>> We forgot to follow through , I think we both would have been wrong. Thank you you hardy souls for coming. I will give you a second if you have not already read this. Is everyone good? My name is Meredith Berger and I am here with Betsy - - today we will the talking about tele-intervention and parent experiences and what we can learn from them. So to start with, this presentation is based on a research study that we are almost finished writing up , it is a never ending study. It is really a reflection of the work of the tele-intervention workgroup . And all of the work that went before that . The data that we are going to talk about was actually initially collected to collect video appearance experiences to share on the site . At some point, we realize with a wealth of information those interviews were and received approval to actually study them. This is also a follow-up to the jetty monograph that was published August of last year. On related topics to tele-intervention . I strongly recommend taking the time to read them if you have not already. So the question we had was what are the perceptions of caregivers who participated in tele-intervention services and have positive experiences? Keeping in mind that the original goal of asking the question was not for research purposes. Normally, you would want to have maybe a wider sample, but even within that going into it specifically asking these questions, knowing families have had a positive experience, there was still really interesting information that the analysis revealed. So, we consider it a retrospective thematic analysis. The interviews were recorded, transcribed and analyzed. The way we did it, there were three of us who were analyzing the transcript and we reached 100% agreement to the codes before moving on. There are 11 caregivers representing nine children . There was a mother and father who were in the same interview and the grandmother and the father interviewed separately for the same child. It is taking me six months to get those numbers straight. How many do we have? Although the gender of the child and some of the information of the child isn't really as relevant to the caregiver reports, we thought you would find that of interest also. Findings, I told you. I can be quick.

>> We were splitting 50-50 and I was just thinking we split 97 â€“ three. Now we're going to take up talk about the findings. As Meredith said, it was an interview we did with the parents for the purpose of having snippets of their experiences to be on the website. But when he went to analyze the information, there were three overarching themes that you see there : the nature of the relationship, expectations and experiences, and caregiver coaching. Then within each of those themes there were subthemes , so we will talk about all of that. First, we will talk about the nature of the relationship and that the analysis of the comments by caregivers resulting in three subthemes under this topic of nature of the relationship. So, those three subthemes are trust, rapport and communication. When we look at each of those, we will begin with trust . I will give you a minute to read the report after I say something. Caregiver participants identified trusts as an important feature of the relationship with the provider , of course as you can imagine . The feeling allows them to be vulnerable and try strategies and making mistakes, to being receptive to advice or feedback and looking at the provider as a resource on a range of topics. I will go ahead and let you have a chance to read that. So I think that this quote is a good representation with the caregivers to make comments about the importance of cutting the providers. We just looked at the data for the purpose of the presentation selected one or two quotes that would sum up the topic or the subtheme . The next one is a rapport and all the caregivers the participated in the study described the comfort level , the ease of communication and the ability to connect with the provider as establishing rapport. I will go ahead and let you read that. And all of the providers or participants, excuse me, so that having that level of a relationship with their provider added to the positive tele-intervention experience. That quote sums it up nicely. The third subtheme under the category of nature is communication. While it seems obvious that you have to have good communication to provide tele-intervention services, it was the nature and perceived quality of the communication that caregivers described as having with the providers that contributed to the effectiveness of the service. This quote that I will show you now presents a nice summary of the caregivers feelings. Is everybody good? The next topic area that an interview question was asked about was the expectations and experiences. We asked originally for the initial reason for why one engaged in tele-intervention . The reasons that we heard were that it was just related to Covid. There was a small number of people, because corporate happened, that is why they were choosing tele-therapy. There were some people though that were picking it not because of Covid but because there have been specialized services was not available locally so to get service for listening and spoken language, they needed to access tele-therapy. I think we did not mention that the original project was designed before Covid happened . So, this interview thing was supposed to happen prior to Covid and in fact, it was supposed to happen , our deadline for interviewing our parents was February 2020 . Things just sort of get in your way , so on a very limited number of interviews happen by the end of February and then of course Covid happened. Those interviews, which was supposed to be done in person even though we were providing tele-therapy were - - by almost a year. Because of that, people interview people who joined tele-therapy as a result of Covid were the original project had nothing to do with Covid . To get 10 interviews , some organization chose to use families that join for Covid. It involved four different programs using parents from the program to get those 10 interviews. Another people reason people join, one person in particular that was really interesting was the child was immunocompromised. Covid Arnaud Corbett, the child cannot have dissipated in the inpatient services. That is an interesting thing that we don't always think about reaching the children that would otherwise not be able to have services. Then there were a few people really like the flexibility and the scheduling electability of the tele-service. I think people have now been serviced for the reason for tele-service because of Covid . As providers, we were bending over backwards to meet their needs and trying to figure out for us when we could provide those services. Another question that was asked was , I cannot talk, it was very late in the day. It's after lunch which make me fall asleep, that is the real problem. Another question that we asked was beyond The Y did you participate in tele-therapy, but also what were the benefits that you experienced? When we looked at the benefits that people experience, there were three themes that emerged related to that. One of those themes was flexibility and convenience . Again, I will let you read the quote. This quote is taken from one of those families that said they reason for participating is flexibility and convenience. Is everybody good? Okay, you can sue after that this person agree with me that the providers are bending over backwards , they will meet with me in the evening or the weekend and change her schedule and do whatever , you've got to love tele-therapy . Now that we are back to regular workday, they still can that we are available on the weekends in the evenings. I actually am, that is very true. I'm not but I make myself that way. A really interesting thing about tele-therapy is that this whole concept of helping apparent manager child's behavior. I think one of the things that people fear from the interviews, one of the things that people fear is how will we manage my child's behavior? In person, the provider is able to step in and manage that. One of the thing that people saw the benefit of the need to manage their child's behavior. They were able to management without guidance and the support the provider even though it was via the Internet. It is everybody good? I am a really slow reader! Making sure everyone's eyes have stopped going back and forth. Then under the unexpected benefits was the parent empowerment. Again, related to being able to manage their child's behavior and being able to be responsive for the session, I think what we learned was through the tele-therapy , parents became more self-confident and felt more empowered to be able to do the therapy that we otherwise would be doing in an in person session. You will talk about that just a minute. This is a nice synopsis of someone explaining how they felt empowered. Are we good? Okay. Another question was related to the similarities and differences of the tele-intervention to the in person sessions. While many of the participant comments were reiterated that there were a lot of similarities. Everyone agreed there were a lot of things that were very similar, tele-therapy works , all those things that we learned. If the thing that is the - - the thing that is the most different of the parents was several people admitted and stated that an in person session, they allow the provider to be in charge of the session or allow the provider when they get stuck to take over. The difference for almost everyone will experience in person sessions was they love the idea, they felt so good about themselves that they took over and became responsible for the child sessions. The truth is they learned an incredible amount by having the tele-therapy . I don't want anyone to leave the room thinking that we are advocating that we should be providing all of our service via the Internet so we can empower parents to be responsible for the teaching of their children. I think as providers, what we really need to remember is we need to behave the same way in person when we are coaching as we do over the Internet which is folder hands and scoot your chair back so you will have the inclination to rescue either the parent or the child from the other one. So we just need to be really cautious about that . I think sometimes people look at comments and studies of tele-therapy that demonstrate all these benefits and then, morph that into Sotelo therapy is better . I don't think we want to make that statement. We can apply that make those be as meaningful to the parents as a result.

>> Is my personal favorite, the coaching part. I wish Meredith told me to talk about this one time. When we are looking at this is that we have decided in analyzing the data that before the session refers to the time when the camera is off and you actually at the session yet . There are things that happened and can happen in preparation for the session. Those of you that are familiar, this could be some joint planning . Sometime before the session when you are engaging with the parent or caregiver to decide what you're going to do at the next session. Or the coming session. The first quote I will give you a second is about figuring ahead of time what you're going to do so the parent has an opportunity to then prepare for the session. During the session, it is camera on , parent and child are both there and that is about the time when you are truly doing that coaching and providing that information and feedback. The thing that the parents like the most about the coaching is that the affirmation and positive comments in the support given by the provider. After the session again is camera off , post session. One of the things that many families experienced during tele-intervention was a follow-up note or a summary of what happened which is typically not what is provided during an in person session. What we have learned, although many of us who love that the doing tele-therapy for a long time, we of the note we sent afterwards is incredibly meaningful for the families that choose to read it. That is most of the families. I think we had one family and his interview process who said I get the note versus the families that say all my gosh, we have them all printed out in chronological order. Even though they are receiving positive reinforcement and support and are cognizant of it , when the session is over it is just gone. When the session ends, they can really remember exactly and precisely what happened but when they get the note of the things that remind them , they found that note to be really powerful. Other people commented that when they get the note and have them in a notebook, on a bad day they can flip through and see all the good things that they have done in the things the child is accomplished , but it is also a record for them for what they have learned and with the progress of the child is made. If we take that back to the in person sessions, if we can make it happened it would be important to send some kind of a follow-up or summary note in an in person session as well if we think about the things that we have learned for tele-therapy. In a timely manner. Does anyone have any questions? On any topic? It's the end of the conference .

>> Someone asked her , was that you in the hall? One of the interpreters .

>> My question is the providers that were providing the tele-intervention , with a very experienced?

>> May be too late the technology . In response to that Melissa, I was one of the people so the answer is yes. Another one of the agencies , the answer is definitely yes .

>> I don't remember if we collected that .

>> I think everyone had experience providing therapy . Or parent coaching. I don't know that in every organization everyone had more than two years of providing tele-therapy, that can make a difference. I don't know why we don't know that the top of our heads, we should know that .

>> I will tell you why. Let's have a conversation. My dissertation I was asking similar questions and I was say that all the families will begin with tele-intervention were truly satisfied with their tele-intervention services. Those were put into emergency tele-intervention heated and had tons of bad things to say.

>> So remember, but we tried to do , the purpose of the study was to have people who are not had immersion services. There were four families who had immersion services , that is probably something which is scan across our data check . My people do not have immersion services. I am very experienced .

>> Within that, there was one particular parent who commented about not that it is better than nothing but it is good, we still would rather have an person even though they had never experienced in person . Because of the timing of everything. Overall, none of the parents had strong negative reactions. Things that we thought were interesting to not have anything to do with providers per se , but were kept coming up that we found interesting was parents felt they had a very good relationships with their providers. They were concerned about the child not having as strong of a relationship with the providers through tele-service as they would in person , although we kept thinking in a parent coaching model that the child is not the focus for the provider. We thought it was really interesting that kept coming up. None of them, even the one parent who was more negative than others about it, it was negative. Other questions?

>> What software or app were you using to do that? Or are you using interpreters or other like Spanish translation or anything like that during that time?

>> All the caregivers spoke English, even though they may have also spoke another language. Did you mean what did be used for transcription? So zoom I think , it might have buried but likely zoom for all of them. In terms of the initial transcription from the video recording was with otter and the person to the interview then went back to clean up the transcript to make sure was accurate. Then from there, the analysis piece, we use an Excel spreadsheet. That worked well for us. Other questions?

>> If I may, I would like to add something of my own answer to what your question was. Video for deaf people in Georgia and Tennessee, depends on the family. When the visit is completed, we document our summary on what we have. We have a Google form and our program director developed that form and we fill that out. Then in Georgia versus Tennessee, they have an office form that we fill out and resubmit that. The parents receive a copy . To answer your question , it is a good experience for many of the families because before Covid , Georgia did not have any virtual mentoring and the families were rural , they may be North, South, East or West are all across the state. Then it was like sorry, we don't have anyone in your area to serve you and come out there. Then during Covid, our program had to respond, right? We learn how to make zoom and you were able to connect with the families and ask do you want the service? They said yes, we definitely do. It was a great experience for those families and specifically in the rural areas. I hope you do not mind the fact that I share my experience there .

>> Of course. One of the things this particular project is because all the caregivers and the practitioners are hearing and using spoken language, what do not have to deal with some of the same complications with the choppy video and how that would affect visual communication . Then, it would be more important to ensure that whatever service you are using you have a strong enough bandwidth and all those things like zoom is often considered clearer than say Microsoft teams . That might be a bigger issue. Because of the nature and how we were collecting the data, that was not as important to our questions.

>> I was an author on in an article where noted every single state to see who already had tele-therapy and who did not. Essentially, no one did. There were a few states where it was an authorized service under early intervention, but for the majority of the states it was not authorized service and at the time of gathering information , no one knew , it became authorized in all the states but one. No one you if after Covid it would maintain being an authorized service in Missouri, a state of course so is going to be an authorized service?

>> It started with the pandemic and it is continuing. They are working on regular procedures as opposed to emergency procedures .

>> The other thing I was currently interesting was there may have been one state that requirements for configuring you qualified about the service and there was no training. Like in Missouri, if you are already credentialed to be a provider, then you were automatically provided to be a tall therapy provider . The assumption is that you will figure out for yourself if you are qualified to do that.

>> Thank you for staying. . . .