

Introduction

The Speakaboo therapy team have been providing Speech and Language Therapy (SLT) services via teletherapy to children with Down Syndrome and their families for over 3 years. The efficacy of this service has been evaluated via case studies (Mathers 2018, Mathers 2021). With the sudden changes to service delivery options available due to the pandemic, and the existing barriers of access to services due to time, distance, and availability of specialist therapists, remote therapy has been increasingly adopted.

Research Questions

From parents, school staff and SLT experience:

- What are the benefits and drawbacks of teletherapy?
- How does teletherapy compare to other non face-to-face (F2F) therapy approaches, such as educational software programmes or videos?
- What does effective SLT teletherapy consist of?

Methods

The views of parents, primary school staff and Speech and Language therapists were collected via written questionnaire. All participants had the option of anonymity. Common themes were identified via multiple questions designed to encourage reflection of experiences. Themes were assigned codes. Prevalence of key themes was then analysed.

All responses are presented in the following format: (number of questionnaires this theme was mentioned in at least once; number of times this theme was visited within the questionnaires in total). For example: Frequency of NHS SLT (3; 7) means that 3 participants mentioned this theme, and that over those three questionnaires this theme was mentioned in response to any question a total of 7 times.

Participants

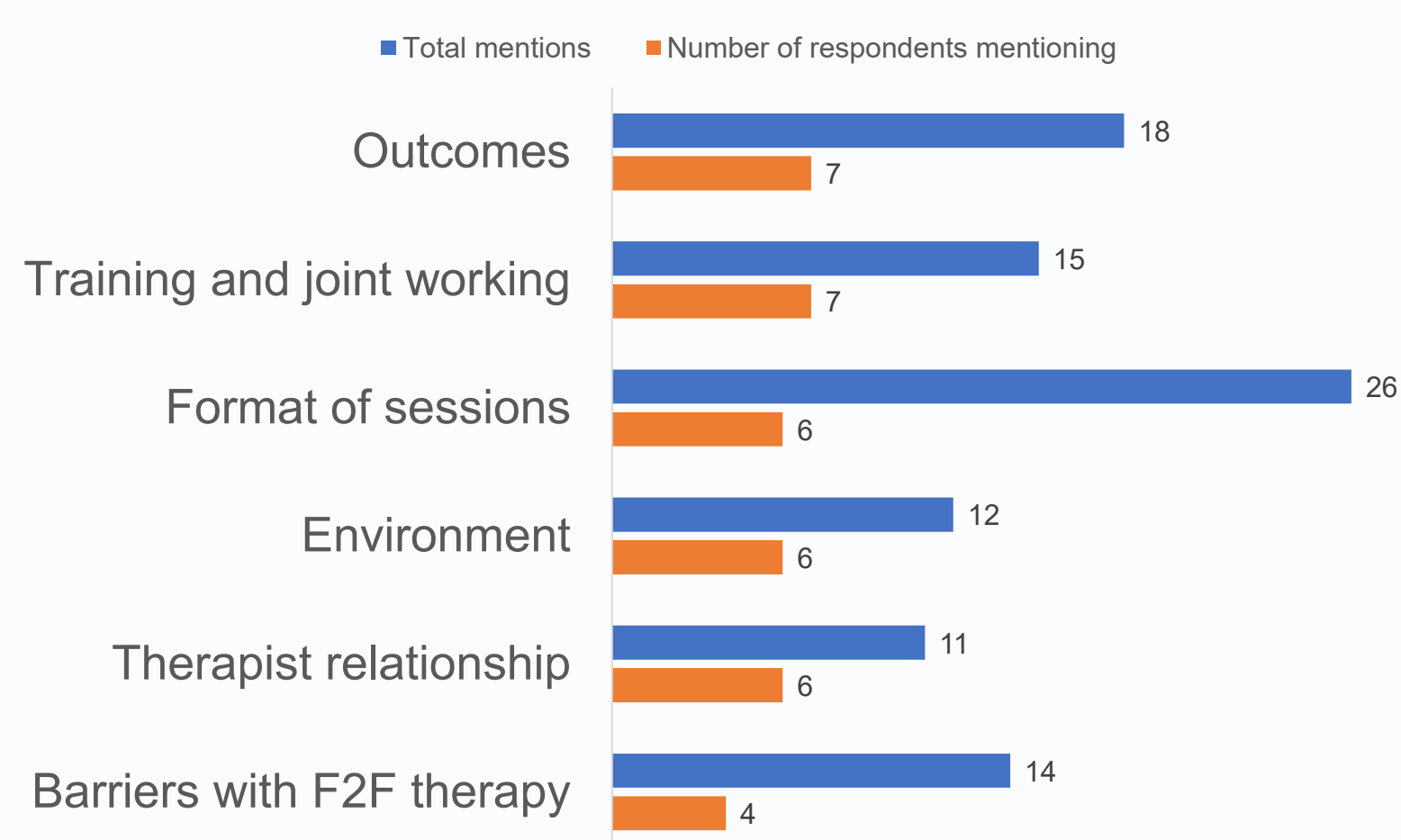
3 parents, 2 members of school staff and 2 Speech and Language therapists completed the questionnaire. They had been using teletherapy for between 10 months and 3 years. All of the interviewees reported it was parent choice to access SLT via teletherapy.

Results

Reason for selecting teletherapy

All parents identified only barriers to accessing appropriate F2F therapy as their motivation for trying teletherapy: Frequency of NHS SLT (3; 7); Specialism of local SLT (2; 5); Progress made with NHS SLT (1; 2).

Benefits of Teletherapy



All respondents reported the following benefits of teletherapy: **Outcomes (7; 18):** "the progress made has been fantastic" (school staff), "I can see positive progress with my son" (parent).

Support with coaching, training and joint working (7; 15): "staff value the regular input, support and guidance" (school staff), "...much better communication with the whole team..." (school staff), "his teachers & TA's are fully trained in so that they can deliver the same consistent approach" (parent), "We are part of the therapy... part of the solution" (parent)

6 out of the 7 respondents reported the following benefits:

Session format (6;26): Structured, predictable "X knows if she sits in a certain chair in front of computer it is (therapist) time" parent, "repetitive nature and fun activities" (school staff), **allow for more frequent sessions, are highly visual:** "My son is a visual learner so this is perfect for his interaction & plays to his strengths" (parent) and **individualised:** "...prepared with X at the centre and using toys, characters themes that are X's favourites... keep X's interest" (parent)

Environment (6; 12): "...relaxed, in our own home using many of the objects our daughter is familiar with" (parent), "...he is not being asked to interact with items he doesn't know..." (parent), "... in their own environment using their toys" (SLT).

Results

Relationship with therapist (6; 11): "(therapist) and (child) formed a great relationship very quickly and (child) sees (therapist) now as part of our lives" (parent), "The therapist listens, is good, knows (child) and his needs" (parent).

Barriers of access to face-to-face services were also mentioned as a motivator for continuing with teletherapy:

- Lack of access to services at all, or infrequent (3;7): "NHS SALT ... more about one piece of training... Reviews aren't very regular" (school staff), "NHS SALT is remote... it does not link home and school" (parent)
- Lack of specialist knowledge (2;5): "there is no one in our area with the knowledge..." (parent)

Drawbacks of teletherapy:

- Parents increased role in managing attention and engagement (2; 2): "easier for him to walk away..." (parent)
- SLT may not always be able to see or hear child clearly (3; 3): "...interrupting the session when I have to mention something that has not been heard or seen", (parent)
- Technical issues (e.g. internet connection, availability of devices) (3; 3): "sometimes parents only have a phone. Small screen limits what we can do..." (SLT)
- Timing of sessions (2; 2)
- Time for preparation of resources (3; 3)

Comparison to other digital therapy approaches

All parents reported using other digital programmes (DSE See and Learn programmes, Teach Me Too videos, and other educational apps). All commented that these compliment rather than replace teletherapy: "...different approaches... a mix is good... I would not say one is better than the other as (child) is learning different things from each...", (parent) "Whilst (child) enjoys these not sure they meet her needs in the same way as Therapy." (parent)

What does an effective teletherapy approach consist of?

- Individualised, with outcome monitoring central
- Involve and train everyone in the child's daily life
- Provide specialist SLT input and ensure a quality working relationship

Conclusions

A number of the benefits mentioned were not teletherapy specific (e.g. incorporation of coaching of parents and school staff, child centred therapy incorporating their interests and strengths). That these were raised suggests that the mode of delivery is secondary to the therapy offered, as explicitly stated by one parent, "it's more the therapist than the teletherapy". The relationship built with the Speech and Language Therapist was also mentioned by almost all respondents. This was built in every case only via teletherapy. As found in Freckmann et al (2017), this supports the conclusion that therapeutic alliance can be built with children and families via teletherapy.

Many of the elements mentioned by the respondents are facilitated by teletherapy. It may be easier to interact with the child in their own environment(s) via teletherapy, without travel or time constraints. Joint working may also be facilitated via teletherapy, for example observers can join sessions without being seen by or distracting the child ("opportunities for more than one person to join in or observe" school staff).

An effective teletherapy approach should incorporate the benefits identified by the respondents, whilst managing the drawbacks by supporting parents and school staff with their role within the session, and addressing and supporting technical access (including quality of sound and visual information).

REFERENCES

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