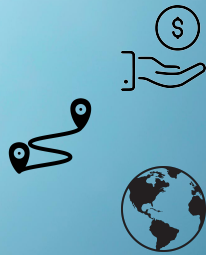


Therapeutic Alliance in Speech Telepractice

Samantha Salanga &
Dr. Tonya Dantuma, PhD. CCC-SLP



BACKGROUND CONTEXT



BU

FOCUS & TERMS

Therapeutic Alliance: the bond or connection between an individual who desires change and a change agent who interacts through a process to obtain the desired change outcome (Bordin, 1979).



Emotional
Bond



Aligned on
Goals



Collaboration
in Activities

Speech Telepractice: the application of telecommunications technology to the delivery of speech language pathology and audiology professional services at a distance by linking clinician to client or clinician to clinician for assessment, intervention, and/or consultation (ASHA, n.d.).

BU

CURRENT RESEARCH

Several studies already validate the efficacy of telepractice for SLPs. Examples include Cherny et al. (2011), Camden et al. (2019), and Elliot et al. (2020).

General Benefits of Therapeutic Alliance (Fourie et al. 2011)

- Client's increased motivation
- Client's view of speech therapy sessions as a safe environment
- Increased compliance in activities

Therapeutic Alliance For Speech Telepractice

- Attainable online (Hines et al. 2019)
- Clinician adaptation (Hines et al. 2015)
- Aide or parent support (Akemoglu, 2018).
- Non-verbal behaviors (Akemoglu, 2018).



PURPOSE

The purpose of this study was to determine the perspectives of speech-language pathologists (SLPs) on the feasibility of implementing therapeutic alliance strategies to build rapport with speech therapy clients in the telepractice setting.

- Do SLPs feel they are able to build therapeutic alliance with their clients via telepractice?
- In comparing the strategies and characteristics of therapeutic alliance developed within in-person sessions, which characteristics are most easily established within telepractice?
- Which are the most difficult?



STUDY DESIGN

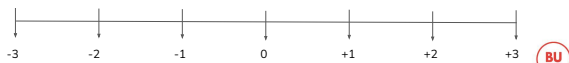
Q-Methodology: analyzes the differences and commonalities between a range of perspectives by integrating both qualitative and quantitative data (Stephenson, 1925). Participants sort statements into a fixed grid.

Qualitative Information:

- Participant's subjective opinion
- Diverse range of opinions
- Participant responses are informed by a "post-sort" questionnaire

Quantitative Information:

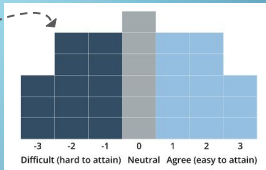
- Pattern analysis of similarly aligned responses
- Analyze correlations between statements
- Opinions sorted on a numeric scale



SORTING

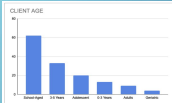
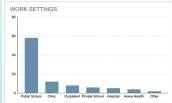
Prompt: "In your experience with telepractice, _____ is attainable to build rapport with your client."

"Gaining the trust of the client"



DEMOGRAPHICS

86 licensed SLP and CF-SLPs completed the grid sort. Only 82 of 86 completed the post-sort questionnaire. These SLPs various settings, client caseloads, and experiences:



GENERAL RESULTS

Within the 86 total participants, the authors analyzed the Q-Methodology software to mark 45 response grids as statistically significant (dependent on whether or not the participant's response was above a correlation of .5). These 45 responses fall within 6 factors, which highlight 6 different themes:

1. Trust & Transparency

2. Non-verbal Communication

3. Holistic Therapeutic Experience

4. Collaboration

5. Individualized Therapy

6. Power-Dynamic

FACTOR 1

#21 "the clinician's ability to create a safe space"

#2 "the client's clarity on the SLP's role"

TRUST & TRANSPARENCY

- Factor emphasis: a strengthened relational bond based on reinforcement, intention behind therapy, and confidentiality.
- Participants in this factor: 11
- Results: trust and transparency are moderately easy or very easy to attain in teletherapy.
- Correlation: When a client trusts their speech therapist to disclose their personal feelings, this may detract from the time spent on the therapeutic goal or activity.

CLINICAL IMPLICATIONS

- The level of trust may depend on the client's age.
- The level of trust may depend on the client's initial interaction with the SLP
- Participants reported that this may affect include people who stutter and individuals with Autism.

BU

FACTOR 2

#13 "the clinician's posture mirroring of the client"

#19 "the clinician's ability to maintain direct eye contact"

NON-VERBAL COMMUNICATION

- Factor emphasis: facial expression, physical posturing, and gestures.
- Participants in this factor: 8
- Results: non-verbal communication is moderately difficult or very difficult to attain in teletherapy.
- Correlation: When a clinician remains neutral in their use of nonverbal behaviors, the client's compliance with therapeutic tasks decreases.

CLINICAL IMPLICATIONS

- Telepractice impacts non-verbal behaviors largely due to the client's ability/willingness to turn on their camera.
- The decreased size of a client's video window in group telepractice sessions impacts the SLPs ability to view facial expressions.
- SLPs may need to be more direct in asking questions if they are not able to infer whether or not a client needs a break or is not engaged in the activity.

BU

FACTOR 3

#17 "the clinician's focus on the whole person"

#3 "the client's enjoyment of the therapy activity"

HOLISTIC THERAPEUTIC EXPERIENCE

- Factor emphasis: the treatment of the whole person's mental emotional, and social needs.
- Participants in this factor: 8
- Results: holistic therapy experience is moderately easy to attain.
- Correlation: As clinicians focus on the whole person (not just the communication disorder), the SLPs' credibility likewise increases.

CLINICAL IMPLICATIONS

- "It's easy to have fun in teletherapy...it's easy to make things motivating."
- The SLPs recommend using Youtube videos instead of single, still frame pictures.
- The participants noted that humor does not always translate online in the same way that it does in person.

BU

FACTOR 4

#18 "shared decision making on treatment goals"

#10 "open communication with the parents"

COLLABORATION

- Factor emphasis: the SLPs interaction with the caregiver, parent, or even directly with the client.
- Participants in this factor: 10
- Results: caregiver/family collaboration is very easy to attain in telepractice.
- Correlation: As the clinician expends more energy and effort communicating with the parent in caregiver training/consultation, the SLP is less able to remain engaged in communication with the client themselves.

CLINICAL IMPLICATIONS

- Parent involvement can increase in telepractice compared to an in-person session for public school SLPs.
- Specifically, parents assisted with behavior management, and homework/generalization.
- The benefit of caregiver involvement differs depending on the client age; one participant noted that middle school students "do better when their parents are not there."



FACTOR 5

#4 "therapy activities that are individually catered to the client"

#5 "the clinician's adaptation to the communication style/impairment of the client"

INDIVIDUALIZED THERAPY

- Factor emphasis: the adaptation of activities to meet client specific goals.
- Participants in this factor: 3 "highly similar"
- Results: individualized therapy is attainable in telepractice.
- Correlation: The more an SLP is competent in online technology, the more they are able to have individually catered activities.

CLINICAL IMPLICATIONS

- Telepractice provides insight into the client's home setting. Discussion topics can revolve around room decor, pictures in the room, or family members walking in and out.
- Because, online telepractice may require more reinforcement activities, breaks should be functional and varied.



FACTOR 6

#24 "the clinician's controlled disclosure of information"

#22 "the neutral power balance of the client & clinician"

POWER DYNAMIC

- Factor emphasis: the level of authority the SLP yields.
- Participants in this factor: 5
- Results: neutral power dynamic is moderately difficult to attain.
- Correlation: When the clinician and client do not equally take active ownership in therapy, this negatively impacts the client's use of different and varied tools for communication.

CLINICAL IMPLICATIONS

- SLPs can be inherent leaders, especially in online therapeutic contexts. Examples include controlling the mouse, initiating the share screen feature, etc.
- If telepractice therapy materials are more repetitive in nature, clients will be less inclined to take active ownership in therapy.



GENERAL APPLICATIONS

- If you find yourself in an ineffective telepractice session, recognize there may be multiple factors that contribute to the efficacy of the session.
- Context and the client's needs can greatly influence the efficacy of telepractice. However, there may be adaptations or modifications that can mitigate the dominant barriers to successful therapeutic alliance in telepractice.
- As with other topics in the SLP field, qualified clinicians can have differing perspectives on cultivating therapeutic alliance in telepractice.

BU

FUTURE RESEARCH

- Q-Methodology studies with more limited scopes:
 - Specific communication disorders
 - SLPs with specialized certifications or expertise
 - SLPs employed in a particular setting
- Research on how to remove barriers or obstacles to Factor 2 and 6.
- Longitudinal studies on therapeutic alliance over long periods of telepractice

BU

REFERENCES PAGE 1

Aktemoglu, Y., Pearson, J. N., & Meadan, H. (2018). Getting Connected: Speech and Language Pathologists' Perceptions of Building Rapport via Telepractice. <https://doi.org/10.1007/s10862-018-9603-3>

American Speech-Language Hearing Association (n.d.). Evidence Maps. <https://www2.asha.org/evidence-maps/>

Bishop, M., Kayes, N., McPherson, K. (2021). Understanding the Therapeutic Alliance in Stroke Rehabilitation. <https://doi.org/10.1080/09638288.2019.1651909>

Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. <https://doi.org/10.1037/H0055895>

Brown, J. (2011). ASHA and the evolution of telepractice.

Camden, C., Pratte, G., Fallon, F., Couture, M., Berbari, J., & Toussaint, M. (2019). Diversity of practices in telerehabilitation for children with disabilities and effective intervention characteristics: results from a systematic review. <https://doi.org/10.1080/09638288.2019.1568750>

Chernov, L. R., Kaye, R. C., & Hitch, R. S. (2011). The best of both worlds: Combining synchronous and asynchronous telepractice in the treatment of aphasia. <https://doi.org/10.1044/1092-1199.111.3.321>

Crom, A., Paap, D., Wijnga, A., Dekstra, P. U., Pool, G. (2020). Between the Lines: A Qualitative Phenomenological Analysis of the Therapeutic Alliance in Pediatric Physical Therapy. <https://doi.org/10.1080/01442638.2019.1610138>

Cross, R. M. (2004). Exploring attitudes: the case for Q methodology. <https://doi.org/10.1093/ther/cvq111>

Ebert, K. D. (2017). Measuring Clinician-Client Relationships in Speech-Language Treatment for School-Age Children. https://doi.org/10.1044/2016_AJSLP-16-0018

Ebert, K. D. (2019). Parent perspectives on the clinician-client relationship in speech-language treatment for children. <https://doi.org/10.1016/j.scm.2018.03.005>

Elliott, E., Green, C., Llewellyn, D. J., & Quinn, T. J. (2020). Accuracy of Telephone-Based Cognitive Screening Tests: Systematic Review and Meta-Analysis. <https://doi.org/10.7446/2020.0222>

Fong, R., Tsai, C. F., & Yiu, D. Y. (2020). The Implementation of Telepractice in SLP in Hong Kong during COVID-19 Pandemic. <https://doi.org/10.1089/ther.2020.0222>

Fourie, R., Crowley, N., Oliveira, A. (2011). A Qualitative Exploration of Therapeutic Relationships from the Perspective of Six Children Receiving Speech-Language Therapy. <https://doi.org/10.1097/TID.0b013e3181823500>

Freckmann, A., Hines, M., & Lincoln, M. (2017). Clinician Perceptions of Therapeutic Alliance in Face-to-Face and Telepractice Speech-Language Pathology Sessions. <https://doi.org/10.1080/17549507.2017.1292547>

Geller, S. (2020). Cultivating Online Therapeutic Presence: Strengthening Therapeutic Relationships in Teletherapy Sessions. <https://doi.org/10.1080/105915070.2020.1787348>

Hines, M., Lincoln, M., Ramsden, R., Martinovich, J., & Fairweather, C. (2019). Speech Pathologists' Perspectives on Transitioning to Telepractice: What Factors Promote Acceptance? <https://doi.org/10.1177/1357633x19869455>

BU

REFERENCES PAGE 2

- Hines, M., Bulkeley, K., Dostley, S., Cameron, S., Lincoln, M. (2019). Delivering Quality Allied Health Services to Children with Complex Disability via Telepractice: Lessons Learned from Four Case Studies. <http://dx.doi.org/10.1080/17549507.2017.1292547>
- Lawton, M., Sage, K., Haddock, G., Corroy, P., & Serrant, L. (2018). Speech and language therapists' perspectives of therapeutic alliance construction and maintenance in aphasia rehabilitation post-stroke. <https://doi.org/10.1111/1460-6984.12368>
- Lawton, M., Haddock, G., Corroy, P., Serrant, L., & Sage, K. (2020). People with Aphasia's Perspectives of the Therapeutic Alliance During Speech-Language Intervention: A Q Methodological Approach. <https://doi.org/10.1080/17549507.2019.1589549>
- Manning, W. H., & Cooper, E. B. (1969). Variations in attitudes of the adult stutterer toward his clinician related to progress in therapy. [https://doi.org/10.1016/0021-9924\(69\)90037-9](https://doi.org/10.1016/0021-9924(69)90037-9)
- Marrington, J. (2019). A Qualitative Analysis of Therapeutic Alliance from the Perspective of Adults with Autism Spectrum Disorder. Dissertation Thesis of the University of Northern Colorado.
- Neal, J. W. (2019). Self-Awareness and Therapeutic Alliance in the Treatment of Traumatic Brain Injury. Dissertation Thesis of Wayne State University.
- Pamplona, M. C., Yasuno, P. A. (2020). Speech Pathology Telepractice for Children with Clark Palate in the Times of COVID-19 Pandemic. <https://doi.org/10.1016/j.jipert.2020.110318>
- Plexico, L.W., Manning, W. H., DiLollo, A. (2010). Client Perceptions of Effective and Ineffective Therapeutic Alliances during Treatment for Stuttering. <https://doi.org/10.1016/j.paid.2010.07.001>
- Rickard, J. K. (2020). Addressing the Wicked Problem of English Learner Disproportionality by Examining speech-Language Pathologists' Beliefs: Applying Q Methodology to Special Education. <https://doi.org/10.26714/etandl%2Fdoctor%2F2020>
- Roe, J. W., & Leslie, P. (2010). Beginning of the end? Ending the Therapeutic Relationship in Palliative Care. <https://doi.org/10.3109/17549507.2010.485330>
- Simpson, S., Richardson L., Pietrabissa, G., Castelnuovo, G., Reid, C. (2020). Videotherapy and Therapeutic Alliance in the Age of COVID-19. <https://doi.org/10.1002/apa.2521>
- Sonterrund, H. (2019). The Importance of Working Alliance in Cluttering. https://doi.org/10.1044/2019_PERS-19-00067
- Stagg, K., Douglas, J., Iacono, T. (2020). The Perspectives of Allied Health Clinicians on the Working Alliance with People with Stroke-Related Communication Impairment. <https://doi.org/10.1080/09602011.2020.1778491>
- Stephenson, W. (1935). The study of behavior, Q-technique and its methodology. Chicago: The University of Chicago Press.
- Vaughn, G. R. (1976). Tel-communication/Health-care delivery system for persons with communicative disorders.
- Weiderhold, B. K. (2020). Social Media Use During Social Distancing. <https://doi.org/10.1089/cyber.2020.29181.bkw>
- Zraick, R. I., Boone, D. R. "Spouse Attitudes Towards the Person with Aphasia." <https://doi.org/10.1044/jshr.3401.123>

