



COVID-19: EQUAL ACCESS TO REMOTE LEARNING AND TELE-THERAPY

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— STUDENT COMMENTARY —

The coronavirus pandemic (COVID-19), like a sweeping tsunami, has caused unfathomable tragedy worldwide. It has thrown many families into economic despair causing widespread job losses and furloughs. COVID-19 has led to deep anxiety and grief for lost loved ones. Our goal as therapists has remained the same: ensure every student, regardless of background, ethnicity and socioeconomic status has equal access to therapeutic intervention. COVID-19 has uncovered inequities in therapeutic service delivery by identifying clusters of clients who have no access to and difficulty using remote learning technology.

As the pandemic has continued to spread across the country, therapists must remain aware of our service delivery mandate related to diverse populations. During the rapid transition from in-person to remote learning, clients without online services were placed in a non-access situation. Some areas within our communities are essentially 'digital deserts', or areas in which clients do not have access to online technology. Giving clients technology and teaching them how to use this technology independently is a which must be achieved.

According to a report in 2018 from the Pew Research Center, 73% of American adults have a home with broadband connection. This means that 27% of American adults do not have access to such technology. We must take these statistics into account when developing our service delivery with clients of all backgrounds, particularly those from low socioeconomic backgrounds. Some school districts were forced to close due to COVID-19 but continued to offer instruction remotely. They needed to remain accessible to all clients regardless of ethnicity and socioeconomics.

Role of Therapists:

Therapists must be pillars of change. We must work with our clients to create student-centered learning environments. We need to embrace all linguistic and cultural identities. We must prepare clients for the rigors of independent learning; develop clients' abilities to connect across lines of difference and elevate historically marginalized voices. We must be aware that COVID-19 has marginalized some of our clients. Through unequal access to technology, families of clients who are of diverse backgrounds may find remote learning and tele-therapy unusable, stressful and yield this service delivery ineffective.

Removal of Inequalities Through Self-Assessment:

Through identification, the therapist can remove the barriers for learning that inhibit our clients' equal access to therapy. A creative therapist can initiate change in a system that perpetuates inequalities. Therapists should have an awareness our clients' negative self-perception and exposure to daily stressors. Therapists can shape a positive and lasting relationship with their clients and improve therapeutic outcomes. Therapists may begin with self-reflection to understand and identify the inherent obstacles in therapeutic applications:

Therapist Self-Assessment Questions:

- **Role Reversal:** Identify a time in your life in which you experienced a social inequality. Examine this example and how it affected you and the outcome it had in your life. Ask yourself, "How has this inequality affected my personal experiences and what were the results?"
- What are the observable inequalities experienced by my clients and their families?

- Do I know the impact remote learning and access to technology has on the lives of my clients and their families?
- Do I know the extent to which online service delivery has affected my clients' learning quality?

Suggestions for Therapists to Remove Inequalities:

Therapists and related professional specialties can remove inequalities thorough clinical practice. Therapists alike must make a conscious choice to be part of a solution. The following questions are suggestions for optimizing tele-therapeutic intervention:

- Does the school district or agency distribute iPads or personal laptops?
- How can broadband be setup up in underserved communities?
- Is the school or agency eligible for company discounts to purchase equipment for student use for remote learning?
- Is the school or agency eligible for tax credits for purchase of student equipment?
- Will the cellphone company offer school or agency a reduced cost of data streaming on student-owned cellphone for student use in remote learning?

Tailoring Therapeutic Intervention

During the initial COVID-19 outbreak, some therapists sought to meet the needs of their clients by any means necessary. Some therapists printed therapy materials using their own home printers and resources. Some therapists drove pre-handwritten materials to their clients' homes. Other therapists printed packets of materials in their school buildings and asked parents to pick-up the materials. While these suggestions are not available to all therapists, they are certainly a place to start.

Consistent Communication from the Start: Therapists should maintain an open line of communication with clients' families. I initiate open conversations with parents or caregivers as soon as they begin working with me. I explain how I will support their child's learning and to the best of my ability assist the family's access and success in remote therapy. I strive to ensure the family feels comfortable reaching out to me if anything changes in their home life that might make it difficult for them to access remote therapy. I also recommend communicating frequently with the client's related service team members such as social workers and related professionals working with the student to confirm the family can access community resources such as free meals and counseling services.

Inquire about available materials and toys in the home: When working with families through tele-therapy, prior to starting our sessions, I ask parents if there are children's books in the home and which ones are available. I also ask about board games, art supplies, and toys within their home. I do not assume a family owns any of these materials. After I have conducted an initial intake of the materials available for therapy, I focus my sessions and carryover activities around those items. In utilizing familiar materials, I seek to make families feel secure in what they can provide in their home. In using unfamiliar activity materials or computer apps, it may lead parents to feel the activity is unsupportive of their child's skill development.

Assist families in setting-up technology for tele-therapy: If the student's parent needs help accessing the technology used for remote sessions, find out if the parent has a friend or family member who can assist them in setting up remote access technology within their home. Ask if that friend or family member would stay nearby to help troubleshoot any technological difficulties that might arise during the first session. Ask the family which type of device and internet capabilities they can access for sessions and offer instructions specific to that technology.

Offer Material Options: When I am unsure if a family has children's puzzles in their home, I might use paper or a thin cardboard box (i.e., a breakfast cereal box) to draw and cutout shapes to make a self-made puzzle. I have created sensory jars for my clients and sensory bags (i.e., plastic sealed bags) containing various textures. I have created fine-motor activities using homemade play dough and cold noodles. Encouraging self-made therapy materials empowers parents to continue a strategy outside of your session. Always be aware of the family's willingness and financial ability to "create", we must take their available time and resources to create such materials into consideration.

Openness to Learning and Expanding Upon Our Own Practices:

Open the discussion to your colleagues, asking "What are you doing to give access to your clients and families?" In my own circle of colleagues, I have found creativity to be "contagious". While this was not intended to be a pun, it certainly fits the situation. If anything should be contagious, it should be our drive to be the best for our clients. It should be asking others how they are tailoring their therapy and then having open ears with which to listen and learn from colleagues. Pride should be put aside. Since the onset of the pandemic, my colleagues have shared countless new ideas, and I have expanded

upon my own therapeutic techniques. I have sought assistance from colleagues outside of the speech and language world. Learning from others should not stop at professional colleagues, open the conversation to families. I have asked parents, “What works for you?” With this in my, I created a questionnaire for families to help me best tailor my own therapeutic intervention. Therapists, you should keep a questionnaire sent home to parents concise. Keep your questionnaire user-friendly and free from professional terminology.

Template of Parent Questionnaire:

- Some of the questions included:
- Did you use the [material]?
- Did you find [material] easy to use?
- What would have made this [material] easier for you to use?

Therapeutic Agents of Change:

While access to equal technology in the home is still faced by many clients of different backgrounds, it is simply not enough for therapists to stand by and do nothing. We must progress toward systemic change and equity that will help all clients access therapy. To do this, it will require that the following steps be taken:

- Promote equity by adequately addressing racism, bias, discrimination, and other systemic barriers within the therapeutic intervention system. To do this, stakeholders and policymakers must acknowledge the historical foundations of inequality and ensure that service providers, personnel and staff are substantively trained to recognize and eliminate all forms of bias in the therapeutic system. Accountability measures at both the individual and systems levels should be in place.

- Incorporate evidence-based tools to adequately address disparities that impact clients of varying backgrounds. This includes focusing on patient-centered approaches to therapeutic intervention. Inequal access to therapy should be eliminated.

There is No One-size Fits All: Therapist Intervention and Student Learning:

There is no “one size fits all”. Be creative! Know the families with whom you are working and their available resources and tailor therapy accordingly. After all, isn’t our therapy supposed to be conducted in this manner? We must remember, we are all in this together and every effort made on behalf of the therapist to make education equitable will not go unnoticed.

References

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