Hello everyone and welcome to the talent practice committee update panel. Here we have a few members of our committee that are going to present a number of different updates that have occurred across the last year.

At the end of this presentation. It is our hope that attendees will be able to identify strategies for working with an empowering facilitators, describing and designing programs for individuals with different needs and describing talk practice treatments across a variety of disorders.

So we'll begin with a few policy updates, just to summarize, where we started at the beginning on where we are now.

Then we will transition into empowering facilitators, designing programs for individuals with different needs and introduction to treatment across disorders.

been many updates that have occurred across 2020. So we'll try to summarize those here for you. We saw a significant expansion of telehealth services on March 19 2020 governor Pritzker issued an executive order to temporarily expand the availability of telehealth services to protect the health care providers in Illinois during the coven 19 pandemic that order is still in state today. As of April, 30 2020 and the Centers for Medicare and Medicaid Services announced an audiologist and speech language pathologist are now allowed to provide telehealth services to Medicare Part B outpatient beneficiaries. And as it may 1 2020, the governor issued an executive order, allowing speech language pathology students to receive supervision by speech language pathologist by way of video conferencing and technology that's also expanded out to SOPs and to see if wise and so we'll continue to discuss that.

Throughout this update section.

Until the process of telling practice across state lines in a state of Illinois, both the client and the SOP must be physically located within the state or the SRP must be licensed both in their state, and the state of the clients geographic location.

So for example if your client is in Indiana but you wanted your SLP to see them from Illinois, we require the SRP to be licensed to impose, Indiana, and Illinois.

In this example, we recommend inquiring regarding, Illinois, Indiana has state requirements as they may differ from ours. This is a common question we received throughout the year.

Till the practice across countries. So for countries outside of the United States please review information from Asha and we're going to have the website.

At the end of this presentation, but prior to providing international child practice services, it's important to confirm requirements, if they exist for the practice of Audiology or speech language pathology in specific countries.

For a list of international associations that's included on ashes practice portal pages.

And there's additional resources for providing services with cultural and linguistic sensitivity.

There are many possible international to practice scenarios, such as treating American citizens who live abroad or on military bases, or providing services to citizens of other countries Asher recommends that practitioners check
their professional liability
22:10:43 status and consult with the regulatory body of that country. Also be aware of any mutual recognition agreements or Mr as when working outside of the US, and on to tell a bit.
22:10:58 Tell us supervision. In the state of Illinois and Jen both the client and the ESOP must be physically located within the state or the ESOP must be licensed in both the state and the state of the clients geographic location.
22:11:11 So we going on from our example previously.
22:11:16 If you are. See, If you are supervising someone who is a graduate student in RCFY er, or as an LPA, then the supervisor will need to have a license in both states as well.
22:11:37 The. This brings us to the interstate compact. So, the interstate compact allows audiologists and specialty pathologists to practice across state lines using face to face, or tele health services on geologists and speech language pathologist need to apply
22:11:51 for the privilege to practice under this compact and will become and will become operational when 10 states have enacted the ASLPIC legislation. So, 10 states must pass the compact bill for this to become operative right now.
22:12:10 This is not currently operational we do not have 10 states on the state compact act which is why we revert to the previous slide just discussed.
22:12:25 So the 10th day adoption sets the compact into motion, and the commission is made up of licensed geologists and speech language pathologist archaeologists and so peas in the states can apply for the ability to practice in the States, and the premonition,
22:12:42 the practitioner does not need to meet the CPE requirement of the remote state, unless it''s related to the scope of practice. So when this does become officially enacted.
22:12:54 These are some of the, the requirements that you would need to to partake or participate in the state compact.
22:13:06 On August 25th 2020 legislators and regulatory board members from Georgia, Iowa Idaho Kansas, Kentucky, Louisiana Maryland North Carolina, Nebraska, Nebraska, New Mexico, Ohio, Oklahoma, Utah, Wisconsin, and West Virginia and Virginia attended and educational
22:13:25 summit to learn more about the compact several states are drafting legislation for 2020 legislative sessions, based on ashes encouragement, Oklahoma, Oklahoma did pass the state legislation in May 2020, North Carolina, also passed legislation in July,
22:13:47 So, there are some additional hyperlinks. If you want to read more about the state compact x, that we will include at the end of this presentation.
22:14:00 And that brings us to allowable CPT codes for telehealth and tell a therapy services.
22:14:07 The amount of care. So we have here a number of different codes, nine, a 25 07 is treatment of speech language of voice communication or auditory processing disorder, nine to 508 is a group of two or more individuals treatment for speech language voice
22:14:25 communication, and or auditory processing disorders, nine to five to one evaluation of speech fluency nine to five to two evaluation of speech sound production nine to five to three evaluation of speech sound production with evaluation of language comprehension
and expression, and nine to five to for behavioral and qualitative analysis of voice and resonance evaluation which is 92610 and treatment nine to five to six of dysplasia are not allowable treatment codes, at this time.

Additionally, billing quote codes are in flux, so individual care carriers are all looking at codes differently. We recommend that you check with carriers prior to services, and any changes for consultation, as well.

So, these are the CPT codes that we have this time but you want to double check with your facility.

And the insurance carriers to make sure that the your services are going to be covered and the codes that you bill as will be covered as well.

This presentation is going to discuss considerations for facilitators. We will provide useful strategies are working with and empowering facilitators, whether you are working with students in a home, or perhaps the clinic for school setting.

Facilitator is someone who helps the student client successfully participate. And I tell a practice session.

This may be a teacher, your professional parent learning coach or guardian.

When initiating Tella practice services. It's important to communicate the facilitators responsibilities, ahead of beginning services to ensure clients are successful from the very first session. Facilitator responsibilities include being punctual, and

Communicating session cancellations orderlies being familiar with technology and being prepared to troubleshoot technology, especially when facilitating sessions for younger clients.

It's always a great idea to have an additional session before beginning therapy services as well as providing the facilitator with a written guide if needed.

Facilitator responsibilities also include providing behavioral support for students with more intensive needs.

For example, for both directors reinforcements tactile cues.

That's a great idea to give specific directions on model what you'd like to see your facilitator do to redirect unwanted behavior, and clearly outline participation expectations and rewards, if needed.

Facilitator responsibilities also include assisting with the transfer of skills from session to Colin classroom, given instructions for carryover activities from the SLP.

This may involve homework between sessions or explicit guidelines for how facilitator, can help the client generalize outside of the therapies face facilitator responsibilities also include sharing questions, or concerns with the clinician facilitator

Insight is important and valuable always encourage facilitators to ask questions, when unsure, or concerns about treatment or strategy use in sessions, your facilitator is also responsible for maintaining confidentiality of student information and communicating

Important details, only to relevant team members is your response responsible as the tree and clinician to educate your facilitator on HIPAA and proper rules and policies.

The facilitator is also responsible for being familiar with mandated reporter requirements and responsibilities.

If working in a school, it's best to ask your facilitator, if he or she
has been formally trained and mandated reporting.

22:18:59 This isn''t applicable if you are servicing students inside home with parents and guardians serving as facilitators. However, clinicians are mandated reporters and must adhere to those requirements and procedures your shared incident occur

22:19:22 when utilizing facilitators is important to encourage them to be part of the therapeutic process. While additionally setting healthy boundaries as the clinician care of six steps when setting up treatment that can help empower facilitators in being your

22:19:41 eyes and ears. During Tella practice sessions.

22:19:48 Step one, set up a meeting prior to the first session to review expectations, explain or troubleshoot technology and establish rapport.

22:19:58 Step to provide your facilitator, with a list of helpful tips session roles and expectations for support in written form to use as reference throughout the length, the treatment plan.

22:20:12 It''s also a good idea to revisit this as needed to make changes.

22:20:17 Step three, provide a basic troubleshooting guide for the platform technology.

22:20:24 Again, written directions and helpful hints is a good way to make sure that your facilitator has a basic understanding of the technology and can troubleshoot when problems arise.

22:20:38 Step for creating a system to notify the team members when a cancellation occurs, or there''s a session delay.

22:20:48 Perhaps text, email or phone call, may be used when session changes occur.

22:20:55 Step five, schedule a reoccurring meeting, so that the facilitator can review what''s working and what isn''t.

22:21:04 This is also a good time to reset expectations, if needed.

22:21:10 Sex provide ongoing education to facilitators in areas such as behavior management.

22:21:19 Clinical disorders queuing techniques, technology, and carry over strategies.

22:21:26 This is a great way to provide knowledge and continue to rebuild build rapport with your facilitator.

22:21:39 Some facilitators may not believe that Tella practice is a viable service delivery option, and can express hesitant or participation in treatment sessions.

22:21:50 When this occurs, it''s us to encourage fine I building trust in the process, demonstrating professionalism and providing education to improve knowledge.

22:22:02 Here are some strategies you can use if your facilitator is expressing negative or uncertain feelings about receiving services virtually

22:22:12 first regularly take time to build rapport. By engaging and everyday conversation, share personal information when appropriate, and keep the atmosphere, warm and friendly.

22:22:28 It''s a great idea to share quiet progress often.

22:22:32 And remember to loop in the facilitator, when making changes to treatment plans, goals, or strategies for treatment, provide positive feedback when the facilitator provides the appropriate level of support in your session.

22:22:49 Always be professional.

22:22:52 Ensure that your environment, appearance and demeanor is representative of someone that provides a highly skilled service.

22:23:02 Communicate early and often when our schedule changes or cancellations, and
always include your facilitator in the decision making process, when appropriate, so that they feel a part of the team.
22:23:19 Explaining facilitator responsibilities and expectations. Before beginning treatment can have a positive impact on service delivery.
22:23:28 Remember that your facilitator is your partner. And together, you can provide fun effective and meaningful treat mental clients of all ages, using these strategies
22:23:42 as introduced during the policy updates, prior to the pandemic speech language pathologist and audiologist were not permitted to go Medicare, and many private insurances for telehealth services.
22:23:53 Now that's how has been option for older adult population. Many clinicians are turning to telehealth and outpatient Independent Living assisted living and skilled nursing centers, for example, to ensure patients receive essential care, and to also reduce
22:24:12 this better the virus to our most at risk population. And most cases, this is an entirely new area of practice for clinicians working in the medical field.
22:24:18 All the facilitators are not required and working with the older dog, considering the need for facilitator is crucial in order to be successful during your first and many future telehealth sessions.
22:24:30 Consistent with any patient care decision making the conditional utilize clinical reasoning to determine if and when a facilitator is required to be present with the patient during a tele health visit.
22:24:42 When determining the need for a facilitator. When working with an older adult, take the questions into consideration before scheduling your first telehealth visit with each patient is the patient able to access the device and connect to the session is
22:24:56 the patient able to promise off if there are any breakdowns and connectivity, or issues with technology, or any cognitive hearing and or vision limitations that require facilitator for the session to be an effective intervention for the patient.
22:25:12 For example, is the patient require consistent maximum cues for attention to task and therefore may need assistance from facilitator, their vehicles be supported through telehealth session without a facilitator.
22:25:24 For example, many of our goals and working with older adults with dementia include caregiver training. Would it be useful to have the caregiver facilitate and participate in this session is a review of the patient's medical conditions, and comorbidities
22:25:36 support that the patient is able to participate safely in the session. In other words, and most importantly, is the patient medically stable for the tele health session.
22:25:46 Many of our patients have complex medical conditions that require consistent monitoring of vital signs.
22:26:00 That's something to take in consideration when determining if we would need a facilitator, in this case, what level of facility, physical assistance is required by the patient.
22:26:05 And how does this impact the potential for service provision via virtual services. Does the patient have any contraindications we need to be aware of any seating and positioning considerations.
22:26:13 And of course, is this a new patient or an existing patient. If this is a new patient, do we feel confident and all the questions regarding the use of the
facilitator, or known as the facilitator are sufficient.
22:26:26 Although telehealth for speech language pathologist and audiologist is currently temporary during the pandemic and the National Emergency for the older adult populations being served through Medicare or private insurances conditions with older adults
22:26:37 are showing the value of telehealth this population through excellent patient count outcomes.
22:26:58 Asha is working with CMS to consider this as an ongoing option for the present provision of speech language pathology and on the ology services for the older
22:26:59 one one consider patients that are appropriate for tele therapy services ashes states that is the professional, we should consider the patient''s physical and sensory needs, their cognitive and behavioral needs.
22:27:12 The availability of support services, such as a facilitator and their training. And then of course the communication abilities and needs of the individual.
22:27:21 If challenges identified we should strive to seek possible solutions. And of course contemplate if the same challenges would exist, regardless of our delivery format.
22:27:32 Thus, no one characteristic or disability should automatically disqualify a client from receiving treatment via tele therapy.
22:27:40 We must instead collect data and perform I''m going to assessment to determine suitability and effectiveness of our intervention, utilizing our professional judgment.
22:27:52 In addition, we should address our ability to provide accommodation send supports present during face to face therapy sessions for our clients. These might includes things such as extended time for writing a C equals such as flexible seating, or use of
22:28:11 an interpreter are bilingual pair of professional for our English language learners,
22:28:16 Let''s now turn their attention to considerations for clients with sensory issues in the school setting these clients generally have a set sensory diet or specific set of sensory activities designed to meet their individual needs.
22:28:34 These activities are for the most part, usually determined by an OT assessment will Barker in 1984 coined this term to refer to the meaningful set of strategies that are designed to positively impact functioning, by means of providing appropriate sensory
22:28:53 Some of these can include providing a visual schedule, that would be reviewed with the student at the onset of the session.
22:29:01 Removing visual distractions, including clutter from the setting, providing fidgets sensory gloves oral stimulation items such as chewable jewelry sour gum or candy wiki sticks pony beats.
22:29:15 Silly Putty or Plato, reducing external stimuli, including noise bright lights the presence of others, and interruptions and the setting noise cancelling headphones, adjusting the lights such as using light filters like covers or shades.
22:29:42 Introducing movements such as jumping stopping or spinning purposely into the session one site that has movement breaks and movement activities, is go noodle.
Look at sensory cushions and adjusted seating, perhaps Thera band at the bottom of the chair or think about the feet being flat on the floor and if that's not possible, providing the student with a box, so that they have 90 degree reflection at the hips.

Looking at an adaptive computer mouse and ensuring that the screen is a site at eye level, and then consider recommendations by the occupational therapist has written into the IEP, as to the use of weighted vest, blankets, or lap pads.

I would caution you as to not inadvertently having parents, use a vest, a blanket or let pad on their own, without consultation by you know T.

There have been cases of students suffering harm.

Because of weighted blankets.

Prior to the initial telehealth evaluation for the initial tele health treatment session, identify the older adults vision status and hearing status.

Because the patient where corrective lenses, if so, is the prescription up to date.

If the patient was eyeglasses has low vision or blindness, provide some instruction, which may include the following, depending on the patient status, means ensure optimal lighting, or just laying it as needed throughout the session frames.

The environment. This may include moving to a different location the environment for better lighting and focus adaptive equipment or additional technology considerations may also be helpful.

For example, the zoom platform is one video conference software that has a zoom meetings, from a blindness perspective option free for all users.

And for clinicians, consider the therapy materials you would select for the evaluation or for the session, like any evaluation or treatments session, make sure the materials are appropriate for the person with corrective lenses, low vision or blindness.

This may also be a time to consider a facilitator. When working with a facilitator for a person with corrective lenses, low vision or blindness, educate the facilitator, and prepare them precession.

What is the patient's hearing status, do they have hearing aids or another assistive device. Ensure the older adult wearing hearing aids troubleshoot their aid prior to the tele health session.

For example, as the hearing aid debtor week is their intermittency acoustic feedback distorted or muffled sound or noise and sound.

Once you prepare the patient with hearing loss for the tele health session, additional instruction may include reducing noise and other distractions in the environment using additional adaptive equipment or technology including the video software's chat.

Function for example, the patient with hearing loss has a right to interpreter. The federal government has specific guidelines to following these circumstances, please coordinate that with your company or organization for the clinician, carefully select.

Your assessment and therapy materials. And this may be a time to consider a facilitator again and sure the facilitator is equipped for success.

As we introduce treatment, across disorders.

Tell a practice has been shown to be effective for trading stuttering. The most common fluency disorder.

Kristen Jamila tells us that fluency treatment actually happens within the
dynamic of the child and the clinician. Therefore, relationships matter and establishing trust is a paramount importance research reveals that relationships develop with the client during virtual sessions are as successful as those developed during in person treatment. However, because the connection face to face is so important. The screen is rarely shared during virtual sessions. So asked to maintain connected eyes directed directly to the child, rather than to the screen when the screen is shared the connection is shifted from the child to the screen as eye contact is directed to the screen, rather than the client. Next material should be self selected by the client with a speech pathologist coming into the interaction. Some of the benefits of tele practice, are the ability to readily involve family members in the session, and to adjust the time and activity, providing opportunities to address the dinner our game night, or even ordering food. We must have the ability to manipulate variables to help and benefit our client. This in turn promotes carry over, as we are able to dress carry over to natural surroundings. We know that generalization is more likely to occur when it is taught or practiced in the environment, where the skill will be ultimately used as in the home setting. Furthermore, tele practice provides us with the ability to easily involve other speakers and listeners to manipulate the speaking situation. Although in so doing, this requires the facility day or to take on a larger role. While we provide smaller speaking situations. We can also promote and reinforce the child's ability to be an assertive communicator. That's empowering the child. In addition, we can involve siblings and incorporate groups with parental permission for developing self agency and self advocacy, helping to modify aspects of communication fluidly and on an ongoing basis. There was also the possibility. Within a practice of hybrid fluency treatments and school based blended delivery. In so doing, we provide our clients with the practice dealing with issues, such as meeting with teachers for their own self advocacy. This in turn can bolster the students self confidence and alleviate some of their fear and anxiety. The student has the opportunity to convey what they are going through these opportunities then can also support the student's ability to develop healthy attitudes and feelings about talking. In addition, for a sequential bilingual clients or clients that have learned their native language, and then acquire English treatment addressing both languages has been shown to be effective, resulting in cross linguistic transfer. tele therapy sessions addressing stuttering should include video taping of the client with review by the clinician over time to track progress and assess patterns the fluency. Another consideration for tele practices to think about the opportunities for connecting students with others that stutter to form a group, reaching out to
other therapists and other settings and bringing students together with parental
permission, of
22:37:14 course, with the purpose of increasing peer support camaraderie and self
confidence.
22:37:22 The reference is for camp shout out a virtual therapeutic camp which
provided a connection with others. Students looked at their overall satisfaction in
terms of saying what they wanted to say, and their safety in terms of being free to
communicate without
22:37:36 the fear of negative consequences.
22:37:39 The camp also offer parental discussion groups where parents could talk
about their child as an effective communicator, how to navigate life transitions and
about their child''s feelings and difficulties communicating and the changes
they''ve experienced
22:37:55 since the pandemic.
22:37:59 When you think about a group, a club or a camp.
22:38:04 Also think about providing a safe space for students where they can
communicate without the fear of interruptions can shout out use hand signals to do
just that.
22:38:16 hand signals, increased attention and provided participation opportunities
without necessarily talking.
22:38:23 Three signals were used one to indicate that the student needed more time.
22:38:28 A second for agreement applause, or things.
22:38:32 And a third to indicate that the student wanted to share.
22:38:38 Looking at treatment a holistic approach as early in early intervention
includes fluency journals relaxation exercises parent education desensitization
techniques modeling practicing specific techniques, discussing feelings, and then
teaching and practicing
22:38:57 advocacy for greater independence overall chmela the reefs agree and tell
us that the biggest challenge in the speech language pathologist role is their
experience and comfort level with treatment for the disorder.
22:39:14 If you need additional information as to treatment approaches involving
speech modification, which includes easy onset light articulate Tori contact
continuous donation prolonged syllables, and rate control as in pausing and or
stuttering modification,
22:39:34 which incorporates four stages identification desensitization modification
and generalization, please see the actual portal referenced on this slide.
22:39:48 Studies have specifically addressed the effectiveness of several treatment
approaches delivered via tele practice these approaches include the app or into
treatment approach the lead calm program, which specifically looks at
22:40:08 training parents to deliver virtual contingencies, in response to their
child''s speech.
22:40:14 This has been proven to be highly effective for early as in preschool age
students through early elementary school.
22:40:24 Then stuttering modification in terms of delayed auditory feedback or death
and gradual increase in length and complexity of or utterance.
22:40:35 Smooth speech treatment, which focuses on fluency shaping components
including producing a continuous pattern of airflow before and during spoken
phrases.
22:40:49 Maintaining a regular phrase, pausing and phrase patterns of speech and
maintaining speech natural illness delivered in conjunction with cognitive behavior
therapy for CBT, which looks at increasing self control of speech, decreasing the students negative feelings and increasing conversation and social skills.

22:41:08 These were highly effective for school aged children.

22:41:22 The Camperdown treatment approach for older students.

22:41:25 and addition to the be hit for behavioral issues away Sis, or the overall assessment of the speaker's experience of stuttering.

22:41:37 This tool, looked at the impact of stuttering on the students overall daily life experiences. And finally, if you need additional resources in terms of school age students overall practice therapy techniques or implementing Tella therapy, please look

22:42:07 the resources included at the bottom of this slide. Working with a patient with mild cognitive impairment through telehealth provides many functional and sustainable benefits to the patient.

22:42:14 Through telehealth, you're able to carry out your speech language pathology plan of care that perhaps even in a more functional way.

22:42:21 During the pandemic many older adults with MCI have been utilizing technology such as FaceTime zoom, or other social applications to communicate with friends, family and other health care providers.

22:42:34 This is an opportunity to engage with the patient via technology to address their communication competence and discourse. When on these platforms, executive functions memory and problem solving can also be easily assessed and addressed via tele health

22:42:49 include planning scheduling and recalling appointments, as well as the problem solving with technology breaks down, but when communication breaks down.

22:42:58 When working with the patient let's imagine a via telehealth consider the use of a facilitator for these sessions. The facilitator can be a trained therapy staff member, center staff member caregiver or family member with any patient with dementia, be

22:43:13 mindful of patient specific needs, including pausing queuing and their processing speed, engaging a reminiscence therapy tasks is an evidence based, fun, interactive and engaging intervention for the person with dementia and their facilitator omniscience

22:43:31 may assume older adults are not interested in technology, this is not the case. Pulling up pictures on the tablet or laptop the the screen sharing options and reminiscing with the patient on topics and pictures of their interest or past bites of their faces. Also telehealth is an opportunity for the patient to see a conditions entire face during the pandemic patients with dementia have only seen masterpieces.

22:43:57 Evidence Based voice therapy programs, such as speak out or LSVT can also be provided via tele health for older adults with part Parkinson's disease, several groups have started group therapy sessions connecting patients across the state, as part of their program for example, when providing group therapy across the community also considered the policies and procedures of the separate entities and organizations.

22:44:23 Cognitive simulation exercises for common communication impairments, can also be effective via tele health apps and websites such as constant therapy practice therapy and the big cat have evidence based cognitive simulation exercises for the older adult
home exercise programming and check ins upon completion can easily be completed be a platform such as Google Classroom or others.

tell a practice and aphasia.

Researchers why not alone men and 2020 and published a systematic review of the literature confirming that total therapy has been proven to be an efficacious mode of service delivery.

When working with person, persons with aphasia. Further Walker Watson and price in 2018 found that participating and tell a practice or tele health services, decrease social isolation and increase language growth, skills, and persons with aphasia.

So we know there''s a nice body of evidence building and the literature to support our practice services with this population. So we want to consider, establishing candidacy for persons with aphasia and we really already talked about candidacy earlier in this presentation.

Think about specifically this population.

So, first of all, are they interested in using technology and what kinds of technology.

What is their motivation and their own goals in terms of communication for individuals with aphasia. There''s been much interest in integrating technology to support communication over the years, certainly, there''s a large body of literature in the AC area, which of course has a separate but very similar goal to what we have here.

And so I want to think about, would this be a good integration, and in establishing and working towards treatment and goals with this individual or. And so for some, this may be a very easy transition and the sense of they''re used to using technology they''re used to communicating with with certain types of technology.

For others, it could present additional barriers, so you want to make sure to have this initial discussion with the patient and the family as well is this even something that they''re interested in doing what might be the physical, cognitive, or linguistic barriers. So, what you know as we all know, zoom fatigue is real.

The, the requirement of working memory, and the load on that cognitive load that Zoo really takes, we want we need to be mindful of that and how we set up either individual health practice therapy sessions or group, even more so in some cases group, till practice therapy sessions, because it does require a significant amount of working memory and cognitive load to manage that visual and auditory distractors the visual and auditory additional stimuli that you might receive through these types of sessions.

so you want to think about what is this individuals, what is the linguistic demand. What is the attention and executive function demand, what are the ways that we can circumvent some of those demands and those barriers and.

And so we''ll talk about that a little bit more when we get into technology supports in just a minute, but we also want to think about and I continue to bring this up we talked about this earlier, but access to reliable internet so we can all relate to,
having been dropped off of a zoom session or a zoom meeting or the audio going out or the video going out and we want to make sure we're sending up our patients.

And, and our therapy sessions ourselves for success, making sure that we start off with that good reliable internet, and now are different ways that you can test that now as well that can help you establish that connection.

All right, and then Technology Support session so, particularly with older individuals and our older individuals who have different Communicative Disorders, particularly individuals with aphasia.

We want to make sure that we are fully supporting late, any of the language deficits or any of the any of the associated cognitive deficits that might be occurring.

And so, we might have a screenshot guide, bringing as a visual guide bringing them through the process of setting up zoom.

If possible, you might want to bring them in, just for one time in person session to set up a zoom to set up the process and then you can practice from a distance, going through a zoom session and what that looks like.

Is there to give her support needed to set up in, and troubleshoot the technology, we want to think about that we want to think about what is, what is the physicality required to do they have me presets, how does that way into it.

Can they see the entire screen Can they see.

We're out of the boxes show up on the screen. Are they able to see any of the visuals that you put up on the screen. What kind of a hard copy supports do they need.

So just working through a technology support session. For me personally, I usually like to have one to two Technology Support sessions to give them a chance to for you to demonstrate for them to practice, and then for them to demonstrate again and then practice being independent and kind of working through that. And of course, each, each person is different and requires different types of supports and different levels of practice and so we just want to make sure that they feel comfortable before really getting going with the talent practice therapy sessions.

And then some common outcomes that were targeted, so why not a woman in their research and their systematic review, they may notice some of the most common outcomes for tele therapy sessions for persons with aphasia.

And some of those included naming reading accuracy or functional communication. And so for example programs such as script training constraint induced language treatment verb network, strengthening treatment and semantic meditation we're all us and found to be effective via tele therapy.

Additionally, they noted that show at all in 2016, use the asynchronous model so we're used to these live sessions, but they also used an asynchronous model that allows participants to practice various expressive and receptive language on a tablet with feedback and guidance provided by remote SLP. And so this may support some of our home assignments these may support some of the alternative tasks that we can have them do at home and then bring into therapy session that synchronous, but that has