



# Clinical Innovations



## ***Telespeech Practice: Reaching the Underserved***

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Rebecca is a 4 year-old with a severe language learning disorder. She lives in a remote area where she has access to speech services twice in six months. In another part of the country or the world, an SLP looks for opportunities with flexible hours, avoid traveling costs and tremendous amounts of paper work. How can both their needs be met? This is where '**Telespeech Practice**' (TSP) comes in. In ASHA's recent position statements (2005), *telepractice* is defined as "the application of telecommunications technology to delivery of professional services at a distance by linking clinician to client, or clinician to clinician, for assessment, intervention, and/or consultation."

Speech-Language Pathologists are increasingly applying tele-health technology to provide training, education, assessment, and intervention. Here is an example of an existing system for a school environment: the student at the school (with the help of teacher's aide) will connect to the SLP at her online office with a secure login. The SLP will work on goal-directed activities established in her lesson plan via the webcam and conclude the session by assigning homework and video messages for later viewing in a Virtual Backpack. The child can login at home or at school and do the assigned homework with a caregiver. Progress notes and reports are generated during and after each session so that the special education team including parents have access to the child's goals, progress, and related activities.

### **Benefits and Challenges**

Increasing need for services, shortage of personnel in rural areas, and the benefit of receiving services in clients' home community makes telepractice critical (Kully, 2008). Besides being cost effective and environment-friendly, all documentation can be stored, completed and sent securely online. Students can also avoid missing school days by not travelling to a distant hospital or practice. A good clinical relationship can easily be achieved with the client (Brick, 2008) and active involvement of teachers and parents also helps with generalization of goals beyond the clinical sessions. School administrators welcome the idea of helping a child whose clinical needs might not be met otherwise. The biggest drawback of telespeech practice is the unavailability of hands-on treatment for clients with issues such as articulatory placement. Technical problems can also pose a glitch at any time. Despite these, telespeech therapy for stuttering, articulation, dysphagia, and stroke have shown reliable results in various programs of telespeech practice across the United States (Mashima, Birkmire-Peters, & Holtel, 1999; O'Brien, Packman, & Onslow, 2008).

The children I work with are excited each time they see me on the computer and often have others students vying for this online attention! They achieve goals via fun interactive games and often have to be forced to end the session. I have found that telepractice is a wonderful service delivery model that has the potential to fill the gap in speech-language treatment services.

### **References:**

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