

# POLICY BRIEF



## Use of Tele-Intervention in the Early Start System: Delivering High Quality Early Intervention Services

Across many states and even a few regions of California, early intervention services have been delivered virtually for some time now. During this COVID-19 pandemic most early intervention services that are not on hold are being delivered via tele-intervention. Research suggests that this service delivery method can be as effective as traditional in-person models and in some cases can be more effective. Accessibility to services can be improved by including tele-intervention in the array of service delivery models available to families. Tele-intervention can take many different forms including synchronistic video or telephonic visits (in real time), or asynchronistic “store and retrieve” visits transmitted back and forth via video or photo sharing, sharing of informational resources electronically, text and email communications. Families and caregivers of eligible infants and toddlers come from a wide range of: localities, backgrounds, socioeconomic levels and comfort with and access to technology. This policy brief supports the use of all available service delivery modalities, including tele-intervention, to deliver equitable, high-quality early intervention.

**BACKGROUND** Part C of the federal Individuals with Disabilities Education Act (2004) describes *early intervention* as supports and services for infants and toddlers identified with disabilities or significant developmental delays that are implemented in natural environments in order to enhance the capacity of parents and caregivers to promote the growth and development of children via increased or enhanced participation in everyday activities.

Virtual early intervention services are often referred to as “tele-therapy”, “tele-health”, or “virtual instruction” in addition to other terms. Early Intervention is delivered by providers from a wide range of disciplines and via different approaches. A term that encompasses every discipline and approach is “tele-intervention”. For the purposes of this paper, virtual early intervention services will be referred to as *tele-intervention* (T.I.).

Research on tele-intervention demonstrates enhanced parent engagement, and measures of child development have shown greater increases than with traditional in-person early intervention. Also, families and caregivers have demonstrated increased ability to apply what

they have learned to their daily routines (Blaiser, Behl, Callow-Heusser, & White, 2013; Baharav & Reiser, 2010; Wallisch, Little, Pope, & Dunn, 2019).

## SUPPORTING FAMILIES AND PROVIDERS Many states have mandates or

**“Half an hour on a FaceTime with a family feels so much longer than an hourlong face to face meeting. We can’t expect our families to commit to a full hour-long meeting. I have been doing a combination of a synchronistic FaceTime meeting for as long as the parent /child can last. Then I follow up with an email outlining what we talked about and we text or send videos back and forth during the rest of the week. I feel like I am able to do a better job with many families this way.”-Shannon, Oakland, CA**

guidelines specific to tele-practice in early intervention.

Up to this point, California has relied on tele-practice guidelines from healthcare fields and some divergent sets of guidelines from local regional centers or local education agencies. Current tele-health guidelines in California require that practitioners hold a license.

Early Intervention practitioners are often certificated (i.e. teachers) or have extensive training, not all practitioners are required to hold a license. Some

exisiting guidelines include the use of telephone calls, and virtual meetings. Some allow for “store

and retrieve” delivery such as sharing video or photos back and forth. Some allow for texting others

do not. Currently, some of California’s regional centers will only reimburse providers for time spent “face-to-

face”, others pay for the “service” rather than only for the minutes spent on the phone or a video-based meeting. This discordant set of guidelines has not only lead to confusion, but also inequity. As the field works to train and prepare for tele-intervention delivery, the need for a standard set of guidelines or mandates to work from is clear.

During a recent Infant Development Association virtual training event, 179 attendees were asked to describe the tele-intervention modalities that have led to greater success in reaching and effectively serving families. Respondents all described a range of video sharing, face-to-face virtual visits, information sharing via contactless drop off and email and regular text messaging “check ins” throughout the week. Most acknowledged that hour long video-based meetings have not been working well with this population.

In follow up “chat room” events, California providers responded overwhelmingly that guidelines must include a range of service delivery options and must allow for asynchronistic visits. A large percentage of providers

**“Many younger families communicate through texting and smart phone videos. The easier the better-this is most familiar and comfortable to them. They prefer to communicate this way. I think regulations should be around what the preference of the family is.”  
-Marissa, Mendocino, CA**

agreed that there is a need for consistent guidelines and the ability to bill for tele-intervention even after the current pandemic is over.

**ACCESSIBILITY** is improved via tele-intervention. Research has shown that tele-practices reduce inequities in services caused by shortages of available professionals and missed visits due to illness and family constraints (Cole, Stredler-Brown, Cohill, Blaiser, Behl, & Ringwalt, 2016). Also, tele-intervention increases access for families that live in more remote areas. Utilizing asynchronous “store and retrieve” modes of providing service further increases accessibility for families.

**BARRIERS** to tele-intervention for families include lack of access to technology as well as language and cultural barriers. These could be easily addressed by making tele-intervention an available modality in addition to face-to-face visiting. Another barrier is the possible perception that tele-intervention is less effective. Launching deliberate training campaigns targeting service providers, case managers and families will help to ameliorate any negative stigma or perceptions. Professionals who responded to a NECTAC poll cited 3 main barriers that providers of tele-intervention have encountered: reimbursement policies and billing processes and technology infrastructure within agencies (Cason J, Behl D, Ringwalt S, 2012).

“Flexibility feels critical-every family is different, every child is different, and some are more comfortable than others with in-person/remote/hybrid models. So, I would hope for families to have all the options available to them to be able to receive support-video, emails, texts, asynchronous visits, etc.”-Alexis, Sunnyvale, CA

Policy development, education of stakeholders, provider training, research, and advocacy is needed to facilitate more widespread adoption of tele-intervention within California’s IDEA Part C programs. Lack of specific protocols or other guidance has left providers and families with a diverse set of experiences and expectations. Tele-intervention is an additional way to deliver high quality early intervention services. California needs a set of guidelines inclusive of practices to meet families ‘where they are’.

## POLICY RECOMMENDATIONS

- Create a set of tele-intervention guidelines specific to California’s Early Start System
- Allow multiple modalities to deliver services including synchronistic and asynchronous modes. Include the use of text messaging as a delivery system if desired by families.
- Allow for blended services that include in-person, synchronistic virtual tele-intervention and asynchronous “store and forward” virtual tele-intervention for each family served, as necessary and appropriate.
- Allow for and fund training of all stakeholders about tele-intervention services.

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