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Cover Page Footnote

Special consideration to Dr. Michael (Tim) Neall, Program Evaluation Supervisor of Prince William County Schools, for the approval and collaboration during the research survey process.

SCHOOL PROVIDED SPEECH-LANGUAGE THERAPY PLANS AMID THE CORONAVIRUS PANDEMIC AND CORRELATING PROVIDER ATTITUDES

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ABSTRACT— As the Coronavirus pandemic continues to be a threat for those of all ages, schools were a main concern when discussing how we should attempt to return to our “normal” lives. A considerable amount of speech therapy is done in schools, and speech-language pathologists nationwide are also being impacted by the changes during this school year. This research examined many aspects of providing speech therapy during the 2020-2021 school year, beginning with introductory statistics concerning the number of children participating in each session, the instruction styles, and grade levels taught. Respondents answered a set of questions concerning their attitudes towards providing services amid the pandemic and the restrictions in place. These questions include concerns and challenges that they foresee with providing speech therapy both in-person and online, as well as strategies implemented to ensure successful therapy among the restrictions in place by the Centers for Disease Control and Prevention. The most common provider response concerning the challenges anticipated revolved around ensuring safety for the child as well as themselves, while also fulfilling the duty of providing successful therapy. However, the speech-pathologists surveyed demonstrated their capabilities in problem-solving and inquisitiveness, as many had useful and creative ideas for providing therapy while considering the conditions and guidelines in place.

Keywords: Speech-language Pathology, School, Special education, Coronavirus, COVID-19, Therapy

I. INTRODUCTION

With the threat of the Coronavirus pandemic and the beginning of a new school year, there were many justified concerns relating to services being provided within schools. While the population in schools is not the highest, it would be remiss to ignore the challenges set upon speech-language pathologists who provided services in the classroom during this time. Speech therapy services provided in school by speech-language pathologists have been impacted by the changes imposed as a result of the pandemic. Speech-language pathologists would normally provide in-person therapy services to multiple children due to full caseloads. This could include multiple children in

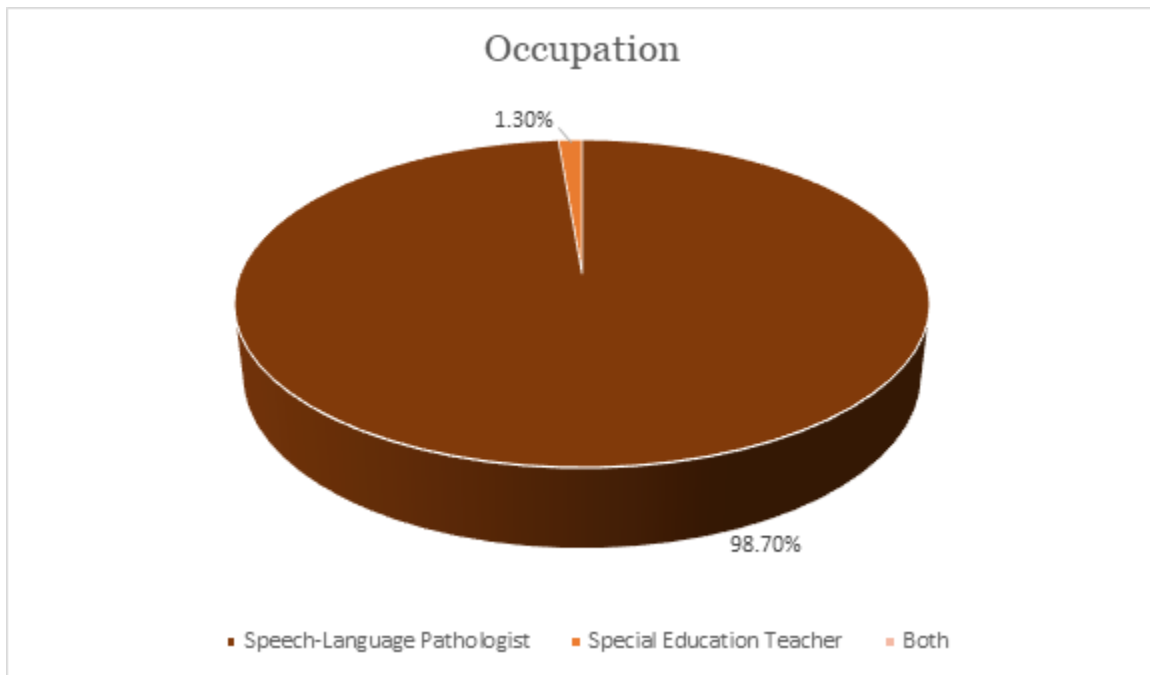
one classroom at a time or a rotation style approach with multiple children coming in and out of one space within a school day. However, with hybrid models (schools alternating between online and in-person instruction) and complete online instruction, speech therapy for this school year has been required to adapt to the current circumstances. With this abrupt and unpredictable change, speech-language pathologists and special education teachers who provide speech related services are facing challenges in this season. Working with children from a variety of educational, medical and socioeconomic backgrounds has presented unforeseen issues in the realm of school provided therapy services. While changes are being made to accommodate the children's learning capabilities, are the providers being listened to and considered during this time of increased stress yet unaltered expectations?

Several speech-language pathologists and special education instructors were surveyed from the Prince William County school district concerning their plans and attitudes about therapy services in relation to the pandemic and the restrictions in place. The questions ranged from the challenges they are currently facing with providing therapy, their biggest concerns with providing services during a pandemic, and strategies they have implemented for successful therapy.

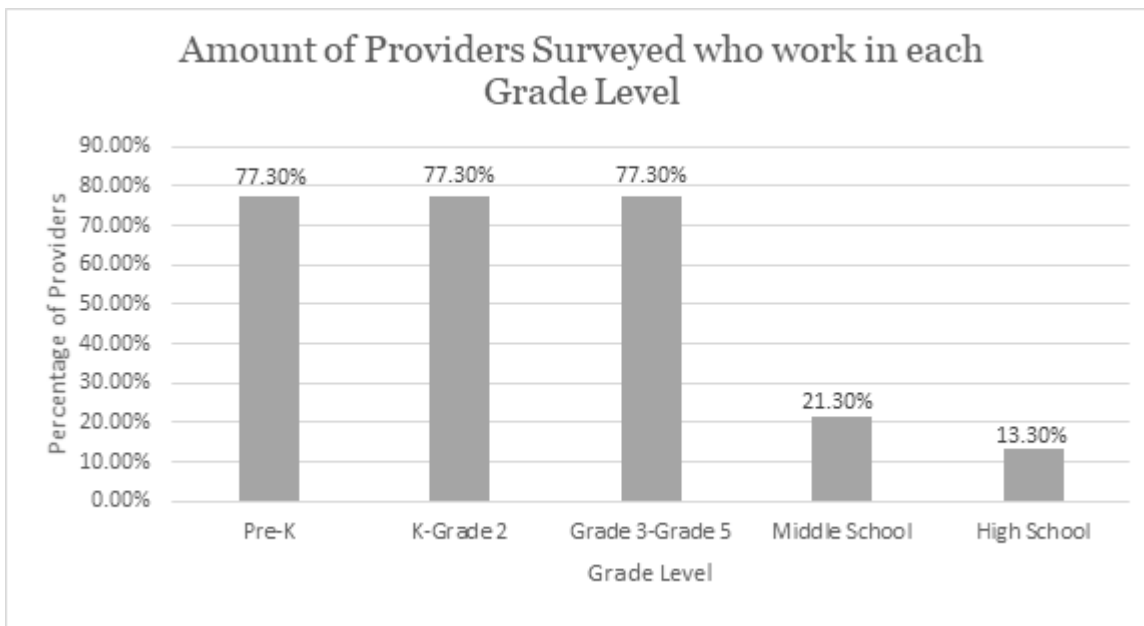
II. PRELIMINARY DATA

The questions within the questionnaire included a variety of topics: introductory information about the provider's main duty in the school system, average caseload per year, main grade levels they work with, and typical instruction style (online, in-person, or both). This introductory information was collected to relate the survey content and responses to the conditions in which

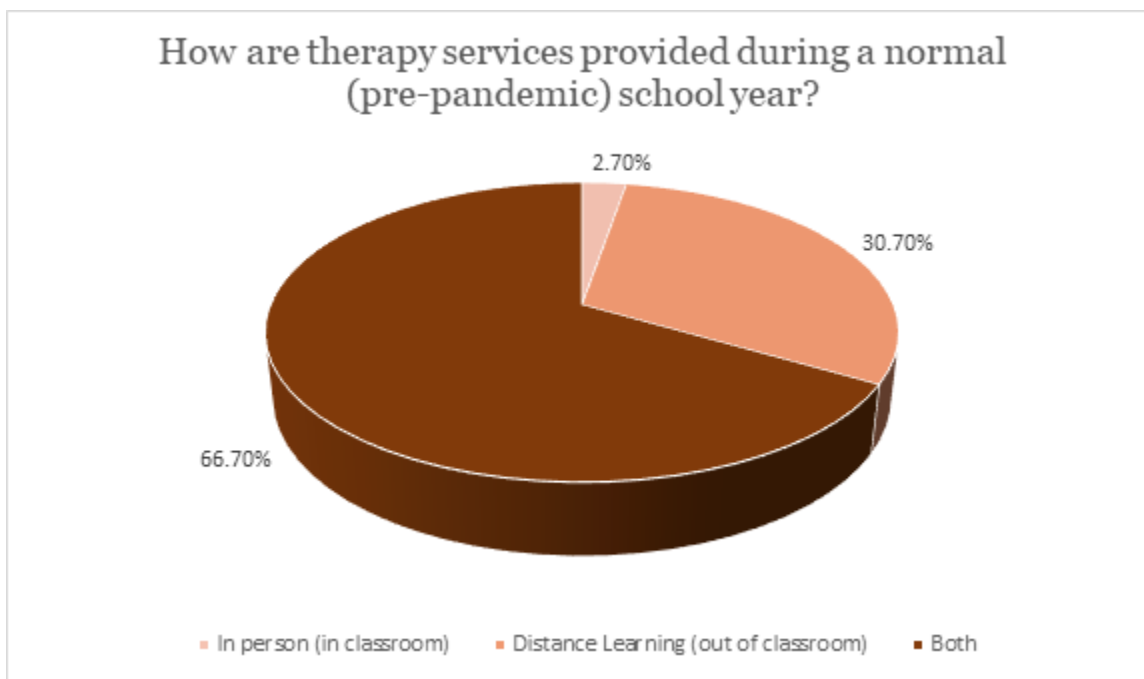
the providers usually work. Data was taken from a total of 75 respondents across the county who were either classified as speech-language pathologists or special education teachers:

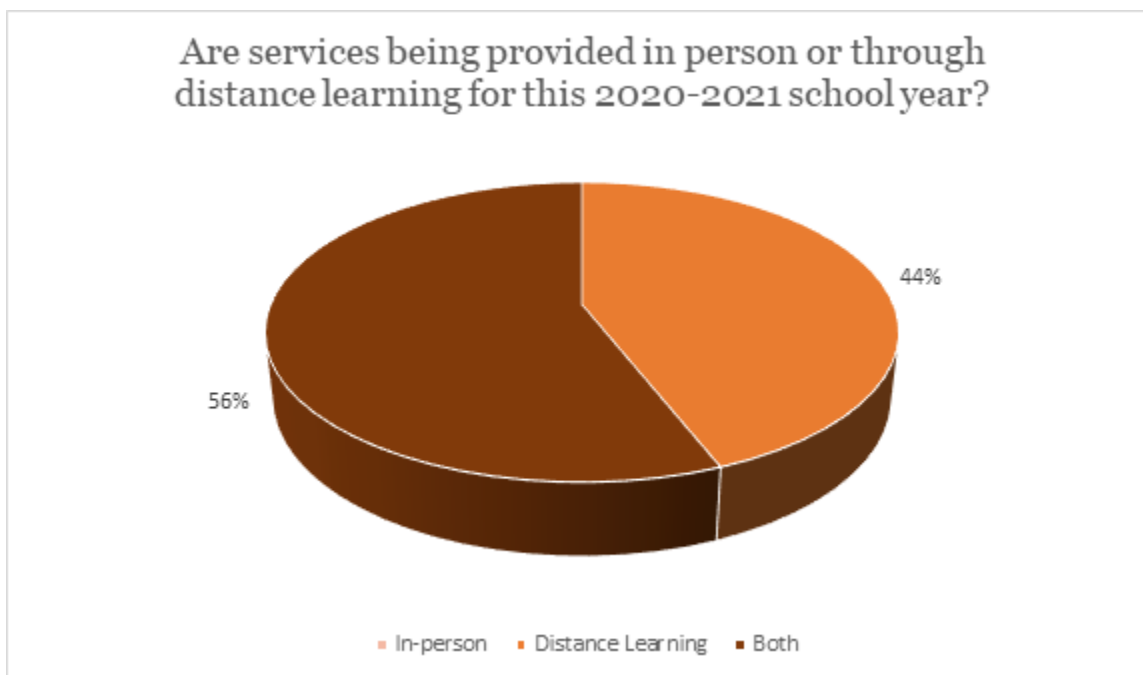


An overwhelming majority of respondents (74/75) are solely speech-language pathologists. Only one was both a speech-language pathologist and a special education teacher. This is important, as special education teachers may have slightly more experience in areas that involve interacting with children in Individual Education Programs and specific behavioral deficits. This can make therapy and services more difficult with COVID-19 guidelines in person but especially online.



For this particular question, respondents chose multiple answers to include each grade level they provide services for. Most respondents provide services to Pre-K through Grade 5, which is elementary or primary school level. The percentages of speech-therapy services being provided as the grade level increases have an inverse correlation.





While no therapy services for the 2020-2021 were being conducted completely in person, this is not a very drastic change; in a normal school year only two of the 75 respondents reported services being solely in person within the classroom. During this school year, a slight majority of services are being conducted through a hybrid model, meaning that services are being conducted both online and in person. While the therapy opportunities in the field of speech-language pathology are very diverse, as shown in the usage of online and in person services, transferring to solely online services can pose major challenges. These challenges include keeping children engaged and devoid of distractions and the lack of hands-on, direct kinesthetic treatment.

The average caseload based on the responses was between 60-65 children per year. Caseload is essential in analyzing the responses in regards to challenges and safety concerns because social distancing is imperative to the safety of everyone during this pandemic. The more children on a certain caseload means the higher likelihood of multiple children being involved in

one session, which leads to a higher chance of spreading germs. Although masks are required, many children who are young are on the autism spectrum or simply have sensory sensitivities and may not be able to wear masks for a long period of time. While a loaded and substantial caseload may be manageable in a typical year, during a year with increased restrictions and mandatory safety requirements a sizable caseload can accompany drawbacks.

III. RESPONSES CONCERNING PROVIDER ATTITUDES WITH PROVIDING THERAPY DURING THE COVID 19 PANDEMIC

A. What challenges do you see with providing therapy services during the current pandemic?

This question was offered to examine a wide range of issues that speech-language pathologists foresee or are currently facing with providing services during the pandemic. Many of the responses revolve around safety concerns with COVID-19. Some of these responses included the challenges of encouraging special education students to follow social distancing guidelines in classrooms if they are not accustomed to changes. Another respondent mentioned that they see their clients back-to-back, meaning limited cleaning time between clients. Limited cleaning time and lack of adequate disinfection of high-touch surfaces can increase transmission of the virus. With this danger, not only are the students and the pathologists at risk, their families are at risk as well. Many people who responded have family members within high-risk categories. A simple day at work for one of these speech-language pathologists can endanger the lives of many. A concern apart from the health realm is the teaching of articulation and pragmatics as well as the intervention and treatment of articulation disorders. Working with articulation disorders requires visualization to demonstrate the proper articulatory contacts and manners in which the mouth and corresponding muscles should be formed. When wearing masks, this visualization is virtually

impossible, which causes a deficit for children who visualize learners and benefit the most from this method of therapy. Some therapists even use direct phonetic placement, in which the therapist places the mouth of the child in the correct position to produce the correct phonation. With the high chance of spreading the virus, as well as the use of masks, both phonetic placement and articulation visualization are no longer viable methods for some of the most common disorders in school-aged children. In terms of distance learning, providers are most concerned with encouraging students to stay motivated and log in to the online meeting for each session. Conducting online therapy allows more room for missing sessions or for the child to become distracted or disengaged due to a lack of physical interaction. It was also reported that parents often do not encourage children to attend sessions as they should, leaving certain speech-language pathologists feeling almost powerless. Many respondents reported difficulties with promoting attendance or engagement while online during therapy sessions. Verbal and visual prompts provided on-screen have proven much more difficult than the same prompting techniques in person. Many speech-language pathologists who have extensive experience and have perfected their therapy techniques over time have even had difficulty with transforming these techniques so that they are applicable with distance learning. Focusing directly on the speech therapy aspect, many providers reported difficulty with judging and reporting success in sessions due to the inability to accurately distinguish and measure progress. With the different qualities for video calls, it can prove difficult to distinguish certain sounds and correct phonetic placements through a video call. Certain difficult or complicated speech sounds (/s/, /sh/, /z/, /ch/, and /j/) are challenging to observe and determine mastery through video streaming. Sound quality and distortion can also alter the accuracy of determining whether speech sounds are being pronounced correctly, skewing results. These distortions in sounds and video quality are only

exacerbated in the case that the student lives in a home with limited internet or computer access. Students who are socioeconomically disadvantaged can face all of the previous issues with added stress due to lack of or unreliable internet access. Students who may not be as technology savvy have parents who are unfamiliar with technology and, therefore, are unable to assist them or have parents who are not fluent in English and cannot navigate sites as a result. These challenges are rarely considered in the process of establishing distance learning. With these restrictions, speech-language pathologists are being asked to perform more demanding and difficult work, while being given the same caseloads, resources, salary, and are held to the same expectations as in previous years. Students receiving speech therapy services are disadvantaged as well, with the quality of therapy being put at risk due to the online requirement and the issues that can potentially follow.

B. What strategies are you implementing to provide therapy safely and effectively throughout the school year?

To be a speech-language pathologist, many skills are required that lead towards your success in the field that many people do not initially consider. These skills include innovation, problem-solving, critical thinking, counseling, and inquisitiveness. This lengthy skill set was exhibited in the responses to this particular question regarding what they are implementing to facilitate success during the 2020-2021 school year. For online instruction, providers plan to utilize the extensive capabilities of the internet and certain interactive applications to provide successful therapy during this school year. For in-person instruction, providers are diligent with the use of sanitization, plexiglass, and the appropriate personal protective equipment to ensure the safety of everyone in the classroom first and foremost. Social distancing is used when it can be, and a limited number of students are allowed in the classroom at a time. Many providers plan to use the same creativity and techniques that they have before with added caution and protection when

doing them. When physical items cannot be used or passed around between students, visual items are being used to facilitate demonstration and prompts successfully. When students require physical demonstration, providers are using paper products that can be easily discarded after use or plastics that can be disinfected. Small group sizes seem to be imperative, and one respondent even reported seeing siblings at the same time to reduce the need for distancing. For online services, providers are also utilizing visual activities which can be engaging through online programs and can allow for interaction. This can reduce the possibility of distractions and keep younger students and those with attention deficits concentrated on the material. This allows for therapists to create fun activities that facilitate successful therapy while keeping children engaged. The benefit to using online programs is the wide range of interactive programs now available due to the technology that therapists have access to. Due to many children easily forgetting sessions or simply not wanting to participate, providers are using parents as supervisors in the home to ensure that children attend sessions. This is imperative as, unlike in school, students can easily report that sessions are “canceled” when they are not or simply forget to log in.

IV. CONCLUSION

While most of the focus concerning the return to education in schools during the pandemic was on the needs of general education, speech-language therapy is an important piece of the school-provided services puzzle as well. With services being provided in-person, as well as through distance learning, many factors have to be considered as schools provide therapy. When considering in-person therapy, safety measures are the most important to protect the students and the provider. This makes ample disinfecting, wearing personal protective equipment with

fidelity, and adequate social distancing essential to a successful and safe school environment. When these needs cannot be met, concerns rise about safety and the risk of virus transmission. For distance learning, concerns regarding participation, accurate measurement of progress due to video and sound quality, and maintaining student attention are at the forefront. To combat these issues, speech-language pathologists in the county have created creative solutions to ensure the best services are provided. These solutions include the integration of online resources that engage students, proper disinfecting of high-touch surfaces if operating in person, and the usage of parental influence to keep students on track and engaged. While speech-language pathologists have a wide range of responsibilities and duties already presented in their job description, these extra challenges and expectations simply add to the workload. When analyzing the results of the attitudes concerning providing services during the pandemic, and the substantial caseloads that are being maintained despite conditions, it appears that speech-language pathologists have become even more overworked and perhaps neglected in the plans for this school year. However, being in a field that requires immense levels of critical thinking, problem-solving and inquisitiveness, the speech-language pathologists within the county have created successful and contemporary solutions for services during the 2020-2021 school year.