Meeting the Needs of All Learners with Different Abilities Through Teletherapy

By **Connie Persike, MS, CCC/SLP**

OVER THE PAST YEAR, MANY OF US HAVE PIVOTED TO TELETHERAPY TO PROVIDE SERVICES TO OUR CLIENTS AND STUDENTS SAFELY DURING THE GLOBAL PANDEMIC. I'M NOT SURE ABOUT YOU, BUT I WAS NERVOUS AND APPREHENSIVE ABOUT MAKING IT WORK AT FIRST, ESPECIALLY WITH YOUNGER CHILDREN OR INDIVIDUALS WITH SIGNIFICANT DISABILITIES. THIS PAST YEAR HAS TAUGHT ME HOW TO SUPPORT ALL LEARNERS IN THE VIRTUAL WORLD AND ALLOWED ME TO SEE THE BENEFITS TELETHERAPY CAN BRING AS A SERVICE DELIVERY OPTION. IT HAS BEEN AN ENJOYABLE AND REWARDING LEARNING PROCESS. I HOPE TO SHARE MY ENTHUSIASM THROUGHOUT THIS ARTICLE AND PROVIDE YOU WITH MULTIPLE SUPPORTS TO HELP MEET THE NEEDS OF ALL LEARNERS WHEN PROVIDING SERVICES VIA TELETHERAPY.

As a speech pathologist in both private practice and the university setting, I have had the pleasure of exploring this service delivery model over the past year. It has allowed clients, students, families, and service providers to stay safe and minimize their exposure to COVID-19. But going beyond safety, I have observed additional positive outcomes! Entire families have been able to participate and engage in therapy with their child, sibling, or grandchild. This has taken family involvement to an entirely new level. Grandparents have been able to sit next to their grandchild who is receiving speech therapy, participated in activities with us, given their input, and learned scaffolds, prompts, and supports to help their grandchild succeed. Siblings have been active members of sessions, providing increased motivation and models for the client as well as allowing for incidental benefit to the

sibling. Parent coaching and education have been consistent and ongoing, as often parents were needed throughout the sessions to help implement supports, cues, and prompts on their end of the screen. This level of family involvement has resulted in increased collaboration with caregivers and families, allowing them to feel like equal and active team members. Also, it has armed all family members with tools and strategies to help their cared-for individual succeed.

A significant additional benefit has been the ability to service clientele in rural areas that did not have access to services without substantial impact on their family due to long drive times. Furthermore, many rural areas did not have specialized clinicians; so, several clients could not obtain the services they needed. Through the implementation of teletherapy, clients were able to access services that had been unavailable to them before COVID-19.

Over the year, many clients and students thrived via this service delivery model for the sole fact that they received services in the comfort of their home around their familiar surroundings and within the safety of their families or caregivers. We've long known providing services in a child's natural environment is beneficial; however, logistics (i.e., drive times, staffing needs, scheduling) often made it difficult to provide outside of the early childhood setting (i.e., birth to three years old and school-based early child services). COVID-19 has allowed clinics and universities to explore this service delivery model without the typical barriers that can interfere with providing services in the natural environment. In particular, providing tele-evaluations have helped ensure client skills are being evaluated within comfortable and safe environments with caregivers by whom they felt supported. This has ensured evaluation results are a true representation of the client's abilities.

In addition to the benefits mentioned above, I have learned many ways to support children and individuals with significant disabilities succeed via teletherapy. Many of these supports are similar to those we provide to clients and students in person. Others are unique to teletherapy. These include predictable routines and procedures, visual schedules, visual supports, manipulatives, and materials provided to clients in their home, active engagement techniques, and green screens.

Predictable routines and procedures provide organizational structures needed to support learning. That need does not change because we are providing services virtually. There are several ways to provide these supports via teletherapy. Utilizing the same structure and routine for all sessions has been one method I've found that supports many different types of learners.
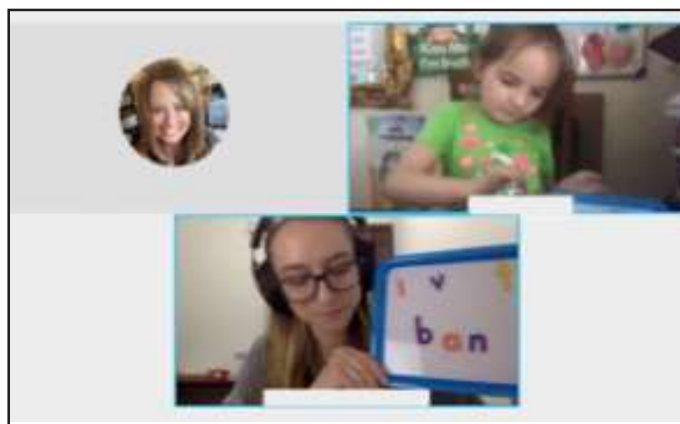
While what you do within the session may vary, the outline remains the same. For instance, a language group always follows the same routine: morning message, greeting, introduction of the targeted language structure, focused exposure, structured practice, embedded practice, and closing circle. This schedule remains the same each session, while activities and targeted language structures change across sessions. An additional example for a preschooler with autism may be that
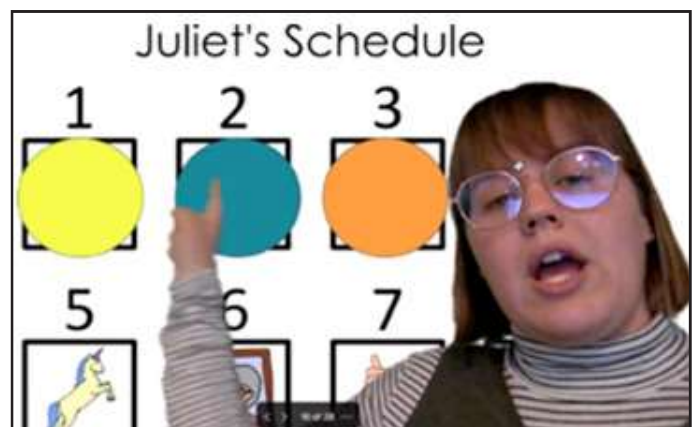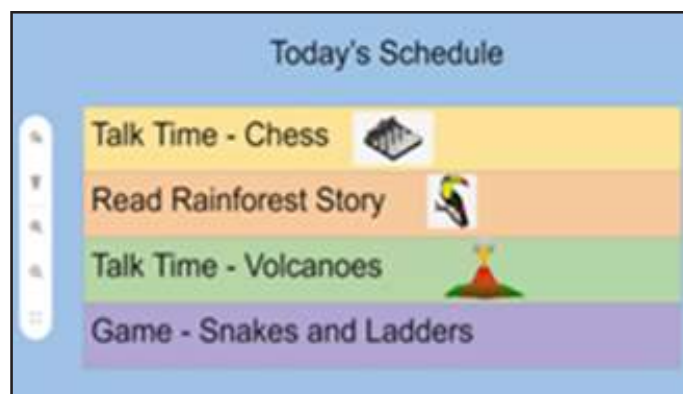
therapy always follows the same predictable routine such as the "Hi" song, sound and word imitation practice, movement break, structured play task, sensory play, and the "Bye" song. Sessions throughout the week contain the same activities and targeted core vocabulary. This allows for both repetitive practice and a structured routine. After participating in the activities all week, data is collected on opportunities to use targeted core vocabulary during the session after teaching and instruction have been provided.
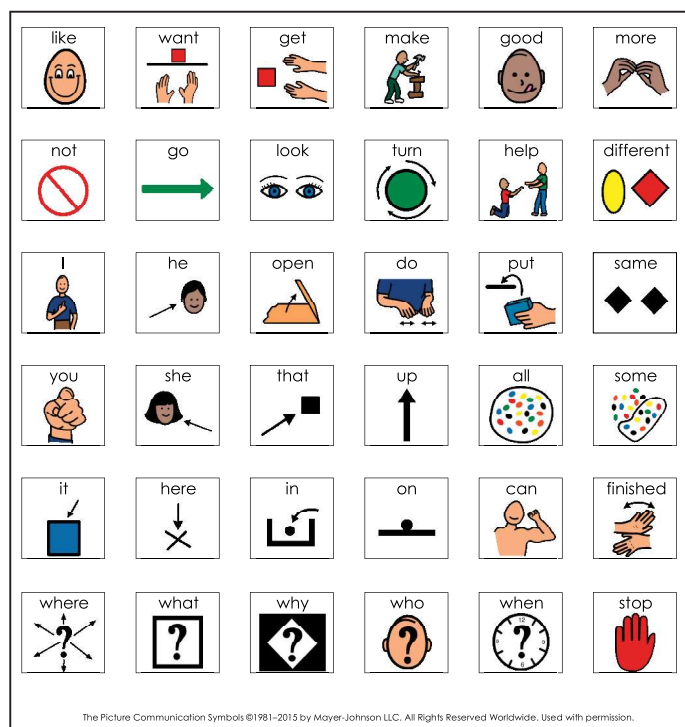
Predictable routines and procedures decrease the cognitive load for all of us. It eases anxiety and allows the focus to be on learning. In addition, predictable routines and procedures help create a sense of community and belonging to all. An example of a predictable procedure can be as simple as using the same activity with different manipulatives. This makes the activity predictable and becomes a predictable procedure for the client. For instance, when working with an autistic preschooler, a knock-knock activity was created using a pencil box and an image of a door. This provided a functional activity to teach the targeted core vocabulary word, "Hi." High-interest items such as pictures of the client's family, superhero figurines, and Toy Story characters were rotated through the procedure versus creating an entirely new activity each week. This predictable procedure allowed the client to focus on the targeted skill of communicating the greeting "Hi," versus learning new activities.

An additional support for developing predictable routines and procedures is to present visual schedules at the beginning of each session. These schedules can be sent to families and caregivers via e-mail prior to the session, so the client has a physical, visual schedule in front of them. If parents do not have access to printing, mailing copies via snail mail and/or dropping copies off at home is an option. This allows the parent or client to manipulate the schedule at home while the clinician manipulates the schedule virtually. It also allows caregivers to provide foreshadowing cues for the client or student prior to the session.

Visual supports help all learners, both in person and virtually. Do not be afraid to incorporate this technique into your teletherapy sessions. This can be done by printing off large visuals to hold up during your sessions or by providing them on the screen. Visual supports to aid in understanding directions

like	want	get	make	good	more
not	go	look	turn	help	different
I	he	open	do	put	same
you	she	that	up	all	some
it	here	in	on	can	finished
where	what	why	who	when	stop

The Picture Communication Symbols ©1981–2015 by Mayer-Johnson LLC. All Rights Reserved Worldwide. Used with permission.

66 *Providing materials and manipulatives at home to support learning and increase engagement has been extremely beneficial for clients, especially younger children and individuals with significant impairments. This allows for active engagement within the client's zone of proximal development.* 99

have been supportive such as "Look," "Sit," "Talk louder," and "Wait." In addition, foreshadowing and executive functioning cues have also been supportive of learners, such as visuals indicating "Start," "Almost all done," and "All done." Furthermore, visuals can be provided to support instruction and provide a multi-modal approach to learning. Google Jamboard can be utilized to co-create anchor charts with clients. The Google Jamboard can then be shared with clients so they have access to the visual reminders both inside and outside of therapy. In addition, visuals can be paired with instruction and then provided during independent or guided practice as visual reminders. Taking screenshots of video options for movement breaks and presenting the images on the screen is a way to visually provide choices for clients. For example, a client with a high interest in Toy Story was able to choose between three different YouTube videos in order to select which video he wanted to use for his movement
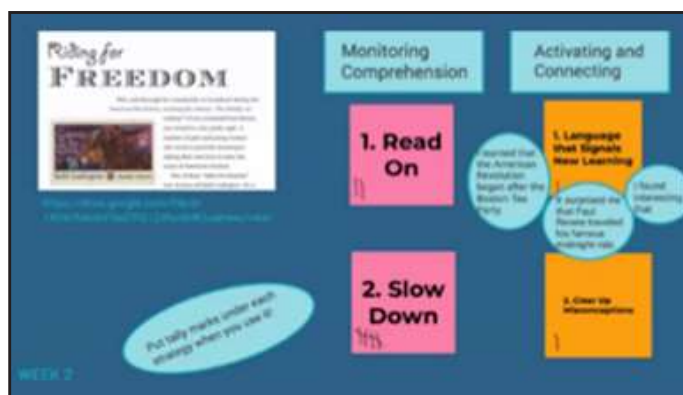

break. Lastly, visuals of sentence stems can be provided as well to support clients in turn and talk conversations and discussions about what was learned. For students utilizing augmentative and alternative modes of communication, clinicians can utilize low technology communication boards to model their use and provide aided language stimulation throughout the sessions.

Providing materials and manipulatives at home to support learning and increase engagement has been extremely beneficial for clients, especially younger children and individuals with significant impairments. This allows for active engage-

> **" Active engagement increases motivation, decreases behaviors, and maximizes learning potential. Too often, teletherapy promotes passive engagement. Strategies to increase engagement include taking advantage of tools in the different teletherapy platforms. "**

the door. He was then greeted by a high-interest superhero figurine! This allowed for sustained attention and engagement throughout the activity. A client who received targeted intervention around word work received a magnetic board and alphabetic letters, so both the clinician and client had the same materials. For students with sensory needs as well as difficulty attending for long periods of time, sensory bins have been extremely helpful to support learning. Clinicians are able to use images of similar themes on their screen or similar materials at their home to elicit and model language. Lastly, during play, the clinician can manipulate play items on the screen or use backgrounds to support play schemes while the client has toys at home. Clinicians and clients can also each have a set of toys at their location to engage in play-based therapy.

Active engagement increases motivation, decreases behaviors, and maximizes learning potential. Too often, teletherapy promotes passive engagement. Strategies to increase engagement include taking advantage of tools in the different teletherapy platforms. Whether you utilize Zoom, Google Meet, or WebEx, you will have options for clients to annotate, share emojis, and provide input with reactions. Also, utilizing Google Jamboard allows both participants to interact with the Google Jamboard throughout the session. You can continue to utilize our tried and true techniques of thumbs up/thumbs down, stop and jot, act it out, and role-play as well. All these techniques will keep your clients engaged and active throughout their sessions.

One of the most impactful tools I have found for young children or individuals with significant disabilities is the use of green screens. A green screen is a blank green background that can be used to enlarge images and clinicians via teletherapy versus sharing your screen and having a small window to show your face. The green screen integrates the therapist into the image used for the background. It also allows clinicians to manipulate the background in a way that makes it appear as if

ment within the client's zone of proximal development. Examples include thematic containers to support play schemes, dry erase boards and magnetic letters to support word work, sensory bins, and costumes to support themes of the week! When both the client and therapist have similar materials on each side of the screen, engagement and motivation both increase substantially. Remember that knock, knock procedure to target "Hi"? While the therapist used a green screen to display a door on the screen, the client had a door in front of him so he could knock and open

they are moving the background or engaging with it. For instance, when using a picture of an elephant, it can appear as if the clinician is feeding the elephant a peanut by adding a green pocket to the screen to "feed" the elephant peanuts. Not only do green screens increase engagement, but they also provide a venue for embedding high interests into sessions. One example is using a superhero background when working with a kindergartener with a phonological process disorder who loves superheroes. Finally, green screens have been essential for clients with motor speech disorders. It allows the client to see the clinician's face and mouth very closely so clear models can be provided, articulators can be seen clearly, and the clinician's mouth can be enlarged to allow the use of many different strategies and techniques for addressing motor speech deficits.

While teletherapy has been a learning process for us all, focusing on the many benefits and utilizing the above-mentioned techniques will provide you with strategies to increase your success for all clients.

All individuals depicted in photos have granted permission for use. The "Hi" song visual was purchased from Talk It Rock It and can be found at the following website: https://www.talkitrockit.com. In addition, the symbols added to visual supports came from Smarty Symbols LLC, which can be accessed at https://smartysymbols.com and Boardmaker 7®, which can be accessed at https://www.myboardmaker.com/Login.aspx. Juliet's schedule was made using LessonPix images, which can be found at the following website: https://lessonpix.com. The 36 location universal core classroom poster was retrieved from Project Core at the following location: http://www.project-core.com/36-location-poster/.

Connie Persike, MS, CCC/SLP is a highly experienced speech-language pathologist with 20 years of experience in private practice and school settings. She is the founder of CP Consulting, where she brings her experience to provide insight, guidance, coaching, and support to school districts, agencies, and families across Wisconsin needing expert direction in working with children. In addition to running her business, Connie teaches part-time at the University of Wisconsin Madison as a Clinical Associate Professor in the Communication Sciences & Disorders Department. Connie has been invited to present at a state level on a variety of topics such as functional behavioral assessments, positive behavioral supports and interventions, autism, anxiety, and evidence-based interventions. She is a member of the American Speech Hearing Association, the Association of Supervision and Curriculum Development, and the Autism Society of Wisconsin. Connie has been involved in statewide workgroups to help develop and improve core programming in schools and is a published writer for Autism Parenting Magazine. Connie resides in Waunakee, WI, with her husband and daughter. During her free time, she enjoys spending time with her family, reading, and landscaping.