CLD Corner—Telepractice Service Delivery and Considerations with CLD Populations: Working in the Trenches as a Bilingual Telepractice Clinician

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The CLD Corner was created in an effort to provide information and respond to questions on cultural and linguistic diversity (CLD). Questions are answered by members of the TSHA Committee on Cultural and Linguistic Diversity. Members for the 2017-2018 year include ***Raul F. Prezas****, PhD, CCC-SLP (co-chair);* ***Phuong Lien Palafox****, MS, CCC-SLP (co-chair);* ***Mary Bauman-Forkner****, MS, CCC-SLP;* ***Alisa Baron****, MA, CCC-SLP;* ***Judy Martinez Villarreal****, MS, CCC-SLP;* ***Irmgard Payne****, MS, CCC-SLP;* ***Lisa Rukovena****, MA, CCC-SLP;* ***Mirza J. Lugo-Neris****, PhD, CCC-SLP;* ***Andrea Hughes****, MS, CCC-SLP;* ***Isabel Garcia-Fullana****, MA, CCC-SLP; and* **Amy Leal***, BS, graduate student member. Please submit your questions to TSHACLD@gmail.com and look for responses from the CLD Committee on TSHA's website and in the* Communicologist.

Somewhat on the sidelines of our field has been a growing interest in stretching our professional reach through telepractice. Using telecommunications, or video conferencing, technology to deliver speech-language pathology and audiology professional services from a distance can be applied to any area of service, including assessment, intervention, consultation, and supervision. More than 15 years ago, this technology was introduced to support our primary role as practitioners of audiology and speech pathology, and it has been growing slowly since that time. As often occurs with changes in the field, new concerns and issues inevitably arise concerning best practices, legality, and effectiveness of service delivery. The American Speech-Language-Hearing Association (ASHA) Special Interest Group (SIG) 18 as well as the Texas Speech-Language-Hearing Association (TSHA) Telepractice Committee (formerly the Telepractice Task Force) have been advocating for policies and systems to be sure delivery maintains high standards of ethics, quality of services, and adherence to state and federal laws as well as to ASHA policy.

An ASHA membership survey of 1,455 members conducted in 2011 indicated that telepractice was utilized in any area of service delivery for speech-language pathology with a rate of 2.3%. Within the school setting, 1.6% of respondents reported utilizing a telepractice delivery model (ASHA, 2011). One of the groups that stands to benefit greatly from access to this remote service delivery model are those clients who may not have access to services that meet their unique needs as culturally and linguistically diverse (CLD) individuals, particularly those speakers of languages other than English.

In the United States, Texas has one of the highest percentages of service providers, both audiologists and speech-language pathologists (SLPs), who are bilingual (an estimated 13.7%). Other states with the highest percentages of bilingual service providers include New Mexico (13.8%), California (12.5%), Florida (11.7%), New York (10.8%), and the District of Columbia (10.3%) (ASHA, 2018). However, the concentration of bilingual service providers in many states does not necessarily align with the location of the client populations needing access to those service providers. In 2011, Illinois and Rhode Island had populations of 22.7% and 21.2%, respectively, of individuals age 5 and older who speak languages other than English (Ryan, 2013). However, the current percentage of bilingual service providers (SLPs, specifically) within each of these states is only 5.2% and 3.1%, much lower than states like Texas and New Mexico, which both have at least 14% bilingual SLPs available to meet the needs of growing numbers of CLD clients (ASHA, 2018). Our professions have grown in the number of bilingual practitioners as well as those trained to work with the CLD population, though states with limited access to these providers lack the ability to provide appropriate services for their populations.

The ASHA Principles of Ethics I, Rule C from ASHA's Code of Ethics states, "Individuals shall not discriminate in the delivery of professional services." Audiologists and speech-language pathologists who are not competent to provide services to bilingual clients still have a professional responsibility for ensuring that clients receive appropriate services. Many companies and school districts across the country have turned to teletherapy options to widen or increase access to qualified service providers. ASHA provides guidelines that the use of telepractice must be equivalent to the quality of services provided in person and consistent with adherence to ASHA's Code of Ethics. This is particularly important as more and more schools are incorporating telepractice as a viable option (ASHA, 2017). Many of the clients who receive services via teletherapy companies receive them in order to provide access to a trained bilingual speech-language pathologist or audiologist who is fluent in the home language of the family. For services outside a school setting, such as services for children and adults in private practice, family constraints such as family members' work schedules and lack of transportation may limit the opportunity to bring a family member to live sessions. The option to participate in remote sessions through teletherapy could surmount many of those challenges, particularly for the CLD population.

SLPs Practicing Teletherapy in the Schools

A survey conducted by the Telepractice Certification Committee in June 2016 of 127 telepractitioners revealed that 75.9% of clients were of school age and that 52.2% of services are delivered within a school setting, followed by 35.8% in a private practice setting (Telepractice Certification Community, 2016). Alyson Hendry, MA, CCC-SLP, a bilingual speech-language pathologist who has been a licensed clinician since 2009 and is currently located in Missouri, has been working with the telepractice service delivery model in school settings for the past year. During an interview with a member of the CLD committee, Alyson shared insights into her experiences. When asked if the difference of changing from face-to-face to remote therapy was a big adjustment, Alyson noted that many aspects of our role do not change when using teletherapy. Initially, there is a small adjustment to using the technology and working out the logistics of the schedule, but much of what is involved in the therapy itself is similar. In addition to Alyson, Carolyn Artime Gutierrez, MA, CCC-SLP, a bilingual speech-pathologist who works from home in Central Texas while providing teletherapy to school-age students in California, reported similar feelings regarding the similarities between the two service delivery models (i.e., face-to face, telepractice).

Many school districts also are embracing the opportunity for this service delivery model. Alyson explained that school professionals with whom she has interacted remotely are extremely appreciative; schools have not had consistent services in many cases or have such a high need for qualified professionals that telepractice fills that need in cases of shortages. For example, Alyson shared that she conducts bilingual evaluations in Kansas, where there has been a burgeoning of immigrants from Mexico and Guatemala. The families all speak Spanish as their primary or only home language, as parents' jobs typically require only Spanish. When their children begin school and are then fully immersed in English in kindergarten, Alyson can be a resource to the school for evaluations to determine language difference versus disorder. Overall, the Spanish-speaking community is still small enough that it would not likely draw bilingual SLPs to relocate to that area specifically for that work, though the need is consistent in that area.

Scheduling and Logistics

Once the schedule is set either by the practitioner or sometimes by a lead SLP within the district, an aide will usually bring the student to the area where the technology has been set up for the session. Alyson explained that sometimes schools will assign an aide to be present alongside the student for the duration of the session, while in other cases, the aide will be managing two to three students in a room where they are each logged into their speech therapy sessions with different providers on different computers. Each student will have a dedicated headset, mouse, and screen, though occasionally a session may be held with two students either sharing a screen or each on their own screen. Though the model is different from the traditional school-based model, Alyson enjoys the opportunity to be able to work with more students individually, an opportunity that isn't always

common when providing services for students in schools. Despite the model being different from the traditional school-based model, Alyson still is able to address individualized speech and language needs that align with the school's curriculum.

The Therapy Session

Perhaps some of the biggest critiques or questions surrounding teletherapy revolve around the ability to establish rapport with clients since face-to-face human contact is commonly seen as the ideal environment for communication. When asked about how students respond to not having their therapist in the room with them and interacting via the web, Alyson acknowledged the difference but explained that most students tend to find the interaction engaging because of the opportunity to use technology as well as having interactive activities that can be shared on the screen. Many students love receiving virtual high-fives and electronic stickers as reinforcement, just as they do the physical stickers. Generally, an in-person assistant with the student also can be there to provide a real-life pat on the back to encourage a student on their efforts during a session in addition to helping manage behavior and technology needs.

As far as therapy activities to engage students, many teletherapy companies have developed their own platforms geared toward therapy and interventions. With the option to view one another's faces on the screens in addition to a shared whiteboard, many interventionists have access to an online library with hundreds or thousands of different activities available, and interventionists may create their own activities as well for personalized and repeated use. As is the case with in-person therapy, the therapist can select activities for a student before a session and then have them in the online platform, ready for the student's session. Activities may range from matching games using a variety of different cards, and cards can be hand-picked to focus on the specific vocabulary or articulation target of the student. Links to online videos from YouTube can be utilized, and the student and therapist can engage with the video to discuss sequences of story events or problems within a social situation presented in the video. Online drawing tools on the whiteboard also allow students and therapists to interact with PDFs, games, or video activities during sessions, and board games even can be used with interactive stickers or drawing features.

Use of Assessment Tools in Telepractice

Although teletherapy is the most common form of service provided, assessments also are becoming more commonplace via telepractice. Special considerations, however, must be made when selecting assessment tools to use through telepractice. The clinician must consider and evaluate options that are appropriate to the technology as well as specific variables related to the client and disorder. Due to the lack of physical contact with the client, certain modifications or adaptations may be necessary, which should be documented in the report and interpretation of results.

To meet the needs of clinicians looking to administer tests via telepractice, many test publishers have or are in the process of publishing various online versions of tests. One such company, Pearson, offers guidelines for the use of assessment tools digitally, and researchers are investigating the validity of using telehealth for speech and language assessments. Overall, some limited evidence does exist of the validity of administration of remote assessments compared to in-person assessments for speech intelligibility, language assessments, and articulation assessments, though caution is given to consider all factors, including client factors and quality of audio and visual equipment, as some discrepancies were noted across studies for specific judgments of production accuracy for items such as pluralization, for example (Taylor, Armfield, Dodrill, & Smith, 2014). Considerations related to local laws and regulations also should be made, including factors such as the nature of the client-clinician relationship, the availability of trained support personnel, and the availability of a remote testing environment that is free of distractions and conducive to valid test-taking (Pearson, 2018).

In her experience, Alyson has successfully administered assessments remotely. She stressed the importance of having adequate equipment, such as a dedicated headset with a good quality microphone for the student, to be able to capture productions and language samples for analysis.

She has found that students can easily interact with the stimulus pictures presented—occasionally with the support of an in-person aide/assistant—and clinicians have access to teletherapy-compatible versions of assessments. The interactive platform allows the evaluator to see the students' responses based on where they click with the mouse. If a student has mobility, cognitive, behavioral, or other issues that prevent them from appropriately using a mouse, the aide is a crucial component in providing on-site support and implementing modifications such as allowing the student to point or use another modality of responding.

Overall, the telepractice model of service delivery shows promise as an option to meet the needs of students who don't have access to the professionals necessary to provide services, and this model also enables clinicians with specific areas of specialty to work with CLD populations and broaden their availability to these students. Due to the nature of the service and the potential cultural differences inherent with individuals from diverse backgrounds, service providers (per legal guidelines related to the use of telehealth) must be aware of the client's level of comfort with the technology being used as part of the telehealth services and adjust their practices and decisions accordingly. Providers also must be sensitive to any cultural and linguistic variables that affect the identification, assessment, treatment, and management of the clients (ASHA, n.d.). With the support of policymakers, continued research into the efficacy of this model, and proper training of clinicians, support personnel and interpreters, the telepractice model of service delivery holds the potential to become an exceptional avenue for addressing the needs of many clients, in particular those of CLD backgrounds.

Additional information related to telepractice can be found at: https://www.asha.org/Practice-Portal/Professional-Issues/Telepractice/.

References

American Speech-Language-Hearing Association. (2018). *Demographic profile of ASHA members providing bilingual services.* Retrieved from http://www.asha.org/uploadedFiles/Demographic-Profile-Bilingual-Spanish-Service-Members.pdf

American Speech-Language-Hearing Association. (2011) *Membership survey: CCC-SLP survey summary report: Number and type of responses 2011*. Retrieved from http://www.asha.org/uploadedFiles/2011-Membership-Survey-CCC-SLP-Summary-Report.pdf

American Speech-Language-Hearing Association. (n.d.). *Texas telepractice requirements for audiologists and speech-language pathologists*. Retrieved from https://www.asha.org/Advocacy/state/info/TX/Texas-Telepractice-Requirements/

American Speech-Language-Hearing Association. (n.d.). [Practice portal: Telepractice key issues]. Retrieved from https://www.asha.org/Practice-Portal/Professional-Issues/Telepractice/Key-Issues/

Cornish, N., (2014, November). *Addressing the needs of culturally and linguistically diverse (CLD) clients through telepractice* [PowerPoint slides]. Presented at the annual ASHA Convention 2014, Orlando, FL.

Pearson. (2018). [Telepractice General Information and Assessment Guidelines]. Retrieved from https://www.pearsonclinical.com/psychology/RelatedInfo/telepractice.html

Ryan, C. (2013). *Language Use in the United States: 2011.* U.S. Census Bureau. Retrieved from https://www.census.gov/prod/2013pubs/acs-22.pdf

Taylor, O. D., Armfield, N. R., Dodrill, P., & Smith, A. C. (2014). A review of the efficacy and effectiveness of using telehealth for pediatric speech and language assessment. *Journal of Telemedicine and Telecare, 20(7)*, 405-12.

Telepractice Certification Community. (2016, June). *Salary/Compensation Survey*. TCC Newsletter. Retrieved from http://survey.constantcontact.com/survey/a07ecs3vjbpip1ed6kz/results?TEST_ONLY_RESPONSES_NOT_SAVED=t

Tucker, J. K., (2012). Perspectives of speech-language pathologists on the use of telepractice in schools: Quantitative survey results. *International Journal of Telerehabilitation, 4*(2). Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4296825/