

@ This Moment | Telehealth, Tele-Happy Hours, Tele-Everything

with Megann McGill, John Hellermann, Steve Thorne

- Megann, what is “clutter”?
 - Cluttering is a fluency disorder characterized by rapid bursts of speech, misarticulations, and an atypical number of disfluencies. Cluttering and stuttering are the two disorders under the “Fluency Disorders” umbrella within the scope of practice of speech-language pathologists. To read more about stuttering and cluttering, you can visit the [American Speech-Language and Hearing Association Fluency Disorders website](#).
- Megann, do your clients report feeling less inhibited with a computer screen between them and the specialist?
 - Megann: Our clients report a range of experiences with and perspectives on telepractice. Some clients report that telepractice provides them with a more connected experience to their clinician while others report missing the in-person ‘feel’ of therapy. Overall, clients report feeling like they can make gains towards their communication goals during telepractice treatment sessions. Anecdotally, I have seen/heard clients share very sensitive, vulnerable information about themselves and their self-image as a communicator with their clinicians via telepractice. This sharing via telepractice happens with an increased frequency when compared to in-person sessions.
- Megann, what does the process look like for making home work spaces HIPAA-compliant for PSU student clinicians? Is there special software needed?
 - HIPAA-compliance is related to both the physical and virtual environment set-ups. To maintain privacy and confidentiality, clinicians use a private space from which to see their telepractice clients. Additionally, clinicians use headphones so that the audio from their session is not accidentally overheard by others. In terms of software, the Department of Health and Human Services provides resources for considering HIPAA-compliant platforms. During the COVID-19 global pandemic, HHS has relaxed their enforcement of HIPAA violations in an effort to support the shift to telepractice across health care providers. During this time, allowable software platforms include all private video conferencing software platforms (e.g., Zoom, Skype, Google Hangouts Meet) but excludes public-facing video conferencing platforms (e.g., TikTok, Facebook Live).
- How is our communication affected by our inability to fully use body language and other micro cues during video calls?
 - John: How this happens ‘in the wild’, in naturalistic settings, has not been studied to my knowledge. There are controlled studies of speakers in laboratory

settings who are restricted from using their hands while talking and results show restrictions of the hands while speaking correlates with delays in lexical retrieval. We also know in studies of naturally-occurring conversation, that gesture and gaze are used by participants to structure their turns and their turn taking. While speakers are able to gesture while using technology like zoom, the degree to which they do or to which their gestures are seen by co-participants is a question to investigate. Other than syntax, intonation has been shown to be the key factor in predicting when a current speaker's turn will end (and where it is appropriate for a next speaker to take a turn). Intonation and timing are restricted in zoom meetings so we are interested in exploring how participants adjust to that technology.

- Tell us more about the 503 Design Collective
 - John: An 'open research meeting' might be the best characterization for this. Over the past six years it has developed into an informal group of students (graduate and undergraduate), faculty and staff that meets weekly to do group analysis of existing data and to discuss ideas for research and pedagogical interventions. Steve and I usually bring our own video recorded interactions to the meetings to analyze but we welcome contributions from attendees. We have used analytic methods from ethnomethodology and conversation analysis for the video analysis but do not require any participant to know about these analytic methods. Some people attend regularly, some stop by when they have time, others try it once.
- Megann, in telepractice, the in-person energy is absent, I think of psychology / therapy and establishing rapport and goodness of fit. How are you finding ways to bridge this with new clients / patients?
 - Megann: The therapeutic alliance between client and clinician is critical to success in speech therapy and many other related medical fields. Understanding clients' experiences using telepractice is a critical component of my research given that client motivation to accessing this service delivery model is a key contributor to clinical success (Alfonso, Olsson, & Hursti, 2016). In the McGill, Cullen, Webb (2019) qualitative study, our clients reported "a strong feeling that friendly, positive relationships with clinicians can be achieved via telepractice." We are currently exploring some of the specific variables that may be leading to those positive feelings. For example, do certain types of clients (age, diagnosis, experience with therapy in-person) have more positive experiences in telepractice than other clients? What are the specific factors contributing to developing rapport? Does the ratio of client to clinician talk time during a session make a difference? Does the clinician use of gestures, facial expressions, or other nonverbal cues contribute to rapport? Etc. Although we know that clients and

clinicians report being able to build rapport and a strong therapeutic alliance, we are not certain (at this point) which specific factors may be contributing to these feelings.

- Do you feel that the current situation will provide impetus for more exploration of alternative online spaces for learning? What do those spaces look like today?
- Really interested in how the various structures in cyberspace may be affecting what is happening during remote learning for people who are less familiar with the ways to interact that this human/artifact environment tend to shape.

Questions asked and answered during the webinar:

- Dr. McGill-- I appreciate that you are studying enjoyability in addition to efficacy. I admit that as a practicing SLP, I do have a negative perception of teletherapy. Other than being able to reach rural populations, what are some of the distinct benefits of teletherapy?
- How appropriate are emojis and memes as conversation support in large scale online gatherings, especially in a social gathering of professionals? Do they translate well from the world of gaming or group chats that often lack a video component? Is this a potential supplemental fix to projecting a more tailored response in chat-based “break out” conversations while remaining in a group video call?
- Now that there is an actual covid corpus being developed Steve—do you imagine there will be any uses you all can put it to?
- What is one online tip you would offer us if we have a desire to enhance our online communication capacities in addition to gesticulating? Thanks very much.
- Has there been research about the impact of increased self-consciousness because we're constantly looking at our own faces and reactions in video meetings that we wouldn't typically witness in in-person interactions?
- Dr Thorne have you looked at language meetup groups. My Spanish meetup means more people can come from different parts of the world but having only one person at a time speak changes the dynamic of the meetup. And not for the better.
- Megann- how appropriate do you feel telepractice has been across different populations? I am thinking specifically of cognitively impaired clients/patients.

