainees in Australia that was published last year. And we did have some case reports that showed feasibility at least for feeding and swallowing therapy in kids in pediatrics via telehealth. So we had some of this evidence.

Moderator: Georgia Malandraki:

Unfortunately telehealth was not being used in mainstream clinical practice until the pandemic happened. And when the pandemic happened, one of the first few papers that came out were papers from pediatricians that were actually cautioning clinicians and other professionals that treat children to not postpone, cancel procedures because they thought, especially we're talking about developmental pediatric patients that could have very, very significant ramifications for these patients.

Moderator: Georgia Malandraki:

So I just want to make sure that that is being emphasized and especially now that we know that the pandemic is longer than what we anticipated, it's very important that we don't just cancel or postpone until a lot later. We really need to think about creative ways to see our patients, but how to do this as safely and as effectively as possible.

Moderator: Georgia Malandraki:

Well, I'm just going to share a couple of things here. So first of all, all the legal and procedural safeguards that we discussed in the prior seminar and they summarized in that roadmap that I showed you earlier are going to be really important for pediatrics. In addition to the things that we talked about before, other things that are important are to make sure that we obtain assent from the kids, okay? Especially adolescent kids.

Moderator: Georgia Malandraki:

And we also want to make sure that we have a way to verify. If this is the first time you were seeing a patient via tele-health one thing that you have to make sure you discuss with your legal team is that you have to have a way to verify that this is the family and this is the kid you're supposed to be treating.

Moderator: Georgia Malandraki:

I know it sounds silly, but it's actually very, very serious. So make sure that all those are in place. The other thing that I think is very important in pediatrics is that we do spend time, I apologize about this, to train the parent or the facilitator. And this is something that needs to happen in adults as well. But I think for kids, we need to spend more time because, especially for feeding therapy, the parents are usually the direct recipient of our services.

Moderator: Georgia Malandraki:

We usually want them to try strategies, right? A lot of times. So we want to make sure that they understand really well what we're telling them. Two have been the procedures that we have been able to complete via telehealth for feeding and swallowing, clinical assessments and treatments. And I'm going to share some tips for each one on the next slide.

Moderator: Georgia Malandraki:

And I think the main other thing that was challenging for providing services to kids via tele-health was engagement and behavior. And I know that a couple of other speakers talked about behavioral issues. So, what types of engagement strategies worked well? First of all, personalized reinforcement. I think in a couple of webinars, some of you may have already heard me talk about this little guy that you see here, who loved Formula One.

Moderator: Georgia Malandraki:

So we created personalized reinforcements for him that he absolutely loved, and that was enough for him to get him going with feeding therapy. For other kids, they didn't even want to see us. They actually freaked out whenever they saw us on camera or heard us. So we ended up doing therapy screenless.

Moderator: Georgia Malandraki:

So, just talking to the mom or the dad on the headphones, and the kid could not see us, but we could see them and we could understand what was happening and we could guide what was happening without them having to see us. So you really have to individualize the process as much as possible. And music, as I'm sure you all know, has been another way to engage kids really well.

Moderator: Georgia Malandraki:

For clinical evaluation, some very quick notes. In terms of case history and parent or patient reported outcome measures, these are very easily done via tele-health either synchronously live, you just ask the questions or via secure forums. So there's many platforms right now you can use for this information to be exchanged.

Moderator: Georgia Malandraki:

When you are doing cranial nerve exams and oral trials, I think the most important thing is to make sure that you can see and hear what you need in order to make your assessment. So the camera placement and the microphone placement are going to be very, very important. Ideally, I really liked doing these assessments, having two cameras. How to do that when you can't really send external cameras, you don't have the money, the patients don't have the money, or the parents don't have the money.

Moderator: Georgia Malandraki:

Well, very simply if it is possible and again, not for all patients, of course, what we ask them to do, as we see in this picture here. So we were connecting with their computer so that we could see with their computer camera, which nowadays a lot of computer cameras are very high quality. We could see the face of the child while he was tasting something. And then we asked the parent to also connect to the same link with her iPhone.

Moderator: Georgia Malandraki:

And with her phone, we created this new, additional camera that was now pointing to the head and neck, and specifically to areas that we wanted to see. We placed a small tape near the thyroid notch of the child, just to try and see the swallows a little bit better. I will tell you with kids, it's very hard to see the swallows via camera or in my opinion, live as well. But these are some things that we found very, very useful.

Moderator: Georgia Malandraki:

Another thing is that to my knowledge, there is one assessment the Dysphasia Disorder survey that has been validated via telehealth and that's another tool that people can explore. In terms of treatment very quickly, three things that we found useful, being very well-prepared and sending a lot of pre-session emails and instruction sheets to the parents so they would have everything available and ready for us to try during the session.

Moderator: Georgia Malandraki:

Using scripts and step-by-step instructions for the parent that we screen-shared. That was helpful sometimes not always. And again, as I said earlier, personalized reinforcement. So with that little taste, I'm going to pass it to our wonderful audiology colleague, Dr. Simpson.

Jennifer Simpson:

Thank you, Dr. Malandraki. And I'm going to wrap up this webinar with a little bit of information about the opportunities we identified for the Audiology students and our patients during the pandemic. We've said this before, but of course, important to address the need of the services and which services are appropriate to provide via telepractice and make sure that you follow that.

Jennifer Simpson:

And of course we used the secure WebEx platform, and we had lots of support from the front desk to make sure that our patients could use the technology before we had the appointment. Most of the times, the audiologist, the student and the patient or parent were all in different locations and we had limited opportunities because we couldn't do any kind of diagnostic work for audiology, but we could do treatment.

Jennifer Simpson:

Next slide please, Georgia. These are the opportunities we identified for the summer. We did some hearing aid checks, hearing aid remote programming, some hearing aid counseling, and consultation after newborns did not pass their hearing screening but could not get into a diagnostic appointment yet.

Jennifer Simpson:

Next slide please. So for everyone here, some of the audiologists know this, but hearing aids can be programmed remotely, as long as they're set up in the computer prior, and you can remotely log into the computer on the campus, and then you can send the new programming information to the patient's phone and via Bluetooth then change the programming in the patient's hearing aids, which was helpful over the time when we couldn't see the patients in person. And if there's any audiologists out there who need help with this contact your manufacturer or contact me, and I'm happy to talk more about this.

Jennifer Simpson:

Next slide. And so I just wanted to end to share with you a couple of little stories about how we did help people during the pandemic with their needs, the pediatric population. I had a seven year old boy with mild hearing loss who was identified at birth, and he's been wearing hearing aids ever since and he's very, very advanced intellectually.

Jennifer Simpson:

And he wanted to have a conversation with us, we thought, about his hearing aids, but actually what he wanted to talk about was how his ear works and what hearing loss was. And so that was a great opportunity for the student to really use her skills in anatomy physiology and understanding of hearing loss and taper it to a seven-year-old's understanding. And so that was a fun appointment.

Jennifer Simpson:

Another appointment we've had several of these, but when the infants did not pass their hearing screenings, parents would reach out. We advertised this service. Parents would reach out concerned because they couldn't do anything right then. They couldn't get into a diagnostic appointment. So we offered our counseling services to those parents before they could receive a diagnostic test. And that often eased a lot of anxiety during the pandemic.

Jennifer Simpson:

And then the last example we were able to help was a teenager who was fit with hearing aids right before we closed but she needed a little bit more information, so we took the opportunity online because she was tech savvy to help her understand her hearing aids better. So I'll end it there because I think we only have a couple minutes for questions, Georgia.

Moderator: Georgia Malandraki:

Yes. Yes. Hello again. So we only have a few minutes for questions unfortunately. So I'm going to go back and start asking the questions and I will ask the panelists to all come in view. This is our next webinar, by the way, December 3rd for adults. And I'm going to actually stop sharing so that you can actually now see hopefully all our panelists.

Moderator: Georgia Malandraki:

And please, if you can all come in view, I will try to find some of the first questions. Let's try to be brief, and if we don't answer some of your questions, we ask that you email us and we promise to answer to your emails. Okay. The first one, for limited English families, how much effort went into translating written materials and no written instructions in the home language about how to perform target activities and were subtitles added to the videos?

Christi Masters:

For the Early Intervention program, we did not do subtitles for the videos. The families that we were working with were all bilingual families. It's just English wasn't their first language, but they did fine with videos and written information. They just needed a little more time to process. So we really didn't experience that piece of it.

Moderator: Georgia Malandraki:

Okay, great. A couple of people are asking for copies of either the routine ideas or some templates that we all shared. So what I would recommend is if you can email those individual people, you have our email addresses at the end of the last page of the handout, please email us and we'll be happy to share those resources if they are shareable with you.

Moderator: Georgia Malandraki:

So we're going to go to the next one. We talked about the feeding sessions, so if you have more questions about that, I'm happy to answer. Sorry. I'm trying to navigate through. Why do you not recommend Chromebooks? Just curious.

Tamar Greenwell:

What I have found is that if you're not using a Google app or Google platform, then they're not as consistent to share if you're trying to share keyboard and mouse control. So that could just be completely user issue on my part, but we kept trying and just decided it would be better to not share the keyboard and mouse on Chromebooks. So if anybody has some great tips on how you can do that, not on Google apps, that'd be great.

Moderator: Georgia Malandraki:

What, if any, solutions were there for families with very poor or unreliable wifi and lack of financial resources to rely on their phone data, for example. Tamar or Christi, do you have any [crosstalk 00:56:35]

Tamar Greenwell:

Well, I think Christi can probably address the devices, because I did not have access to any devices to share with my family, so they were... We needed them and we did made whatever they had access to

work. We made those work. Fortunately we didn't come to the point where no one had any options, we just...

Tamar Greenwell:

Sometimes we were doing therapy in the car or on the phone. There were lots of things that happened, but I would say that I didn't have to experience... What do you do if you just can't get the internet to work? We had sent the paper with some suggestions on moving closer to the router and doing things like making sure that no one else was on the internet at the time. Some of those suggestions I know that have been shared previously those typically did help.

Tamar Greenwell:

Even if it was a weak signal, we could get enough to do... As long as we could have an audio signal, we would still be able to get some work done. We definitely preferred to have a video signal too, and I would say there was probably only maybe one time we did an audio-only session. So that's all I really can share about that.

Moderator: Georgia Malandraki:

Okay, Great. Yeah. So let's go to the next question. I think Christi this is for you. How do you suggest adjusting your EI model if you only have 25 minutes sessions?

Christi Masters:

That's a good question. I think letting the parent choose what they want to focus on during that 25 minutes would be really important. So we were kind of choosing routines that we thought would work through for our hour long sessions, but then also adding in something else that maybe the family was doing. So I think kind of just jumping into whatever routine is happening at the moment and making sure to answer questions for the parent and coach them could possibly work.

Moderator: Georgia Malandraki:

Okay. So, the next question is about insurance. There's a couple of questions about insurance, and I will quickly answer that. At that time, especially during the summer months, I think somebody already had mentioned this, we were offering these services for free. I don't know if you have anything to add about things changing now because we are slowly starting to build insurance. I don't know if anybody wants to add anything to that for now.

Christi Masters:

Not really. I mean, because we're not billing any pediatric clients, so we don't really have a lot we can share. And we were really lucky and happy to be able to do it at no cost over the summer.

Moderator: Georgia Malandraki:

Exactly. Do you feel that the number of clients we saw via telepractice was significant less than what you would normally work with in your setting? Anybody wants to take that one?

Christi Masters:

Chenell were you going to...

Chenell Loudermill:

Yeah. We saw a slight reduction, but not a whole lot, I don't think. It was a change in our service delivery model but not too much of a reduction in the clients that we were able to see.

Moderator: Georgia Malandraki:

All right. So we are at the 8:00 PM, Eastern at least. I think we have to close here. I know there's quite a lot more questions, so please, please feel free because it will be hard to make sure that we answer all of those for each of you. So please send us an email to the individual who talked about the specific topic you have questions about.

Moderator: Georgia Malandraki:

I saw a couple of you saying you would like to know more about feeding or this and that and there are a lot of webinars we have been doing and we are doing, so please follow us. If you follow us on social media, the Purdue Department, and again those links for social media are on the last page of your handout, you will be able to get notified about all these wonderful opportunities and other webinars that will be coming up.

Moderator: Georgia Malandraki:

We want to thank you all so much, and I want to thank the wonderful speakers for the great job. Thank you all for being patient. I know we didn't get to all of your questions, but we're very, very happy to see everybody from all around the US and the world really. Thank you. Have a wonderful night and the webinar will close now.