# Therapy connect - therapy via telepractice

Offering increased access to speech and occupational therapy supports for children and families across Australia

## Acknowledgements

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MS CAMERON: Hi, I'm Sue Cameron. I'm a speech pathologist, and this is Simone Dudley, my colleague, who's an occupational therapist. Together we have a small business called Therapy Connect. We provide online speech and occupational therapy to families all around Australia using telepractice. We're registered with the National Disability Insurance Scheme to provide services in all states and territories in Australia. Simone and I began using telepractice because we were living in the country ourselves, so we have a good idea about what it's like to be living in the country and having difficulty accessing services.

## Telepractice is…

MS CAMERON: When we talk about telepractice, we're talking about the real-time delivery of assessment or therapy services by an allied health professional, who links with the service user by web-based video conference. We can do evaluation, consultation, direct therapy and coaching using telepractice. Sometimes we need a helper at the other end working with the child, and sometimes that's the family, a family member, or a learning support assistant or an allied health assistant.

## Why telepractice?

MS CAMERON: So why do we use telepractice? Most families choose the option of telepractice because of geographical location and difficulty accessing services in their area, but some people just find it more convenient to connect via telepractice from their own home at a time that suits them. We're fortunate that the NDIS agrees that telepractice is a valuable way to provide services, because otherwise there's lots of families that we work with that wouldn't have access to any other way of accessing a support.

MS DUDLEY: And Sue, all of our families receive our services exclusively by telepractice, don't they, but there are many of you that might be watching that might be considering a hybrid model, so by that we would mean blending your face-to-face service in with the telepractice model.  So why might you do that?

## Lack of access, lack of choice

MS DUDLEY: Well, it's all about increasing access and choice to families. So we know that rural and remote Australians have less access and less choice, and we know how important it is for families to access allied health, you know, in terms of increasing their participation across lifespan and across context, so without regular access to therapy supports and allied health, families can often be more vulnerable to poorer health outcomes.

## Wobbly hub survey 2014

MS DUDLEY: So we know that families are interested in telepractice, and we know this because a University of Sydney Wobbly Hub survey conducted in 2014 surveyed consumers in western region of New South Wales, and they discovered that 73 percent of families living out there are really interested, would consider using technology to access their services. And of those 73 percent, 93 percent of them had internet access where the person that they cared for lives.

## Telepractice model differences

MS DUDLEY: So when we're thinking about our own telepractice model, and we're thinking about what makes telepractice different to face-to-face delivery, we think about two main differences. The first difference is the level of support a family require to initially connect with a clinician. It's quite a big deal to help support a family make that initial connection and help them get organised with the technology, the device and the internet they need, and to help them visualise how sessions will be conducted. And then the second main difference is the mind shift that surrounds the adaption of your telepractice delivery from what you would normally do in a face-to-face setting, so the mind shift around how you adapt your resources and your technology to deliver online sessions.

## Supporting a family to connect to sessions

MS DUDLEY: So let's look at what it might take to support a family to connect online. So first of all, we need to find out what a family's routine is: where they would like sessions, at school or at home or at childcare or at kinder; perhaps what community resources are available if sessions can't be done at home or at school. We might need to look at the library or a community health facility. We need to look at a family's internet access. If they haven't got access at home, where else might we be able to support a family with access? And we need to understand what level of technical support a family require in order to connect with us regularly.

## Case study

MS DUDLEY: So let's look at what this might involve through a simple case study. So consider a family that live in central Australia, and they live 60 kilometres away from work and school and childcare. So every morning, Mum packages up her three children - her 18-month-old baby, her five-year-old, and her seven-year-old that's diagnosed with autism and developmental delays - and she heads with all their schoolbags and nappy bags and her work materials into town for the day. Then at the end of the school day and the work day, she heads back home. Now, Mum really wants access to therapy, and she thinks about telepractice. She lives two hours away from a face-to-face service, but she's wondering how on earth she can fit a telepractice session in at home, because before school it's just too difficult, too busy, and you can just imagine how tired a family are when they come home from a full day's work with the travel on top of it, let alone managing a baby.

So we work with this Mum and ask lots of questions around whereabouts does she work? How far is childcare away from school? What other community resources are there available? Is there internet at the local library? And what we discover is that it might be possible to have a session in the community library if Mum drives into town, drops sibling 2 at school, then heads around the corner to childcare to drop the baby at childcare, and then to the library. She's familiar with the library. She knows the librarian, and she feels that this is a comfortable, good choice. And so that's the level of support that a family might require in terms of setting up initially, and we haven't even begun delivering therapy yet.

## Technology

MS DUDLEY: So once we've made those decisions with the family around how and where and when, and who will be with the child for the session, we then start to think about the technology. Now there are lots and lots of video-conferencing software platforms, and we use many of them. For the most part we choose Zoom. We don't endorse Zoom. We like using Zoom because it's easy, and if you're not doing much telepractice you can select a free account, subscription to set up, so we choose Zoom. Other features that we might choose include screen-sharing, so the ability to share what's on my screen in real time with the client at the other end. And we can also relinquish mouse control, which really increases engagement for the children.

MS CAMERON: Simone, I'd just like to point out as well that Zoom is HIPPA compliant, so it meets privacy standards, and it's also easy for the client to connect with. So they just have to click on a meeting ID. They don't have to have the program downloaded or sign up to the program.

MS DUDLEY: And a family might choose to use an iPad or a laptop, so we like using either, but in the case of the Mum working in the library, obviously an iPad's going to be a lot more easy for her to set up. But then there are other factors around how you support the iPad, how you ensure the right camera angle. So it can take a bit of time to set these things up and experiment with different ways of working.

So you can see that you need to be really confident in your area of practice. You need to have a little bit of experience in figuring out, or willingness to troubleshoot some of these tricky decisions around how you navigate a camera angle.

Where children can be tricky to engage in sessions and hold them nearby, these children might also be tricky to engage in a face-to-face setting. So we use many of the same strategies that you use in a face-to-face setting, and they might be helping a family learn how to draw a really simple visual schedule that we can tick off as we work through the activities. And the benefit of this is the family can then replicate that in other tasks throughout the week. We might use visuals or timers, or weave a child's special interests into the session content. So that you can see being really organised is really important, and many times we need to have a plan B involved, just in case that technology, or the internet, or the resource that we want isn't available at that time.

## Adapting resources and technology to support goals

MS CAMERON: We need to think carefully about how we can adapt resources for online therapy. We need to think about what we would do with a child in the room, if they were in the room with us, and then think about ways that we can replicate that when we're doing our therapy online. So that might involve getting families to collect up toys and books and games. They might purchase some activities. Sometimes we post things. We try not to do that very often. Sometimes we email activities to families that they can print. And then we use digital games and videos and e-books, online subscription, and we can use apps as well, so I'll tell you a bit more about those.

## Family or school collection of toys or resources

MS CAMERON: So you can see that if you're in a childcare centre that there would be some things that you could collect to support a program online, so we would ask families to get some of their toys and activities. I have a little boy, as an example, that has autism and he wouldn't engage with anybody in the room, but I asked the Mum to get a box of toys and activities that he really liked to do, and she set them up next to our session, next to the laptop. So she had all of those toys in the box, and then she would bring one out and let him play with it, and we would work on language strategies while we were playing each game.

## Purchase specific resources

MS CAMERON: Sometimes we ask families to purchase specific resources that can be used in therapy, so sometimes it might be purchasing an iPad so that we can actually connect with the child for our therapy sessions, or it might be simple things like buying a whiteboard or some turn-taking games that we can use to motivate a child in therapy.

## Forward by email for a family to print

MS CAMERON: So we have to think about the types of activities that we might use in the room that we have in our therapy room, and try and get the same games and activities, send them to the parents, and they can print them up and then we can coach the parent about how to use them. So it might be a game where you have cards, where you're helping your child to make speech sounds, or it might be a barrier game where we have a scene, like a scene about a picnic and some people that were in the scene, and we cut it and paste the objects onto the scene, and then we can compare that with the child at the far end.

## Use digital resources stored in our library files

MS DUDLEY: So sometimes we might use digital resources that are stored in our Therapy Connect library files. So sometimes we might have to convert a resource into a digital format, for instance, purchase some books that we can then scan so that we can share via screen-sharing, or create PDFs of some resources. We store these in our cloud-based library files so that our clinicians can use these to support their session activities.

## Digital subscriptions

MS CAMERON: We have subscriptions to online programs that we can screen-share with the children in our therapy session. You can see here the Secret Agent Society that Simone was sharing with a client online. I've got a subscription to a program called HearBuilder, which helps children to follow directions and use their auditory memory skills. So we can use those as a therapy activity during our sessions, and we can also register the children on the program so that they can use the program in between sessions, either on their computer or on their iPad.

## Apps owned by therapist or client

MS CAMERON: And we also can share apps that we have, that the therapist owns or the client owns. So for instance you might have an articulation app that you can show the family the app and show them how to use it, and they might decide that they wanted to purchase it. We have phonics apps, so for phonological awareness so that the children can share the app from our iPad, so we can - when we have the app up on the iPad, we can mirror that so that the child can see it at the other end, and they can tell us which thing to click. Or also, if they have apps on their iPad, they can screen-share with us and we can see how they're progressing through the programs.

MS DUDLEY: And I know that this is a lot of demonstration around technology resources, but it's not always the case that we would always use a lot of technology, is it, Sue. Quite often we might integrate a lot of sensory breaks into sessions, or exclusively work on something that isn't screen-based. So it just depends on the client and family goals as to how we would tailor the sessions.

## Myths about telepractice busted!

MS DUDLEY: So we've recently participated in some research with the University of Sydney in a project, and through the results of that research we were able to bust some myths around telepractice, some commonly held myths, and these were that you don't have to be a technology guru or have fantastic internet. So what we found through the course of this research is that a lot of the families have got very basic tech skills, and through some simple self-taught skills at the clinician's end you can actually achieve quite a deal working online, and be able to support families. And I can assure you that I'm self-taught, and I'd like to thank YouTube for teaching me some of the skills that we use with technology.

The other myth is that the hands-on therapy is not the only way to deliver therapy, and that you can develop a really good relationship online with clients by video-conferencing.

## Family findings

MS DUDLEY: I thought it was important to share with you what families felt about telepractice, and what we found was that families were really enthusiastic about it, and the reasons why were because it resulted in regular and consistent access to expertise in disability. So it's that regular connection with a therapist that families really valued. Children all achieved functional outcomes across their therapy goals, and across context, both at home and at school. And families and carers experienced increase in confidence in their ability to support their children. Families also loved the fact that therapy was conducted in their natural settings, so at home or school.

And yes, the technology can often fail, and the internet can sometimes be less than ideal, but this wasn't a deal breaker for families. On the whole, families were ready for it, and I think in 49 billable occasions of service there was only one session that couldn't be conducted due to an internet issue, so it by far wasn't such a deal breaker to access telepractice sessions.

## Hallmarks of success in telepractice

MS DUDLEY: So when considering, yourself, about how you might integrate some telepractice into your service, we would encourage you to consider that client that you've got a really great skill-set to work with. You can see how highly skilled and organised you need to be, so you need to feel confident in the area of practice that you're deciding to try to use telepractice in. And ask yourself these questions. Firstly, can you place the family at the centre of the decision-making? And by that I mean, can you offer a family increased frequency of access to sessions using video-conferencing? Can a family access you at a time they choose, as frequently as they choose in order to speed up their process of achieving therapy goals? I know that you're all going to be strong at building relationships and collaborating, and that's a requirement. Are you willing to spend some time to learn the technology, so practicing with YouTube tutorials and doing the video platform that you might choose will have some tutorials that you can learn how to screen-share, learn how to share a mouse, learn how to share a document, because that all takes time.

Investing time in adapting resources and thinking about how you can adapt from what you would usually do in a face-to-face context into an online context, and how you would go about preparing those resources.

And have you got a plan B up your sleeve in case that plan A doesn't work on that day due to an internet fail or an inability of a family to organise resources?

## Therapy connect: therapy via telepractice

MS DUDLEY: So we asked one of our clients, one of our families, what they would say to other clinicians to try and encourage them to consider using telepractice, and this is what they've said. So I'll just end on this note and say thank you very much for the opportunity to share our story and working via telepractice, and we hope that some of these practical strategies will enable you to see how you can see the potential of using telepractice in your service design.

## A family tells clinicians

FEMALE SPEAKER: It can benefit in the fact that you might be more likely to have more regular sessions, the consistency, the relationship-building, the pace at which you can build the skills, that the skills may develop quicker by being able to have more session time over a period rather than just worrying about that physical contact time. I would say that, as a therapist, that you've got those skills to build the relationship through a screen, that you can do it without being physically present.

MS DUDLEY: So thank you very much.