



## **CHALLENGES AND QUASI SOLUTIONS WHILE WORKING THROUGH THE COVID-19 PANDEMIC: SPEECH-LANGUAGE PATHOLOGY IN A PUBLIC-SCHOOL SETTING**

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### **— ABSTRACT —**

Providing speech-language services during the COVID-19 Pandemic proved to be challenge in all work settings; however, speech-language pathologists working in the schools experienced particular barriers to service delivery. This article will discuss some challenges experienced by speech-language pathologists working in an urban Title 1 school and some solutions created to combat the challenges.

*Keywords:* Schools, COVID 19, Coronavirus, Service Delivery

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### **Introduction**

At the onset of the COVID-19 pandemic, speech-language pathologists in the schools were not prepared to provide services to students during school closures. Children enrolled in all special education services including speech-language therapy services have an Individualized Education Program (IEP) that defines their problem areas and includes goals and objectives specific to their individual needs. While the physical closure of schools was mandated, it did not negate that IEP requirements were to be followed and completed. Most school programs immediately transferred to distance “home” learning (video and phone conferencing). While such a service delivery model was fairly easily implemented in school settings where parents were equipped with technology and technical support, providing services in a low socioeconomic urban setting was particularly difficult. Remote service delivery presented a number of bar-

riers clinicians were required to overcome in order to meet the requirements of the IEP.

This article will focus on challenges to remote service delivery experienced by the speech-language pathologist in a school within a greater urban setting. The school is a primarily African American and Hispanic Title 1 school whose students' progress in mathematics and reading has been noteworthy. A Title 1 school is defined as a school that has a large concentration of low-income students as determined by the number of students receiving free and reduced lunches (USLegal, 2020). In addition, the parents of the children in this school are primarily employed in the service industry which means they were essential workers during the pandemic. Some families resided in a section of the city that experienced a high incidence of COVID-19 cases and which was classified as a “hot spot.”

The purpose of this article is to examine the impact that the COVID-19 Pandemic had on service delivery to students who live and learn in this environment. Information relative to issues regarding distance “home” learning (DHL), parental involvement, and groups with little to no success using this process will be discussed.

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## Discussion

### What are the issues relative to access to services via distance “home” learning (DHL)?

*Challenges:* The speech-language pathologist who served this school encountered a number of barriers upon implementing DHL in the school. Barriers to successful DHL included, but were not limited to, parents failing to answer calls from the clinician, fearing that the calls might have been from Immigration Services; the presence of a language barrier between parents and clinicians; competing interactions with clinicians for students who were receiving a number of different services; and insufficient quantity or quality of devices in families where there were multiple children. Perhaps most significant was that some families had no access to technology and were not able to engage in DHL.

*Quasi Solutions:* After the clinicians realized that parents were avoiding calls, it was determined that the school secretary who was fluent in Spanish would make introductory calls to the parents. This procedure improved access, and families felt more comfortable engaging in conversation with the clinician. To deal with the overwhelming number of services, including speech-language treatment, a point-person was designated by the school to call parents and arrange/coordinate services from multiple providers. Finally, parents were encouraged to make a schedule and prioritize access to devices based on the schedule, and the clinicians utilized that schedule, providing services outside the “school day schedule” when necessary. For families with limited to no access to technology (e.g., internet, hot spots, devices), enrichment packets were developed and made available for parents, and the clinician then followed up with weekly contact via telephone. Some families found creative ways around their limited internet accessibility. For example, one family drove to a commercial parking lot to access the internet from the car in order for speech-language services to occur.

### How is Parental/Family Involvement Maximized?

*Challenges:* Because school closed suddenly, parents were confused, apprehensive and overwhelmed

by the need to be an educator or an educator assistant. They were not used to being so involved in the speech-language pathology services of their children. On the other hand, the speech-language pathologist was challenged by the need to deliver services via an unfamiliar medium and to small children on a tablet or phone. Further, the clinician was charged with a myriad of additional responsibilities by default to assist the families (e.g., technical support, administrative assistant, counselor/social worker) in dealing with overall difficulties.

*Quasi Solutions:* The clinician used the assistance of parents and older siblings as a part of the treatment process. Engaging other family members resulted in more parental and family understanding of the child’s speech-language challenges. There were conversations during and after each session, and the entire family became a part of the treatment process. Parents began to understand the role that speech-language plays in the everyday life and academic success of their children. For example, as a component of the engagement, a parent took her child on a nature walk during the DHL therapy session with the speech-language pathologist. The clinician was able to observe an increase in questions and comments between the parent and the student. This prompted the clinician to develop virtual museum and aquarium visits as a part of therapy sessions to give students a more realistic view of being in the community and using functional and descriptive language. The clinician realized that being invited into the home, albeit by technology, opened the door to new opportunities. The clinician assisted the families with problem-solving and was the empathic and compassionate listener to whom the parents could turn. These interactions supported the role of the clinician in speaking to the needs of the student in a way that was not possible when services were delivered exclusively in the school.

### Who are the groups where there is little to no success?

*Challenges:* For this speech-language pathologist, DHL was not successful for children who were on the lower end of the autism spectrum and those who were nonverbal. It was also not successful for preschool children whose parents or other family members were not involved in the treatment process via DHL. The speech-language pathologist also discovered that when students’ IEPs were very specific and written for communication in the school, these students were less successful with DHL.

*Quasi-Solutions:* The clinician found that when working with children on the lower end of autism

spectrum and those who were nonverbal, it was best to develop activities for parents to do at home and use DHL or telephone calls to follow up. Success in meeting IEP goals was enhanced by utilizing parents as clinicians for children who needed treatment parameters that are as direct as possible. The direct approach also had some success with the students whose parents were not involved in direct treatment. In those instances, the clinician experienced some success in achieving IEP goals by giving the parents/family the tools to use and to continually check-in regarding challenges and progress. Finally, when IEPs were written for the school setting and were not implementable in the home, the clinician had little means to address the goal.

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### **Summary and Recommendation**

The COVID19 pandemic required a new perspective for the delivery of school-based speech-language service in an environment created by a disease for which we still have little understanding. The clinician associated with this school was able to identi-

fy challenges and develop strategies to respond that assisted her students in meeting IEP goals through DHL.

The challenges and quasi-solutions listed have had the unforeseen outcome of identifying potential problems with traditional IEPs. IEPs might be more beneficial to students if they had components emphasizing success in daily living for home and school. Such a focus would extend communication beyond the classroom and would make the IEP more effective and address the growing need for goals to be realistic and address functional life experiences.

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### **References**

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