



## TOTAL COMMUNICATION

# TELETHERAPY

At Total Communication we are determined to continue providing the highest quality assessment and interventions for your child, no matter the circumstances. Teletherapy is not a new medium for our therapists, who all have experience carrying out online sessions successfully in the past and will support and guide children and their families during this process. With an extensive digital library, experience, and creativity, our services remain largely unchanged. We continue to provide evidence-based and holistic intervention for our clients, as well as full assessments.

# WHAT WE'VE BEEN DOING DURING THE CIRCUIT BREAKER

TOTAL COMMUNICATION THERAPY HAS ALWAYS BEEN AT THE FOREFRONT OF INNOVATIVE AND EVIDENCE-BASED PROGRAMMES SUPPORTING CHILDREN WITH THERAPY NEEDS. WITH THE RECENT ADVANCES IN TELECOMMUNICATION, TOTAL COMMUNICATION WELCOMES YOU TO EXPLORE OUR FUN AND INTERACTIVE THERAPY SESSIONS FROM THE COMFORT OF YOUR OWN HOME.

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## Therapist's experiences

The therapists at Total Communication have shared their experiences with this new form of therapy. They share how they have been pleasantly surprised with how therapy goals can be achieved in the same way as face-to-face intervention.





Working With: A\*

What Was Surprising: A problem-solved on the spot. For example, when she wrote a paragraph, she would hold it up to camera for me to read. After doing this for a while, she suggested taking a picture of the paper using Photobooth (on MacBook) and then screen-shared the picture. I may not think of that myself. Kids are intuitive with technology!

What Was Different/Changed: A has visual processing problems. Reading on screen is different from reading on paper. I had communicated to the mother that reading on screen will be functional for her. Mum agrees and sees the benefits of that.

What Was Nice to See: Online sessions have little to no effect on results of sessions. We are able to achieve everything that we can do in person.

Janice Fong,  
Educational Therapist



Working With: K\* (primary school-age child)

What Was Surprising: K was working on subtle social skills in our face-to-face therapy. Since using a telehealth platform, there are certain things she no longer does such as interrupting and repeatedly asking to play a game. I found it really surprising to see the difference in energy levels when we switched from an afternoon session (after a full day of HBL) to a Saturday morning session.

What Was Different/Changed: Although our sessions previously were a mix of play-based and written work, there is a limit to K's tolerance for both in this medium, particularly later in the day. What I've found to work better is frequent movement breaks which incorporate her goals for concepts and following directions nicely. Previously, we might only take one movement break in her therapy session. Now we break every 15-20 mins or so and this works for her.

What Was Nice to See: K appears truly engaged in this medium and I can capture her attention fantastically with the virtual backgrounds, iPad app sharing, and whiteboard function. I also use some toys and game cards from the centre over my video which she seems to love!

Charlotte Hughes,  
Clinic Manager  
& Speech-Language Pathologist



Working With: G \* (15 year old in a local school)

What Was Surprising: G would bombard me with many social questions when he sees me. He has many questions relating to social scenarios which in an ordinary day, I would be happy to answer as I have discovered he has a huge gap of understanding social perspectives. However, during tele-therapy, we had to change our goals. His attention turned towards the goals I had in front of me, the shared document, in front of us, and he was quick to grasp the concepts. My goal has since switched to this area to work which is still highly needed. He was still able to use non verbals and read non-verbals effectively over the video.

What Was Different/Changed: The face-to-face time with social questions was cut short. It is still a good thing; he was more formal in front of the screen while still maintaining a sense that he could ask me questions when its needed.

What Was Nice to See: That he was able to move from casual to a more formal demeanour and presentation via a different social medium! That's something for me to work on - extension of concepts of casual vs formal language.

Prudence Low,  
Clinical Director & Speech-Language Pathologist



Working With: J\* (Preschooler)

What Was Surprising: Our initial trial online was challenging, as J is only in early kindergarten and needs a lot of structure, a lot of movement breaks, and a lot of rewards. Initially, I wasn't sure if they would be suitable for therapy after this trial. With parental support in the sessions following, this completely changed. Their engagement is brilliant and our sessions are running smoothly after a minor bump in the beginning.

What Was Different/Changed: It was a different set-up having the parent as part of the session as we usually work with the children one-to-one.

What Was Nice to See: It was so wonderful getting parents involved further with sessions, allowing us to develop our rapport further too. I've really loved being able to interact and discuss and work with parents more during this time. It also highlighted the huge benefit of parental involvement and support.

Heidi Kavanagh,  
Speech-Language Pathologist



\*initial used for confidentiality



# WHAT IS TELECOMMUNICATION AND HOW CAN THERAPY BE DONE EFFECTIVELY?



Telecommunication is essentially a video-based call using the internet. I'm sure by now many of you are familiar with learning through home based learning (HBL) and have become familiarised with many platforms such as Skype and Zoom. For this type of therapy, all you need is an internet connection, a computer with a camera and microphone, and a quiet room.

Teleplatforms have many features such as allowing the sharing of the computer screen so the child can see different things that the therapist wishes to show. This can also be done by the child so they can share their screen to show work, writing, pictures... anything! A platform such as Zoom has features including a 'whiteboard' which allows the child and therapist to interact through writing, drawing, colouring, etc. This is a great way to target objectives and aid with interactivity. Furthermore, clinical applications can be shared from the therapist's tablet to work on specific goals in an engaging way.



## What Objectives Can Be Worked On?

Many objectives that are worked on in face-to-face therapy can be targeted via telecommunication. Areas of literacy, expressive language, comprehension, and speech that can be targeted include:

- Vocabulary and Semantic Language – improving word retrieval, storage, lexical organisation, and increasing vocabulary.
- Syntax and Grammar – Sentence structures, various word classes that fall within sentences, response to WH-questions, tense and conjugation of word classes.
- Narrative – Macro and micro narrative structure, sequencing skills, and strategies to improve recount and cohesion.
- Higher-Level Language – main/idea or 'big picture' identification, reading inferences, predictions, determining causes, synthesis of information, verbal reasoning, idiomatic/figurative language.
- Executive Functions – planning and organisation, impulse control, time management, working memory, emotional regulation.
- Social Communication – turn taking, perspective taking, getting along with peers, negotiation, problem solving, reducing egocentricity, and pragmatic language contexts.
- Literacy – spelling variations, spelling rules, reading decoding, phonological awareness.
- Math – math language, functions, problems.



### Can this form of therapy work for groups or pairs?

This form of therapy can be effective in small groups of 2-3 children. It would consist of lots of experience-sharing and talking through different situations. It also would help with improving social communication and social thinking skills. Many language goals can be targeted within a group setting that include concepts and following directions, semantic organisation, functional narrative skills, auditory memory, and higher-level language skills.

### Children and Parents' Experiences

This type of therapy is new for some and it can be fairly daunting trying it out. Many worry that their child may not be able to sit still and pay attention, or that the parent may have to be by their side for the whole session to assist with technology. The feedback from parents and children both has been overwhelmingly positive.

Speak to a therapist directly today to find out more! Contact us at [enquiries@totalcommunication.com.sg](mailto:enquiries@totalcommunication.com.sg) to arrange a complimentary call-back.

