

OSPI Teletherapy Pilot Project

Occupational Therapy and Speech-Language Therapy

The Office of the Superintendent of Public Instruction for the State of Washington contracted with Children's Therapy Place, Inc. (CTP) in Boise, Idaho, to develop, implement and evaluate a teletherapy pilot program to provide speech-language and occupational therapy services for the 2009-2010 school year.

This document highlights the pilot project and contains the following information:

- [About the Project](#)
- [About Teletherapy](#)
- [Family/Educator Guide](#)
- [eHelper Info](#)
- [Research](#)



[Play English Video](#) | [Play Spanish Video](#)

Contact Us

Office of Superintendent of Public Instruction
Special Education Section
P.O. Box 47200
Olympia, WA 98504-7200
(360) 725-6075

About the Project

The pilot program provided special education and/or related services to students with disabilities ages three (3) through twenty-one (21). The objective was to provide speech-language and occupational therapy services via point-to-point teletherapy technologies in pilot public school districts that had been struggling to implement the services identified on special education student's Individualized Education Programs (IEPs).

The pilot school districts selected for the 2009-2010 teletherapy project included:

- Creston School District (population: 113 students with 7 participating in project)
- Pomeroy School District (population: 335 students with 28 participating in project)
- Queets-Clearwater School District (population: 18 students with 3 participating in project)
- Tacoma School District (population: 28,722 students with 27 participating in project)

About Teletherapy

Teletherapy is an innovative program recognized and approved as an appropriate model of service delivery by the American Speech-Language Hearing Association, American Occupational Therapy Association, and the American Physical Therapy Association. Through the use of web conferencing, therapists provide virtual therapy that is interactive, engaging, and efficient. State of the art technology was easy to use and allowed therapists and students to participate in live, voice and video connections.

Professional teletherapists provided:

- Assessment
- Intervention
- Collaboration with schools, family members, and health care personnel
- Individual and/or group therapy
- Development of Individualized Education Programs (IEPs)
- Participation in multidisciplinary team meetings



Students selected for school based teletherapy services were provided with a regular therapy schedule during school hours, similar to the traditional therapy model. An educational assistant was available to escort students to and from class and assisted students throughout the teletherapy session. The therapist followed the goals, objectives, and service times as outlined on the student's Individualized Education Program. Students enjoyed the high tech experience, with engaging activities and interactive websites which were both motivating and rewarding.

Research shows that teletherapy is just as effective as traditional face to face therapy. Schools across the country have found teletherapy to be cost-effective and a viable solution to filling vacant therapist positions.

Family/Educator Guide

What is Occupational Therapy?

Occupational Therapy is a health profession in which therapists and therapy assistants help individuals engage in the specific activities that make up daily life. In the school setting, occupational therapists work to ensure that a student can participate fully in the curriculum and the school day routine—from paying attention in class, concentrating on the task at hand, to holding a pencil, musical instrument, or book in the easiest way. School based occupational therapy is intended to meet the functional needs of students as it applies to the student's ability to learn by removing barriers. In Washington State schools, therapy may address fine motor, gross motor, sensory motor and/or visual perceptual skills.

[Guidance for Families about Special Education Services](#) is available on OSPI's Special Education site.

Occupational therapists and occupational therapy assistants work with a variety of individuals to address student needs.

Occupational therapists work with:

- Students to improve their performance in a variety of learning environments (e.g., playgrounds, classrooms, lunchrooms, bathrooms);
- Parents to help them support their children's learning and participation in school;
- Educators and other school support staff to plan and develop activities and environments that include all students;
- Paraeducators to support child success and promote safety within the school environment (e.g., physical and behavioral assistance needs);
- Administrators to provide training for students, staff, and parents, as well as to recommend equipment for schools and ways to modify existing buildings and curriculum to allow access for all.

School based occupational therapy services are available for students who have been determined to be eligible for special education and in need of occupational therapy services. Occupational therapists complete assessments and work with other members of the school-based team to help determine what is needed for a student to receive a free appropriate public education in the least restrictive environment. Special education is specially designed instruction which addresses the unique needs of a student eligible for special education services. An Individualized Education Program (IEP) is

developed to document and focus a student's special education program. Specially designed instruction means adapting, as appropriate to the disability-related needs of an eligible student, the content, methodology, or delivery of instruction such that the student can access the general curriculum.

The occupational therapist collaborates with other members of the education team to identify a student's annual goals and determine the services, supports, modifications, and accommodations that are required for the student to achieve these goals.

American Occupational Therapy Association's (AOTA) position statement on Occupational Telerehabilitation

Telerehabilitation* is the clinical application of consultative, preventative, diagnostic, and therapeutic services via two-way interactive telecommunication technology. The AOTA asserts that the same ethical and professional standards that apply to the traditional delivery of occupational therapy services also apply to the delivery of services received via telepractice. Telerehabilitation offers many new opportunities to provide occupational therapy services in alternative ways.

(Telerehabilitation Position Paper, The American Occupational Therapy Association, www.aota.org)

Frequently Asked Questions

1. Who is eligible for school based Occupational Therapy?

School-based occupational therapy is available for students who are eligible for special education services and qualify for occupational therapy services. Eligibility is determined through an evaluation process. A parent or teacher should contact the school district's special education director if he/she suspects a student has a disability or has concerns about motor abilities.

2. How does my child access Occupational Therapy?

A group of qualified professionals and the parent of the student determine whether a student is eligible for special education and the educational needs of the student including occupational therapy. Not every student needs occupational therapy, even if the student has a disability. The classroom teacher may be able to address concerns after consulting with an occupational

therapist by modifying his/her teaching technique or the environment for the entire class.

3. What is the focus of Occupational Therapy?

- Improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation;
- Improving ability to perform tasks for independent functioning if functions are impaired or lost; and
- Preventing through early intervention, initial or further impairment or loss of function

4. How is Occupational Therapy delivered?

- Direct one-on-one treatments
- Group intervention
- Consultation
- Integrated/inclusive therapy
- Staff training
- Program development
- Collaboration with staff

5. Who pays?

There is no cost to the student or the family for school-based occupational therapy services.

6. What is Occupational Teletherapy?

Occupational Teletherapy is an innovative way to provide occupational therapy services through the use of videoconferencing equipment when distance separates the therapist from the student. School-based teletherapy is derived from the successful application of these technologies in telemedicine and telehealth practices in the medical field and distance learning in the field of education.

*The following terms may be used interchangeably: telerehabilitation, teletherapy, telepractice.

What is Speech Language Therapy?

Speech language pathologists are professionals who are trained to assess speech and language development and to treat speech and language

disorders. The speech pathologist also counsels and educates families and other professionals about these disorders and their treatment.

In the school setting, the speech language pathologist addresses communication and related disorders that effect functional skills, success in classroom activities, social interaction, literacy and learning. The primary role of school based therapists is to assist students in achieving success in the classroom environment.

Students receiving services in the areas of speech and language may have difficulties in one or more of the following areas:

- **Articulation/Phonology:** Some students have difficulty with the articulation, or “pronunciation” of specific sounds or groups of sounds. Teachers and peers may have trouble understanding what the student is trying to say.
- **Receptive Language:** Students with a receptive language delay or disorder have difficulty with comprehension (understanding) of spoken language. They may have difficulty learning new vocabulary, understanding grammar rules, following oral directions, processing information presented by teachers, and other skills.
- **Expressive Language:** Students with an expressive language delay or disorder have difficulty expressing their thoughts effectively. They may have difficulty using or “finding” the appropriate vocabulary words, putting words together to formulate correct sentences, retelling stories, and participating in other speaking tasks.
- **Fluency:** The most common fluency disorder is stuttering, in which the student is not able to speak smoothly. His/her speech is characterized by repetitions, blocks, prolongations, and/or a rapid rate marked by unusual phrasing or breaks in the flow. Secondary characteristics, such as facial grimacing, eye blinking, or excessive facial tension may or may not be present.
- **Voice:** A student with a voice disorder demonstrates inappropriate volume, pitch, and/or quality of voice for his/her age. This could result in a hoarse, harsh, or breathy voice. Voice disorders may be due to a vocal pathology. An Ear, Nose, and Throat Specialist can rule out a physiological cause of the disorder.
- **Hearing:** Students with an identified hearing loss may benefit from auditory rehabilitation to improve their speaking and listening skills.

School based speech and language therapy services are available for students who have been determined to be eligible for special education and in need of speech and language therapy services. Speech and language pathologists complete assessments and work with other members of the

school-based team to help determine what is needed for a student to receive a free appropriate public education in the least restrictive environment. Special education is specially designed instruction which addresses the unique needs of a student eligible for special education services. An Individualized Education Program (IEP) is developed to document and focus a student's special education program. Specially designed instruction means adapting, as appropriate to the disability-related needs of an eligible student, the content, methodology, or delivery of instruction such that the student can access the general curriculum.

The speech and language pathologist collaborates with other members of the education team to identify a student's annual goals and determine the services, supports, modifications, and accommodations that are required for the student to achieve these goals.

American Speech-Language-Hearing Association's (ASHA) Position Statement on TeleSpeech Therapy

Telepractice* is the application of telecommunications technology to deliver professional services at a distance by linking clinician to client, or clinician to clinician for assessment, intervention, and/or consultation. It is the position of the American Speech-Language-Hearing Association (ASHA) that telepractice (telehealth) is an appropriate model of service delivery for the profession of speech-language pathology. Telepractice may be used to overcome barriers of access to services caused by distance, unavailability of specialists and/or subspecialists, and impaired mobility. Telepractice offers the potential to extend clinical services to remote, rural, and underserved populations, and to culturally and linguistically diverse populations.

The use of telepractice does not remove any existing responsibilities in delivering services, including adherence to the Code of Ethics, Scope of Practice, state and federal laws (e.g., licensure, HIPAA, etc.), and ASHA policy documents on professional practices. Therefore, the quality of services delivered via telepractice must be consistent with the quality of services delivered face-to-face.

(This position statement is an official policy of the American Speech-Language-Hearing Association, www.asha.org)

*The following terms may be used interchangeably: telepractice, telespeech therapy, telehealth, telerehabilitation

eHelper Info

1. Set up equipment 30 minutes prior to the first session.
 - o Polycom HDX System [Click for Instructions](#)
 - o Polycom PVX [Click for Instructions](#)
 - o Contact district technical assistant if not connected to WA K20 system.
2. Escort students according to schedule. Relay any scheduling changes/information from school staff and therapist. Therapists contact the district contact directly regarding homework, progress, concerns, etc. eHelper assists students with personal needs if necessary (e.g., restroom break).
3. After last therapy session, exit out of session. Store equipment as directed by therapist.

Teletherapy Research

American Speech-Language-Hearing Association. (2002). *Survey of telepractice use among audiologists and speech-language pathologists*. Rockville, MD: Author.

Baron, C., Hatfield, B., & Georgeadis, A. (2005). Management of communication disorders using family member input, group treatment, and telerehabilitation. *Topics in Stroke Rehabilitation, 12*(2), 49–56.

Brady, A. (2007). Moving toward the future: providing speech-language pathology services via telehealth. *Home Healthcare Nurse, 25*(4), 240–244.

Brennan, D.M., Georgeadis, A., and Baron, C. (2002). Telerehabilitation tools for the provision of remote speech-language pathology treatment. *Topics in Stroke Rehabilitation, 8*(4), 71-78.

Brennan, D.M., Georgeadis, A.C., Baron, C.R., and Barker, L.M. (2004). The effect of videoconference-based telerehab on story retelling performance by brain injured subjects and its implication for remote speech-language therapy. *Telemedicine Journal and e-Health, 10*(2), 147–154.

Brown, J. (2003). Telepractice in speech-language pathology and audiology. *Telehealth Practice Report, 8*(1), 1, 2, 15.

Carpando D.J. Telepractice in the city: The story of the visiting nurse service of New York homecare. *ASHA Leader 2006: 11:10-11.*

College of Audiologists and Speech-Language Pathologists of Ontario. (2004). [Use of Telepractice Approaches in Providing Services to Patients/Clients](#) [PDF, Position statement].

Denton, D. (2003). Ethical and legal issues related to telepractice. *Seminars in Speech and Language, 24*(4), 313–322.

Duffy, J.R., Werven, G.W., and Aronson, A.E. (1997). Telemedicine and the diagnosis of speech and language disorders. *Mayo Clin Proc, 72*, 1116–1122.

Georgeadis, A.C. Brennan, D.M., Barker, L.M., and Baron, C.R. (2004). Story retelling performance and subject feedback from adults with neurogenic impairments in both face-to-face and remote videoconference settings. *Clinical Aphasiology, 18* (5,6,7), 639–652.

Georges J., Potter K., Belz N. Telepractice program for dysphagia: Urban and rural perspectives from Kansas. *ASHA Leader* 2006; 11-12.

Glykas, M., & Chytas, P. (2004). Technology assisted speech and language therapy. *International Journal of Medical Informatics*, 73(6), 529–541.

Hill, A., and Theodoros, D. (2002). Research into telehealth applications in speech-language pathology. *Journal of Telemedicine and Telecare*, 8, 187–196.

Hill, A.J., Theodoros, D.G., Russell, T.G., Cahill, L.M., & Ward, E.C. (2006). [An Internet-Based Telerehabilitation System for the Assessment of Motor Speech Disorders: A Pilot Study](#). *American Journal of Speech-Language Pathology*, 15, 45–56.

Hill, A.J., Theodoros, D.G., Russell, T.G., & Ward, E.C. (2009). The redesign and re-evaluation of an Internet-based telerehabilitation systems for the assessment of dysarthria in adults. *Telemedicine and e-Health*, 15, 840–850.

Houn B., Trottier K. Meeting the challenge of rural service delivery. *ASHA Leader* 2003; 8:2-15.

Kully, D. (2000). Telehealth in speech-language pathology: Applications to the treatment of stuttering. *Journal of Telemedicine and Telecare*, 6(2), 39–41.

Madsen L., Rollings S. Using Teletherapy to address the SLP shortages in North Dakota. Paper presented at the Annual Convention of the American Speech-Language-Hearing Association. San Diego, California. November 19, 2005.

Mashima, P.A., Birkmire-Peters, D.P., and Holtel, M.R., and Syms, M.J. (1999). Telehealth applications in speech-language pathology. *Journal of Healthcare Information Management*, 13(4), 71–78.

Mashima, P.A., Birkmire-Peters, D.P., Syms, M.J., Holtel, M.R., Burgess, L.P.A., Peters, L.J. (2003). [Telehealth: Voice Therapy Using Telecommunications Technology](#). *American Journal of Speech-Language Pathology*, 12(4), 432–439.

Mashima, P.A. & Doarn, C.R. (2008). Overview of telehealth activities in speech-language pathology. *Telemedicine and e-Health*, 14(10), 1101–1117.

McCullough, A. (2001). Viability and effectiveness of teletherapy for pre-school children with special needs. *International Journal of Language & Communication Disorders*, 36 Suppl 1, 321–326.

Myers C. (2005). Telehealth applications in head and neck oncology. *Journal of Speech Language Pathology and Audiology*, 29, 125-129.

O'Brien, S., Packman, A., & Onslow, M. (2008). [Telehealth Delivery of the Camperdown Program for Adults Who Stutter: A Phase I Trial](#). *Journal of Speech, Language, and Hearing Research*, 51(1), 184–195.

Palsbo, S.E. (2007). Equivalence of functional communication assessment in speech pathology using videoconferencing. *Journal of Telemedicine and Telecare*, 13(1), 40–43.

Palsbo, S.E. (2004). Medicaid payment for telerehabilitation. *Archives of Physical Medicine and Rehabilitation*, 85, 1198–1191.

Perlman, A.L., Witthawaskul, W. (2002). Real-time remote telefluoroscopic assessment of patients with dysphagia. *Dysphagia*, 17(2), 162–167.

Savard L., Borstad A., Tkachuck J., Lauderdale D., Conroy B. (2003). Telerehabilitation consultations for clients with neurologic diagnoses: Cases from rural Minnesota and American Samoa. *Neurorehabilitation*, 18, 83-102.

Sicotte, C., Lehoux, P., Fortier-Blanc, J., & Leblanc, Y. (2003). Feasibility and outcome evaluation of a telemedicine application in speech-language pathology. *Journal of Telemedicine & Telecare*, 9(5), 253–258.

Theodoros, D.G., Constantinescu, G., Russell, T., Ward, E.C., Wilson, S.J., & Wootton, R. (2006). Treating the speech disorder in Parkinson's Disease online. *Journal of Telemedicine and Telecare*, 12 Suppl 3, 88–91.

Theodoros, D., Hill, A., Russell, T., Ward, E., & Wooten, R. (2008). Assessing acquired language disorders in adults via the Internet. *Telemedicine and e-Health*, 14(6), 552–559.

Tindall, L.R., Huebner, R.A., Stemple, J.C., & Kleinert, H.L. (2008). Videophone-delivered voice therapy: A comparative analysis of outcomes to traditional delivery for adults with Parkinson's disease. *Telemedicine and e-Health*, 14(10), 1070–1077.

Vaughn, G.R. (1976). Tele-communicology: Health care delivery system for persons with communicative disorders. *Asha*, 18, 13–17.

Waguespack, G.H. (2005). The regulation of telepractice in the profession of audiology. *Seminars in Audiology*, 26, 53–55.

Waite, M., Cahill, L., Theodoros, D., Russell, T., & Busuttin, S. (2006). A pilot study of online assessment of childhood speech disorders. *Journal of Telemedicine and Telecare*, 12, Suppl 3, 92–94.

Wertz, R.T., Dronkers, N.F., Bernstein-Ellis, E., Shubitowski, Y., Elman, R., Shenaut, G.K., and Knight, R. (1987). Appraisal and diagnosis of neurogenic communication disorders in remote settings. *Clinical Aphasiology*, 17, 117–123.

Wertz, R.T., Dronkers, N.F., Bernstein-Ellis, E., Shubitowski, Y., Elman, R., Shenaut, G.K., Knight, R.T., et al. (1992). Potential of telephonic and television technology for appraising and diagnosing neurogenic communication disorders in remote settings. *Aphasiology*, 6(2), 195–202.

Wilson, L., Onslow, M., and Lincoln, M. (2004). [Telehealth Adaptation of the Lidcombe Program of Early Stuttering Intervention: Five Case Studies](#). *American Journal of Speech-Language Pathology*, 13(1), 81–93.