



REACHING THE CHILD BEHIND THE SCREEN: DAS SPEECH & LANGUAGE THERAPY TELEPRACTICE EXPERIENCE (THUS FAR)

Online or home-based learning (HBL) has come to prominence for many educators amid the COVID-19 pandemic. Instead of the usual classroom setting, curriculum is delivered via online means. As Allied Health Professionals (AHPs), the speech-language therapists (SLTs) at DAS have taken head-on the challenge of making telepractice - the telehealth equivalent of online learning - work for our children.

MAINTAINING SERVICE CULTURE DESPITE CHALLENGES

DAS SLTs have always focused on a service culture that has the welfare of the child at its heart, so we sought to make decisions and take actions that would contribute to positive experiences and outcomes for our children, even as we acknowledge that telepractice is not a perfect substitute for face-to-face therapy. Our aim has been, and still is, to continue to support our children with some form of therapy if and where possible.

With this philosophy in mind, we approached the implementation of telepractice in measured steps. We scoured the knowledge base for existing evidence maps and best practices at the time, as well as emerging resources and guidance. We also reached out to relevant authorities and professional bodies to ensure compliance with regulatory guidelines and professional codes-of-conduct to ensure that we continue to provide a satisfactory level of standard of care.



ENGAGING PARENTS

To anticipate families' needs, we looked at our children and evaluated each for their suitability for telepractice by factoring in considerations like: whether the key speech, language and communication area(s) of need identified as critical and targeted for remediation was anticipated to be well suited for therapy via telepractice; whether the nature and severity of the speech, language and communication issue(s) present would likely negatively impact the effectiveness of therapy via telepractice; whether the child's individual profile (i.e. co-morbidities, cognition, behaviour, sensory ability, age, etc.) would make it difficult for them to access telepractice; and whether appropriate equipment and related-technology was available.

Doing so gave us an early understanding of who would likely benefit most from telepractice. Guided by this, we then reached out to parents to seek their thoughts and views on their children being on telepractice, and respected the decision of each parent whether they would like to have speech-language therapy delivered through online means. We tried our best to have parents understand the need for telepractice for their children, the service(s) to be provided, how telepractice would differ from face-to-face therapy, their right to revert to traditional face-to-face care when allowed, the technology to be used, the risks and privacy concerns involved, and the expected outcomes and billing / fees. Hence, the majority of parents provided informed consent, and we are thankful for the trust and understanding they have shown, such that we have been able to continue supporting most of our children during these unprecedented times through the new mode of therapy delivery.

ADDRESSING TECHNOLOGICAL CONCERNS

For the few families who had deep reservations about whether the technology would work, we worked together to test the connections and viability of using the designated video conferencing platform while testing the stability of the various software / apps we intended to use. This helped to put these families at ease. Through these selected trials, we were able to identify potential technology-related challenges before sessions and make the necessary adaptations, so that families could get the best use of their therapy time.



CHALLENGES ARISING FROM THE SUDDEN BUT NECESSARY SHIFT

Even with the preparations outlined above, the sudden jump into telepractice was challenging with steep initial learning curves both for SLTs and the families involved. The different modality threw up unexpected technological issues so problem-solving and trouble-shooting these issues together with families was a recurring necessity at the beginning. The second hurdle was reaching beyond the screen to keep our children relevantly engaged. There was constant motivation to identify and evaluate the myriad of education and therapy websites and software / apps, online games, activities and resources, and then to adapt and incorporate these into sessions to contribute to the attainment of each individual child's therapy goals.

In addition, there were few existing models to emulate or leverage on when we first commenced telepractice. This has spurred us to continuously devote considerable time and effort planning and translating many of our tried-and-tested therapy techniques and

activities for online delivery such that their effectiveness could be maximised, and preparing the necessary therapy materials and resources to support this so that our children can continue to benefit from the sessions despite the new mode of delivery.

Finally, we are still learning to make the necessary accommodations to help children with unexpected sensory, behaviour, and/or motivation issues that surface during telepractice manage these.



While we have overcome the challenges to some extent, we are well aware that they will continue to pose challenges in the times ahead, together with new and unexpected challenges. We will continue to forge onwards and seek ways to meet these challenges as they come.

NEW ROAD, FRESH PERSPECTIVES

As we walk the telepractice journey, we have learned that it is not a journey that can be accomplished alone. Our path has been illuminated by the professional sharing of our colleagues, both within and beyond the SLT team, and of fellow AHPs based in Singapore and members of the SLT community at large. We have also been greatly enriched by the encouragement, support and camaraderie they have shown.

Another benefit of telepractice has been in terms of professional development as we

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aspire to do the best for our children. We have emerged as better clinicians through the process of re-thinking and re-visiting our clinical fundamentals, refining our sense of clinical awareness and reasoning, exploring different ways of doing therapy, and acquiring new knowledge and skills in the application of technology for therapy.

The third, and perhaps the most significant, benefit of telepractice has been the increased SLT-parent interactions that pave the way for more positive, trusting relationships with the families we work with. Such interactions include helping parents better understand the nature of their children's difficulties, especially since issues in speech-language and communication are often hidden from superficial view.

For some parents, witnessing first-hand how much it takes for their children to learn helps them appreciate their children's efforts in continuing to want to keep learning despite having to confront their weaknesses repeatedly in the process, such that the parents adopt a more positive perspective and supportive role during moments when the children seem to falter. For others, especially those of younger children, being present during their children's telepractice sessions offers opportunities for collaborative work, with the parents directly involved in therapy activities by taking on assistive roles and/or following-up after sessions by applying the tips and strategies we recommend at home between sessions.



THE ROAD AHEAD

Although we continue to work through numerous challenges in offering telepractice sessions to our children, we reap rewards in knowing that our families on telepractice have grown gradually accustomed to and that a large majority of our children are currently benefiting from it.

We have made it so far only because of the people who have journeyed with us, walking alongside or supporting from the sides. We are incredibly thankful for the patience and understanding shown by our parents and our children, and are indebted to the support of our fellow colleagues at DAS. We are also grateful for the guidance offered by Speech And Language Therapy Singapore (SALTS), the professional association for SLTs in Singapore, the resources made available by the American Speech-Language-Hearing Association (ASHA) and numerous other organisations dedicated to speech-language therapy, and the unselfish professional sharing of pathfinding members of the SLT community around the world who are leading the way in adapting traditional therapy for telepractice.

We will strive as a team to make telepractice more effective so that we can better support and benefit the children in our care for as long as the need for this mode of therapy continues.