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## **Findings on Telepractice in Early Childhood Intervention**

By Lorraine Heywood (Questions provided by Plumtree)

**This year because of COVID, suddenly everyone is online but Telepractice is not new. It's been used for a while and there is growing body of evidence. Can you please tell us about this?**

The literature supports the use of telepractice for a wide variety of multidisciplinary early childhood interventions, including speech pathologist, occupational therapist, psychologist and special educator roles. Some services overseas and in Australia have been using telepractice for a number of years.

I have recently undertaken research on the literature in this area, during my studies for a Masters of Evaluation. I started with a search for journal articles written by researchers working in the telepractice field. Using the search terms child, family, disability, allied health, early intervention, therapy and tele. A total of 319 results were found, relating to articles written in English in the last five years. The most relevant results were then selected for full review. To be selected, results needed to be completed research about children aged up to 8 years old, relevant (disability/family centred practice) and solely tele delivery. All of this research related to telepractice that was already taking place before COVID 19 emerged.

**One thing identified in the literature is the journey to acceptance. Can you tell us what this means for families and professionals?**

The journey to acceptance of telepractice is a term used in research by Hines et al (2019). This study used mixed methods to undertake in-depth research into the telepractice services received by four children with disabilities and their families living in rural NSW. These children had Individual Funded Packages under the NDIS.

The journey for the families starts from families not having had any experience with telepractice, and being unsure about its suitability, to their belief in it being strengthened by their experience of the telepractice service, with the families feeling they would continue to use telepractice. It is important to say here that the study outlines that these families were motivated to try the telepractice service as there were few alternatives (they were in a rural location) and it facilitated access to timely and regular therapy (Hines et al, 2019).

When I have mentioned the journey to acceptance of telepractice to allied health professionals, some have themselves identified that there is a similar journey to acceptance for some therapists. There is evidence of this in the research literature. Some research identifies that therapists can be reluctant to deliver telepractice (Hines et al, 2019), some have assumed that families would have negative attitudes to using telepractice, and that telepractice is less personal (Cole et al, 2019). Others see limitations in relation to goals requiring physical interaction (Johnson et al, 2019).

The journey to acceptance is one of five interrelated themes that emerged from participant interviews. The other themes identified by Hines et al (2019) included consistent with Person-

Centred Practice, Relationship-based nature of telepractice, Technology as a vehicle for service delivery, and Skilled Allied Health Professionals.

### **What does the literature say is the positive benefits of Telepractice?**

Some of the positive benefits centre on compatibility with everyday life and family centred practice. These include:

- Convenience – less travel, increased accessibility/flexibility (Wallisch et al, 2019)
- Enables service delivery in the event of an illness (Cole et al, 2019)
- Natural environment – fitted with context, routines, and family situations, showed how things could be done at home (Wallisch et al, 2019)
- Ability to have visits during a family's typical routine i.e. iPad at the dinner table (Cole et al, 2019). Increases access to services by enabling more therapy sessions in a day due to reduced travel time and for rural families (Cole et al, 2019)
- Access to therapy whilst on holiday, and sibling inclusion (Hines et al, 2019)

Other benefits relate to engagement, with some parents reporting the child engaged on a deeper level via telepractice (Johnson et al, 2019) and some videoconferencing functions were inherently motivating to some children (Hines et al, 2019). Other research reported that families felt that telepractice enabled greater family engagement in early intervention through the facilitation of parent training (especially recorded sessions) and improving communication between therapists and families (Yang et al, 2020). Telepractice can also help build an enhanced level of family centredness (McCarthy et al, 2019), and increased confidence in using intervention techniques (Hines et al, 2019).

Telepractice has also resulted in (1) fewer missed sessions, (2) a decrease in financial burdens on families and providers, and (3) better continuity of care (Wallisch et al, 2019). It has also provided rural areas with a timely and low-cost option that extends access to allied health staff (Johnson et al, 2019).

### **What are the challenges and how can these be addressed?**

There are a few challenges for some families and services, outlined in the research. Some families with no telepractice experience report a preference for in-person visits (verses telepractice). In addition, a challenge for providers is that families that have not experienced family centred practice may be more reluctant to use telepractice. Yang et al (2019) suggest that materials explaining the purpose of early intervention and discussion of different methods of telepractice may help to address this challenge.

Technology is a potential challenge for several reasons. The research reports of perceptions that children will not concentrate on or enjoy the telepractice session (Campbell et al, 2019). I think the key here is therapists outlining how technology can be used. Telepractice doesn't have to be sitting in front of a camera. It can be playing games, it can be families filming something on their phone and sharing that with the therapist. Other technology concerns relate to access to technology, including the internet, in terms of both data speed and data availability (Yang et al, 2020). I understand some support is available through the NDIS on this, but it could still be a challenge in some contexts. There is also a need for providers to have training in facilitating child participation online (Campbell et al, 2019).

A connected challenge is finding a place to hold the telepractice session (Cole et al, 2019), particularly for families. This can be addressed through using the child's natural environment, so the home or childcare centre, where there is technological access.

There are also perceptions that there will be inferior client-provider relationships, and that the lack of physical touch will mean that, some assessments and hands-on activities cannot be undertaken (Campbell et al, 2019). We need more research on this. There is evidence in the research that some assessments can be undertaken as well via telepractice. This also goes back to the purpose of early intervention and working with families through coaching to build their ability and confidence in providing interventions.

## **Beyond COVID, what do you think is the role of Telepractice in early childhood intervention?**

There is a continued role for telepractice in early childhood intervention beyond COVID 19, which is supported by the research that was undertaken prior to the pandemic. It may not suit all families, but many families have experienced increased flexibility and access to services through telepractice, despite some being initially reluctant to try telepractice.

Telepractice can assist in building collaborative relationships with families/teachers (Johnson et al, 2019). It also supports family coaching practices, as providers cannot revert to a hands-on, clinical model (Cole et al, 2019).

Some researchers state that telepractice should not replace in-person services and parents may prefer a blended (hybrid) model (Johnson et al, 2019). In one-study participants, felt that telepractice was no different to in-person sessions, but others felt that rapport could be improved with at least one in-person session (Johnson et al, 2019).

It is important to develop materials and practices to inform families about telepractice (Yang et al, 2020). Providers need to invest in staff training and support to build a competent telepractice team (Johnson et al, 2019). Training could include using rewards and attention-holding tasks; monitoring engagement to facilitate child participation; and identifying alternatives to physical touch (Campbell et al, 2019).

Several Australian Universities and professional member organisations are undertaking further research. It is important for the research to separate process outcomes from clinical outcomes and separate out the effects of the mode of delivery from the message (Abimbola et al, 2019). This could be achieved by more comparisons between those accessing the same family centred practice service via different modes (either telepractice or in-person sessions). Research that did make this comparison found that mode of delivery was not related to perceptions of parental self-efficacy [belief in own ability] or parental involvement in the early intervention session (McCarthy et al, 2020).

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