

## INTRODUCTION

The ongoing COVID-19 pandemic is an exceptional situation that has caused a change in the practices of Speech and Language Pathologists (SLPs). Due to extraordinary pandemic-related restrictions, SLPs needed to adopt new approaches such as telepractice to their services.

Telepractice is the application of telecommunications technology to the delivery of speech language pathology services at a distance by linking clinician to client or clinician to clinician for assessment, intervention, and/or consultation. In 2005, American Speech-Language-Hearing Association (ASHA) determined that telepractice is an appropriate model of service delivery for audiologists and speech-language pathologists (SLPs) (ASHA, 2021).

There was limited research about telepractice in speech and language therapy before the COVID-19 pandemic. In the past SLPs used to use telepractice for reasons such as timing, distance etc. As an illustration, in the study by Scheideman-Miller et al. (2002), teletherapy was preferred in rural areas due to the fact that these rural areas do not have enough specialties and have difficulty in accessing speech and language therapy.

Before the COVID-19 pandemic most of the SLPs used to deliver face to face therapy rather than telepractice. The finding of the study by Mohan et al. (2017) supports this view. In this study data was collected from two hundred and five (N=205) speech-language pathologists and audiologists via an online questionnaire. This study found that only 12.19% of the SLPs and audiologists reported that they used telepractice to deliver clinical services.

However, the use of tele-practice has increased day by day among SLPs as a reaction to the global COVID-19 pandemic. The study by Kraljević, Matić and Dokoza (2020) demonstrated that most SLPs had provided telepractice to all their clients (71%). The SLPs were mainly employed in health care and private practice.

In the early stages of the pandemic there was a lockdown in Turkey and SLPs had some difficulties in delivering face to face therapy. In response to this SLPs tried to adapt to the new working conditions by adopting new approaches. The aim of the present study was to examine SLPs' services during the COVID-19 pandemic in Turkey.

## METHOD

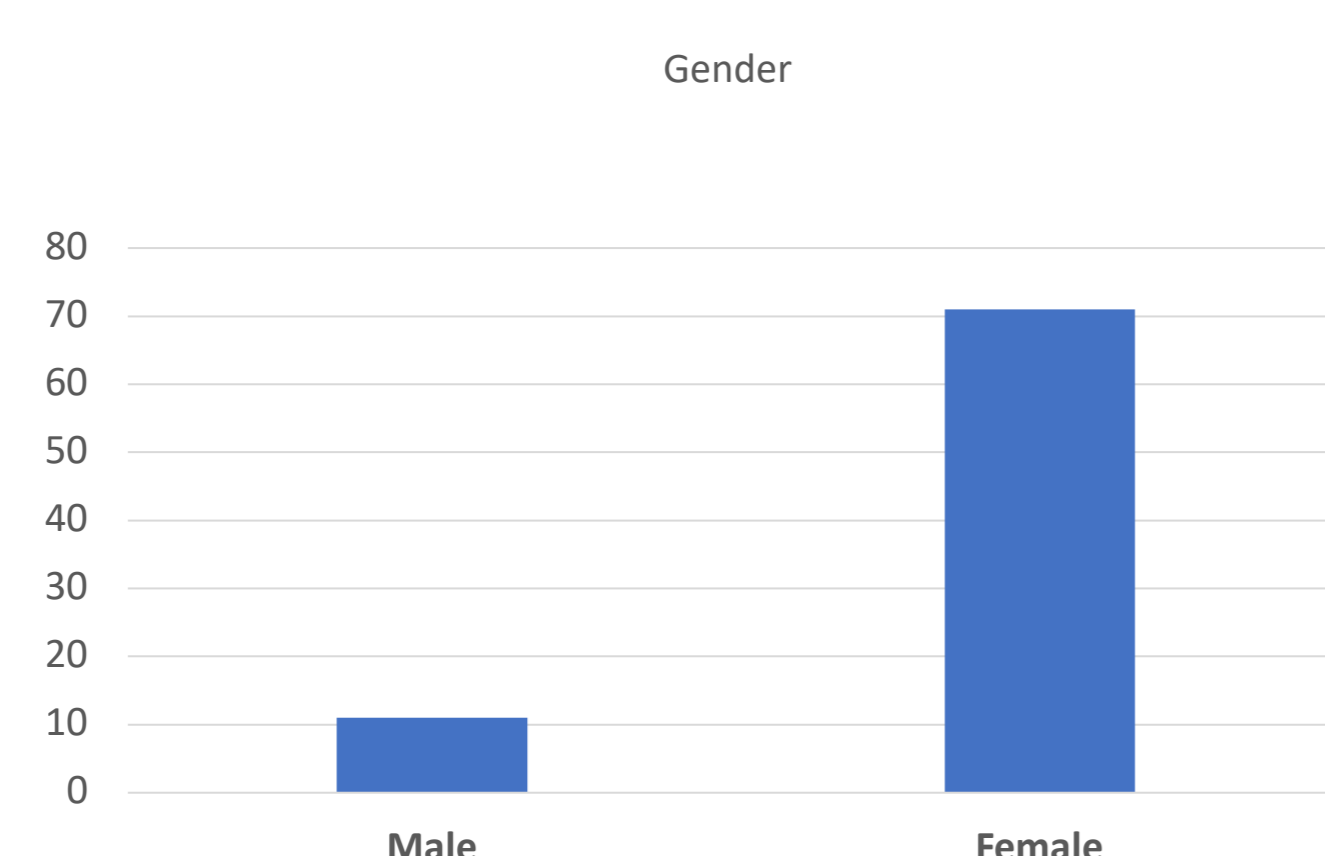
This study is a descriptive study. The sample comprised 82 SLPs living in Turkey. A questionnaire, developed by Mostaert, D'Haenens, Schraeyen, Vandenborre and Van Eerdenbrugh (2020), was used as the data collection tool.

The questionnaire was delivered to SLPs online via Google Forms. The data was collected in the first six months of the pandemic. The answers about the therapy practices of SLPs were examined and the percentages were calculated.

## RESULTS

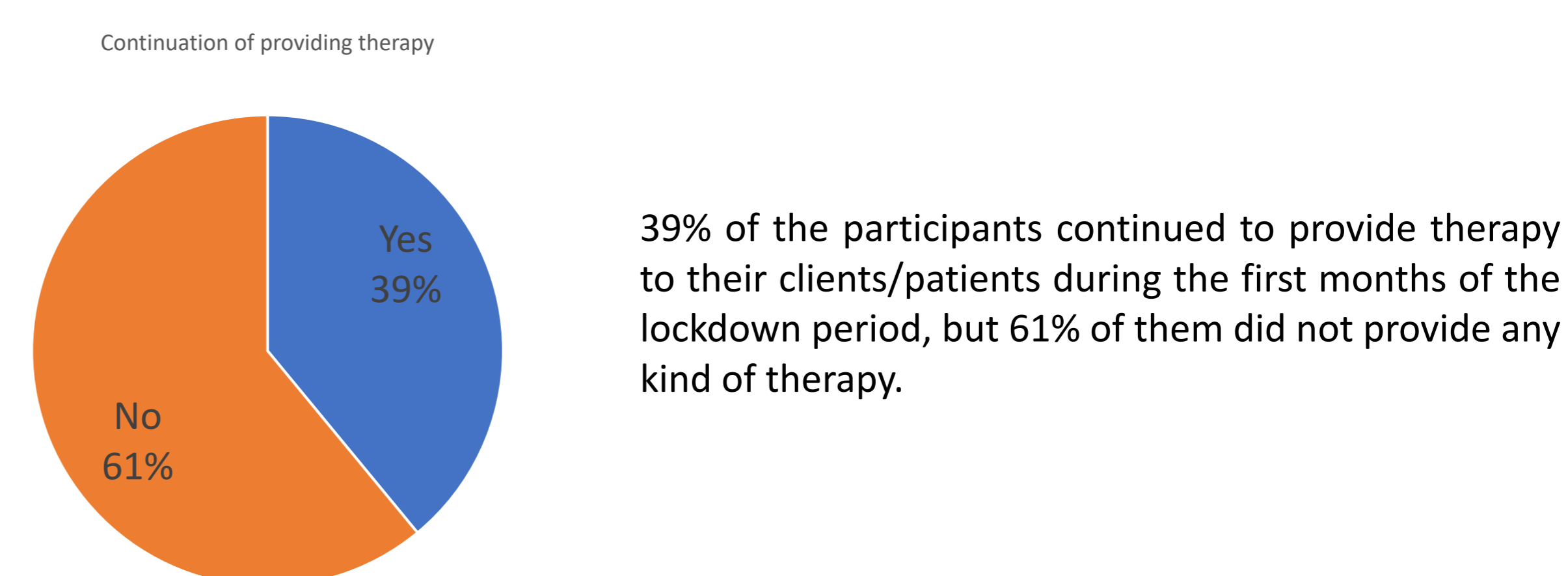
Demographic results and results of the services provided by SLPs during COVID-19 pandemic are presented below:

**Figure 1: Distribution of participants by gender**



82 SLPs participated to the study. 87% of the participants were female and 13% were male. The average age of the participants was 27. In addition, 89% of the participants had been working as an SLP for 0-6 years and 99% of the participants stated that they did not have any education on tele-practice.

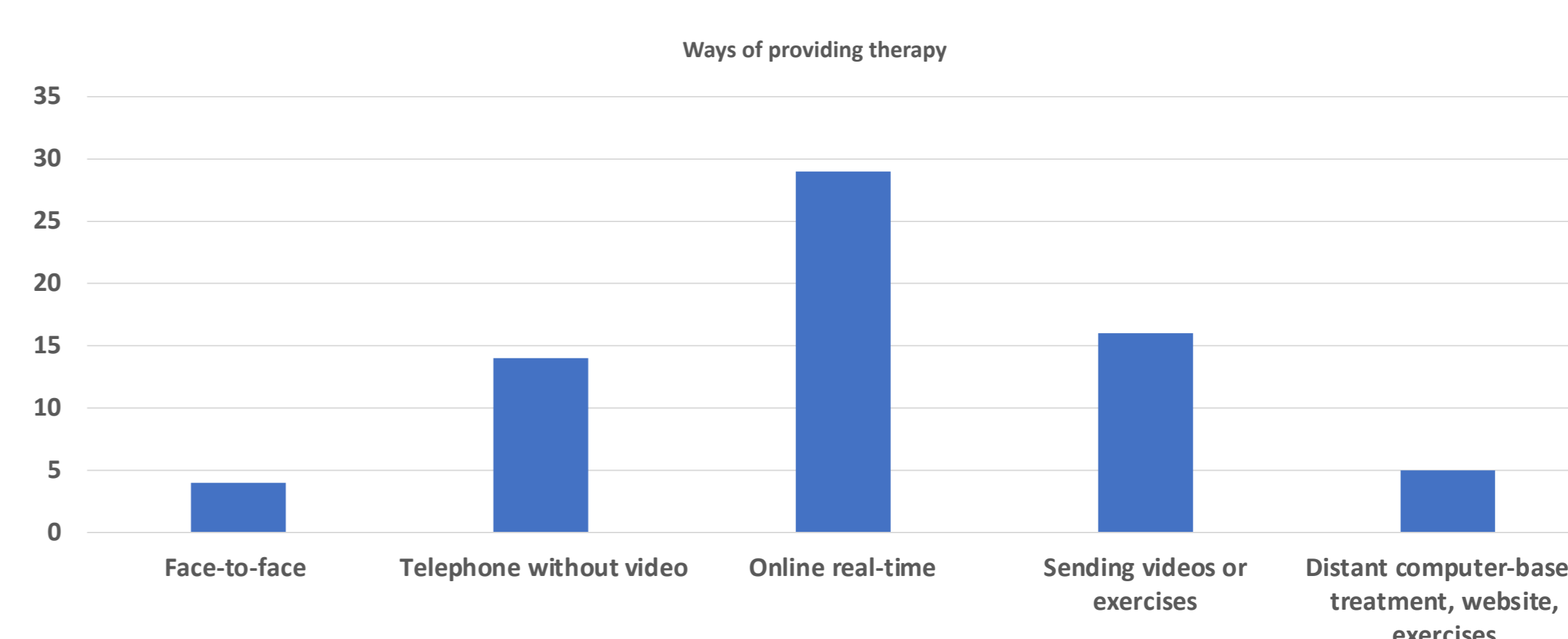
**Figure 2: Continuation of providing therapy.**



39% of the participants continued to provide therapy to their clients/patients during the first months of the lockdown period, but 61% of them did not provide any kind of therapy.

The most common reasons for not providing therapy were client/patients not asking for therapy (58%); the lack of a legal framework (50%); being unfamiliar with the potential uses (38%), and an obligation to take care of their own family (16%).

**Figure 3: Ways of providing therapy.**

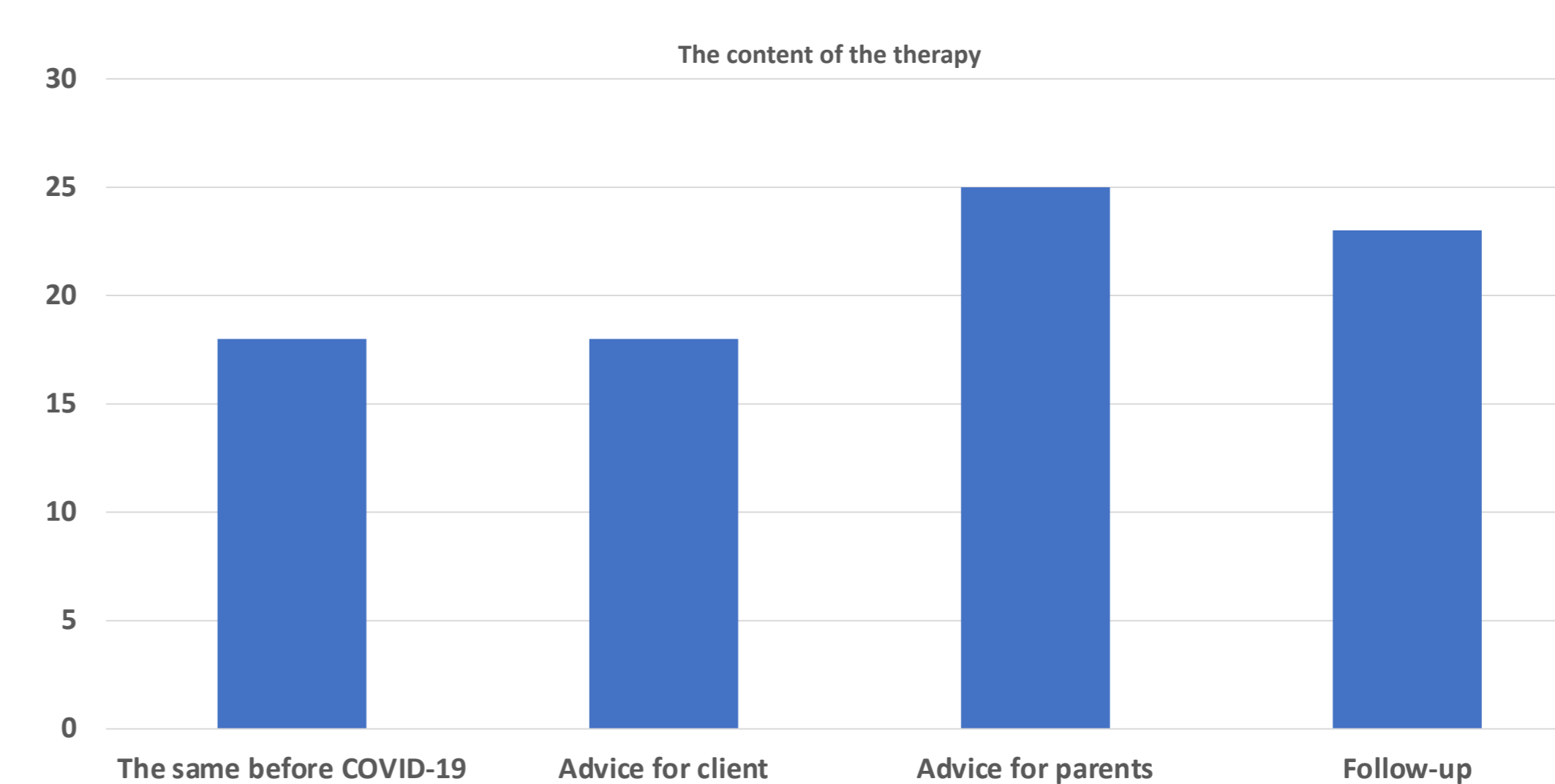


32 SLPs continued to provide therapy to their clients/patients. 90% of these provided therapy through online real-time telecommunication (e.g., Skype, Face Time, WhatsApp, Zoom).

50% provided therapy through videos or exercises that they sent to their clients/patients. 43% preferred using telephone (no video) and 15% used distant computer-based treatment, website, exercises (e.g., exercises, generated by a computer program). Only 12% of the SLPs delivered face to face therapy in the same room with the client/patient.

In addition, these SLPs stated that they usually worked in the fields of speech (81%) and language (62%) therapy providing services to children and stuttering therapy to children (65%) and adults (37%). The number of SLPs delivering therapy for swallowing (9%) and voice disorders (4%) was less. Most of the SLPs (65%) stated that they had provided therapy less often than the usual.

**Figure 4: The content of the therapy**



56% of the SLPs who continued to provide therapy stated that the content of the therapy was the same before COVID-19 pandemic. This therapy constituted of advice for client (56%), advice for parents of the client (78%) and follow up (71%).

WhatsApp, Zoom and Skype were the most preferred applications used by SLPs. Internet connection problems, sound and image quality problems, difficulties in assessment procedures such as oral examination and difficulties in maintaining eye contact and interaction were the most common problems that SLPs faced during telepractice.

## DISCUSSION

Due to Covid-19 Pandemic many SLPs had difficulties in delivering face to face practice and a search for alternative ways of practice emerged. The implementation of telepractice has gained more and more importance with the prolonged process of the pandemic. The present study showed that only 39% of the participants continued to provide therapy to their clients in the first six months of the pandemic. 12,5% of them served face to face therapy. The rest of them (87,5%) provided services to their clients via tele-practice, by using computer applications, video, or telephone. This finding is in agreement with the study by Kraljević, Matić and Dokoza (2020) study, which found that 71% of the SLPs offered telepractice to their clients.

The present study found that 99% of the participants stated that they did not have any education on tele-practice. The study by Kraljević, Matić and Dokoza (2020) similarly found that only 4,2% received additional education in telepractice before the COVID-19 pandemic. These findings reveal the necessity of including courses and education about telepractice in University undergraduate programs. By including this SLPs might feel more competent to conduct telepractice.

## REFERENCES

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