Utilizing Telepractice: A Hybrid Service Delivery Option for Communication Disorder Intervention

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The TSHA Telepractice Committee continues its series of articles addressing telepractice as a service delivery option for speech-language and audiology services in the state of Texas.

Dr. Farzan Irani is an associate professor in the Department of Communication Disorders at Texas State University. He is the coordinator of the Comprehensive Stuttering Therapy Program at the Texas State University campus in Round Rock, Texas. He is also a member of the TSHA Telepractice Committee and was recently interviewed by the chair of the committee regarding his experience utilizing telepractice as a service delivery option. The following is an excerpt of the interview:

Q: Dr. Irani, how long have you been utilizing telecommunications technology as an adjunct to your intervention program? How did this option develop as a tool for the *Comprehensive Stuttering Therapy Program*?
A: I first started using telecommunications technology/telepractice as a doctoral student with my advisor, Dr. Rod Gabel, at Bowling Green State University in 2007 when we piloted it as a way to offer follow-up therapy for a client who attended the stuttering intensive clinic there and did not have access to follow-up services in his hometown. We then researched using telepractice as a means of offering follow-up therapy to clients attending an intensive stuttering program. Past research and my own research show great outcomes from two- to three-week intensive therapy programs for stuttering; however, it is difficult for clients to maintain the changes when there is no follow-up. That is when we started to implement telepractice follow-up as part of the Comprehensive Stuttering Therapy Program (CSTP) when I moved to Texas State University in 2010 as an Assistant Professor.

Q: Did you have any specific problems with others buying in to this method of client contact?
A: Due to the setting I work in (university) and the nature of the program offered, I have not had much trouble with buy in. However, I do offer face-to-face follow-up therapy as an option for clients who live within driving distance and attend the CSTP. All clients who have the option to drive in choose that over telepractice, so I feel most people still prefer the traditional face-to-face interaction when it is an option.

Q: Is your experience with telepractice specific to speech fluency intervention only?
A: Yes, I have only used telepractice to provide follow-up services for clients attending the CSTP intensive clinic at Texas State University.

Q: What specific technology is used to deliver your telepractice services?
A: It has changed over the years and depending on what is available to us. For most of my time using telepractice, it has been Adobe Connect Pro. More recently we have used Skype for Business and Zoom.

Q: What technical support is needed to maintain a quality interaction with the client?
A: After purchase and training of the platform subscription, we have not needed any further technical support. When using it in a private practice or clinic, one would want to ensure that they have a secure local or cloud-based drive (that meets HIPAA compliance standards) to store patient information and session data as needed.

Q: How do your clients access the telehealth session?
A: They access it either from their computer, tablet, or phone that is connected to wifi (or ethernet if it is a desktop computer).

Q: Are services ever compromised by technical failures? How are these issues addressed?
A: Yes, depending on internet connectivity, we can often face issues with choppy audio and video signals. We either switch to using the phone and emailing any activity/reading materials planned for the session or we reschedule the session if video is required to adequately implement the therapy plan for that session.

Q: What training is necessary in order for the clinicians to be competent in utilizing telecommunication technology?
A: It is important to train the students to use the specific software and make them aware of basic troubleshooting strategies if clients have trouble logging in and turning on their audio/video. Finally, I do require students to develop and adapt therapy materials for online use via screen share.

Q: What training and preparations are necessary for the client to be competent in utilizing telecommunications technology?
A: Basic training for the software platform used, which includes logging in as a guest and turning on audio and video. Since our clients work with us in person before the telepractice follow-up, we are able to demonstrate and teach use of the system before starting the telepractice sessions.

Q: How are the intervention services reimbursed?
A: We are a nonprofit teaching clinic, so we do not bill for the telepractice follow-up services. The clients pay a nominal clinic fee to attend the two-week intensive portion of the CSTP, and the follow-up service via telepractice are included for free.

Q: Do you share documents, materials, graphics, etc., on screen in addition to the conversation involved in a therapy session?
A: Yes, we often do share reading materials as well as education materials (e.g., education about the speech mechanism) via screen share during our telepractice sessions.

Q: Do you refer to a text or emailed/faxed documents at the client site for the client to refer to during the session?
A: Typically, no, but if we have trouble sharing our screen with a client (e.g., when a client is using their phone), we will email reading materials for the client to print and have ready for the session beforehand.

Q: Do you share the viewing of videos with the client during the telepractice session?
A: No, as needed, we ask the client to use their own device (phone/recorder) to make a recording of themselves for biofeedback purposes.

Q: Does the client provide data (a diary or log) of self-monitoring to you, the clinician, as another means of telehealth services?
A: We do ask clients to keep a diary/log; however, they share it with us verbally and do not send it to us electronically.

Q: Do you record and store sessions of the client for future review?
A: No, not at this time.

Q: Have you ever had client issues related to culture, language, or comfort levels of the client with telehealth services?
A: None yet; however, it is important to note that clients who have the option to see us in-person always choose that over telepractice.

Q: Regarding the telehealth services, how is client confidentiality addressed?
A: We use only secure telecommunications systems and make sure the sessions are carried out in a private room, either in my research laboratory or within our university clinic. We also do not share or store any identifying information online in order to reduce the risk of inadvertent records release.

Q: Do your clients have to sign an informed consent document?
A: Yes.

Q: And finally, what are your findings regarding a difference between the client contact of live face-to-face interaction vs. interaction online?
A: In most situations, I do prefer face-to-face interaction, and so do the clients. This is obvious from my previous statements to the effect that clients who have the option prefer to receive services face-to-face. I do absolutely love the option of telepractice for those who are not within a reasonable driving distance from our clinic. Especially for stuttering therapy, telepractice is a great option. Now, in terms of actual treatment outcomes, I decided to look back at my client files and compare therapy outcomes for those who received the follow-up therapy via telepractice versus face-to-face. I presented a small sub-set of this data at the 2018 American Speech-Language-Hearing Association (ASHA) convention. I looked at outcomes for six clients who were age- and gender-matched. Three received follow-up via telepractice and three face-to-face. I compared the two groups on their stuttering severity (Stuttering Severity Instrument, 4thEdition; SSI-4), their frequency of stuttering (percentage of syllables stuttered; %SS), and their scores on the Overall Assessment of the Speaker's Experience of Stuttering (OASES). To my surprise, the telepractice group had better outcomes on all three measures, especially the OASES at the end of the follow-up therapy. Now, it is important to keep in mind that this is a very small sample size (six clients), and it is dangerous to make any definitive conclusions based on data from so few. However, this means it is important for us to look at the efficacy of telepractice versus face-to-face moving forward. I hope to continue to attract geographically diverse clients to the CSTP at Texas State University each summer, which will allow me to expand my data pool so we can further explore and learn whether telepractice is as effective, less, or more effective than face-to-face follow-up therapy for adolescents and adults who stutter.

Stayed tuned to future articles from the TSHA Telepractice Committee related to telehealth services and the workplace scenarios where this unique service delivery is provided. For any questions, contact ***Rosanne Joseph*** *at rosannemjoseph@gmail.com.*