TIPs for Speech-Language Therapy Telepractice During COVID-19

As schools provide instruction via distance learning platforms, speech-language pathologists (SLPs) are implementing IEP services and supports through telepractice. While virtual instruction may be new to many disciplines, telehealth and telepractice have been explored, researched, and implemented in the field of speech-language pathology for more than a decade. As the research supports, most children and families are accessing telepractice effectively. While telepractice is not new to the profession, it may be new to schools, leadership, teachers and families. This document has been created to help stakeholders understand key aspects of telepractice.

What is telepractice?

Telepractice is the application of telecommunications technology to the delivery of speech-language pathology and audiology professional services at a distance by linking clinician to client or clinician to clinician for assessment, intervention, and/or consultation.

Telepractice is constantly evolving. Ongoing education and training is required to maintain expertise and familiarity with changes in technology and potential clinical applications. Web technology allows clinicians to engage clients through virtual environments and other personally salient activities (Towey, 2012a).

What speech-language therapy services/supports can be provided via telepractice?

All services and supports traditionally provided through an in-person SLP can be provided through telepractice.

- Assessment
- Direct speech-language therapy outside of general education
- Direct speech-language therapy inside general education
- Interprofessional collaboration
Is parental consent necessary?

Parents must be informed verbally or in writing of the limitations of services provided through telepractice. Maryland licensure regulations state that the SLP must inform the patient and consultants regarding the following: “the quality of transmitted data may affect the quality of services provided by the provider; and that changes in the environment and test conditions could be impossible to make during delivery of telehealth services.”

Are there any special licensure requirements for SLPs in Maryland who treat through telepractice?

The provider must hold a State license and adhere to the same requirements as in-person practice. For students or children with disabilities residing outside of Maryland, there may be limitations on the ability of a Maryland licensed SLP to provide the specified services. SLPs should check license practice rules for each state outside of Maryland.

How are my child’s privacy rights being considered if the SLP treats in a group during telepractice?

Parents should be informed if services will be provided in group settings through telepractice. Some personally identified information (PII) may be shared with other students and families in group telepractice setting including student name and IEP goals.

Does telepractice support FAPE?

Telepractice provides access to speech therapy that affords educational benefit. “ED [US Department of Education] noted that many disability-related modifications and services may be effectively provided online, which may include, for instance, . . . many speech or language services through video conferencing.” As with in-person speech therapy, variations in service delivery are made on an individualized basis.

How will telepractice be affected once students/children return to in-person/face-to-face classroom instruction?

As prior to COVID-19 restrictions, telepractice may be considered as an option for the delivery of speech-language services in the schools.
References


2 - State of Maryland, Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists, Regulations, Title 10 - Department of Health and Mental Hygiene, Subtitle 41, Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists.


