

Informed Use of Telepractice Beyond the COVID-19 Pandemic

The COVID-19 pandemic caused incalculable disruptions to the lives of people around the globe. For those who could access online treatment, telepractice offered an immediate solution for persons with communication disorders to continue receiving assessment and intervention services that otherwise would have been discontinued. Although most therapists' first experiences with telepractice as a service delivery model occurred in 2020–2021 as a result of the COVID-19 pandemic, telepractice has been used as a service delivery model for speech-language pathologists for decades (see Grogan-Johnson et al., 2010; Houston et al., 2012; Wales et al., 2017).

According to Tucker (2012), SLPs indicate an overall discomfort with this modality. Of the 170 SLPs who participated in the study, 68% indicated that they disagreed or strongly disagreed with the statement that virtual services could be as effective as in person, indicating a strong, negative bias regarding telepractice services. Two potential explanations could be that most SLPs have not received formal training or experience conducting assessments or interventions via telepractice (Tucker, 2012) and there is a dearth of implementation data to support use (see Campbell et al., 2020). As such, we dedicate Volume 15 to clinical evidence and applications supporting SLPs in provision of telepractice services. Although the public health emergency for COVID-19 ended officially on May 11, 2023, the need for alternative service delivery options such as telepractice continues. In the briefs to follow, we spotlight research and clinical implications for therapy via telepractice as a guidepost for clinicians. There are real, tangible benefits of telepractice service delivery highlighted in these briefs. And research suggests that overwhelmingly telepractice is a reliable and valid service delivery model that may be especially poised for tackling challenges such as personnel shortages, rural access to treatment, supporting medically at-risk students and clinicians, and supporting groups for low incidence populations (Fairweather et al., 2016; Grogan-Johnson, 2021; Hopkins et al., 2012; Polovoy, 2008; Weidner & Lowman, 2020).

Each EBP brief in Volume 15 considers empirical evidence for using telepractice versus in-person service delivery models and offers considerations for how and when clinicians might use existing research on telepractice for their clients. First, Hacker et al. investigate the utility of telepractice in coaching caregivers of young children with communication delays. Second, Masso and Thomas explore use of telepractice in assessment of speech sound disorders in children. Third, Thao and Lee consider whether treatment intensity for school-age children with SSD is similar across service delivery models. Fourth, Balasubramaniam et al. explore telepractice intervention for dysphagia secondary to head and neck cancers. Fifth, Alvares highlights the importance of following an implementation science model by including stakeholders in the planning and implementation of telepractice service delivery models. Sixth, Battaglia and Nagler explore the effectiveness on vocational training for young adults with autism spectrum disorder. Although their brief does not focus specifically on telepractice, it provides an important lens and perspective for working with young adults with ASD especially during the pandemic. As intended, these briefs cover a wide range of age groups in both educational and medical settings.

This journal is one of many resources available to clinicians and researchers for navigating telepractice models. For example, a special issue in *Language, Speech, and Hearing Services in Schools* (Volume 53, Issue 2, 2022) highlighted assessment and treatment research conducted during the pandemic with clear clinical takeaways to support implementation. Further, Dr. Grogan-Johnson (2012a, 2012b, 2021) has published several tutorials to support clinicians who may not have received specific training in telepractice service delivery models.

In sum, the COVID-19 pandemic forced a shift in service delivery models for SLPs and persons with communication disorders. The lessons learned and research coming from that period continue to evolve and may continue to be a viable resource moving forward. There remain significant systemic questions surrounding access to technology and internet access for all as well as the need for consistent education and experiences in graduate training programs that must be addressed. Furthermore, as some of the articles in this volume of *EBP Briefs* highlight, gathering feedback from persons with communication disorders on the accessibility, practicality, and impact of receiving services via telehealth will be a critical line of inquiry for researchers and SLPs alike. In the meantime, it is our hope that these briefs add to the ever-growing compendium of resources available to SLPs who are considering telepractice services for their clientele.

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