Towards a Holistic Model of Pediatric Speech-Language Pathology Telepractice

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Date of Receipt: November 30, 2025 | Approval Date: March 9, 2026

Abstract

Early intervention programs in the pandemic were forced to use telepractice to facilitate more equitable and inclusive access to health. **Objective:** To know in depth the experience of a mother participating in speech language therapy provided via telepractice, in order to enrich the professional intervention models with the parental perspective. **Methods:** A qualitative case study design was used from the approach of the Grounded Theory. The analysis actively sought to identify new and transcendent dimensions for a deep understanding of the parents' experience. **Results:** Telepractice confirmed its effectiveness, but revealed three emerging critical dimensions: 1) Resignification of the Parental Role, 2) Home's Ecological Impact & Adjustments, and 3) Socio-Community Dimension. **Discussion:** These findings challenge the conception of telepractice as a mere emergency alternative, demonstrating that its ability to transform the caregiver generates an ecological impact in the home and acts as a multiplier effect on the supporting network of other caregivers. **Conclusion:** Telepractice can be a catalyst for the paradigm shift in Early Care. However, it requires professionals to formalize these emerging dimensions to achieve a more equitable, effective and comprehensive practice focused on the specific needs of each child and their family.

Key-words: early intervention, telehealth, speech-language pathology, qualitative research, grounded theory, case study.

Resumen

Hacia un Modelo Holístico de la Telepráctica Fonoaudiológica Pediátrica

Los programas de intervención temprana en la pandemia, se vieron obligados al uso de la telepráctica para facilitar un acceso a la salud más equitativo e inclusivo. **Objetivo:** Conocer en profundidad la experiencia de una madre en las terapias fonoaudiológicas impartidas mediante telepráctica, con el fin de enriquecer los modelos de intervención profesional con la perspectiva parental. **Métodos**: Se empleó un diseño de estudio de caso cualitativo desde el enfoque de la Teoría Fundamentada. El análisis buscó activamente identificar dimensiones nuevas y trascendentes para una comprensión profunda de la experiencia de los padres. Resultados: La telepráctica confirmó su efectividad, pero reveló tres dimensiones críticas emergentes: 1) Resignificación del Rol Parental, 2) Ajustes e Impacto Ecológico en el Hogar, y 3) Dimensión Socio-Comunitaria. **Discusión**: Estos hallazgos desafían la concepción de la telepráctica como una mera alternativa de emergencia, demostrando que su capacidad para transformar al cuidador genera un impacto ecológico en el hogar y actúa como un efecto multiplicador en la red de apoyo de otros cuidadores. **Conclusión**: La telepráctica puede ser un catalizador para el cambio de paradigma en la Atención Temprana. Sin embargo, requiere que los profesionales formalicen estas dimensiones emergentes para lograr una práctica más equitativa, efectiva e integral enfocada en las necesidades específicas de cada niño y su familia.

Palabras clave: intervención temprana, telesalud, fonoaudiología, investigación cualitativa, teoría fundamentada, estudio de caso.

Resumo

Rumo a um Modelo Holístico de Teleprática em Fonoaudiologia Pediátrica

Os programas de intervenção precoce na pandemia foram obrigados a usar a teleprática para facilitar um acesso mais equitativo e inclusivo à saúde**. Objetivo**: Conhecer em profundidade a experiência de uma mãe nas terapias fonoaudiológicas ministradas por meio de teleprática, a fim de enriquecer os modelos de intervenção profissional com a perspectiva parental. **Métodos:** Foi empregado um desenho de estudo de caso qualitativo a partir da abordagem da Teoria Fundamentada. A análise procurou ativamente identificar dimensões novas e transcendentes para uma compreensão profunda da experiência dos pais. **Resultados:** A teleprática confirmou sua eficácia, mas revelou três dimensões críticas emergentes: 1) Ressignificação do Papel Parental, 2) Ajustes e Impacto Ecológico no Lar, e 3) Dimensão Sociocomunitária. **Discussão:** Esses achados desafiam a concepção da teleprática como uma mera alternativa de emergência, demonstrando que sua capacidade de transformar o cuidador gera um impacto ecológico no lar e atua como um efeito multiplicador na rede de apoio de outros cuidadores.**Conclusão:** A teleprática pode ser um catalisador para a mudança de paradigma na Atenção Precoce. No entanto, requer que os profissionais formalizem essas dimensões emergentes para alcançar uma prática mais equitativa, eficaz e abrangente focada nas necessidades específicas de cada criança e sua família.

Palavras-chave: intervenção precoce, telessaúde, fonoaudiologia, qualitativa, teoria fundamentada, relatos de casos.

INTRODUCTION

Early Intervention (EI) is "the set of interventions aimed at children from 0 to 6 years old, their families, and their environment"[1]. Early intervention is also the "process of providing services and support to infants, young children, and their families when a child has, or is at risk of having, a developmental delay, disability, or health problem that may affect their typical development and learning[2]".It aims "to mitigate the effects of a disability or delay by addressing the identified needs of young children in five developmental areas: cognitive, communication, physical (including sight and hearing), social or emotional, and adaptive[3]".

In the US, the **New York Early Intervention Program** serves children from birth to three years old with disabilities or diagnosed physical or mental conditions that are likely to cause developmental delays, including those with congenital and/or developmental disorders, and their families or caregivers. The current Early Intervention model is family-centered, ecological, and naturalistic, with three main characteristics: a shift from power over families to power with families; the abandonment of a pathology-based model in favor of a strengths-based model; and the entire family as the support unit, no longer just the child and mother, with a focus on supporting the significant adults in the child's life so they can fulfill their parental roles without diminishing their freedom to choose and participate in educational, work, or community life. Expressing family satisfaction is fundamental to establishing a "culture of quality" [4,5].

In 2020, the SARS-CoV-2 pandemic presented an opportunity for early intervention programs to deploy and consolidate health practices that facilitated more equitable and inclusive access[6], making this possible through telemedicine, in line with and in solidarity with family-centered clinical intervention models[7-11]. In the context of global adaptation and given the specific vulnerability of at-risk children, for whom accessibility and service continuity are fundamental to their development, early intervention in this digital transformation scenario is crucial[12].

In 2001, the American Speech-Language-Hearing Association (ASHA) became the first organization to officially recognize telepractice. In 2005, ASHA defined telepractice as "an appropriate model of remote services for professionals dedicated to hearing, speech, and language, by providing a link between the clinician and the patient or between clinicians for evaluation, intervention, or consultation" According to its 2023 Code of Ethics[13], SSHA emphasizes that the quality of telepractice services must be equivalent to in-person services and in full adherence to its professional code of ethics. The WHO also identifies essential elements that telepractice should "provide some type of clinical support, overcome the proximity barrier, use some type of information and communication technology, and provide the overall benefit of the patient,"considering its purpose of "enabling equitable or equal access to healthcare for those in need, by providing these services remotely [14]." However, the effective implementation of telepractice faces significant challenges and requires considering specific adjustments and adaptations, a debate that is still ongoing[15]. While there is evidence of satisfaction, there is a "lack of objective research on children aged 0 to 3 years [16,17] which demands the integration of the experiences of parents and caregivers, considering that "understanding the perspectives of users is crucial for the adoption and effectiveness of telemedicine"[18]. At the same time, it requires a deep understanding of the possibilities and challenges inherent in telecommunications for the professional, the user, and health organizations[19-21]".

This study aims to "understand the experience of a mother receiving speech-language therapy via telepractice, to enrich professional intervention models with a parental perspective, through a case study.".Considering the representations and meanings that parents attribute to synchronous telepractice in speech-language therapy sessions shared with their children in an early intervention program can facilitate creating intervention models that are more sensitive to diverse contexts, promoting equitable, timely, and culturally appropriate healthcare.

METHODOLGY

Study design

This study used a qualitative methodology with the grounded theory approach. It arises from doctoral thesis research approved by the Research Ethics Committee of the *Universidad del Museo Social Argentino* (Argentina), and its question is: *What are the representations and meanings that parents attribute to synchronous telepractice in the speech and language therapies of their children in an early intervention program?*

Theoretical reference

For the design of pediatric telepractice and as the focus of inquiry in the interviews, the acronym VIRTUAL 7 was used, which raises an initial exhaustive consideration of the variables that ensure an effective and ethical service.

- **Viewing:** What can I observe?
- **Information:** What information do the families need?

- **Relationships:** How can I build relationships and become a coach for this family?
- **Technology:** Am I prepared to use technology effectively?
- **Uniqueness:** What are this family's specific needs and what is their context?
- **Accessibility:** How can I ensure that telepractice services are accessible to everyone?
- **Legal:** Have I considered all legal aspects (e.g., confidentiality, privacy, protection) and organizational aspects?

As a professional, considering these questions is crucial for effective service delivery. It highlights the importance of collaboration, adaptability, coaching, training, and the strategic use of telecommunications. In the New York early intervention program, the intake process included a Telehealth Use Checklist in the Telepractice Implementation Guide[12], This checklist reviewed connectivity (Wi-Fi), the presence and use of electronic devices for accessing HIPAA-authorized platforms, digital skills, the presence of the child's primary caregiver, the privacy and confidentiality of the therapy location, and the signing of informed consent form. It seeks to determine the child's access and participation capabilities. However, although pediatric telepractice has its own framework and implementation guide, professional practice may require some adjustments when considering the parents' perspective. This research aims to explore, understand, and describe these aspects. Listening to parents is fundamental because, as Viloria describes[22] “, for a child his parents are his habitat, his world, they lend him their psyche...”, which makes the parental perspective a key factor for the quality of the intervention.

Interviews

Invitations to participate in interviews were sent via social media, text messages, and emails to parents who had participated in tele-speech therapy for at least three months (2020–2025). Participation was voluntary and consisted of a Zoom® interview and a sociodemographic questionnaire (Google Form®).

Sociodemographic Data

The early intervention program is universally free. Eligibility does not depend on the socioeconomic status of the families. A demographic analysis of the use of telehealth in early intervention across the five districts of New York City (2020–2024) -shows “higher usage among families of children residing in the Bronx (84%), Manhattan (83%), and Staten Island (81%) than in Queens (78%) and Brooklyn (73%). Teletherapy was also used more frequently among Latino (82%) and Black (82%) children than Asian (75%) and White (75%) children”[23]. The mother interviewed is a resident of the Bronx (NY, USA), aged[25–34], married, a native Spanish speaker, born in the Dominican Republic, with a Bachelor's degree, and a housewife.

RESULTS

For the analysis and interpretation of the interview conducted at the end of July 2025, we used Atlas.ti® software (version 25.0.33023) and employed a coding strategy based on **grounded theory**. This approach facilitated the categorization of the mother's perceptions of telepractice, enhancing the initial axes of the **VIRTUAL framework[7] with insights emerging** from the parental perspective.

V (Viewing): Observation and Assessment of the Family Context

Telepractice allowed the therapist to have **a holistic observation** of the child in their everyday, functional environment. This direct access to the home enhanced the visualization of **daily routines**, overcoming geographical barriers and facilitating the **creation of a meeting routine** and a designated space for therapy sessions. The mother highlighted that this approach enabled the therapist **to observe the child's natural environment directly**. It also fostered **interaction and neural synchronicity between the mother and child**. She said, “We already had a routine, and we did it together there” “It was good because as my son played, I was learning a lot” The tools provided were practical for ongoing application: “Many tools that helped us not only during therapy, but also throughout the week with the child”.

I (Information): Information and Family Involvement

A key finding was the **transformation of the parental role**. The mother perceived that the intervention **directly empowered her**, describing “the therapy was more for me than for the child” Her role was redefined from “passive observer to active participant” internalizing her involvement not as an obligation, but as a **duty and responsibility** inherent to her role as primary caregiver and mother.This empowerment was sustained by access to knowledge and training in strategies. Her participation was proactive, gathering information about her son's actions to seek guidance, which

DOI: 10.32443/2175-2990 (2025)518

forged a close, **trusting bond** with the therapist as a guide and educator.

R (Relationships): Relationships and Links

The quality of the therapeutic relationship was perceived as **"very good,"** with the mother feeling supported and appreciating the therapist's focus on "improving her quality of life and always offering her new tools and ideas." The therapist redefined her role as a **parenting coach/guide,** empowering the mother to become the **primary agent of change**. Although the mother expressed a desire for an in-person experience so her son could meet another figure, she stated that she "got the most out of it and learned a lot" from each therapy session, confirming that technology **facilitated a strong therapeutic alliance**.

T (Technology): Use of Technology

The technological experience was **generally positive** for the mother due to her prior digital literacy, although she acknowledged that her son was not directly interested in the screen, which worried her. The key to success was the therapist's **creative adaptation** and therapeutic resources (songs, musical instruments, puppets, stories) and **the mother's active mediation**: "I watched what we were doing and guided him." The therapist suggested respecting the child's freedom of movement and exploration ("it was okay for the child to run and explore"), which initially presented a challenge for the mother. However, she overcame it by understanding that "I was the one doing the therapy, and the child was learning by exploring." The family's **personal investment** in a larger screen to improve the child's visual focus was highlighted.

U (Uniqueness): Specific Needs

The therapy was tailored to the family's specific concerns, prioritizing **flexibility** in the environment and even in **outdoor spaces**. This approach valued the **child's strengths and interests** and **respected routines**: "I liked that the therapist allowed the child to take the lead" and that "it was okay for the child to run, explore, feel comfortable and free." This holistic learning helped her "**understand her son's learning process**" and "not be so arbitrary with him," fostering the **mother's autonomy and respect for free play and nature**.

A (Access): Accessibility and Recommendations for Practice

The mother identified systemic barriers and proposed three recommendations to improve equity in access:

1. **Simplify the admissions process**: Reduce state bureaucracy to alleviate initial confusion and frustration.
2. **Create and send a welcome kit**: Include an electronic device, therapeutic resources, and a manual to mitigate **financial barriers** ("not all parents have the financial means to buy an iPad") and initial anxiety.
3. **Extend the time and weekly frequency**: Thirty minutes was perceived as **insufficient** by both the child and the parents, leading to frustration.
4.

L (Legal): Legal and Bioethical Aspects

Legal aspects, including data privacy, professional licensing, informed consent requirements[24] mandated by the Department of Health, jurisdiction-specific regulations, and the protection of health information, have a significant impact on how agile and responsive healthcare systems are in utilizing the best that technology has to offer. The mother expressed feeling "**completely safe**" about confidentiality and privacy since her sessions involved "other cases never being discussed" and personalized links were utilized, affirming data protection protocols (Zoom for Healthcare®).

Emerging Contributions: Key Dimensions of Practice

The coding revealed three critical dimensions that amplify the **VIRTUAL** framework:

1. **Reinterpretation and Transformation of the Parental Role**: The fusion of **information and relationships** resulted in **holistic learning** about neurodevelopment. The mother transformed into an "**agent of change and transformation**" and a "**sensitive partner**" (Hanen Model [25]). This change was internalized as a "**duty**" and an "**active responsibility**," demonstrating that empowerment occurs when the mother assumes holistic learning about her child's neurodevelopment ("I learned to understand the child, to know how his brain works..."). This model emphasizes understanding the child's development more holistically and contextually; it recognizes that "the child's progress does not respond to a sum of partial interventions but to a comprehensive vision that finds its best expression in preferential attention at home and in the community[26]" This comprehensive learning became the main value of therapy for her.
2. **Adjustments and Ecological Impact at Home:**
3. **The observed** effectiveness and use of **technology** were conditioned by the family's **effort**

and active investment. This included creating a **“routine”,** a **“designated space in the house”, “selecting resources”,** and **making a material and financial investment** (purchasing a large screen), highlighting an equity challenge that falls on families. The flexibility to play outdoors confirmed that telepractice is more effective when actively adapted to the **child's routines and natural, functional environment.**

The Socio-Community Dimension of the Experience: This **entirely new** contribution transcends the individual scope of the VIRTUAL framework. The **process of personal learning and empowerment** led the mother to develop a **socio-community awareness**, motivating her **to support and advise other parents** and to **advocate for family well-being**. This finding suggests that the comprehensive intervention has a **multiplier effect** on the social network and support ecosystem of other caregivers.

DISCUSSION

The mother's experience with telepractice corroborates the evidence that this method is a viable and effective alternative for delivering healthcare. However, the insights from this case show that the value of telehealth goes beyond simple technological connectivity. Despite inherent challenges, such as time constraints and the need to improve initial intake processes, telepractice facilitates the co-creation of a more nurturing and competent therapeutic environment at home, taking into account the strengths of the family context. This can result in greater satisfaction of families' specific expectations and needs, and in more effective and culturally relevant care. The findings highlight that this success depends directly on the Ecological Adjustments and Impact in the Home, which implies recognizing the active investment (time, space, resources) made by the family.

The holistic and comprehensive intervention model considers various resources, family routines, the environment, and the skills of both the child and their family. The findings from this case confirm that telepractice can significantly enhance the quality of life for both the child and their family. Additionally, the emerging Socio-Community Dimension indicates that empowering parents can have a multiplier effect, encouraging them to advocate for the well-being of other caregivers. This advocacy is a crucial aspect of pediatric public health policy. This approach promotes a Redefinition of the Parental Role, enabling parents to transition from being “passive observers” to “active participants” and “sensitive partners.” The main takeaway is a holistic understanding of their child's neurodevelopment. This first-person account highlights that telepractice can be a powerful tool, fostering the sustainability of learning, strengthening family bonds, and building strong therapeutic alliances. It redefines caregivers' roles as catalysts for change and architects of learning in their children's lives. Rather than being merely a technological alternative, telepractice is establishing itself as a catalyst for a paradigm shift in pediatric healthcare. It promotes a holistic vision that is best realized through prioritized care at home and within the community.

CONCLUSION

The findings indicate that the focus of EI is no longer solely on the child; interventions must also target the family, ensuring their active and participatory role. The importance of training professionals in the use of telehealth and implementing models that prioritize interaction and adult learning is reinforced, formalizing the inclusion of emerging dimensions to ensure a more equitable, effective, and comprehensive service, and strengthening collaboration between professionals and families. Future research should explore how to formalize these emerging dimensions to optimize the therapeutic alliance and respond to the specific needs of diverse populations.

(Fig. 1) Word cloud generated by Atlas.ti. It shows relevant terms from the mother's responses during the interview, such as: relationship, child, therapist, time, parents, experience, attention, I learned, tools, play, tools, among others.

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DOI: 10.32443/2175-2990 (2025)518

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Statement of responsibility: We declare that all authors participated in the construction, development, and preparation of the work..

Funding: The authors declare that there was no funding or financial support for the conduct, preparation, or publication of this manuscript..

Conflict of interest: The authors declare that there is no conflict of interest regarding this research, authorship, or publication of this article.

How to cite this article: Merlino PL, Fernández PV, Cardona-V M. Towards a Holistic Model of Pediatric Speech-Language Pathology Telepractice.Belo Horizonte, 2025; 12(1): 103-109 ISSN: 2175-2990.

DOI: 10.32443/2175-2990 (2025)518