Telepractice and Intervention

The telepractice information in this document is intended to support professionals in making informed, well-reasoned decisions around remote intervention. This information is not intended to be comprehensive regarding all considerations for intervention via telepractice. It should not be interpreted as a requirement or recommendation to conduct intervention via telepractice.

Professionals should remain mindful to:

- Follow professional best practice recommendations and respective ethical codes

- Follow telepractice regulations and legal requirements from federal, state and local authorities, licensing boards, professional liability insurance providers, and payors

- Develop competence with intervention via telepractice through activities such as practicing, studying, consulting with other professionals, and engaging in professional development.

Professionals should use their clinical judgment to determine if intervention via telepractice is appropriate for a particular individual, referral question, and situation. There are circumstances where intervention via telepractice is not feasible and/or is contraindicated. Documentation of all considerations, procedures, and conclusions remains a professional responsibility.

Professional organizations across disciplines also have provided guidance on telepractice intervention to assist professionals in decision making and ethical and legal practice issues. Refer to your own professional association for relevant information.

Clinical interventions can be administered in a telepractice context by using digital tools from Q-global® (Pearson's secure online platform), by using a dedicated digital delivery system, or by using paper materials shared through a document camera. Details regarding Q-global and how it is used are provided on the Q-global product page. Additionally, information related to product-specific needs can be found on the respective product pages.

The following intervention resources are referenced in this document and are delivered as noted:

- The Bridge of Vocabulary (Montgomery, 2007) via Q-global Resource Library or print-based book/CD

- KeyMath-3 Essential Resources (Connolly, 2008) via Q-global Resource Library digital assets

- Process Assessment of the Learner (PAL) Intervention Materials (Berninger, 1998a, b, c; Berninger, 2007; Berninger & Abbot, 2003) via Mimeo

- SPELL-Links to Reading and Writing (Wasowicz et al., 2012) via Q-global Resource Library or print-based books

- SPELL-Links Class Links for Classrooms (Wasowicz et al., 2017) via print-based books

- SPELL-Links Wordtivities (Wasowicz et al., 2012) via print-based book

- WriteToLearn (Pearson, 2021) via Assessment Technology Platform (ATP)

Conducting Telepractice Intervention

Conducting intervention in a telepractice service delivery model requires an understanding of the interplay of a number of complex issues. In addition to the general information on Pearson's telepractice page, professionals should address five factors (Eichstadt et al., 2013) when planning to deliver intervention via telepractice:

1. Telepractice Environment & Equipment

2. Intervention Materials & Procedures

3. Client/Student Considerations

4. Professional Considerations

5. Other Considerations

1. Telepractice Environment & Equipment

Computers and Connectivity

Two computers with audio and video capability and stable internet connectivity—one for the professional and one for the client/student—are required. A web camera, microphone, and speakers or headphones also are required for both the professional and the client/student. A second computer screen or split-screen format on a large computer monitor for the professional is helpful to allow a view of the digital materials separate from what is being shared remotely. The second computer screen or large screen tends to make sharing content more straightforward for the professional.

Image/Screen Size

Professionals may use clinical judgment on screen/device size for remote intervention; however, a principle of telepractice states that the services must be equivalent to in-person clinical practice, so being mindful of the size of intervention materials for a particular client/student is wise. Note that due to the breadth of available digital devices, professionals should verify the type of device that will be used prior to engaging in remote intervention. Some teleconferencing software applications shrink the size of images, so the image size should be verified in an initial virtual meeting for best performance and accessibility. At the beginning of the session, the professional may ask for a peripheral camera or device (as described later in this section) to be aimed at the client's/student's screen to enable viewing of any pointing by the client/student.

Audio Considerations

High-quality audio capabilities are required during the intervention. An over the head, two-ear, stereo headset with attached boom microphone is recommended for both the professional and client/student. Headphones with a microphone may be used if a headset is not available. The professional should test the audio for both the professional and client/student at the beginning of the session to ensure a high-quality audio environment is present.

Audiovisual Distractions

The professional should do everything possible to make sure the client's/student's environment is free from audio and visual distractions. The professional should confirm that all other applications on the computer, laptop, or peripheral device are closed, the keyboard is moved aside or covered after the session is connected, and alerts and notifications are silenced on the peripheral device. Radios, televisions, other cellular phones, smart speakers, printers, and equipment that emit noise should be silenced and/or removed from the room. All other individuals beyond the client/student should leave the room.

Lighting

Good overhead and facial lighting should be established for the professional and client/student. Blinds or shades should be closed to reduce sun glare on faces and the computer screens.

Teleconferencing Software

A teleconferencing software is recommended. Screen-sharing capability is required for displaying and viewing intervention materials as needed.

Video

High-quality video (HD preferred) is required during the administration. Make sure the full faces of the professional and the client/student are seen using each respective web camera. The teleconferencing software should allow all relevant visual stimuli to be fully visible to the client/student when providing instruction or completing intervention tasks; the view of the professional should not impede the client's/student's view of visual intervention stimuli, where appropriate.

Peripheral Camera or Device

A standalone peripheral camera can be used to provide a view of the session from another angle or a live view of the client's/student's work. Alternately, a separate device (e.g., a smartphone with a camera or another peripheral device) can be connected to the teleconference and set in a stable position to show the client's/student's pointing or written responses. The device's audio should be silenced and microphone should be muted to prevent feedback.

In a typical telepractice session, it is more feasible to make a document or moveable camera available in the client's/student's location. However, the only camera available may be a stationary camera integrated into the client's/student's laptop or computer screen. It is unrealistic to expect clients/students to have document cameras within their homes. It may be necessary for professionals to think creatively about how to use a smartphone or other device in the client's/student's location to gain a view of the client's/student's progress during writing or when pointing at a screen. Prior to attempting this with an client/student, the professional should work to become fluid and competent at directing clients/students in these methods, which can require extensive practice with varied clients/students and types of devices. In addition, this requires planning and practice in the initial virtual meeting to prevent technical difficulties, and so the client/student feels confident doing this when it is time.

Online instructional videos (e.g., here) demonstrate how a smartphone may be used with common household objects (e.g., a tower or stack of books, paper weight, ruler, and rubber band or tape) to create an improvised document camera for use during intervention. In this situation, other everyday household objects (e.g., books) could be used to form an improvised stand upon which to position the device to provide a second-angle view of the client/student pointing at the screen. A simple mirror behind the client/student has been used successfully to observe pointing responses. Typically, devices provide the best view of the client's/student's screen and pointing when positioned in landscape orientation.

Screen-Sharing Digital Components

Digital or print files are shared within the teleconferencing software as specified in Table 1. There are two ways to view digital components in the Q-global Resource Library: through the pdf viewer in the browser window or full screen in presentation mode. Refer to *Using Your Digital Assets on Q-global* in the Q-global Resource Library for complete directions on how to enter presentation mode.

2. Intervention Materials & Procedures

Security

The professional is responsible for ensuring copyright/data security is maintained, as outlined in the Terms and Conditions for use of intervention materials. The professional should address security requirements with the client/student (and facilitator, if applicable) during the informed consent process. The professional should make it clear to the client/student and caregivers that the video should not be captured, photos should not be taken, and stimuli should not be copied or recorded, as this is a copyright violation. The client/student must agree that they will not record (audio or visual) or take photos or screenshots of any portion of the intervention materials or session, and not permit anyone to observe the session or be in the room (except for a facilitator, when necessary). Any proprietary materials used in the session must be returned to the professional.

Disruptions

The professional should record any and all atypical events that occur during the session. This may include delayed audio or video, disruptions to connectivity, the client/student being distracted by external stimuli, and any other anomalies.

Manipulatives

Manipulatives may be needed for the intervention session, such as letter blocks, special keyboards, or word cards. The professional may deliver these items in advance of the session to be used at a given time, and then returned. Alternatively, a caregiver may assembled or acquire needed manipulatives at the direction of the professional.

Digital Assets

The professional should practice using any digital assets until the use of the materials is as smooth as an in-person session. Refer to *Using Your Digital Assets on Q-global* in the Q-global Resource Library for complete directions, as appropriate.

Content Considerations

Review Table 1 for the specific telepractice considerations for each intervention product to be administered.

Table 1. Specific Telepractice Considerations

Product	Considerations
The Bridge of Vocabulary KeyMath-3 Essential Resources PAL Intervention Materials SPELL-Links to Reading and Writing SPELL-Links Class Links for Classrooms SPELL-Links Wordtivities WriteToLearn	• Requires high-quality audio for client/student and professional • If applicable, use Presentation Mode for all Q-global digital assets that are client/student-facing; a second screen is recommended for digital assets that are for professionals only • Some activities require materials to be sent to client/student before session • Some activities may elicit pointing responses or require written responses • A peripheral and/or document camera is required for the professional and the client/student for implementation fidelity • For online resources: the client/student accesses the intervention resources online and then shares their screen with the examiner Screen sharing allows the examiner to observe the examinee's responses and provide oral instructional support as needed.

Evaluating Equivalence Evidence

Professionals should review the current research available on equivalence between different modes of intervention before proceeding to use remote intervention. When reviewing the literature, the professional should consider the evidence available for telepractice equivalence for the specific intervention task. Direct evidence of equivalence for a specific task may be available because the task was researched in a study with results indicating no significant difference between telepractice and in-person intervention. Indirect evidence may also be reported in the literature for a task that is similar in construct and input/output demands to the intervention being considered.

In reviewing the literature of telepractice–in-person and digital–traditional investigations, professionals should also be mindful of the age range and population (e.g., clinical group) of the research study to consider relevancy for the client/student. Greater caution is recommended when only indirect evidence of equivalency is available for a task, or when equivalence has not been established for a particular client's/student's age range and clinical condition. However, it can be informative to consider any such available evidence. Pearson Clinical Assessment is tracking and aggregating the relevant equivalence evidence for assessment tasks, including the age range, population, direct evidence, and indirect evidence (see Evidence for Remote Assessment). This evidence also may be useful in the intervention context.

3. Client/Student Considerations

Appropriateness

The professional should first ensure that a telepractice intervention is appropriate for the client/student and for the purpose of the intervention. Clinical judgment, best practice guidance for telepractice (e.g., APA Services, 2020; ASPPB, 2013; IOPC, 2020), information from professional organizations and other professional entities (e.g., licensing boards, legal resources, professional liability insurance providers, payors), consultation with other knowledgeable professionals, existing research, and any available federal or state regulations should be considered in the decision-making process.

Preparedness

Before initiating remote intervention, the professional should ensure that the client/student is well-rested, able, prepared, and ready to participate in the session appropriately and fully.

Facilitator Role

If using a facilitator, the role of the facilitator must be explained to the client/student so participation and actions are understood.

Headset

It may not be appropriate or feasible for some clients/students to use a headset due to behavior, positioning, physical needs, or tactile sensitivities, or if a headset is not available. Clinical judgement on the appropriate use of a headset in these situations should be used. If a headset is not utilized, the professional's and client's/student's microphones and speakers should be turned up to a comfortable volume.

Mouse

On some teleconferencing software, the professional can pass control of the mouse to allow the client/student to point; this is an option if it is within the capabilities of the client/student. However, best practice guidelines provide cautions about this. For example, the IOPC guidelines suggest professionals be alert throughout the session, resume control of the screen once the task is finished, and never leave the computer unattended while the client/student has control over the professional's computer (IOPC, 2020).

4. Professional Considerations

Practice

During the telepractice setup, and before conducting any intervention, the professional should rehearse the mechanics and workflow of every task planned using the selected teleconferencing software so that the professional is familiar with the procedures. For example, a colleague could be used as a practice client/student.

Real-Time Troubleshooting

In order to conduct a smooth telepractice session, audiovisual needs and materials must be managed appropriately. The session involves the professional, client/student, and/or the facilitator (if used), and is the opportunity for the professional to provide information about the audiovisual needs and materials. During the session, the professional should provide training in troubleshooting audiovisual needs that arise, including camera angle, lighting, and audio checks. The professional should also expect to provide verbal guidance about these issues. Refer to the Telepractice Environment & Equipment section and to Table 1 for specific subtest telepractice considerations.

Collaborating With Facilitators

If used, the facilitator is to assist with administrative and technological tasks and not to manage rapport, engagement, or attention during the session. The professional should direct them not to interfere with the client's/student's performance or responses. Any other roles and responsibilities for which a professional needs support, such as behavior management, should be outlined and trained prior to the beginning of the session. The professional is responsible for documenting all behaviors of the facilitator during intervention. Refer to the Telepractice Environment & Equipment section and to Table 1 for specific subtest telepractice considerations.

5. Other Considerations

There are special considerations for written reports describing intervention that takes place via telepractice. The professional completing the written report should state in the report that the intervention was completed via telepractice, and briefly describe the method of telepractice used. The professional should also make a clinical judgment, similar to an in-person session, about whether or not the professional was able to obtain the client's/student's best performance. Clinical decisions should be explained in the report, including comments on the factors that led to the decision to conduct intervention via telepractice and to report progress or lack of progress. In addition, it is recommended that the report include a record of any and all atypical events during the session (e.g., delayed video or audio, disruptions to connectivity, extraneous noises such as phone ringing or loud dog barking, person or animal unexpectedly walking into room, the client/student responding to other external stimuli). List and describe these anomalies as is typical for reporting behavioral observations in written reporting, as well as any observed or perceived impact on the session, and consider these in the interpretation of results.

An example of a written report might include:

> "*The Bridge of Vocabulary was used for word study intervention via telepractice using digital materials on Pearson's Q-global system, using the [name of telepractice system, e.g., Zoom] platform. The remote environment appeared free of distractions, adequate rapport was established with the client/student via video/audio, and the client/student appeared appropriately engaged in the tasks throughout the session. No significant technological problems or distractions were noted during the intervention. Vocabulary intervention has received initial validation across [ages of clients/students, disability category] for telepractice and digital intervention, and the progress noted is considered equivalent to in-person intervention.*"

Conclusion

Provided that the professional has thoroughly considered and addressed the factors and the specific considerations as listed above, the professional should be prepared to observe and comment about the delivery of intervention via telepractice. Materials may be used via telepractice without additional permission from Pearson in the following published contexts:

- Digital manuals, books, or other materials via Q-global

- Paper intervention materials via peripheral or document camera

Any other use of this intervention material via telepractice is not currently recommended. This includes, but is not limited to, scanning or digitizing the paper materials or uploading product files onto a shared drive or site.

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