TELEHEALTH IN PEDIATRIC POPULATIONS DURING AND BEYOND COVID-19: THE PURDUE SLHS PERSPECTIVE

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Moderator
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CEU Requirements

To receive ASHA CEUs, there are two things we will need you to do in order to collect the full .10 amount. Please note there will not be any partial credit given for this course.

1. The first component is to attend this webinar in its entirety tonight.
   a. Your attendance will be tracked through the system and only those who are present through the whole webinar, will be eligible for credit.
   b. The moderator will designate the end of the webinar.

2. Secondly, we will need you to fill out a Learning Outcome Assessment form.
   a. This electronic form/questionnaire will be emailed to you the day after the webinar event.
   b. You will need to submit your form questionnaire, within the software system, no later than 15 calendar days after this event which will be Friday December 4th.

A confirmation email will be sent to you once we have verified your attendance and received your form.

If you have any questions about your CEU redemption, please contact our administrator Teasha McKinley at teasha@purdue.edu.
Disclosures

Financial
• Greenwell  
  Purdue University: salary
• Loudermill  
  Purdue University: salary
• Malandraki  
  Purdue University: salary
  Curasis, LLC (acting CEO)
• Masters  
  Purdue University: salary
• Simpson  
  Purdue University: salary

Non-Financial
• Greenwell  
  ASHA, member
• Loudermill  
  ASHA, member
• Malandraki  
  Dysphagia Research Society, Board Member; ASHA, Member; ISHA, Co-Chair Telehealth Taskforce
• Masters  
  ASHA, member
• Simpson  
  ASHA, Member
Welcome to Speech, Language, & Hearing Sciences

https://www.purdue.edu/hhs/slhs/
OUR SPEAKERS TODAY

Greenwell
Loudermill
Masters
Malandraki
Simpson
Outline

• Birth to Five Years
  • Early Intervention (Birth-Three)
  • Preschool Screenings
• School-age
• Adolescents
• Feeding and Swallowing
• Audiology
Reminder: TELEHEALTH ROADMAP

1. Legal considerations
   - Compliance with laws & regulations
   - Secure network & platform
   - Privacy
   - Consenting

2. Reimbursement
   - Check reimbursement policies

3. Clinician Training

4. Patient Safety
   - Detailed emergency plan (consent form)
   - Session reminder of emergency plan
   - Facilitator
   - Adequate connection

5. Internet Connectivity
   - Recommended > 384 Kbps upload & download speeds
   (Gough et al., 2015)

6. Technology and Devices
   - Many videoconferencing options
   - Consider privacy, security, & reimbursement
   - Peripheral devices optional

7. Patient Candidacy
   - Consider general criteria (e.g. medical stability)
   - Consider tele-specific criteria
   - Consider setting
   More on Table 3

8. Facilitators
   - Training specific to setting
   - Amenable to emergency plan
   - Able & willing to facilitate session as needed
   More on Table 3

Image by Rachel Arkenberg - from Malandraki et al., accepted, AJSLP
“Treatment approaches to family-centered EI that promote functional outcomes include routines-based intervention and coaching (Crawford & Weber, 2014; Florida State University, 2011; McWilliam, 2010a; Rush & Shelden, 2011; Salisbury et al., 2017).”

ASHA Practice Portal:  https://www.asha.org/practice-portal/professional-issues/early-intervention/#collapse_1
• Appropriate for telepractice (candidacy?)

• Cultural and Linguistic Factors
  • SES
  • Home language
  • Materials available
OVERVIEW

- Initial introductory session, case history, routines based interview, discuss expectations
- Preparatory email before each session
- Session focused on a daily routine with parent coaching
- Follow-up email after the session
Prior to Session

The first content week of the family routines intervention will focus on bed-time routines, as outlined in Chapter 5 of your Activity Kit for Babies and Toddlers. During your telehealth session tomorrow (Wednesday June 3rd at 10:00 AM), your intervention team will introduce you to bed-time strategies and games to work on over the next week. I’ve also attached a brief handout summarizing some ideas/strategies from the activity kit.

For your session tomorrow, below is a list of suggested items to have nearby for the planned activities:

- Pillow and blanket
- 2-3 preferred stuffed animals or dolls (and doll clothes if feasible)
- Toothbrush (if feasible- could be the child’s or pretend)
- Play food and/or empty cups/bottles
- 2-3 preferred children’s books (to include a bed-time oriented book, if feasible)
- 2-3 family pictures

At your scheduled time, please join the session by clicking the following WebEx Session Link: https://purdu
SESSION FORMAT

• Check-in from the week
• What went well (and what did not)
• Focus on routine (*unless something else was happening in the moment)
• Observation and parent coaching
• Reflection: review strategies and plan for the week
ALTERNATIVES TO MODELING

• Provide ideas of what parent can do (specific!)

• Verbally model what the parent can say during the activity

• Role-play
AFTER SESSION

We were so glad to hear your updates from the past week and that you are finding the strategies useful at home! Today’s household chores session with A and C was great. We focused on self-talk and parallel talk again this week along with other helpful strategies and activities that are listed below:

- Using self-talk and parallel talk (reference the two handouts that we sent last week!)
  - Self-talk example: “I am sweeping.”
  - Parallel talk example: “You are dressing sloth!”
- Following C’s lead!
  - Use whatever C is interested in and imitate her play or engage in a game with her
  - Example: If C wants to peel the paper off the crayons, make it into a fun game, like you did this morning!

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Bed Time

Language learning opportunities can be created during your regular daily routines! Use the word lists below to target language skills while getting ready for bed. Remember that it’s okay if your child doesn’t pronounce some words correctly. The goal is communication! Even if your child doesn’t say these words just yet, you will know that they understand when they point, find, or follow directions.

<table>
<thead>
<tr>
<th>Objects</th>
<th>Concepts</th>
<th>Phrases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diaper</td>
<td>Dirty/clean</td>
<td>Time for bed</td>
</tr>
<tr>
<td>Potty</td>
<td>In/out</td>
<td>Night-Night</td>
</tr>
<tr>
<td>Toothbrush</td>
<td>Dark/light</td>
<td>Brush teeth</td>
</tr>
<tr>
<td>Toothpaste</td>
<td>Day/night</td>
<td>Get your blanket</td>
</tr>
<tr>
<td>Sink</td>
<td>Awake/asleep</td>
<td>Read a book</td>
</tr>
<tr>
<td>Bathtub</td>
<td>Loud/quiet</td>
<td>Light off-dark</td>
</tr>
<tr>
<td>Comb</td>
<td>Opp/on</td>
<td>Close your eyes</td>
</tr>
<tr>
<td>Blanket</td>
<td></td>
<td>I feel sleepy.</td>
</tr>
<tr>
<td>Teddy bear</td>
<td></td>
<td>Give mommy kiss</td>
</tr>
<tr>
<td>Pacifier</td>
<td></td>
<td>See you in the</td>
</tr>
<tr>
<td>Pillow</td>
<td></td>
<td>morning.</td>
</tr>
<tr>
<td>Book</td>
<td></td>
<td>Sweet dreams.</td>
</tr>
<tr>
<td>Light</td>
<td></td>
<td>I love you</td>
</tr>
<tr>
<td>Bottle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Milk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[Sound effects/Exclamations]
- Shhhh
- Aww
- Mwah (blow kiss)
- Snoring

[Actions]
- Lie down
- Clean
- Wash
- Brush
- Close eyes
- Tuck in
- Read
- Sleep

© Sarah’s Speech Haven
PRESCHOOL SCREENINGS

• Scheduled with front desk (consent forms sent)
• Log-on to WebEx
• Parent interview
• Screening with child (parent assists)
• Parent went in WebEx “waiting room”
•Reviewed results
• Completed screening summary
Hello!

We look forward to your upcoming virtual screening session! A few minutes before your scheduled time, please go to this link (you will need to connect video and audio):

Link to WebEx

How to prepare for session:
☐ Have questions prepared that you may have about your child’s speech and language development
☐ Have something for your child to do when we first get started so that we can review questions with you
☐ Reduce background noise (turn off TV’s, music, etc.)
☐ Reduce or remove common physical or visual distractions (phones, noisy toys)
☐ Identify where you and your child will sit (high chair, table, floor)

Technology Check
☐ Computer, laptop or tablet is fully charged or plugged in; reliable internet connection
☐ External webcam/microphone is plugged in and recognized by computer
☐ Connection software is updated
☐ No other programs are running on the computer
☐ Computer, laptop or tablet is in a visible/audible, safe, child-proof place
☐ Monitor or tablet is in position so clinicians can see and hear the interaction and environment
☐ If the connection is lost during the session, use the link above to reconnect to the session

If you have questions, please contact the front desk at 765-494-3789 or 765-494-4429.
SCHOOL-AGED CHILDREN

• Children aged 6-13
• Skill areas addressed
  • Speech Sound Development
    • Articulation
    • Phonology
    • Apraxia/inconsistent Speech Disorder
  • Language and Literacy
    • Phonological Awareness
    • Grammar and Syntax
    • Comprehension
    • Decoding & encoding skills
SERVICE DELIVERY MODEL

• Speech Production
  • Twice a week for 20-minutes individual sessions

• Literacy
  • Twice a week 30-minute group sessions
  • Once a week 30-minute individual session
MAXIMIZE THE PLATFORM

• **Materials**
  - Device: Desktop, laptop, tablet, smartphone, chromebook
  - Headphones: Comfortable. Headphones with a mic essential for speech and PA
  - Standard materials for the session: white board, manipulatives, visuals, etc
  - Additional materials: specific printed materials (check to see if the family has a printer)

• **Connectivity**
  - Speedtest.net to check speed
  - Close to the router, direct connect with Ethernet cable, minimize number of users
  - Wireless (mobile) service
COMMUNICATION WITH PARENTS

• **Initial Instructions**
  - Permissions, setup, and assessment facilitator instructions

• **Weekly**
  - Email communication the day before as a reminder and list of material to have on hand
  - Email following the session if additional information to share or collect: Homework or Photo/scan of written work

• **End of semester**
  - Parent conference
  - End of semester report. Clearly identify telepractice assessment and service delivery method
ASSESSMENT

• Speech Production Clinic Assessments
  • Standardized Assessment: Arizona 4 Articulation Proficiency Scale, Phonological Awareness Screening Test (PAST)
  • Baseline/Benchmark Assessment: Five Minute Kids Baselines, multisyllabic words

• Language and Literacy Clinic Assessments
  • Standardized Assessment: Phonological Awareness Screening Test (PAST), Oral Reading Fluency
  • Baseline/Benchmark Assessments: Words Their Way Spelling Inventories, Non-phonetic word assessment: IMSE Red Word stage, Phoneme/grapheme knowledge; Narrative Retell Rubric: Heilman et. al., writing sample, oral language sample

• Published Digital Assessment and Therapy Options
  • Pay for services: Pro-ed Red Shelf and Pearson Q-Global
  • Digital addition to physical test: Brooks Publishing: Tele-Tills. Free to use with previously purchased test.

ASHA: Considerations-for-Speech-Language-and-Cognitive-Assessment-via-Telepractice
THERAPY MODIFICATIONS

• Material Presentation dependent on client device/equipment
  • Digital Materials: Powerpoints, boom cards, lesson pix, bookshare, premade
    • Interactive, pdf
  • Docucam to share materials

• Behavior
  • Increased communication with parents supports better behavior
  • Breaks: video, book, movement
  • Chat feature for private redirection with older children
VIRTUAL SOCIAL SKILLS GROUPS

• Three social skills groups
  • one for older teens
  • two for adults
• Three clients and three clinicians
• Met once a week for 60 minutes
• **Focus**: developing and maintaining meaningful friendships or romantic relationships, finding and keeping a job, navigating independently through life
• Contacted previous clients and advertised for new clients
• Services were offered free of charge for the summer semester in response to COVID-19
ASSESSMENTS

- Social Skills Improvement System (SSiS)
  - norm-referenced; Parent & Student version
- Informal questionnaires
  - focused on job readiness, personal responsibility, social interaction, hobbies, social opportunities, & interests

Sample Social Skills questionnaire links


INITIAL MEETING & PLANNING

• First meeting was mostly informational & getting to know each other

• Learned basics on how to use the buttons on WebEx

• Discussed the purpose of the group & expectations

• Allowed clients to participate in the planning of topics & discussed what was most relevant for them

Introduction to this semester

• Purpose:
  - Work as a team to problem solve, have fun, and learn to handle the challenges of social situations.

• Expectations:
  - Be kind to others
  - Contribute to the discussion
  - Let others speak
  - Ask questions

Introductions to each other

 Tell everyone:
  - Your name
  - Two Truths and a Lie
  - Each person will state two truths and a lie.

Future Topics:

• Ideas:
  -

• Examples:
  - Handling Stress
  - Job skills (Interviewing, conversations at work)
  - Independence
SESSION SET-UP

• Screen set-up is critical for optimal interaction and engagement with the group (pinning peers, group leader, & using the chat box.)

Make sure you can see the other group members here.
You can place your chat box here.
Look here to make sure others in the group can see you clearly.
SESSION OVERVIEW

• Screen set-up and greeting (10 mins)
• Introduce the topic of the day to explicitly teach target skill and engage in guided discussion (15 mins)
• Activities: Role Play, Video modeling, etc. (15-20 mins)
• Engaged in general discussion to practice conversational skills (10 -15 mins)
• Wrap-up-give clients targets to go practice over the week to report on the next time we meet (5-10 minutes)
WHAT HELPED US MAKE THIS A SUCCESS

• Technology & online resources!
  • https://afirm.fpg.unc.edu/node/137
  • https://do2learn.com/

• Video modeling & role playing activities
  • https://www.semel.ucla.edu/peers/resources/role-play-videos
  • https://edu.gcfglobal.org/en/topics/everydaylife/

• Webinars
  • Speechpathology.com
  • https://researchautism.org/social-skills-webinar-weiss/

• Communication b/t clients and clinicians
# Reflection

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistency of services</td>
<td>Toddlers are on the move and this led to challenges with technology and positioning</td>
</tr>
<tr>
<td>Increased engagement from caregivers and communication partners</td>
<td>Not being able to model strategies</td>
</tr>
<tr>
<td>Natural environment</td>
<td>Technology and lag time</td>
</tr>
<tr>
<td>Flexibility in Service Delivery</td>
<td>Rethinking materials management</td>
</tr>
<tr>
<td>Chat feature made prompting/coaching for conversations easier and less distracting to the group</td>
<td>Not a good fit for lower functioning individuals</td>
</tr>
<tr>
<td>Address diversity, equity, inclusion, and social justice issues</td>
<td>Inability to engage in hands-on activities</td>
</tr>
</tbody>
</table>
TELEHEALTH FOR PEDIATRIC DYSPHAGIA SERVICES

• Research evidence in pediatric dysphagia tele-services
  • Limited but emerging
  • Asynchronous evaluations (Kantarcigil et al., 2016)
  • Pediatric evaluation model (infants & young children) (Raatz et al., 2019)
  • Tele-treatment – case reports (Malandraki et al., 2014; Clark et al., 2019)
TELEHEALTH FOR PEDIATRIC DYSPHAGIA SERVICES

• “The needs of developmental pediatric patients need to be addressed now, not after the pandemic!” (Fung & Ricci, 2020)

• How to do this as safely and effectively as possible?
• Special considerations
  • All legal and procedural safeguards discussed in prior seminar (summarized earlier as well)
  • Trained facilitator (parent): often the direct recipient of the services!
  • Two procedures: Clinical assessment and treatment
  • Engagement strategies (highly individualized)
    • Personalized reinforcements
    • Screen-less engagement is another possibility
  • Music!
TELEHEALTH FOR PEDIATRIC DYSPHAGIA SERVICES

• Clinical Evaluations
  • Case history and PRO measures
  • Synchronous or via secure forms
  • Cranial nerve exams (OPSES) & oral trials
  • Camera and microphone placement & 2 cameras!
  • Some components: asynchronously
  • Add standardized tools (DDS)

• Treatment sessions
  • Prep: pre-session emails and instruction sheets
  • Scripts and step-by-step instructions – screen share
  • Personalized reinforcements
Audiology-Pediatric Telepractice

- Important to address need for services and which services are appropriate to provide via telepractice
- Used secured Webex platform
- Secretarial support
- Ensured patient/parent could log on and use Webex before appointments
- Audiologist, student, and patient/parent all in different locations
- Limited opportunities this summer for pediatric audiology through telepractice
AUDIOLOGY-PEDIATRIC OPPORTUNITIES

• Hearing aid checks
• Hearing aid remote programming
• Hearing aid counseling/orientation
• Consultation after newborn hearing screening
• The audiologist or student remotely logged into the clinic programming software
• Made changes to hearing aid in software and sent to patient’s phone
• Patient accepted changes and via Bluetooth the hearing aids are programmed
• Hearing aids need to be set up correctly in programming software for remote programming
  • All manufacturers are happy to help set up your system
COUNSELLING TELEHEALTH

• Examples from summer 2020:
  • 7 year old boy with mild hearing loss and hearing aids had questions
  • An infant did not pass her hearing screening. Parents were concerned but did not have a place to receive a diagnostic test
  • A teenager who had been fit a week before we closed needed more information about how to use and care for her hearing aids
Thank you

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https://www.purdue.edu/hhs/slhs/
Telehealth in Adult Populations during and beyond COVID-19: the Purdue SLHS perspective

**Date:** December 3rd, 2020 / **Time:** 7pm EST

**Description:** This live event will cover the experiences of the speakers in adapting their practices to a telehealth model with adult populations. We will discuss the advantages and limitations of conducting adult speech motor, language, audiology, and swallowing screenings, evaluations, and treatment sessions via telehealth. A Q&A will follow.

**Format:** 30 min description; 30 min Q&A

**Target audience:** Clinicians with varying levels of experience but interest in adult speech language pathology and audiology

**Participants:**
- Jaime Bauer Malandraki, MS, CCC-SLP, BCS-S
- Michelle Gutmann, Ph.D., CCC-SLP
- Jessica Huber, Ph.D., CCC-SLP
- Jillian Hubertz, Au.D., CCC-A
- Georgia Malandraki, Ph.D., CCC-SLP, BCS-S
- Dawn Wetzel, MAT, CCC-SLP

**Moderator:**
- Preeti Sivasankar, Ph.D., CCC-SLP