

- [Jim] I'm gonna turn it over
to our presenter, Deborah.

- Thank you, Jim. And
hello and welcome everyone.

Thank you for joining.

Really excited to jump
into this topic today

because I know it's something

that is sort of starting
to get into our field,

and it's really important
for us as SLPs too,

and really be on the side of understanding

how some of these technologies refer to us

and can be used by us to
just make things a lot easier

and also better serve our clients.

So before we get started,

wanted to give you a quick background

and introduction for myself.

I am a speech language pathologist,

and I've had about 18
years combined experience

in a variety of settings,

and it's really given me
the opportunity to move

to kind of get a solid foundation

in what the clinical process looks like,

and really how to be able to make it

as streamlined as possible.

In addition to that,

just because I've been someone

who's always been very

interested in technology,

I did sort of work toward getting
an AI credential from IBM,

and that's really kinda
given me the opportunity

to explore lots of different AI tools

and, you know, be able to
share some of that knowledge

and insight with you all.

So some quick financial disclosures.

I am the executive
director at Women in Voice,

which is a community for women

who have worked in
everything related to voice

and voice technology,

which includes speech language
pathologists, linguists,

and other speech scientists.

I also have a private practice,

and during this call I will be
going over some of the tools

that I used and have used.

However, there will not be any sales

or promotion of any of those tools,

and that could be selling any programs,

or products, or services.

Really, this is an opportunity

to be able to share information

about how you can utilize
some of these tools

in your daily practice.

So let's start with some definitions

just to kind of give us
a little bit more insight

into what we're gonna talk about later.

So the first one is data science.

And so, in order to
really understand the role

that AI can play in our clinical practice,

it's really important to understand

that the foundation is data.

And so data science is really a field

that deals with the use of data

and the application of data

to better understand things
about the world around us.

And so it's really the process

of being able to gain knowledge
and insights from data,

whatever that data is.

And so artificial
intelligence, specifically,

is the process or its technology

that really seeks to teach
computers how to be more human

but always require human
input in the form of data.

And so, then, these AI
tools are really tools

that are developed that help computers

and other machines process data

in a way that's similar to humans,

and really removes the
need for some of the things

that we maybe don't need to do

because we can delegate it to
these tools or these machines.

So now I wanna talk about
the clinical process,

which is really the process of collecting,
analyzing, and interpreting data

to be able to make
decisions about diagnosis,

to be able to make
decisions about treatment,

and to be able to identify when
a patient can be discharged.

And so really, the common
thread with all these concepts

that we're gonna talk
about comes down to data.

And so that's one of the things

that I want you to really keep in mind

as we continue to talk
about how you then use

some of these tools when
you think about the data

that you're collecting as a clinician.

So some basic information about AI,

there's that definition there.

So it's really about what AI,

what computers can do to
simulate human intelligence.

And it's actually been around
for a really long time,

and I know ChatGPT is kind of the thing

that really caused this explosion

where now everyone's talking about AI,

but in some way, shape, or form,

there have been people in
the computer science field

and the data science
field trying to find ways

to help computers learn how
to do some of the things

that humans do to be able to
reduce the amount of workload

that humans are responsible for taking on.

And that's especially true
for things that are, you know,

a little bit more repetitive.

Things that don't always
require much of a variation

or a shift in terms of
what you're presenting

or what you're producing.

So now some of the components of AI are,

and I'm gonna talk really
briefly about these,

but not go too much into depth into it,

like we've got neural
networks, computer vision,

natural language processing,

machine learning, and deep learning.

And the basic thing to keep
in mind about these components

is that neural networks

and computer vision are really
designed to teach computers

based on the way that
the human brain learns.

And so neural networks
are actually designed

with the actual networks

of the brain in mind.

So they function in a similar way

that the networks of the brain function.

Computer vision is really
about enabling computers

to be able to process data from images

and then be able to recognize

what those are based on that data.

Natural language processing deals

with having computers be
able to understand words,

not necessarily what they mean,

but be able to recognize
words based on, again,

the data that they're receiving.

And so machine learning

and deep learning are actually processes

by which computers then pick up this data,

and process it, and interpret it,

and then be able to produce a response.

So, for example,

I think many of you have
probably used ChatGPT

in some way, shape, or form.

One of the ways that
ChatGPT is able to function

is because it's been
trained on all of this data

from all these different sources.

And so when you ask a question,

it's not that it's
actually responding to you

because it understands your question,

it's just been able to match
the words in your question

with the answer that it's been trained on.

And so when it recognizes
the words in your question,

it just provides you with the answers
that it's been trained on.

And that's one of the reasons why

it really is an evolving process

because the sources of data

are really the most important pieces

of what goes into making
sure a model is accurate

and actually provides answers
that are relevant and useful.

So I'm gonna talk also
about the functions of AI,

and that's really, again,

keeping in mind some of the
things that I've described,

which is about being able to process data

in a way that's similar to
the way humans process data.

And then to be able to produce a response,

again in a way that's similar

to how humans produce a response.

And so one of the ways
that AI is able to do that

is through perception.

And so getting inputs of data

and then being able to
be trained on that data,

getting enough of that
data over a period of time

to be able to then start

to recognize specific pieces of that data

and then assign it with
some type of association

or some type of classification.

And then being able to
recognize different types

of patterns in the data,

being able to make
predictions about the data,

and then, based on that foundation,

being able to solve problems

and then, you know, not make decisions

the way that a human would make decisions,

but being able to sort of
identify common trends in the data

that allows it to identify

what an appropriate decision might be

based on, again, the data
that's being presented.

So because there are so many variables

when it comes to
developing these AI tools,

there are lots of ethical
consideration in using them.

And so these are called the
five pillars of AI ethics,

and they tend to mostly
apply to developers,

and AI officers,

and other people who are actually
developing the technology.

But one of the things that
I think is really important

to keep in mind is that, as consumers,

it's really important
for us to be using tools

that are developed with an understanding
of what these ethical considerations are.

So, for instance, a pillar of transparency

really has to do with a
model that is explainable.

And so something that you, as a layperson,

can understand where
they got the data from

and how they sort of arrived
at some of the conclusions

that they arrived at without
there being a breakdown

in your understanding.

And then the pillar of fairness,

which really relates to
being able to understand

and make sure that there are no biases,

whether cultural or otherwise,

and how the data was collected

into what sources of data are being used.

And then, of course, privacy,

which is making sure that there is consent

in the use of the data
that's being trained,

the model's being trained on.

But then also recognizing
that if you, as a clinician,

are wanting to explore
the use of AI tools,

you know, making sure that
you're doing so with the consent

of whatever client or patient
that you're working with,

because that not only helps
to protect their privacy,

but it also helps to
ensure that, you know,

really in everything that you're doing,

you are prioritizing their wellbeing

and what is most beneficial for them.

And then the last two pillars

that have to do with
accountability and sustainability,

again, are more closely
related to the people

who are actually developing the tool,

'cause it's just making sure that they,

they're still responsible
for whatever it is

that their tool,

whatever their tool does, essentially,

and really being able to step in

and make corrections as necessary

if someone's use of their tool

were to cause some type of harm to others.

And then sustainability really
just deals with making sure

that the developers of these
tools are doing so with a mind

to understand how it might impact society,

how it might impact individuals,

and really trying to make sure

that any tool that's
being developed or used

is used for the betterment
of society as a whole

and not just for someone's
sort of own personal process.

Purposes. Excuse me.

And so, again, these are
really important things

to keep in mind,

and certainly we'll be able to talk more

about what that looks
like within the context

of speech language pathology.

But for now, here are
just some of the things

to keep in mind about the way

that the sort of the AI
world itself is set up

and, more importantly, the
way that it's still evolving.

So when I talked about
the clinical process,

regardless of what setting you're in,

there really is this progression

where you start with the intake.

And what you're doing at that point

is you're really trying
to gather information

about the concern with the client.

And so you are identifying what
your sources of data will be

and whether that's a parent
or caregiver, a teacher,

someone else who is sort of
present in the client's life,

you know, maybe a primary care provider

or maybe any other specialist.

And really gathering that data

and organize it, the data,

to be able to understand
what the areas of need are.

And so that leads into the evaluation,

which is really the opportunity to apply

that clinical knowledge of
either what the norms are,

or what should be expected,

or what areas of functioning
you are sort of identifying

as needing to probe further into.

And then during the evaluation,

you're collecting data on how
the client is functioning,

what the client's strengths are,

what the client's needs are,

and then that really helps to
feed into treatment planning,

where you are then
designing a treatment plan

that addresses those
areas for intervention.

And then you're providing that treatment,

and then you're modifying it,

you're making accommodations

based on how the client
responds to that treatment.

And then you start to identify the point

at which that client no longer
needs that intervention,

or maybe needs a little bit of a reduction

in however much scaffolding
you're providing,

or they possibly need
any additional supports

that are outside of your scope, and so on.

And so again,

this is gonna look different
in the school setting,

it's gonna look different
in private practice,

it's gonna look different

in early intervention in home health,

in a skilled nursing facility.

But the clinical process

really has these specific target points,

and every single one
of those target points

require a collection of
data, analysis of data,

and a decision-making
process that's based on data.

And so that's really what I want

to be able to highlight today

as how you can think through
not only this clinical process,

but then look at these clinical tasks

that are embedded within the process

and then identify how you
can use some of the tools

that are available

to just make your life a little bit easier

and certainly be able to provide you
with just much more support for the task
that you have to complete
on behalf of your clients.

And so if you're a clinician,
no matter what setting you're in,
you are conducting observations,
you're interviewing caregivers,
you're interviewing teachers,
you're interviewing other
health professionals,
anyone who can provide you with data
about how the client is functioning
and what the client's needs may be.

You're providing counseling
and rapport building

because you've gotta
establish that relationship
with your client and their caregivers
to be able to really have the opportunity
to understand what their needs are
and then to be able to certainly
build that bridge of trust
that enables them to receive the care
that you wanna provide.

And then, from a sort of more
direct clinical perspective,
you are completing diagnoses,
you are providing treatment,
and you're collecting data,
and you wanna make sure that, you know,
when you're going through

the diagnostic process,

you have tools that enable you
to identify what is going on,

what may be going on,

and to be able to rule out
what is likely not going on.

And in terms of treatment,

you wanna be able to identify

the sort of evidence-based approaches

that will enable you to see the progress

that you wanna see in your client.

And then, of course, you're
completing documentation

because you wanna be able to justify

your treatment approaches.

You wanna be able to share information

with all the people in the client's life

so that they know how
they can support them

and encourage carry-over.

And you wanna be able to
provide that education

either to the client

if they are old enough to
receive it and understand it,

to parent or caregiver,

or other stakeholders who
engage with the client

so that you're really getting
this well-rounded network

of intervention that goes
beyond what you're doing

in your sessions with the client.

So when we talk about those tools, right?

So we're really saying
there are tools available

for data collection,

there are tools available
for data analysis,

there are tools available

for supporting diagnostic
impressions for documentation,

and for client or caregiver education.

We're gonna go over some
of those tools today,

and then you're gonna get a
chance to practice on your own.

And the goal for that
is to be able to, again,

help you to not only learn
about some of the tools

that I use or have used,

but also to be able to really
go through this process

of thinking about how you
might use these tools.

And that's one of the things

that I really want to kind
of make sure that, you know,

you're able to take away from this call,

which is that anything that
you use that's related to AI,

there's always a tool that you can use

in whatever best serves your purposes.

And so it's really important

to first start from that place
of understanding what it is

that you wanna use the tool for,

and then really going from
that place of understanding

to using it in a way that,
again, best serves your purposes.

So we're gonna start with ChatGPT

because that is one of
the more popular ones.

And so, in order to really
put this in the best context,

I'm gonna give you a scenario.

And so that scenario is,

you have a two-year-old
who was referred to you,

and the concern was that this two-year-old

is not yet using words,

and 'the parents are concerned

that she might receive a
diagnosis of autistic disorder.

And so, in thinking about
the clinical process,

you really want to be able to collect data

on the parents' concerns,

and you might want to also collect data

on what new research is out there

about developmental norms or milestones.

You might also wanna
collect data on, you know,

other sort of sources,

the resources that might be available

for parents who really need
sort of that type of guidance

or might benefit from
learning a little bit more

about the way that development works
to be able to sort of better understand
how their child is developing.

So this is a video that has
some of those uses embedded,

not all of them,

but then that's just another
example of how, really,

what you wanna think
about your purpose first,

and then you want to
be able to use the tool

to be able to serve that purpose.

And so the first question
that I asked ChatGPT

was about developmental norms.

And you can see right there
that it gives you an answer,

but it's a very, very general answer.

And so that's just a reminder
that it's, you're always,

you are the clinician,

you are the tool for
developing a clinical plan,

you are the tool for delivering treatment

that's appropriate,

but these are resources
that can help you identify

however way that you,

the direction that you want to go in,

and then also the best way to
approach the actual problem

that you're trying to solve
within your clinical practice.

And so if I were to look at
this response I would get,

and let's say I didn't
have a lot of knowledge

about what two-year-olds should be doing,

I might ask a follow-up question

specifically about the milestones

for language and communication.

And then,

depending on how you actually
craft your questions,

you might get a little
bit more information,

you might get the same information,

but really, what you're
doing is you are, you know,

you're identifying a starting
point where you're saying,

"Okay, as the clinician,

I really want to be able
to better understand

how this child's developing,

and this is really not an area

that I have had much experience

or had much of sort of an understanding,

and so let me ask ChatGPT."

And then the cool thing about it

is that it remembers your conversations,

and so you could have an entire
back and forth conversation

with this tool where what it would do

would be to reach into its data sources

and provide you with

responses that are, you know,
out there that are readily available
without you having to go to
each individual data source.

And, of course, this is where, you know,
you're really using your
clinical judgment to identify,
you know, what those sources are
and kinda making sure
that those sources are actually accurate
so that the information
that you're getting from it,
you're not sort of treating
it as the kind of the,
the sort of the ultimate
source of information.

So another question that I
asked is right down there,
which was, "What are
some examples of goals
that I could write?"

And so you can see that
I made that very specific
because, in this fictional scenario,
I'm imagining that I had this interview
with this little girl's parents,
and they said, "Well, our main concern
is that she's not yet using words
to ask for what she wants."

And so making the prompt
much more specific
means that I'll get,
I'm more likely to get a more specific

or relevant answer than
if I had just said,

"Oh, what are some examples
of goals I could write for language?"

So I'm just gonna let it
play, starting from the top,
just so you can see the progression.

And so you can see these are
some goals that, you know,

again, I wouldn't go in and
just copy and paste these goals,

but this would be a
really good starting point

to sort of identify some
more specific targets

that are relevant to the client

and also reflect the client's priority.

And so here's another question
I asked in thinking about,

well, if I want to come up

with a particular treatment approach,

you know, what is the evidence base

behind the ease of AAC devices
to support communication?

And so you can think about
how this would be beneficial

not just for yourself as a clinician

but also something that you
can share with caregivers

or other professionals who
might be a little bit hesitant

about incorporating AAC
into a treatment plan.

And so this is, again,

you can see I've asked that

question about a summary,

and now I'm asking a
more specific question

about journal articles
that support the use

of AAC devices in speech therapy.

And then asked another question

because I looked at the years

that those articles were published.

And so this is going back to
that reminder that this is

and always will be a tool for your use.

And you, as the clinician,

have the opportunity to
really evaluate the content

that it's providing you with.

And then, based on
understanding what it is

that you are actually trying
to get in terms of answers,

you can continue to clarify

and specify until you get the resources

that you are looking for,

and then you're in a much better position

to embed that into what
you do on a regular basis.

So now we can go on to the next tool,

and this is actually two parts.

And so the first thing
I'm gonna have us do

is to just listen to audio
of a treatment session

and then an AI transcription service

that really helps with
documenting the session.

And so I do want to kind of clarify,

so this is something that
I got off of YouTube,

and so there's no sort of,

there are no privacy concerns,

and also it unfortunately is
not a speech therapy session,

it is an occupational therapy session.

However, the goal is really
less about the content

but really about being able to see

how the tool itself works.

And so I'm gonna hit play,

and so I just would
encourage you to listen,

and then if you'd like to take
notes just to be able to see,

sort of compare your notes

with what the AI tool is gonna do.

- [Therapist] So at our last
session during lunchtime,

you and Charlie practiced
having himself on the chair

and feeding himself.

And how did that go for you guys?

- [Client] It was good.

He seemed to enjoy it then, he
hasn't enjoyed it since then.

- [Therapist] Okay.

- [Client] But it was a
good thing for me to do

to learn how to get him messy,

for me to be okay with it.

And I think it was, you know,

good for him to explore
the food on his hands

and in his mouth.

- [Therapist] So what was different then

when you thought that he
enjoyed it when we were together

versus sort of this.

- [Client] I've been putting
foods in front of him,

and he just kind of stares at it,

and I'll take his hand and put it in it,

and he doesn't know what to do.

And then I stick his finger in his mouth,

and he'll suck on his finger,

but then he won't go back for himself.

It's all me kind of me making him do it.

- [Therapist] Okay.

- [Client] But he does
like to grab a spoon,

and he's kind of gotten angry with me,

when I try to hold the spoon,

so he wants to do that himself,

so that's been interesting.

But he's still not that
interested in getting messy.

- [Therapist] Okay.

- [Client] And it might be
partly from my apprehension

of him getting messy.

- [Therapist] Okay, so when

we were doing it, though,
you were really engaged and very excited.

Do you feel like you carried that through?

- [Client] No. (laughs)

When you were here, it was like,

I was still kind of like,

I don't know, I was
being nervous about him.

- [Therapist] Yeah.

- [Client] So I need
to work on that myself,

and then he'll probably be better with it.

- [Therapist] So maybe the
next couple days will help

be more relaxed in the feeding
time and the messiness.

- [Client] Yeah.
(Charlie squeals)

- [Therapist] I know.

- [Client] And I think also I
was giving him the spoon first

and then trying to get him into it.

So I probably need to not
even show him the spoon,

just put the food on the table
and let him start that way.

- [Therapist] So that's good insight

that he was sort of gravitating

towards something he felt
safe with and liked to do

versus kind of initially
going into the feeding.

Okay.

Are you his only feeder,

or does his dad feed him?

- It's pretty much me.

- Okay.

- [Client] My husband
will give him a bottle,

but I'm usually the one feeding him.

- [Therapist] Okay, and
how does your husband feel

about getting messy?

- He doesn't like it.

- [Therapist] He doesn't like it.

Okay, so Charlie has it.

(Charlie babbles)

You do, I know.

Okay, well, you just
identified a couple things

that you're gonna practice
throughout this week.

I'll check in with you.

(Charlie squeals)

We'll see how that goes
a little bit differently

by not giving him the spoon first

and starting with just the foods.

- [Client] Okay.

(Charlie squeals)

- [Therapist] I know. And how
about dry foods versus wet?

Do you notice a difference with this?

- [Client] He's still
kind of looking to me

when he has puffs in his hand.

- Okay.

- [Client] Because he's still,

he's not able to do the pincer grip

and just kind of, you know,

brings his fist to his head
and then gets frustrated,

so he's still kind of like looking at me

and then waits and then...

- [Therapist] Okay, so but
he's made that connection

between it's going to my mouth

and suddenly my mom's gonna help me

instead of just giving it to
you like he was doing before,

so he made a little step.

Okay, that's better. That's good.

What other ways have you been able

to help him use his fingers individually?

Have you found anything else in play

that sticks out for you?

- [Client] I mean, he
still plays with the books,

but I guess that's more his hand.

- [Therapist] Okay, any
pointing or poking into things?

- No.

- Okay.

Well, let's think about
some of those things today,

and we'll look at some
of that stuff as well.

Okay, the other thing
that we wanted to touch on

from the last two sessions that we had

is helping him pull to
stand while he was playing

so that he's not just

pulling to stand on you,

but he has more freedom for moving around.

- Right.

- How's that working for you?

- [Client] He's doing better with the table.

He's still kind of waiting for me

to give him the initial boost.

And so I'm trying not to pull up as much,

I'm trying to let him do most of the work.

I did bring up this ottoman,

and he seems really comfortable with that.

And if I put, you know, a dog toy or a ball on it,

he's really excited to stand up on that,

actually more so than the table.

- [Therapist] Okay.

- [Client] I don't know if it's maybe the height difference

or that it's soft, but he likes that.

- [Therapist] So you found more ways though

to kind of give him that encouragement to do it on his own.

- [Client] And yesterday he was going

from being on the ottoman

and he was moving over to the chair.

And I held the chair, and I let him do it.

- Oh, good.

- But he was, like,

seemed excited to be kind of-

- Was he-

- cruising.

It was really slow, but he was slowly moving around.

- [Therapist] Very interesting.

All right, we've made some progress in that area.

Okay, so what would you like to focus on today?

Diaper changing, you mentioned.

- [Client] For some reason, the last couple days it's gotten better.

- [Therapist] Well, hey, there you go.

- [Client] And I think it's, I put, I decided to put him back up on the table

because he was too easy for him to crawl away on the floor,

and I think almost, like,

it was, like, an impetus for him to crawl.

- [Therapist] Okay.

- [Client] So I put him back on the table, and I kind of just held him,

and I was, you know, as soon as he started to turn,

I would hold his shoulder, hold his hip.

And for the moment, he's being good about it.

- [Therapist] All right, so you found something

that worked for you.

- [Client] Yeah.

- [Therapist] We tried, some people put it on the floor,

but if that's more of like,

an I'm gonna get going kind of thing,

back on the table works fine.

- All right, and I did see

that some people had some
issues with the audio.

I apologize for that, and no worries,
because really what I'm most excited about
is the tool itself.

And so the reason why I had
you sort of listen to the audio

was to be able to compare

and contrast with how the tool
sort of analyzed the audio

and what it produced in
terms of documentation.

So I'm gonna go ahead and play this video,

which you'll be able to kind
of see then what the tool,

what this particular tool was
able to collect from the audio

and then create in terms of documentation.

And so you can see that it's organized

into a sort of classic SOAP note format.

And then you can see

where there are options to give feedback,

whether or not that
transcription analysis was,

you know, accurate.

And, of course, again,

because this is something
that's sort of used generally

for medical transcription,

it doesn't, you know,

it doesn't know that this is a sort of,

this is a client that probably
wouldn't need vital signs,

but you can kind of see it also
has this overview of a plan

and action item.

And then toward the end of the video,

it also has a section where
it summarizes the session,

and talks about some of the strategies

that the parent can use,

and allows you to send a message
securely with that content

to the parent or caregiver.

And so one of the things
that I do wanna stress

in going over this is that this is not,

this is not specific
to this particular tool

or this particular product.

This is something that AI can do.

And really, there are
so many opportunities

for us as clinicians to
be able to, you know,

not necessarily think just in
terms of what ChatGPT can do,

but really think about what AI can do

and then how we can
incorporate all its functions

into the things that
we do on a daily basis.

And so next up, this is a
sort of data analysis tool

that I'm gonna give a little

bit of an overview about
before I hit play on the video.

And so one of the things

that I know can be a really
significant pain point

for clinicians is taking data

and being able to make sure

that you're taking enough
data during a session,

making sure that you are
taking enough relevant data

during a session,

and then being able to
really use that data

and to be able to gain
insights from the data

so that not only are you
able to sort of make changes

to your practice as needed,

but you're also able to sort
of engage with other people

who may not really
understand what you're doing,

or what you're taking data on,
or why it matters. and so on.

And so I've again taken this
fictional two-year-old girl.

I named her Anna.

And so what I did was to
essentially create a data source

for single words

and her use of single
words over a 30-day period.

And the purpose of doing that

was really to be able to

showcase how this particular tool
can help to organize the
data that you collect
and then also provide visualization
so that it's a lot easier to track,
but then also a lot easier to
be able to share with someone
who doesn't really, you know,
kind of understand what you're tracking
or maybe might benefit
from additional help
in understanding the value of tracking
that particular thing.

And so I'm gonna go
ahead and play the video

so that you can get a sense
of how this tool works in that context.

And so you can see this is just,
again, this very fictional,

so it would be nice if we had, you know,
within 30 day, 20 words within 30 days,
but there you have it.

And then what I did was create a dashboard

that shows all the words
in that 30-day period,

and then it kind gives me the option
to sort it by all those different options
or sort of visualization
by all those other options.

And so you can see, you know,

we started with, you know,
no words by June 1st,

and then by June 26th, we had 20 words.

And then it's a lot easier
to be able to see that.

You can see where you
can put your data sources

and where you can, you know,

really diversify those sources
to be able to again, specify,

well, if I want to be
able to gain insights from

or get information about
this particular thing

that I'm tracking,

this is how I'm collecting the data,

this is how I'm organizing the data,

and then I'm using this tool

to be able to help me make
decisions about the data

and help me communicate about the data

to people who might sort of
need that insight that I have.

And so that takes away a
significant amount of the burden

of having to do this manually,

and also, you know,

makes it a lot easier to
be able to really explain

to other people the value of
the work that we're doing,

which is important

because I know that it's
not always very clear

to people who are not in the
field the value that we bring

to the lives of the
clients that we work with.

So-

- [Jim] Deborah,

there are a couple
questions about this tool.

Which tool is this?

- So this is called Zoho Analytics.

- [Jim] Thank you.

- But again, the tool itself

is not as important as what it can do.

And so there are other
analytics dashboards

that do the same thing
or something similar.

And really, it's about being
able to really go through

and identify the tool
that works best for you.

So important things to keep in mind.

AI is a tool, it is always
a tool, always a tool,

and it's for supporting
your purpose as a clinician.

And so what that means is
that you can really use it

in any way that sort of
makes the most sense for you

and benefits the clients

in order to suit your
purposes as a clinician.

And so it's not gonna take your job

and it's not gonna do it for you,

but it's always gonna enhance your ability

to do your job, you know, even better.

And because it always relies

on the data it receives,
like, you are always the person
that's gonna be driving whatever it is
that this tool is used for.

And so again, these
important considerations,

it's not a substitute
for human intelligence,

creativity, or ability.

And I think that it's something
that provides significant opportunities
for SLPs in every setting to be able to,
to simplify the work that they do

and just make sure that
they are in that position

to provide the best quality
of care to their clients.

And I think, most importantly,
the use of AI is still evolving.

And so what that means is
as SLPs, as clinicians,

we can be part of the
process of making sure

that it is really being used for,

well, used in ways that
support clients' needs

and that we can, you know,

with our understanding of how it works,
be able to contribute to the conversation
about how these models are being built
and used at a larger scale.

So here are my references.

And, you know, again,
because it's still very
much an evolving field,
there are new things coming
out every single day,
and, no, it's not always practical
to stay on top of what new research
or what new information is out there.

But certainly one of the things
I would encourage everyone

to do is to really start
to explore all the ways

that you can use these tools,

and just really be able
to start a conversation

about other uses that I
may not have covered today,

and really keeping that
focus on that purpose

that we want to achieve
on behalf of our clients

and everything that is
possible given the fact

that these models are being developed

to mirror human learning,
human decision-making,

human information processing.

So now I will give some time for a Q&A.

I know that we're not
gonna have enough time

to go through all of the questions,

but I've put my email address there

if you would like to reach
out to me personally.

And then we will be doing

follow-ups after this,

and the goal is really to
give you a foundation today.

I will also be sharing some homework
where you will have a chance to practice
using some of these tools on your own

and really have the opportunity
to come up with questions

that might help you better understand,

get answers that might
help you better understand

how you can use this in your practice,

and to just make your
work a little bit easier

and certainly serve your
clients a little better.

All right, so I see some
questions in the Q&A,

and so I'm just gonna kind of
start from the first question

and work my way down.

And so,

so there are no tools in
particular that I recommend

just because I, you know,

as a clinician, you really
are in the driver's seat

and you can explore a tool

and then determine if it's something

that really best serves your purposes,

whatever those purposes are.

But what I can do

is certainly kind of share
tools that I have used

and that I found to be really helpful,

like, from that process.

And so, for instance,

when it comes to the
intakes and evaluations,

like, just specifically
for report writing,

what I actually tend to do,

because it's part of my
process, is I record both.

So I have an intake form and
take, it's pretty in-depth,

and I take information
from that intake form

and kind of have questions,

come up with questions
that I have for the client

or the client's caregiver.

And then what I actually do is,

I record the intake meeting

and any follow-ups in
terms of evaluations,

and yes, that happens with the client

or caregiver's consent.

And then what I do is I
just run that recording

through an AI tool that I use,

which will summarize,
identify sort of patterns,

and whatever kind of else that
I essentially ask it to do.

And then from that I
just kind of go through,

and based on whatever my impressions were,

I'll update the report.

And so, like,

regardless of what type of
client I'm doing that for,

I'm still going from that
perspective of saying,

"I want to have this information
from this recording."

And so I'm sort of plugging
it into this particular tool

to get that information.

And then, I like to have the recordings

and not just have everything
go through the tool

because I'm usually looking
for more things than just the,

you know, sort of the
summary for report writing

'cause I also like to kind of go back

and say, "Okay, well,
this is the baseline,

and this is kind of where we started

with this particular intervention."

And now I can,

it's just a great way
for me to kind of go back

and compare and contrast
in terms of progress.

And so someone asked,

"How reliable is the information
that ChatGPT provides?"

And the answer is, it varies.

And so that's where, you know,

we're not substituting it

for sort of human knowledge and insight,
we're just kind of using it
to augment human knowledge and insight.

And so one of the things that I tend to do
if I ask a question is I will go
and sort of do my own research.

So for instance, if, like,

if we go back to the example

where I asked about
developmental milestones,

you know, that was a very, very general,

very, very brief summary,

and I know many more sources

for developmental norms that I would go to

before I would use that
information from ChatGPT.

But in a way, that's one of
the reasons why, you know,

we wanna keep our mind on the data

because ChatGPT relies
on data and data sources.

And so if, as clinicians,

we are part of the source of that data

and we sort of are able to
provide access to that data

to ensure that those who
are building the model know

that that data's available,

then they can include it
in their sources of data

and make the answers a lot more reliable.

So the short answer is,

you know, you never want
to substitute the knowledge

that you have as a clinician

with whatever answer
you're getting from ChatGPT

or any other tool.

And I see another question in the Q&A box

where, yes, I already answered
that about always remembering

that those pillars of AI
ethics require privacy of data,

and certainly our own code
of ethics require for us

to ensure that our clients are informed

about any of our practices
regarding their care.

And so we're notifying them,

and they're providing informed consent.

And so kinda going back
to this whole process

of recognizing that there
are so many tools out there,

and part of our responsibility
in evaluating their use

is being able to identify how,

where the data is coming from,

how the responses or the
answers are being generated,

what's being stored,
what isn't being stored.

And I will say a lot of the
tools that I have come across,

the companies that develop
them are usually pretty good

about being transparent

about where their sources
of data are coming from

and how they are arriving
at whatever answers

or responses that they are getting.

And so, because it is
still an evolving field,

there are gonna be errors,

there are gonna be all sorts
of, you know, things that,

and there are even some cases

where some AI tools are making things up.

And so it is very much still a growing

and evolving field and process,

which is why it can never be

and should never be a substitute

for everything that
you've learned in school,

everything that you've learned
in your clinical practice.

It's always a tool that you can use,

and that you can monitor, and evaluate,

and make sure that it
serves your purposes.

And so, so I see a question

asking about educational settings

or organizations that currently use AI,

and I am not,

I certainly know lots of
organizations that are using AI.

I don't know of any educational ones,

and I do know that it's
certainly part of a conversation

that a lot of people are having
about how they would
incorporate AI into education.

I know one of the things that
Google is doing is providing,
you know, training and access for teachers
to be able to facilitate that.

And so I see a question
asking about a tool
that integrates with an EHR.

And yes, again, there are tools
that would integrate with an EHR
and will sort of remove the
need for copy and paste.

A lot of those tools are paid
and require you to sign up for a demo
and do all sorts of types of things.

So that's really something that, you know,

you know, aim at your
independent research,

you know, have an opportunity
to explore and determine,

you know, sort of which tool
would be the best fit for you

and for your purposes.

And really being able to understand

that all of these tools
provide an opportunity

to not only get this, you know,

this process be more streamlined

or have this process be more streamlined,

but it also provides
you with the opportunity

to think about other ways
that AI could be used.

And I think that's one
of the ways that, again,

as clinicians, we can really have a hand

in transforming our field

and sort of being able to
ensure that some of these things

are being sort of supported
in our workplaces,

and certainly for the purposes
of making some of the,

sort of the challenges that we encounter

in all of these different settings

be a little bit less of a burden

because these tools are
part of our workflows.

I think it's certainly one of the,

one of the great ways
that we can get started.

And also, you know, for
anyone who is interested,

I definitely recommend going kind of,

going a little bit deeper
and kind of learning how to,

like, sort of how AI itself works

and just being able to
have a little bit more

of that foundation to think through.

Well, I know that this is the process

by which this model takes this information

and then essentially
comes up with a response

or it comes up with an output.

And so because I have a
better understanding of this,
I have a better understanding
of how it integrates into my workflow,
and I'm just in a better position
to advocate for my employer,
or I'm in a better
position to educate others.

And, really again, helps
to take you from place of,

you know, thinking about
AI as just being ChatGPT

but really recognizing
that it can be anything

that you want it to be,

depending on what you wanna use it for

and what you know of
what it can do for you.

And so I do see some other questions

that are not in the Q&A,

I, unfortunately, will not
be able to get to all of them

just because of time.

But again, I do,

my email is right there.

And so, please feel free
to send me a message

if you have any questions
that I did not answer.

And, you know, I think
it'll be a great opportunity

to continue the conversation

because this is something

that we have an opportunity, again,

to contribute to and to
really help to make our field,

you know, that much more
better than much better.

And so, going through the messages here,

I think I see someone
had asked about costs.

Yes, there are some tools that are free,

there's some tools that have a free trial,

there's some tools that are paid.

What I actually started doing was to.

So a couple of years ago,

I had taken some programming courses,

and so I actually started
to build my own tools

because that way,

not really having to go
through some of the paywalls

that you encounter when
you're trying to go through

and find a tool that really works for you,

but then it also gives you the opportunity

to customize your tools
for your own purposes.

And so, again,

if this is something that
you are inclined to do,

I would recommend doing it

because it gives you
that much more freedom

to be able to develop tools

that work exactly for what
you want them to work for.

So I see some questions about
Zoho Analytics in particular,
asking me if it's HIPAA compliant.

And yes, so all of the
tools that I presented,
with the exception of
ChatGPT, are HIPAA compliant.

And so if you were gonna sign up
with any of those organizations,
it would just mean having to sign a,
what's called a business
associate agreement,
which is what allows them to give the data
that you would be processing
through those channels
the level of privacy
that it needs to comply with
HIPAA and other privacy laws.

And so that's something to keep in mind,
especially as you're
evaluating other tools
that I didn't cover,
which allows you to make sure
you're going after something
that is HIPAA compliant.

Is this something that serves my purposes?

Is this something that, you know,
not only I but other professionals,
other providers that I work
with can use and access?

Because that all means

that you're not only
gonna be able to use it

to serve all of your specific purposes,

but you'll be able to
sort of expand the way

that it's being used

and make sure that it's something
that gets broadly adopted

within your organization or setting.

And so I do have a consent form.

I'm happy to send that as a template

to anyone who would be
interested in receiving one.

And again, this is very,
very sort of foundational.

There's the opportunity to
continue the conversation.

You can send me an email
if you have any questions,

and, you know, I really
appreciate your time today

and the opportunity to
share some of this with you,

and very much looking
forward to the opportunity

to connect with as many of
you as would be interested

in continuing the conversation over email,

and, you know, just
kind of working together

to bring AI into our field.

Thank you all so much.

- [Jim] Deborah, thank you so much.

(clears throat) Excuse me.

Thank you so much for your presentation

and sharing your expertise
on this relatively new topic.

For those of you who are here,
if you have additional questions,
please keep in mind
that we do have another session next week,
and we will also be scheduling
a Q&A session in August.

That Q&A session will
likely not offer ASHA CEUs,
but if you do have questions
or you just wanna learn more about AI
and how you can use that in
your practice or your school,
we will have that session coming up.

Just as a reminder,
for anybody who has not
completed the assessment
and is looking for ASHA CEUs,
I've added that link in the chat.

Also, once the webinar ends,
you should be redirected
to a post-session page
with a link to the survey
and the assessment.

The survey is optional, the
assessment is required, however,
if you would like to earn ASHA CEUs,
so please be sure to
complete that assessment
if you would like ASHA CEUs.

Thank you everyone for
attending, and have a great day.