

## ONLINE SPEECH AND LANGUAGE THERAPY. FOCUS-GROUP BASED STUDY

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### Abstract

In March 2020, due to the pandemic situation from our country, the National lockdown was imposed for almost two months. Speech and language therapy field was very affected in this period of time and harsh decisions were to be taken. Children who strongly needed therapy were in the situation to either go on with the rehabilitation process in an online setting or to wait and postpone therapy sessions. The aim of this research is to present the situation in a SLT (speech and language therapy) private specialized center and to underline the advantages and the disadvantages of SLT online therapy after one year (from March 2020, till March 2021). In the beginning of March 2020, 37 children attended SLT sessions in this private center, 2 of them were recently assessed and they were supposed to begin therapy exactly on the first lockdown day. From all of them, 20 children (54 %) switch to online therapy sessions progressively. Starting with April 2020, after a three weeks break, 9 children diagnosed with mild to moderate speech and language disorders, switch from face to face to on-line. In May, 6 more children and in June another 5 children were brought back to therapy, even if we remained in an online setting. The other children, 17 (46%), either stopped all therapy sessions or began therapy in other centers that organized onsite therapeutic sessions after the lockdown period of time. At this present moment, in March 2021, at one year distance, the SLT center offers SLT services exclusively online, both assessment and therapy and the number of cases asking directly for online therapy is increasing daily (in March 2021, N=31). Results of this study, organized as focus-groups with 3 parents, 3 children and 3 therapists underlined that online SLT is very efficient as long as parents' involvement is high. The main advantages listed by all persons in the research, even by children are: easier to be more consistent; the attendance in the SLT sessions is definitely higher, parents can participate directly in these activities, resources are easily to be found. Among disadvantages, the fact that parents have to be very involved in this therapeutic process seems to be the most frequently listed. In discussions and conclusions of this study a profile of the online SLT users is about to be depicted, a profile related to the one found in specialized literature from the field.

**Keywords:** *Online therapy, speech and language therapy (SLT), speech and language disorders, focus-group.*

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### 1. Introduction

Telepractice in speech and language therapy has been with the services for a long time, initially presented as ways to address people's needs in distance areas or specific groups or peoples.

#### 1.1. Online speech and language therapy definition

Online speech therapy services have developed in the last decade, but last year most SLT's around the world, forced by circumstances, moved face-to-face services to online services due to COVID- 19 pandemic.

Telepractice is seen as use of apps and tech technology to SLT/SLP (Harrison, 2011). The American Speech-Language-Hearing Association (ASHA) defines the term telepractice as "the application of telecommunications technology to the delivery of speech-language pathology and audiology professional services at a distance by linking clinician to client or clinician to clinician for assessment, intervention, and/or consultation". (ASHA, 2018). Parallel, the World Health Organization

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(2016), defined telehealth as the delivery of health care services using information and communications technology (ICT).

In Romania the term telepractice is not widely implemented, but “online speech therapy” is preferred and used for any speech and language therapy session delivered by a speech and language therapist using a computer or any other device (laptop, tablet, phone) connected on the Internet.

### **1.2. Advantages of online speech and language therapy**

The switch from face-to-face to on line session in speech and language therapy, consequently impose a debate between the advantages and the disadvantages of the new delivery setting.

The most relevant advantages when using telepractice are related to saving time, diminish cost associated with traveling and reduced waiting time. (Eslami, 2018). Others researchers such Tucker J. K. (2012) considers the following advantages of telepractice services: access to SLT services, individualized programming, delivery options for students, access to specialists, and increased learning for students. For students with ASD, telepractice helps them to stay on task and typing on the computer is easier than handwriting. If the children wear headphones during SLT sessions, it could help them reduce other distractions.

Kraljević et al. (2020) identified the following advantages of using telepractice: equity of services, mitigation of distance and travel issues as well as transfer to natural settings.

The focus in telepractice is also on the type of activity used which can influence the results of therapy sessions. O'Brian et al. (2014) in their study concluded that the use of synchronous methods is more effective than using asynchronous methods (e-mail) in stuttering context.

In telepractice, SLT services are more accessible and these types of services proved to influence positively the patients' cooperation during therapy. (Marcin, 2016)

Due to Covid-19 pandemic, online speech and language therapy reduce the risk of illness for children, their families and for therapists. Because children do not have digital skills to access the platform and to connect with the therapist, the parents must offer support them and they are more involved in the therapeutic process.

### **1.3. Disadvantages of online speech and language therapy**

At the beginning of telepractice, one of the main concerns raised was related to protecting the patient's privacy during online sessions (Kully, 2000). The new end to end encrypted apps and programs tried to address this disadvantage, but the security problems are not completely resolve.

The quality of sound and image influence the quality of telepractice services. There are different factors that can influence the quality of sound and image: the devices used during online therapy (microphone, camera) and the speed of the Internet. Low bandwidth and network congestion have a negative impact on sound and visual signal during online therapy. (Constantinescu et al., 2011).

Tucker J. K. (2012) identified the following barriers during telepractice: technology failures, lack of training, lack of procedures, nature of the environment, lack of physical contact, establishing therapeutic relationships, ethical concerns, student candidacy, dissatisfaction, lack of research. Talas (2015), Bodea Hațegan, Talaș, (2020) consider that the lack of physical contact, static position, and the lack of family training using the computer are the main disadvantages of online speech and language therapy. Telepractice Working group study (Trifu, R et al 2018) underline the benefits of speech language therapy in case of distance and poor access to speech therapy, in contrast with the challenges which imposed special training, diminish resources and budget restrictions.

## **2. Design and methodology**

This is a two-stage research. First a quantitative analysis was made in terms of frequencies in order to determine the number of online SLT therapy beneficiaries at the level of the Private SLT Center. Then a focus- group with 9 participants (3 parents, 3 children and 3 therapists) was organized to gain insight on the topic.

In March 2021 we decided to organize a small focus-group at the level of the SLT center, with parents, therapists and children in order to learn more about this situation and to find out how all three parts involved in this online therapeutic process appreciate the situation.

The focus-group with parents and children was organized just with beneficiaries of online SLT therapy and it was based on the following questions/directions:

1. Do you appreciate as useful the online speech and language therapy?
2. Do you prefer online SLT over onsite SLT?
3. Do you want to continue (as necessary) the online SLT?
4. List at list three advantages of online SLT.
5. List at list three disadvantages of online SLT.
6. Please provide us other info you consider relevant.

The therapists gathered involved in the focus-group delivered both online and onsite SLT in the private center.

### 3. Objectives

The aim of this study was (1) To identify the advantages and disadvantages of speech and language online therapy, (2) To draw a profile of the SLT therapy beneficiaries during the pandemic period of time, (3) To identify the new ways in which the advantages of the online SLT can be furthered exploited.

### 4. Participants in this research

Parents and children were randomly selected from the three main waves of participants in the online therapy: 1 parent and one child who started online sessions in April (diagnosis of the child reading and writing disorder); one parent and one child who started online sessions in May (diagnosis of the child articulation disorder) and one parent and one child who started online therapy in June (diagnosis of the child speech and language disorder secondary to the autism spectrum disorder).

### 5. Results. Frequencies study

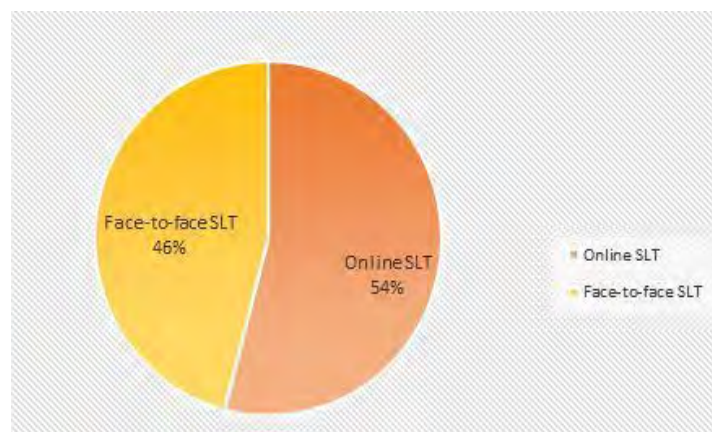
This study was organized based on the experience we had in a Speech and Language Therapy Private Center from Romania. In the beginning of March, the total number of children who used to benefit from the speech and language therapy services in this specialized center was 35, the other two children were recently assessed and they were supposed to begin their therapies next week, 37 in total. The center has two working points, a main working point and a secondary working point organized in a private kindergarten.

At the lockdown moment in the working point from the kindergarten 7 children benefit from the therapeutic services. On 13th of March 2020 in Romania, the possibility of national lockdown was announced by our president and it became low starting with the 16th of March, In Romanian being announced the State of Emergency, for a period of one month. Unfortunately, the State of Emergency was prolonged for another month, in April, and then Romania entered in the Alert State.

During the State of Emergency most of the private services ensuring speech and language therapy closed their face-to-face activities. The Private Center analyzed started online therapy in 21.03.2020 with a speech and language assessment, in April they also started therapeutic activities and continue delivering, most of the time, online speech and language therapy even now, based on the results obtained and on the fact that beneficiaries ask for online speech and language therapy.

From the total 37 beneficiaries of the SLT Center, 20 entered the online speech and language therapy, while the other 17 left the center and ask for face-to face SLT therapy in other private or public services.

Figure 1. Graphical representation of SLT therapy at the beginning of the pandemic situation.



The 20 (54% from the Center's beneficiaries) beneficiaries of the online therapy came into online therapy as follows: 9 children, started in April 2020 (immediately after the centered offered this possibility), after a three weeks break, all of them diagnosed with mild to moderate speech and language disorders, 6 children in May, after parents understood that pandemic situation prologues for an indefinite period of time and in June other 5 children, at the end of the school year, when parents understood that during the almost 3 months of absence from SLT therapy children really need to restart it.

The composition of the diagnosis of the 20 beneficiaries of online SLT is as follows: 5 children with phonologic and articulation disorder, 6 children with reading and writing disorders, 2 children with stuttering, 4 children with speech and language delay and 3 children with speech and language disorders secondary to the autism spectrum disorder.

The other children 17 (46%), either stopped all therapy sessions or began therapy in other centers that organized onsite/face-to-face therapeutic sessions after the lockdown period of time.

The group of the 17 children who did not accept online therapy is composed from the following diagnosis: 10 children with speech and language disorders secondary to the autism spectrum disorder, 5 children with speech and language delay and 2 children with reading and writing disorders.

At this present moment, in March 2021, at one year distance the SLT center offers SLT services exclusively online, both assessment and therapy and the number of cases asking directly for online therapy is increasing daily (in March 2021, N=31).

### 5.1. Focus-Group study results

Based on the question presented on the methodology section, discussions were actively between the therapist, the parents and the children.

The most relevant data of the focus-group are included in the following table.

Table 1. Results of the focus-group.

	Parents	Children	Therapists
1. Do you appreciate as useful the online speech and language therapy?	All 3 parents consider it useful and are happy with the decision to have accepted online therapy	All 3 children are very happy with this type of therapy and they consider it helpful.	Yes, in special situations only (all 3 therapists underlined this).
2. Do you prefer online SLT over onsite SLT?	2 parents definitely prefer onsite therapy over the online one. 1 parent consider online therapy very useful due to the fact that it reduces a lot his travelling costs	All children prefer online therapy and underline this aspect.	1 therapist declared that yes she prefers this type of therapy, especially in this pandemic situation 2 therapists declared they do not prefer it at all
3. Do you want to continue (as necessary) the online SLT?	All parents are willing to continue online therapy as necessary.	Children even prefer this type of therapy over the onsite one.	1 therapist underline that she wants this type of therapy just in pandemic situation 2 therapists are ready to offer it based on the demand
4. List at list three advantages of online SLT.	-online therapy reduces costs, - online therapy reduces distance and ensure more consistency to the meetings. - online therapy provide parents with the opportunity to participate in the meetings and to easily access lots of therapeutic resources.	- they do not have to wear face-masks, - they do not have to stay in traffic, to get to the therapy session, - they use computers and they like using them	- online therapy ensured continuity of the therapeutic process even in pandemic context, - the costs for the space rent are reduced, - lots of online resources are to be found now, -the need to adapt was seen as a benefit from all this situation, - reduces distances and can have patients from all over the country and not only from the national level, but also from the international level, - can get specialized just on online therapy.
5. List at list three disadvantages of online SLT.	- technical difficulties (they had to buy computers and electronic devices for children) - they have to accompany children in the therapeutic process and this, sometimes, is quite difficult,  - they have considered computers and the screen time is not friendly at all, children tend to spend too much time in front of screens, - children can't focus accordingly online, the engagement level is lower.	-they want to meet other children, - it is difficult to get online sometimes (computers, tables are not properly working), - parents are with them in the room, - they do not see exercises so clear, - it is difficult to stay focus in front of computers and tablets, - lack of the possibility to move around.	- technical difficulties, - lack of training and knowledge in handling applications, computers, platforms etc., - the novelty this kind of therapy raises puts us in difficulty from time to time, - they have to rely on parents,, help in difficult cases and in small children's cases,  - not all parents are ready to get involved in the therapeutic process.
5. Please provide us other info you consider relevant.	"The online SLT therapy was the only stable educational aspect my child benefit from in this period" (underlined one parent).	- "I really like it" (confessed one child); - "I hope we will continue online therapy" (said another child).	"I learned a lot in this period" (said a therapist). I hope we will combine online therapy with the onsite one, in future, after the pandemic period stops (said another therapist).

## 6. Discussions and conclusions

Based on these dates we can build the following profile of the online SLT beneficiary: children with parents familiar with technologies, who understand that the pandemic situation is not at all time limited and who are ready to help their children no matter the situation and the efforts they have to engage.

This profile of the online SLT beneficiary places this type of therapy in the family based approaches and underlines once again the importance of family support during the SLT intervention.

Online speech and language therapy must be considered and must be developed in the future. Before online speech therapy starts, the following factors should be considered: age, type of speech-language disorders, severity of disorders and cognitive ability including attention (Jung et al. 2020). New platforms for speech and language therapists need to be created and new training for specialists and for parents need to be delivered in the future.

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