

NCHAM - TIPS AND TRICKS  
TO SUPPORT EFFECTIVE TELEPRACTICE SESSIONS

June 18, 2020

12:00 p.m. EST

REMOTE CART CAPTIONING PROVIDED BY:  
ALTERNATIVE COMMUNICATION SERVICES, LLC  
[www.acscaptions.com](http://www.acscaptions.com)

\*\*\*\*\*

Communication Access Realtime Translation (CART) is provided in order to facilitate communication accessibility. CART captioning and this realtime file may not be a totally verbatim record of the proceedings.

\*\*\*\*\*

>> I'm going to ramble a little bit so you can adjust your volume to your liking. Today's webinar is brought to you by The national Center for Hearing Assessment and Management, which is funded by the maternal and child health bureau to serve as the national and technical research center supporting EDI programs and all EDI stakeholders throughout the country in promoting best practices regarding the early identification of children who are deaf and hard-of-hearing and getting them the services that they need.

This is one of many webinars that we offer as a part of

playing the role as our national technical research center.

>> I would like to welcome you all to today's webinar brought to you by the National Center for Hearing Assessment and Management at Utah State University. We serve as the federally funded national technical resource center on EDI, and we are delighted today to have the topic of tips and tools to support effective telepractice sessions presented by Dr. Todd Houston. My name is Will Iserman, and I'm the associate director, and I'm delighted to have so many people from all over the country join us today.

There's a poll question I'm just putting up here briefly. If you wouldn't mind just giving us a little information about who you are. Practices the primary role that prompted you to participate in today's webinar? I think our presenter is always -- our presenters always benefits from hearing from those who are joining us and the perspective that you all bring to the topic that's being discussed. Once Dr. Houston has wrapped up his comments, we'll -- if we have time, we'll open up a question pod which you'll be able to type your question or comments for Dr. Houston to respond to.

Be aware that this is being recorded, so if anything disrupts your full attention or participation in today's webinar you'll be able to access this again at [infanthearing.org](http://infanthearing.org) and/or share it with others who weren't able to participate with us live today.

Without any further hesitation -- one other thing I want to give a shout-out to our captioner today. Thank you for your services today. We never want to take for granted the talents and skills that our captioners bring to helping us make our events as

accessible as possible.

Now, without further delay, I would like to introduce to you Dr. Todd Houston. Todd.

>> Dr. Todd Houston: Thank you, Will. Appreciate it. I appreciate the opportunity to be with everyone today. It's really nice to have this many people in the webinar. I want to say thank you to Mandy and Daniel and Stacy as well for helping to put this webinar together. It's fitting for me to reconnect now with NCHAM for this webinar because I started my telepractice work while I was on faculty at Utah State University and a part of NCHAM. It's sort of like coming home again to be with you all.

With that, we will get started. Just some disclosures, I do have some books that I have published through Plural Publishing, and I do receive royalties from those. I don't receive any compensation from any much the companies or the products that we might discuss during this discussion about telepractice, and I also am involved in a new company that's received digital media network that has just launched a year or so ago.

What do we want to accomplish today? We want to first identify some essential equipment for successful telepractice. We want to learn some strategies and techniques that enhance telepractice sessions with young children with hearing loss and their families, and to provide some successful outcomes of effective telepractice sessions.

Obviously, we are living in a time right now because of COVID where a lot of people had to shift and actually start to provide telepractice services and maybe did not receive a lot of

training before having to do that. I've heard numerous stories of people coming into work on Monday, and they're doing in-person therapy or in-person intervention or going into the home for early intervention, and then by Friday they had to start doing telepractice. I applaud those of you who found yourself in that kind of situation. I'm hoping the materials we'll talk about today will be helpful to you.

I am a speech pathologist by training, and so the way I have to define telepractice is what is provided by ASHA, which is the American speech language hearing association. I won't read that to you, but essentially ASHA says we can deliver services through telepractice, but at the same time those services have to be equal to or, in the way I think about it, sometimes better than those services delivered in person.

There's different types of service delivery models. I think most of us are now jumping in and having to do direct simultaneous live intervention with telepractice. However, there are some other types of models or other types of service delivery that can be used. Probably the most common is the one we just mentioned. The live interactive. The other could be the store and forward model.

Basically what that is a situation where you may upload or a patient may upload information that's read later or evaluated later by a physician or someone else. I'm sure most of you have had some type of medical scan or test done, and it takes a few days to get those results back. Well, more than likely that test was fed up to the Cloud and then the organization or the company that was hired to do the readings and those results would download it, read it, and then send it

back. Your physician would then access what the results are and then deliver the news to you. We've been able to use that here at the University of Akron where we couldn't find a suitable time based on work schedules and other challenges.

I worked with a family that had two children with hearing loss, and because of work schedules, we just could not find the time to be online at the same time. What we ended up doing was the parents would record themselves working with their child, or the two girls, and upload that video to a secure server. We then would download, myself and my students, would download those files, take a look at them, write up what we thought would be some suggestions, and then either call and go over that and usually send that report back to them via email. Then, they would listen and, you know, we would exchange emails or phone calls until they understood exactly what we wanted for the next video and then they would, you know, in the following weeks would record again. We did that for quite some time. The main thing I want to mention in terms of telepractice, you can set it up in most situations, where again, I know we're in this COVID situation at the moment, but in a sense, the beauty of telepractice is that you can structure it in any way that you want.

What I mean by that, there may be families that can't jump right into telepractice, and maybe it's not appropriate for them in the beginning, and you start with in-person sessions. Then you decide at a certain point you want to start doing some through telepractice. Well, you can decide, you know, maybe three times a month you are going to do in-person visits and then, you know, once a month you're going to do telepractice,

and you can grow that in a sense or grow their participation via telepractice over time. It really comes down to you as the practitioner, as the professional really deciding what is best or what's in the best interests for your patients and for the families you are working with. That's the exciting part about this. You can really put together a program of service basically that really meets the needs of the children and the families you are working with.

We all know we should probably get an informed consent if you are going to be doing telepractice work. I've always tried to do that for those families that basically want to do telepractice only because we all know that there's really no technology that is 100 percent secure all the time. So I have never had a problem with the Zoom bombing or some of the other things that are happening right now where someone has interrupted the session. You know, someone logging in or doing something that they shouldn't have, but I think it's always important to let families know that you are going to have the security and maintain confidentiality, but you never know when someone may, you know, jump in in some way that may disrupt the session. It's always good to have the informed consent.

We also have to have the right level of security to prevent hacking and viruses. In terms of confidentiality, we have to follow HIPAA and FERPA and make sure the platforms we are using meet those standards. Some of the standards have been relaxed at the federal level, but at the same time they may still be in place at the state level, so you need to make sure that -- if I was starting to do telepractice, I would definitely make sure that the platform that I'm using meet those -- would

meet those standards before using that platform. And one thing that you want to really think about is telepractice sessions are the same as in-person sessions in that you have to maintain privacy.

When you are doing live telepractice sessions, you can't have people walking in behind you watching what you are doing. You have to have consent for someone to observe. If you are going to record sessions, you need to get permission from the family to do that. So the same level of privacy and confidentiality you would do in an in-person visit or session, you need to apply that to telepractice as well.

Just a word or two about licensing and what's happening. Basically what ASHA says is we have to have a license based on where the patient lives or receives the services as well as where it's initiated. Basically, you can't provide telepractice services to a patient or a family that is across the state lines unless you have a license in that other state. Sometimes people ask, well, you know, my family is going to go on vacation two weeks at the beach, and it's in another state, and it's only for those two weeks. Can I still set up some telepractice sessions, and the answer is no, not unless you have a license in that state where they're vacationing. You want to be very careful about that.

Then beyond ASHA, you also have to look at what's happening with your state licensure. Basically what they say, you know, what rules you should follow in terms of how telepractice services are delivered. For example, in the state of Ohio where I am I can't deliver all my services through telepractice, and so the way we address that is that we do most

of our diagnostics in person and then the therapy we would do through telepractice.

Every state is a little different, so you want to look at how telepractice is defined in your state. We do have some things that are happening. I'll just touch on this. I think in the next year or two we might see what's called a multi-state compact. This is something that is happening right now where states are being encouraged to sign up for the compact, and if you are licensed in one of the states that is a part of the compact, then you can practice across -- you can practice in those other states with your single license. There's efforts to make that happen. There's some other states like Louisiana, for example, you can -- if you live in another state, you can actually deliver services to Louisiana through telepractice, but you do have to register as a provider. You don't have to get another license, but there is a process where you have to register.

These are some different things and different strategies that are being used to make telepractice more viable and to make it easier for practitioners to practice across state lines. I do think solutions will be happening in the next couple of years.

Some people ask, what is telepractice? Is it a useful tool or a different intervention or therapy? The analogy that I sometimes use is let's say you have -- what you have to do you've been given this task of chopping down this tree. Unfortunately. I don't like the idea of chopping down trees, but if you were going to chop down the tree and dislodge our nice little owl there. What's the best tool that you are going to use to do that? I think most of us would choose that we would use

the chainsaw because that's going to be the most efficient way of doing that, to complete that task.

I think when I see how telepractice is viewed, I see it as another tool in your toolbox. Between in-person sessions and telepractice sessions, you can put together an intervention plan that best fits the needs of the family and the children that you are serving. Some families may be able to get most or all of their services through telepractice. Other families, maybe there's a mixture. Then, still, some families may not be appropriate for telepractice for other reasons. It gives you a way to do very specific planning using different tools that will ultimately meet the needs of the families you are serving.

When we think about equipment, some important factors that ASHA says we need to think about -- and, again, I know not everyone is a speech language pathology that's in the webinar today, but regardless of what your background is, you still have to think about these things. You are going to need a very reliable network. We'll talk a little bit more about that. You have to make sure that you have good equipment and it's maintained and you are keeping it upgraded and updated with all the apps and everything, all the software that's updated. You really need training and you need to train your families that you are serving as well how to use telepractice and what the expectations are for them.

Again, I know right now with the current situation a lot of people had to sort of jump into this with very little training based on circumstances, and that's unfortunate, but at the same time I applaud you guys for those of you who are jumping in, that you are getting training now and hope you

continue to get that training.

When we think about the transmission method, we have to really think about using broadband internet connections. That is sort of the standard that we want to have. Unfortunately, there are still areas of the country where there is spotty internet connections. Those situations, you may not be able to use telepractice as a delivery model. Unfortunately, that's the case. I have had families go to the local health center, to the library, to other neighbors houses, to relatives' houses where there was a better internet connection to be able to do the service. Sometimes you have to find a solution for those families if there's no other choice for them.

When we think about bandwidth, you have to think about there's a certain amount of band width that will be coming into the home, and there's lots of products right now, lots of devices, that are going to impact that bandwidth. For me when my daughter -- before she moved out, I could look over and she's on her cell phone. We're watching TV. Maybe we're streaming Netflix. My wife has her tablet out. My son is downstairs, you know, playing a video game online. All of those different devices are pulling bandwidth that's coming into the home. The reason why that's important is that you have slow or crowded bandwidth, you will have a weak video and audio signal. What you have to do is make sure that if you are connecting to the family's home make sure that there's no one else on the internet at the time of the session. That will limit the bandwidth just for that session that you are going to have.

The basic equipment that we need for telepractice now is essentially, you know, good computer, a camera. You know,

usually laptops. Most people aren't buying desk top computers, but if you do have one, that's fine. A monitor. Microphone and speakers. I think everyone now is familiar with Skype or Zoom or some of these other platforms that are out there. It's going to be usually live and interactive. The web-based systems today, they're usually very easy to use. You can set them up fairly quickly, and the platforms right now are fairly inexpensive.

The down side that sometimes happens is you have the camera -- the camera you are connecting with the other end and so you as the practitioner can't control that camera because it's built into that laptop that the family is using or the tablet, and so you can't change. You have to have them move the whole device completely before you can get a better camera angle. You are relying more on that internet connection in the home. Does the family have some type of IT support when there are issues? Those are some issues that can come up that can be challenging from time to time.

This is a snap shot of one of the lab that is I have. We have a desk top computer connected a large monitor. You see there. That's about it. You see the other things that are included, but those are the essential things that you need to have. Some people like to use the document camera to be able to put books under the document camera or other paperwork and then display them on your computer. Other practitioners scan and make PDFs of the book as well. That's something else you can do.

Now, in terms of the platform themselves, you can certainly use Adobe Connect, and that's what we're using today. You want to stay away from any of the free versions of these different products. The free versions usually don't have the

level of encryption and security that you really need to be HIPAA-compliant. You're probably going to have to obviously pay some type of subscription to get the right level of encryption and security you need to be successful. These are some of the sort of favorite or most common platforms that are out there. I use WebEx at the University of Akron to do most of my sessions. I also have a Zoom account, and so on occasion we also use Zoom.

There's a little star there beside Facetime. There's some documentation that says that Facetime is HIPAA-compliant, but the documentation is kind of limited so, I would be careful about only using Facetime. Apple says it is HIPAA-compliant, but I want to see that independent verification that it actually is. Just be careful that anything you decide to use in terms of a platform, you have some documentation saying it is HIPAA-compliant.

Other technologies that you may be able to use. The laptops. Web sites, we'll talk about. Even having the telephone when the audio goes out. You jump on the telephone. That's what we're using today. Digital cameras, other audio recorders. We're going to be seeing the use of home assistance like Alexa and Google Home in the near future. Also, making sure that everything is accessible. You may also have to link some AAC devices to the platform that you are using.

These are just some other digital technologies and other types of things that you can use during your session. Other types of software that you can share, some apps, podcasts, sharing spoken word recordings, E-books, other videos. Video is a very popular. Or YouTube. You know, showing videos of popular children's books or someone reading a book. A lot of that is

available. Again, lots of things online that you can use which we'll go into a little bit more in your session.

At the very basic level what you really need is that really good internet connection. A web cam or computer. A headset. It's ideal, but not necessary. I'm not using one right now. And that secure telepractice platform.

When you are thinking about the equipment and the setup, you want to think about the lighting and the audio that you are using. Making sure that the lighting so that the family or the child can see your face very well. Make sure there's no distractions behind you. If it's sort of a very busy room behind you with lots of things stacked up and clutter and that kind of thing, then it's going to be distracting to who you are connecting with.

You also want to, as you are doing more and more telepractice sessions, if you are doing several in a row, give yourself a little break in between because there is such a thing as, you know, eye fatigue and just general fatigue. Those of you who are having to do a lot of sessions, make sure you are taking care of yourself.

Consider a very ergonomic setup for yourself. A good chair that's comfortable. Making sure that, again, you are not going to have any other health issues. Sometimes -- I mentioned the eye strain. You can reduce the brightness on your screen. Some people have, you know, special glasses they use to help with the screen as well. That can ease some of the eye strain as well. I mentioned before with document cameras, I mentioned people use the document cameras to do assessments where you are showing the assessments underneath the camera and presenting

them to the family or to the child.

You don't necessarily have to have a document camera to do that. You could turn a cell phone into basically a web cam and have it basically held over the materials, and that can show on your screen that you share with your patient or with your family. There are ways of doing that.

The Q Global materials through Pearson Publishing is also making available a lot of their assessments in digital form, so -- and I think right now for another few weeks it's free to sign up for those materials. Go ahead and do that in case you need them at some point. There is a way of doing those assessments.

From the family perspective, what do they need? They need basically the same things. They need a good internet connection, a device with a web cam, a good headset, but not necessary, depending on the situation, an adult being present. If you are doing more early intervention, then you want to focus more so on coaching the parent and making sure the parent develops what you are trying to facilitate.

If you are working more directly with the child, I would still want an adult present to assist you as you work with them.

Then as the child gets a little bit older, maybe, you know, 3, 4, 5, and maybe you are working a little more directly with the child, you know, can they or are they old enough to really attend for an hour or whatever length of time it is. That's another reason why you want to have a parent there to maybe help with behavior or redirect and those kinds of things.

Before your first session, what do you want to do? You want to make sure you know how to give control over to the

patient or to the parents you are working with. Giving mouse control or keyboard control. Maybe you want them to take a turn. Maybe you are playing a game, and you want them to be able to participate. Where does the child's camera when you share your screen? You need to know that. Another suggestion is if you have two monitors that you are using, maybe another -- a second monitor that you connected to your computer. Make sure you check in terms of what it looks like from the patient side of things. If this is before the session, you want to load everything in, kind of go through different activities and how it's going to be seen by the parent or the child, and that way you know what you may have to adjust so that they can fully participate.

Know how to check that the mike and camera are working. Know how to split your screen. Maybe you want to share a document or share some game, but you also want to continue to see the child, and so you want to be able to do both.

With any type of device, computer, or software itself, or whatever the case may be, whatever you are use, there's going to be situations where you are going to have glitches. You need to know your system well enough that you can do some troubleshooting. We'll speak more about that in a moment.

What else do you want to learn? You want to learn how to invite your patient or the family to your session. You also need to know what device your parents are using or the patient you're connecting with is using and what is that restrict within the platform. For example, if I design some materials that really take up the full screen on my laptop that maybe I'm using, but the family that I'm connecting with can only access the internet through their smartphone, now their screen is much smaller. In a

sense, does the activities that you plan in a sense translate to that smaller screen, and can you still get the level of participation when it's just a very small screen you're looking at or a very small tablet? You really need to know what your family or that patient is using so that you can tailor the materials to fit that screen and be accessible.

How to resize and change the camera view is very important, and how to share your screen and how to stop sharing your screen. Those are things that you really need to know and learn within your platform that you are using.

So when we're supporting patients and families, this may be the first time they've ever done any type of telepractice. You know, we think they're computer-savvy, but there are a lot of people that are not. One thing you can do is maybe create some PDFs of every step that the family will have to make, do some screenshots of every step of getting into the platform, what they have to change on their settings. You would need to know what kind of computer they're using. Is it a Mac or PC? Then, give them that PDF as they start so they know how to troubleshoot and get set up on their end.

What we sometimes do is when we're starting with a new family, we'll actually ask them, obviously, what type of technology they have, and then we set up a separate sort of technology session where we kind of go through how to get into the sessions and walk them through everything before we actually do the telepractice session. That's usually a few days before that first telepractice session.

You want to have an alternate way of contacting in case there's some type of tech issue, so make sure that you have the

cell phone number. I've had situations where the audio has gone out and then we've jumped on the cell phone and they've been still able to hear us, but they will watch through the platform.

Most of the issues that you'll face, there's a solution. The screenshot is one that we talked about. What you may also want to do is send an email of a lesson plan before that first session or before each session. Our general rule here is at least 48 hours before the session we send a lesson plan of listing everything we want to do as well as the materials that we'll need to -- that the parents will need to sort of gather or toys, books, whatever we want to do in that session and make sure everything is there.

Of course, if they have questions, they can always call us or email us. With the browser and other software, they could have firewalls that could prevent them from connecting to certain platforms. We talked about removing any distractions behind you, but also, in the home. Make sure there's no distractions if possible. You know, sometimes there are other children in the family, and they want to be involved. Well, that takes another level of planning to have siblings involved, and I have had wonderful situations where the siblings have actually been an asset and helped the session and then many sessions where the siblings just wanted take over and play with everything and not really do anything.

If we can find a quiet place in the home with limited distractions, that's what you want to make sure the parents are basically putting in place for you. Making sure that they are charging the iPad, if that's what they're going to use, and they need to be available for every session. You know, they can't go

off -- parents shouldn't go off and do the laundry while you're working with the child. They need to be there and understand what you are doing.

The seating is important. Make sure that the type of sitting that's being used, both the parent and the child, that it's sturdy. Especially for infants. Making sure that all that is where it needs to be. And then sometimes letting the child choose some toys or some activities can help with behavioral control. They think they're in control, but you have set it up ahead of time that regardless of what they choose, you're fine to go forward with that and use that in the session.

You also want to prepare parents. Especially at the early intervention level that these are going to be a lot of coaching. You want them to do the activities, and you're going to coach them. You're going to model and then coach them on how to be successful. Some parents have never experienced that, and so you have to make sure they're going to be very comfortable with you in the sense of helping them and telling them what to do and coaching them in those situations. Not every parent is sort of geared up for that.

Some other things you could do is create a visual schedule for the session. There are ChoiceWorks, and that's an app that you can use that can be connected through a smartphone or a tablet to your computer, and you can go back and forth sharing the app, showing all the different activities you want to get through in that session. With a pen or a MOUSE you can mark through each activity as you do them. That can help the child stay on task.

Then you can help the family maybe in the home develop a

visual schedule. In the beginning you need to plan, plan, plan because you are having to understand how to share your screen, how to have multiple things maybe open on your computer and when do you want to share them, and so in the beginning I think telepractice does take a lot of planning. It does get easier. Once you learn your platforms and feel more comfortable with the different activities and things that are available to you, then it becomes easier. Don't think that telepractice is less than. In the beginning it's going to take more time because you have to understand how to basically provide the services you have been providing but do that in a digital form.

We've often talked about devices, knowing the devices of the patient that you are using. Writing out your lessons ahead of time so that you can remain organized and on track. You can have different styles and even different bookmarks of websites available or open as tabs in your browser to be able to share different web sites or different activities that you want to do. You just want to make sure that only those things are open. So if you were shopping on Amazon earlier and that tab is still open, close it because you don't want that to be shown. Just be careful of what tabs are open.

I'm going to speed up a little bit just knowing how much time we have. When we think about children with other sensory issues, there is often ways that we can still include them in telepractice sessions. We have children that I work with and others on my faculty work with that have hearing loss as well as other diagnosis, and they are using augmented and alternative communication devices. We're still able to be very successful delivering services through telepractice. My main point here is

basically understanding what the child needs to communicate, but you can still in most situations find a way to deliver those services even if they're using AAC.

Choosing the equipment, I think we've talked about the equipment enough. We'll move to some other things.

Some of the behavioral issues that sometimes come up, things that I would do is really talk about not giving the behavior -- the negative behavior a lot of attention in the beginning. Try to redirect and not feed that. Then you can say if that doesn't work, you can move into tell, don't act. Avoiding yes-no questions. Do you want to read? You are going to get a no answer. Instead have parents say it's time to read a book. You know, let's go read a book. Which book do you want? You give them a choice. Don't say don't. Tell the child what you want them to do instead of using don't. I like the when-then strategy. The if-when. When you are able to sit in the chair or sit and play the game, then we can get a prize, or whatever. That's different than if and when. That does imply somewhat of a threat.

You are going to have challenging telepractice sessions, just like you are going to have challenging in-person sessions. Same thing that you would experience in person, you are going to have through telepractice. Give the child choices and just helping the parent with those behavioral management strategies.

The image didn't translate there. What are some of those specific materials that we're using? You can develop some static PDFs. Using Acrobat Reader, the Adobe reader, you can develop PDFs that you can use the mouse to write on and do lots of things with. Boom Cards, those of you that haven't visited the

Boom Card website, and that's coming up a little later as well, it's a great resource where you can customize the cards that you want to create. You can actually use pictures that maybe the families that you are working with can share actual pictures of themselves and of the child and maybe of the home and use those in Boom Cards.

There's lots of PowerPoint games. You can use Google Slides. There's lots of videos of children's stories and different people, some celebrities reading books. All those things are available to you.

Other online games and the whiteboards. Most platforms have a whiteboard feature that you can use. If you go to Boomlearning now, through the end of June, you can sign up for a free account, it allows you to make those cards, and you can bring them into your session. If you haven't signed up yet, here's the opportunity to go do that, and take advantage of what they have to offer. Those cards can be very interactive or passive. You can even assign certain cards to certain families and then they can access them. There's lots of things you can do with Boom Cards, from speech targets, sequencing, and language and matching, requesting, prepositions. Things around the house, that's always helpful as well.

There's different apps that you can also use. These are just a few that come to mind that I have used where I have actually connected my tablet, my iPad, to the platform as well and being able to share the actual app on the screen within the platform and the child is able to interact with me and play the game or do whatever I'm asking him to do. Again, there's tons of apps out there that you could use, so spend some time and look

at what is available. I'm sure you have apps that you already like. There's probably a way of sharing that favorite app through a platform so that you can work with the child.

>> WILL: Todd, this is Will. I just want to let everyone know, I know you are wondering how you're going to get all this information again. In the left-hand corner of your screen is a PDF of all of Dr. Houston's slides today, so know that you have all of this available to download once he has completed.

>> DR. TODD HOUSTON: Thank you, Will. I also will actually play some of the same toys or same games that we do in person. You can do that online, and a lot of the children still want to play with you. If you have the game, you play with them and tell them what object to move or which ones -- what piece to move and that kind of thing. You can still have a lot of fun with those games that maybe you have already used in therapy or in other services.

Being silly is one of the things that comes natural to me sometimes. Sometimes you're just having to keep the child's attention, soing to some silly things, having silly hats, whatever the case may be. I have even seen people today who are using Zoom will have really creative backgrounds that move and do other things that will support their sessions, so that is something else you can use. Magic tricks are always great. Using pretend play. Maybe even getting other clinicians or other professionals you are working with to model certain targets. Especially more of the social pragmatic kinds of things. Other manipulatives. I'm always looking for small objects, small toys. Some of the counters that are out there, those rubber counters,

and they have transportation and animals and all kinds of different things. I'll hide them inside the plastic Easter eggs or the plastic blocks that open up. I have pumpkins that open up, and so I hide them inside, and I shake them on camera and ask them what do you think is inside, and so I still do the same kinds of activities that I do in person. I still do with the children through telepractice. Those are always great. Little people and playgrounds also great. I asked child to predict what the toy is going to do once I wind it up and playing with different wind-up toys, they love to watch them. Even through telepractice.

You always want to have some different options handy because, again, just like in an in-person session you might pull out the very best activity you think this child will ever do, and you spent lots of time designing it, and it's a bust. Always have something that you can fall back on and grab and you know that the child may like.

I like this idea from simply speaking, SLT.com, about thinking outside the box and getting the parents to make a little box like this and putting different things in the box or putting things down the tube in a sense so that maybe paper towels to making puppets. All those things you can do. Some families I've worked with have actually made little videos where the child is actually performing different characters or actually retelling through acting out books that we've worked on, and they've actually made videos that they've shared with me. Older kids like to see things blow up and things like that. That's always good.

When you are sharing materials, the hard copy -- hard

copies of different cards you can definitely show to the camera or have a document camera. You are going to do that. I would suggest that when you are trying to show things up to the camera to the web cam, it's hard sometimes to sit there and hold things for a long period of time. I would in a PDF form and then share the PDF. I think that makes it a lot easier. You can make some interactive flash cards. I think that the Google Documents can be interactive. You can create things in Google Documents, and you can, of course, use the Boom Cards. There's interactive spinners. Simply speaking SLT is another great resource that she's developed some spinners that you can use, and I'll show those in just a moment.

Here's an example of a spinner. Sorry. You get the idea. This is actually made in a PowerPoint slide, and when you click on it, the wheel will spin and stop randomly on a word. She was working on -- the S is down, and this is another spinner that she made. It's possible to have a very interactive PowerPoint slide that looks being something like this and actually spins. Adobe Connect won't let us do that, but it does spin. I think we talked about the credible -- having pictures that you can share. Adobe Reader. Those are all really great things to have. You don't have to have a separate scanner. Most of us can scan things with our smartphones these days or tablets. People have asked me do I need to go out and buy a scanner? Those are kind of becoming more and more obsolete. You can usually take a picture of most things or scan them with different apps on your phone, and that usually will do the trick.

I just want to touch on a couple of things here as you go forward. Again, all of this will be in the handout. Again,

there are lots of different things you can do. When connecting from home, I've had the family go on a scavenger hunt where the parent has carried the tablet or computer with us throughout the house as we are doing the scavenger hunts. That's something that you can do. Again, the Play-Do and things like that you can use. They have those at home.

We can talk about most of these before. Lesson Pix is another website that is similar to the Boom Cards, but will help you -- will allow you to create some cards that you can use in therapy. The Google Forms and Google Docs. Interactive things you can do. There are different resources for books. If you have a local library card, you can get a subscription to Libby and check out E-books. Epic Books online, what they've done is they have created digital books that you can access online. Do check out Epic. I mentioned YouTube as another possibility.

Many of my students as well as other professionals use Teachers Pay Teachers. There are things that are developed for telepractice there. Other children's web sites and games online. Sometimes you may have to pay a few dollars to get copies of some materials, but oftentimes there are things for free.

In summary, if you are asked to deliver telepractice services, don't panic. Lots of us have been doing it. I've been doing it for about 15 years now. It's actually a lot of fun. You know your discipline and you are competent. Now you just have to translate the same activities that you would often do in an in-person session into a digital or virtual format. There's tons of material to be able to. Be prepared for that first session. Practice, practice, and be prepared. Seek feedback from your families and from others to help you make sure you are doing

everything you need to do, and embrace the new normal because I do think that this is going to be the new normal where telepractice services will be in demand even after we have a COVID vaccine or are able to put all of this behind us. I think we'll still be doing lots of telepractice and tele intervention.

With that, I will be happy to answer some questions.

>> WILL: Well, we only have a minute or two. Let's open that up and see what we can address really quickly here. Thank you, Dr. Houston. That was really excellent, and I'm going to put the handouts back on the screen there so that you all can have a chance to download if you haven't already.

Here's a question, Dr. Houston. If a family needs to access the internet in a public setting, as you suggested, how does that impact privacy requirements? If they elect to do it, are you covered? Are there reasons why you wouldn't want others viewing your session even if the family elected to do so in a public setting?

>> DR. TODD HOUSTON: So the public setting, yeah, I would still, you know, make sure that that informed consent is signed and that you have covered and they understand that there may be some risk for people coming in or something in that situation. I would definitely get some sign-off on that. You know, there are situations like at a local library that we can go in. Like a health department where there is a private office or a family use one time. It wasn't accessible to other people at the time of the session. Even though we're talking about, you know, public place, you want to make it as private as you can. You're just not sitting in the middle of a library doing the session.

We also have a situation where, you know, a lot of hospitals and other facilities, they have satellite facilities closer to the family, and you may be at one facility, and you are connecting to the other facility at the satellite that's closer to the family, and they can drive to the satellite, go into that special room, and receive the information that way. That has worked when you have that kind of satellite situation.

>> WILL: A couple of other quick questions, knowing, again, we are at the top of the hour. Do you ever include more than one family and their child in a telepractice session? It seems like that could have potential if the logistics could be worked out.

>> DR. TODD HOUSTON: It would have to be a very, very special kind of situation where the children basically needed the same type of intervention. I have never purposefully combined two families like that. I have had situations where family has had two children. I mentioned having one family we worked with had to two girls with hearing loss. There are situations like that that come up, but I've not put two families together before. If anyone is able to do that and have success, I would love to hear about it.

>> WILL: The next question is how do you address the reduced sound quality for our deaf and hard-of-hearing children?

>> DR. TODD HOUSTON: We do lots of testing making sure that the children can hear whenever we are directly working with the child. Again, if that -- I'm more focused on the parents hearing me in the birth to 3 level and working directly with the parent and coaching the parent. I'm a little

less concerned for those infants and toddlers that they're hearing me. As long as the parent is able to repeat and do the activity, that's what I'm focused on.

As the children get older and I'm working more directly with them, and I have several children right now who are older who have just gotten cochlear implants. They don't seem to have a problem hearing through the computer, and we do test that to make sure that they hear very clearly and haven't had any issues really.

>> WILL: I want to thank you, Dr. Houston. Everybody, you have the download options for today's slides that you can download if you are interested in doing that. Thank you to our captioner today as well. Know that today's webinar has been recorded and will be posted on [infanthearing.org](http://infanthearing.org) in the next couple of days. Before you all run off, click on the screen where it says click here, and you can give us feedback on today's webinar as well as generate a certificate of attendance for having participated today. Dr. Houston, thank you again.

>> Dr. Todd Houston: Thank you.

(Session concluded 1:02 p.m. CST)