REALTIME FILE
NCHAM – ENSURING ONGOING ACCESS TO HIGH QUALITY EARLY INTERVENTION
SERVICES TRHOUGH TELEPRACTICE: PRACTICAL WAYS TO PROVIDE SUPPORT
WITH TECHNOLGOY
MAY 14, 2020
12:45 – 2:00 PM ET
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>>WILLIAM EISERMAN: For those of you who have just signed on, you're
in the right place for today's webinar in recognition of better
hearing and speech month. Today's webinar is entitled ensuring
ongoing access to high-quality early intervention services through
telepractice. With our presenter Dr. Kristina Blaiser. We'll be
starting at the top of the hour in just about five minutes. While
we wait to get started, maybe you can give me a little feedback on
our audio transmission. If it's not adequate, you'd probably want
to adjust your volume on your end. If you are experiencing any
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sign off and come back on and see if you can establish a better
Internet connection. It looks like most people are saying they are
receiving our transmission well. To our captioner, it looks like
things are -- it's coming in like just a few words at a time rather
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indicating it's something on your end. You may want to sign off and
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connection. Be assured everyone that today's webinar will be
recorded and posted on infanthearing.org in the next few days, if
anything -- whether that's a technological or more practical nature,
you'll be able to access this webinar in the next couple of days and
keep in mind, you'll be able to share it with others who may not be
attending live today.
>>WILLIAM EISERMAN: Good day, everyone, I'd like to welcome
everybody to today's webinar, as a part of our recognition of better
hearing and speech month. My name is William Eiserman, one of the

sponsors for this series of webinars, along with Hands and Voices, and the family leadership and language and learning project. We are delighted to have a series of webinars in recognition of better hearing and speech month. You'll see these on your screen right now, we've had a couple already, and we have a series coming up next week. So we invite you to put these on your calendar and to join us for any or all of these that you're able to attend. And also, note that all of these are being posted and shared on our website -- recorded and shared on our website. So we should be able -- you should be able to access them at another time.

I see we're having a little bit of a connection issue with our captioner, so let me -- before we proceed -- let me see if --
 (Please stand by for live captions to begin)

>>WILLIAM EISERMAN: -- followed by supported and enhancing earliest interactions during COVID-19.

So it looks like our captioner says we are set to go. All right. We will give it another try, thank you so much to our captioner, and that just reminds me to always give a shout-out of gratitude to our interpreters and captioners, when we use them, those are real-life people who are doing their best to help make accessibility an every-day reality, and we don't ever want to take those folks for granted. So thank you for scrambling and getting things fixed for us this morning. Let's get started. Once Dr. Blaiser has wrapped up her comments for today, we will open up a text screen, in which you'll be able to type your questions or comments for her to respond to. So without any delay, Kristina Blaiser from the Idaho state university, ensuring on going access to high quality early intervention services through telepractice. Kristina?

>>KRISTINA BLAISER: Thank you, thank you, everyone, for being here today. I hope that I can provide some information about telepractice and about how we can really increase access through telepractice during not only now, but always, and so what we're going to today is talk about how do we translate aspects of an in-person visit to a telepractice session, those are steps we'll be able to do. We want to think about how we would plan for supporting families via telepractice, we have unique challenges that exist right now, that we want to be able to address, but thinking that through as planning for creating really intervention and assessment support for families. We're also going to be talking about some ways that we can do assessment, when we cannot actually be face-to-face with families.

So a few months ago or a year ago, we talked about why do we use telepractice and weather conditions or illnesses or people who lived in remote areas, and shortages of providers. And so these are all really good reasons to use telepractice in the past. There's still good reasons to use telepractice. But now, we're really faced with

some new challenges. And so the question really becomes that it used to be that we were thinking about what were the advantages of using in-person versus telepractice and we were talking about those barriers that existed and so it seemed that there was option for providers to think about, do we want to use telepractice, how can we use telepractice, or if it was beneficial to use telepractice? And so the question has really changed now, we have to be able to think about is it the difference between access or no access? To services. And we know how important early intervention is for children who are Deaf or hard of hearing, and so it's not really a question of does it -- is it better or worse, it's rally about will they be getting any access to services at all? And so we want to be able to think this piece through. And so the good news is, is that with some of the research that we have in front of you, and some of the other research that's been out there, is that telepractice does seem like a very effective way to be able to provide services. In a study that I was involved with some of the folks at Utah state and NCHAM, we found that language outcomes were actually as good as or better when they were provided in telepractice. There were cost advantages and I think that one of the things that I found that was most exciting is that it really engaged families in a more active way when you're able to do this via telepractice. And so I think that there are some really positive things about telepractice just in general. So one of the things I wanted to talk about today were just some of the considerations that we have to think of that are unique to this situations that we have right now related to COVID-19. So when we think about supporting families and we think about what unique about right now, we have to consider things like what do families need? When are they accessing the information? And then how can we get the information to them in the best way? So related to all sorts of family support, but specifically, now, in terms of COVID, we really need to make sure that we have very simple and explicit goals for families so that they are not taxed with understanding how all early childhood development and all of speech-language development or all of auditory skills development, that we make it simple and break down what the goals are for what we're going to be working on with our child. We need to make sure that we're very explicit and organized in our planning for the services that we do provide. And I'm not sure how many of you doing online home schooling for your children, but just as simple as having the materials that you need ahead of time, communicated is really makes a huge difference in terms of the success of that session. The other thing that we need to think about is being supportive and having some flexibility, understanding that all of us are juggling a lot of different things right now, and so while we might have these expectations, we might have to be flexible in how we offer that support or how we offer our services. And another thing to think

about is when families are accessing information. A lot of families are really working on a lot of different thing at one time right now, and they may be working from home, they may be doing home schooling for older children, they may be juggling meetings and other things that they're doing, so a lot of times we're finding that parents are accessing information late at night. That doesn't mean that you need to be providing telepractice sessions late at night, but it might mean that you need to be able to have something to access when they are -- when you're off line.

So as we're thinking about how do we create a session that is accessible and meaningful to families, when they're in the middle of access or creating all of these different parts of your life at one time.

So when we think about that flexibility and support, we want to think about how do we get this information to families? One of the things that we have been doing is creating recordings so using Zoom to just create a recording of a small piece of information and sending that to a family as an MP4. Using things like pad let to be able to create a sort of information piece for families to access that information. And then making sure that information is written. And making shoo you are that there's some sort of -- sure that there's some sort of visual information to support families so they're not tasked with retaining everything that you talk about in their session, they can access that later.

So when you're thinking about providing a telepractice session, there are several steps that you need to think about. One is making sure that you know the technology that you're going to be using. You want to make sure that the families also know and are familiar with the technology that you're prepared for your sessions, and that you have set explicit goals for the time that you are together with the family. There are a lot of different types of technologies that we might be able to use. Some people have more familiarity with some of these, because they are using them personally or they use them at work. As we have moved to more formal settings, we -- different school districts or different part C programs or different universities or different work settings are sort of adhering to one type of technology. And this can be challenging. I'm working with the school for the Deaf and blind in Idaho and there are some systems that are using Zoom and there are other systems that are using Google meet and those providers are having to sort of navigate between two different systems. Thing I would have to say is that Google is a very useful tool to be able to just look at what are some of the ins and outs of the technologies or how to use those. Zoom has some quick tips that if you just Google Zoom quick tips that you can find ways to maneuver the technology a little bit easier. So that's true about all of these. But one of the things that you would want to do prior to starting a telepractice session is really making sure that you're

getting to know your technology. I usually have the intervention providers that I'm working with make sure that they have tried hosting a session with a family or a friend before they do the session. One of the things that's really nice about this is that a lot of people will log on and they'll be a participant in the Zoom session or a Google meet session, but once they're actually hosting this with a family, then it's very different and very foreign. Making sure that you have the ability to turn your microphones on and off and your cameras on and off. Practice sharing your screen or playing a video. There are different types of technology pieces like breakout groups or chat and different technologies offer, and making sure you're familiar with prior to going into that session and thinking through what does the technology offer and how can you use that technology to create the best session possible?

Making sure that you're taking notes and that the notes that you're taking during your session are visible to the parent and that you agree on what those notes are and then being able to share that with the parent after. The other thing that you can do is making sure that families know that technology just in the same way, having them try the technology with a family or friend, manipulating the technology, sharing their screen, sharing the videos, when you both are more familiar with the technology, you are better able to focus on the content of the intervention session. Prior to having your first session, you want to make sure that families know that the equipment should be charged, that they have a quiet space and a well-lit space, and they have the materials for the session. Again, this is something that in the past was something that we could kind of take for granted because we would have less people in the home or we would have more ability to focus and so sometimes now, there are -- there's someone working from home in one of the offices and so you have to think of another place to move or another place to be doing your session. Again, these are some of the things we need to talk through with families prior to starting your telepractice session of what are some of the barriers that you're dealing with in your home for having these sessions, and how can we work through those? Again, I can't emphasize enough how nice it is for families and for end users to know the materials that they'll need for that session just talking about we're going to be working -- we're going to be having a snack or we're going to be doing something that doesn't mean you need to send materials ahead of time, but just making sure that you're on the same page so that when you're with that family, they're not feeling like they're scrambling to try to get something that they didn't have or didn't have ready. So just having that communication discussed prior to the session.

We do want to make sure that we're thinking about consent forms and we're not going to talk about that in a lot of detail today. The TI101.org programs that are on -- that have different modules, do

have sample consent forms and so you just want to be thinking about what are you asking for consent for? What are the risks and how long will you be doing telepractice? You might want to include -- we've been using recordings quite a bit with families and we'll talk about how the benefits of using recordings later on but if you are going to be sending or using those recordings for different reasons, just making sure that you've talked to families about this and that they understand what you will be doing and why you're doing it.

So when you have your first meeting, one of the things that is a nice thing to be an able to do is think about how -- how are you inviting them to that first meeting? I put a little sample here of being able to have a -- putting if your Zoom link into the invitation, invite, and so that's just a nice way that it makes it very easy for families to understand where to look for that Zoom link so that as a last-minute, they're not scrambling. I know that for some of the -- being on tend user side of that, it can be very confusing if you have one meeting with a PT, with one Zoom link and then another Zoom link for another meeting, so just making sure you're making it as transparent as possible and easy as possible for families, how to find out where they need to be going. And you can keep one consistent Zoom meeting number, that that family always links with you. And that is another thing that you can do within your settings. It's always nice to send a reminder to families, I've been again doing training for providers and when the family forgets about the meeting, it's nice to have that reminder to exchange phone numbers and to talk about sending maybe a call before the session. The other thing that's really nice to do is just as we had the technology can change, that technology can be a barrier sometimes and so being able to look at the plan for dropped calls ahead of time, so that again, during that session, you're not panicked, that you're missing something, and you're less frustrated so you can focus on the content so that you really have a plan so if the call stops, and you just call back in. Having that explicit with families is a very nice thing to have prior to your actual session.

In terms of security, one of the things that you can do is keep your invitation or Zoom link private, not putting it on social media, making sure that that's a private thing you can do. You can lock your room. After the -- everyone that you're expecting is in the call. You can add a waiting room. Sometimes you can offer a password to enter the room. And then the other thing that I think is really important now with technology is making sure that you're keeping up to date with the updates. The technology that we're all using has been taxed just like William said at the beginning of this session, more now than ever, and so making sure that you are keep, up to date as they are learning about new ways to keep security and privacy available.

So as we think about assessment and intervention, one of the things

that -- I like this idea, a visual of how are we going to actually do this? So what I like to think of is what do I need to do as the provider? What is the goal of my session? I need to assess the child, what am I assessing? I'm going to be providing intervention, are my intervention goals related to the child's, are they related to the caregiver? What am I actually going to be able to do? And what are the tools that I need to be able to do that? So if I need to be able to work with an entire group of people and I want to be able to take notes on what they say, I'm going to need to be able to share my screen. If I want people to break out into small groups, I'm going to need to have breakout groups. If I'm going to have the family engage with some sort of game with me, I need to be able to share screens and maybe share mouse. So as I think about what I need to be able to do, I need to explicitly think about the tools that I need to be able to do that. Then we need to also think about what is the role of the caregiver? The family member or whoever is taking care of the child at that time, what do they need to be able to do to make this successful? Early intervention via telepractice is not about having a two-year-old in front of the computer. It's about having you as the provider, coach or support the family member in their interactions with their child. So what does the caregiver need to do? So are they supporting some sort of child -- the child's activity or interaction when they're doing the assessment, are they implementing a strategy, so being very explicit about what is the caregiver's role in the telepractice session? Then we need to be able to think about what are the materials or the tools that they need to be able to do that? And if we can think about our assessment and intervention in this very explicit and planful way, we can have more success in our telepractice sessions. So as we think about the assessment, we go through this idea of what do I need to do, what are the tools I need to be able to do that, what does the caregiver need to do and what are the tools that they need to be able to do that in terms of assessment, what are the tools that we use, or what are the ways that we get information from the assessment in birth to 3 with children who are Deaf or hard of hearing, a lot of these things can be done via telepractice very successfully. We can do a parent interview. We can have the family do a checklist or an inventory, we can collect the language example we did observation of the child in their natural environment. So we're actually in luck in terms of birth to 3 with children who are Deaf or hard of hearing because we can still do quite a bit of this via telepractice. So what are the tools that we need to be able to do this? We might want to record the session so we can do a better analysis of what the child's able to do after. We might need to send an inventory ahead of time, we've been working on a project that we are doing electronic collection of data and so that we can look at getting an inventory online as well as sharing reports in a visualized way with families.

And this has been very successful so that families and providers have the opportunity to really look at the data and the outcomes and we can do this regardless of if we can be in person or if we're doing this via telepractice.

We also might need to prepare the caregiver in if terms of what we need to do in an assessment that we need to do wait time or we need to give the child an opportunity to initiate as opposed -- so we can see what the child can do independently, instead of having the parent or the caregiver lead all of the interactions. So in terms of what the caregiver does, may need to answer the questions, participate in the interview, complete the inventory, set up play with the child, something that the child likes and we also need to make sure that the caregiver is providing that wait time, so that may be part of that coaching appropriation ahead of time, just again to talk to the caregiver about what they need to be able to do. As we think about the tools that we need to be able to do that, we want to be able to think about for an assessment, we do want to make sure that there is a quiet room or if there -- if we're looking at auditory skills or we might want to just be more explicit in what we're looking for in terms of responses for sound. We need to be able to make sure that we have some sometime to complete that and that we're being planful. Recognizing that if the family does not have an hour for an assessment, that we're scheduling several different times that works for the family. We may need to schedule an interview at a time where the parent can focus. Or ask -- send some questions in another way to a family so that they can really think those questions through, again, they may not have a lot of opportunity for child care during the day. I know that a lot of the people that I work with, we're switching off constantly. So what are we doing to make sure that we can get access to that interview in the best way possible? And then the other thing that the parents might need to do is just really consider what are the materials that the child likes and can be engaged in? So if you think about this, these are some of the steps that we would do in an in-person session, just thinking about making it more explicit for the caregiver, and knowing what they're doing in terms of their role when they do it via telepractice.

Again, we want to make sure we're setting clear expectations with the family, that we're recording sessions for a review, sending interview questions ahead of time and that we might need to be thinking again about multiple sessions so that we can get the best information from the family and that we -- we are not overtaxing the family's time when they may be very short on it.

In terms of intervention, we're going to go through that same process. The one thing that we want to make sure that we're thinking of is that we're considering are we working on a child's focus goal, or an adult's focused goal? Now, when we talk about coaching in early intervention, we often talk about the idea of coaching. But in

telepractice, this is where we get an opportunity to really test ourselves in terms of how well we are coaching, because we can see what changes when we're not present in the family's home. So a child's focused goal would be Kiki will use four new verbs during lunch and an adult focused goal would be that Kiki's dad will model for new verbs during lunch. When we think about this type of intervention in distinguishing child focused goal versus adult focused goal, we're going to have different activities or different levels of support when we're working on a child's focused goal of having the child use the vocabulary words, versus the adult's focused goal.

So again, if we go through this process of thinking about what do I need to do? What tools do I need to be able to do that? What does the caregiver need to do? And what are the tools that they need to be able to do that? So if we go with this verb idea that we might think about working with a caregiver to understand what verbs are. Right? So this is something that we shouldn't take for granted. Making sure that we have identified and showed strategies to highlight new words. So that we worked with -- we need to think about how are we going to make the information very clear to the parent and how are we going to talk about those strategies so that the parent can actually use those? When we think about the tools that we need to be able to do this, we might want to have a checklist of verb, we might want to be able to share that on the screen with the family. We might want to record the session so that we can show the parent how they're actually using those verbs in their time with their child. So the recording of sessions is a great way to be able to have parents reflect on their ability to do that and to create some opportunities that they might improve or use those in different environments. So the caregiver needs to pick a time of day or a routine that works and then they need to be able to model the verbs. The tools that they need to be able to do that is they need to practice, so the parent actually needs to have an opportunity to practice using those verbs. They need support and feedback on how well they're doing. And they need an opportunity to see how they did. And so that's again where I think telepractice can be very effective in supporting families in terms of recording those sessions and then watching those sessions with families and giving them an opportunity to see how well they did and then opportunities that they might have to modify how they're using a certain strategy. So I've given a verb example here. But I think that this could be true about auditory skills, it could be true about productions, it could be true about many of these different skills that we're working on in early intervention. It's really about going through this process of thinking about -- thinking through your intervention sessions or thinking through your goals in a little bit more explicit way, in thinking about what do I need to do, what are the tools that I need to be able to do this, and what

am I asking the caregiver to do, and what do they need to have to be prepared to do that?

So again, it's about coaching. And telepractice, again, is such an important way to support families using coaching, there's really no other way to provide telepractice with children who are birth to 3 years of age. And so as we think about coaching, I always like to think about what are the coaches in my own personal life or I think about what are the coaches in your life? And how were they able to effectively coach you. What are the skills that they use, what are the techniques that they used when you were learning to play basketball or to swim or to play the piano? And how are you using those same coaching techniques in your work with children who are Deaf or hard of hearing? And their families?

So in-person sessions, sometimes can look like us working with a child and sometimes the family member can go take a shower or do dishes or they can watch you work with the child. And even though a lot of us, myself included, think that we're coaching, sometimes we're really engaging with that child and the family takes that back seat. So one of the things that we can do when we're using a true coaching model is that we look at that parent-child engagement and that parent-child interaction and we offer support to that. And one of the things I actually love about telepractice is that we really have this opportunity to have this view of watching the parent-child interaction and offering suggestions or being a support to that parent-child interaction and taking less of a central role.

So Rush and Sheldon talk about coaching as a learning strategy in which the coach promoting the learner's ability to reflect on his or her actions a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations.

So what does that mean? If we think about that, as we go into these sessions, we want to be thinking about what is our strategy? What are we doing to help that family to be able to learn that skill? How are we helping that family for growth and the need for more practice? What is our end goal that we're working on with families? How are we helping them set up a plan for refinement? Are we asking them to be able to slow down when they're speaking? Are we asking them to use a sign in a different way on top of a book? Are we asking them to point out auditory skills around the house all day? And then how are we going to be able to use this in future situations?

So one of the things that we do when we're effectively coaching people, and again, I think it's sometimes easier to visualize when we think about it in terms of another type of skill, is we're showing the big picture and helping families to get the idea of what we're really going towards. For example, we could be thinking about that we want our child to swim. This is not an early intervention skill for children who are Deaf or hard of hearing necessarily, but it is

showing the big picture that as a parent, we want our child to be able to swim. As a parent, we want our child to be able to express themselves. As a child, we want our child to be able to listen to the sounds around them and understand spoken communication. So that would be the big picture. We think that we want to be able to do when we're an effective coach is break down the steps. And this has been really interesting for me as I've had a child who's learning how to swim. And I think of the different skills that they break down for me in terms of whether -- at what every step that my child is going to be able to go through to be able to learn how to swim. Things like I can blow bubble out of my nose. When I apply this to early intervention for children who are Deaf or hard of hearing, I reflect on am I doing a good job of breaking down this idea of learning to talk? Or learning to sign? Or learning to express myself? Or learning to understand language? And I think about am I doing a good job of breaking this down at this sort of blow bubbles out of my nose level in terms of communication? Or in terms of child development? And we have this opportunity to break down these skills so that the parents can understand each part of what their child's development is. And when we think about telepractice, and we think about coaching, we have to really make it this explicit for families, I think particularly, in this time, but always, that we need to be able to know that we're working on this one step right now and making it very explicit, and give them a lot of opportunities to practice that part of it.

One of the things we want families to be able to do is showing where they are in terms of this process. So giving them an opportunity to practice, giving them feedback, and then offering them this opportunity for reflection. Telepractice, this is -- this is true in an in-person session, but it's even more true in a telepractice session that we have these opportunities because we don't have necessarily an opportunity to model it with the child in person, we have to give that parent that opportunity for practice. And in the work that I've done with telepractice, I think the largest comment or the most significant comment that we get over and over again is that families feel that they are in the driver's seat, and I think that regardless of where we're at in terms of being able to provide services that giving families the empowerment of feeling like they're in the driver's seat is such an important opportunity. Making sure that we are giving them feedback and this opportunity to reflect on how did it go for them? Did they like doing that? Did it feel comfortable for them? What are other times of the day that they may be able to use that technique or four verbs? And being able to make a very specific plan that they can follow throughout their child's daily routines.

Things that we can do in terms of feedback is that we can give praise and recognition, but I think that one of the things that we want to

make sure we're also doing is providing that instruction. If you think about learning to swim or playing the vile violin or playing basketball, saying "nice shot" isn't enough, we need to be able to say maybe move in front of the net or give them more information so that they can really fine-tune their skills as well.

Talking about what is going well and what is hard. And again, this is where I like this recording piece, so that families can have the opportunity to see what they are doing with their child and celebrate some of the things that they're doing really well. I think all of us need opportunities to celebrate and being able to celebrate milestones and successes is a great thing now and always. When we give feedback, we want to be able to give feedback immediately, we want to be able to give specific examples of things that are going well or things that they could be working on. And then also, providing examples and nonexamples, so being able to say, show the difference between when a parent slows down and presents a word model versus putting it into a more fluid communication and showing that the difference between the child's attention and when they do something a little bit more explicit.

So some things we want to be able to think about trying with the technology is that again, use of the recordings for coaching and reflection, with the families. We have talked a lot about in some of the work that I've been doing, sharing that -- those recordings of other family members or care takers, there are sometimes where we're not really able to have all of the caregivers or the family members there at the same time. But if you can record those sessions and then you can share that with another family member and see what the child did and so that family member is also able to use that skill as well. We can use recordings for mentoring other clinicians or other -- newer providers or showing what was going well in a certain telepractice or session. Another part that is so important is we can think about using recordings for collaboration, if we have a question about a child's ability to access a certain sound or access -- or a difficulty hearing or using the hearing technology, we can think about collaborating with our audiologist, or a teacher for the Deaf or hard of hearing or speech-language pathologist, but we can use these recordings in different ways to make this really a true successful interaction. Some things that we can also try is sharing your screen and sharing the family's screen. I've been working with the providers from the school for the blind and this has been really helpful for them to be able to see what the family is looking at by the family sharing their screen. And then also, there are some games that you can play in terms of having the mouse -- sharing the mouse or the control over the computer screen. So these are some things that are -- that we can do with technology. It does take a little bit of practice in setting it up, but once you have that, it really opens up the opportunities that you have. So

again, I think it's about thinking about what do I want to do with
this family and then what are the tools that I need to be able to
do that? And that may mean the technology tools that are available.
And exploring how we can do that a little bit better way.
One of the advantages of having a learning community is talking
through some of those barriers. Talking through about opportunities
that you have to make things engaging or fun. The learning community
that I've been working with recently has talked about how do we
incorporate a fun aspect to telepractice to -- this is sometimes with
older kids, it can also be with families as well. It can be having
an ice breaker at the beginning, asking a question, there's some
questions about what would you ask in front of a campfire, you can
have as a way to start. You can have I spy. So putting something
in your room, or on your screen, and seeing if the child, and again,
this is a little bit older than just that very young age in birth
to three, but see if the child can use language to talk about that.
And wearing a costume or doing something silly. Is a great way to
set up a language-rich environment or language-rich task. And you
can really do that in a fun way on telepractice. Being a part of
a cooking activity and thinking about the goals that you would have
for that cooking activity. And then also, setting up jokes or
riddles is another fun way to make things fun. And engaging via
telepractice.
There are a ton of resources out there. Now, there's more coming
out every day, the NCHAM has the teleaudiology, teleintervention,
resource guide as well as TI101.org modules they were created a few
years ago now, Diane and I work on those. But they do still have
some important information that you can access and they have
documents that are downloadable. The other thing is a module for
families so, if you have families who are new or he has tonight use
telepractice, this could be something just to get their feet wet.
ASHA, the American speech-language hearing association has new
coming out almost daily, and technical resources that focus just on
telepractice that are coming out with new guidelines about billing
and information about how to provide telepractice. And again,
Google, I think is a powerful tool. I know Todd Houston is doing
nice sort of daily tips for telepractice and I Googled it yesterday,
telepractice for SLPs or telepractice for early intervention and
there were a whole list of games that are coming out, or a list of
activities that people can do. So sometimes it just is about knowing
what you want to be able to do and then looking and searching for
that. But I also do think having a learning community and especially
since everyone is in the same boat right now, talking to your teams
and saying how does -- how is this working or what can I do differently
or I'm having a difficult time with this part of it. Really working
together helps people to think out of that box and to be able to
address those barriers and make it more explicit for families and

for providers.

These are just screen shots of the different modules that we have on the NCHAM website, the TI101.org. And again, they're fun for families and providers and one for administrators.

So this is just -- I think telepractice is this sort of candle in the darkness that we have right now that we are in challenging times. I think the fact that for children who are Deaf or hard of hearing who can receive telepractice, I think we can do this very effectively. I think that it does take time to think it through. I think that it does take some flexibility to be able to be supportive of families during this time.   But I also think we have this opportunity to learn some skills and to learn how to use technology to be able to provide high-quality, early intervention services now when it's a question of access versus no access, but the other part of this is that some families are receiving -- have limited access to services in the best of times. And this is giving us opportunity to use and learn these tools so that we can provide high-quality care to all children regardless of where they live or their geographic location. So I think that this is an opportunity for us and I appreciate you taking the time to listen to this webinar.

>>WILLIAM EISERMAN: Thank you, Dr. Blaiser, that was an excellent over view of so many different -- pieces of information that we're all encountering right now, and we are as well, as you noted. Things are going well technologically for us today, I've just opened up a Q & A box over on the left side of the screen. So if any of you have any questions or comments you'd like our presenter to respond to, this is a great opportunity to do that. And also, note that if you have any questions or concerns that you'd like to address with Dr. Blaiser, subsequent to today's presentation, her e-mail address is on the screen and she would be happy to correspond with you that way. The first question is, what is ASHE?

>>KRISTINA BLAISER: ASHE is the American speech-language hearing association and I believe it's asha.org.

>>WILLIAM EISERMAN: And maybe describe the role of ASHE and how it relates to the world of early intervention.

>>KRISTINA BLAISER: Yes, the professional organization for speech-language professionals and audiologists, and so it is sort of a governing body and there are speech-language pathologists and audiologists who serve children who are Deaf and hard of hearing within that organization and there are a lot of resources now coming out about telepractice and there is also a telepractice special interest group, SIG, there's a lot of information coming out about that as well.

>>WILLIAM EISERMAN: Could you repeat the name of the individual that has the daily tips and his related reference?

>>KRISTINA BLAISER: Yes, his name is Todd Houston. And I can send -- I don't know the link that he is using right now off the top

of my head. But he has been sending out daily tips, and so I think
they're off of FaceBook, but I can send that link when we put the
transcript together.
>>WILLIAM EISERMAN: Great. And I just posted one of our
participants is Janet DesGeorges from Hands and Voices and she just
shared the resource that I posted on this screen here for you. All
to have a look at, if that's helpful to you.
The next question is what is your favorite or most reliable technology
for uploading video clips from computer and sending to a rural
location with weak Internet connection?
>>KRISTINA BLAISER: That's a good question. You know, we -- so what
we have been doing right now, that has been working pretty well is
that we have been using the recording of -- so I would say it would
have to be a short recording, but you can set up either one slide
on a PowerPoint and so making it -- you know, very simple, and very
explicit, and then putting it on to a Zoom and recording yourself
just talking about that slide. And then putting it in to an MP4,
so when you end the recording, it turns it into an MP4 and then you
can send that to the family or we can -- you can also put it on a
pad let where you can have the family access that recording.
>>WILLIAM EISERMAN: The next question is how and where do you save
your recorded sessions?
>>KRISTINA BLAISER: Uh-huh. That would really depend on your work
setting and what types of sort of security that they have, I think
some people use share point, we at the university have a box account.
I'm not sure about how the security of Google drive, but I think you
would have to work within your frame work or your organization about
where you're putting information to share that in a secure and private
way. But I think that is a great way to be able to do that. But
it's just different for each organization and what sort of their frame
work is for security and privacy.
>>WILLIAM EISERMAN: So the next question is, wondering if there's
a way that others can see examples of the videos that you're doing?
>>KRISTINA BLAISER: We -- I can create a video and an example of
that, the most of the ones that we've been doing are with some of
the early intervention providers that I've been coaching or we've
been working on. So that -- but I'd be happy to try to create an
example.
>>WILLIAM EISERMAN: The next question is, again, another -- lots
of things are coming in to you for your presentation. By the way.
Lots of thanks. In the beginning you shared a study that showed the
benefits of telepractice, did this study include listening in spoken
language and ASL or in spoken language only. Do you know any studies
of SAL used in telepractice.
>>KRISTINA BLAISER: The first study that we used did use ASL and
listening in spoken language and the second study that we did was
more focused on listening and spoken language. I can tell you -- I

did see recently study that did look at ASL and telepractice, but
I can't tell you that resource off the top of my head. There was
a -- we -- when I've been working with the school of Deaf and blind
we have had a group of people using listening and spoken language
as well as ASL and it seems to be working very well for the ASL, in
terms of the quality of the intervention. I would say one of the
things to be able to think of when you're talking about ASL, is being
very explicit about the goals that you have and if it's the family
using the sign as a model or the child using the sign. And just kind
of working it through that way as you're setting up your goals and
your intervention.
>>WILLIAM EISERMAN: One of our participants today offered a
resource from ECTA, the Early Childhood Technical Assistance Center,
which I've posted there, that you'll see in purple on the notes field
on the screen. So thank you for those of you who are sharing
resources you're aware of. Another question. I work with native
American family and many of them are shy in person and now that we
are using video, they're even shyer. Any suggestions?
>>KRISTINA BLAISER: Well, I think cultural sensitivity is an
important thing to think about and I don't have an easy suggestion
for that. I think that it could be having a conversation prior to
the -- prior to the zoom conference call and saying that this is what
we're working on, is there anything that would make it more
comfortable for you? Is there -- you know, maybe having an explicit
conversation about the goals. Again, I think this is where our
learning community could be very helpful of having someone who could
be a cultural broker or talking about that specific population and
working with your other teammates about things that have been
successful or not successful. But talking about the goals of why
you would be doing that, and breaking it down to something that they
would feel comfortable with or also maybe incorporating the use of
siblings or other people in the families where it may be a little
bit different dynamic.
>>WILLIAM EISERMAN: Dr. Blaiser, I need to check in with you on our
timing, we have a lot of questions coming in. Do you have a few extra
minutes to go past the top of the hour for maybe five minutes or do
you need to go on to another event?
>>KRISTINA BLAISER: I do. I'm fine.
>>WILLIAM EISERMAN: Okay. Great, thank you. So thank you,
everybody for all of your great questions. I don't think that we're
going to get to all of them. So keep them in mind if you want to
correspond with Dr. Blaiser later. The next question is: I'd like
to know how EI providers are currently assisting families who lack
the means or financial resources for accessing TI services?
>>KRISTINA BLAISER: Well, that is a good question. I think that
it probably varies a lot from state to state. I don't -- I don't
know off the top of my head about that. I know that certain states

are providing equipment to families for school age. But I don't know that answer off the top of my head, I'm sorry.

>>WILLIAM EISERMAN: The next question, again, a lot of thanks are coming in, so thank you, Dr. Blaiser.

I'm an ISU graduate, I've been with early intervention for almost three years. And as New Mexico and many other states are switching to the coaching model, I think that this would be perfect to share with my agency. Will we have access to this recorded webinar to share and I will answer that one. This webinar is recorded and will be on infant hearing.org in the next couple of days. So you can access it there, and share it with whomever you'd like.

The next question, what are your recommendations when parents are ill literal whether in English or Spanish?

>>KRISTINA BLAISER: I think what you would to think through, that's barrier that can happen in in-person or telepractice. Making it more difficult or more challenging than it is in an in-person, and I think maybe setting up your Zoom links and just walking them through, having it in the calendar or an invitation so it's easy for them to link on that. And then reducing your reliance on words and using some visuals and being able to -- in pictures. Those are things, but again, those are barriers in in-person sessions as well as telepractice, so you just have to think through what are they really needing to read in this telepractice session that they don't have to? And what are some ways that you could kind of brainstorm to be able to address that and meet the needs of that family as much as possible.

>>WILLIAM EISERMAN: Dr. Blaiser, in scanning forward through some of the questions that are streaming in, there's a series of them about whether there are legal barriers to recording sessions. Do you have any guidance about that?

>>KRISTINA BLAISER: I would say that you do need to make sure that you're following the guidance of your specific entity that you're working with. So that different entities have different rules and regulations about how you're recording or storing or e-mailing and you need to make sure that you're checking back in with that. I think that if you -- if you're talking to families about this and you have a consent form that you're saying we will be using a recording, we're using it for this reason, we will be sending it to you in this way, incorporating those into the consent forms is an important piece of it, too. But I think first and foremost, checking in with your own entity and making sure that what is their guidance for being able to do that in a secure way. And often the answer to how is yes, and when we did these studies in Utah, we worked with I think four different entities between the newborn hearing screening, new test date, the school for the Deaf and blind and the part C, we had a lot of systems and we're still able to do it, it just took conversations and discussion about how to do it in a secure way.

>>WILLIAM EISERMAN: Well, Dr. Blaiser, I want to -- honor everybody's time and wrap it up here. A big thank-you to you and everybody who took your time out of your day to join us, yet again in front of your screens, to think further about how to use technology to help meet the needs of children and families. Again, thank you to our captioner for your expertise and skills. Know that Dr. Blaiser is available for -- to e-mail with, if you'd like to ask any additional questions about what she discussed here today. Remember that we have a series of webinars coming up on related topics to COVID. You'll find them on our website as well as right here. And so through the mechanism that you registered for today, you'll find what's upcoming. So we invite you to join us for that. And before you head off, we'd really love it if you would give us some feedback on today's webinar by clicking on the link in the middle of your screen so that we can always improve how we deliver our information to those of you who are doing all of the hard work in the front lines. Thank you, everybody. And we will see you at our next webinars next week. Again, thank you, Dr. Blaiser.

>>KRISTINA BLAISER: Thank you.