Araştırma Makalesi

An Examination of E-Helpers' Perspectives on the Teletherapy Service Delivery Model

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ABSTRACT

Purpose: The aim of this study is to examine e-helpers' experiences and perspectives regarding the teletherapy service delivery model. In the context of teletherapy, an e-helper is a parent, caregiver, or other adult who provides on-site support to the client during remote speech and language therapy sessions by assisting with technical setup, managing materials, and facilitating the implementation of the therapist's instructions. This study aims to explore how e-helpers understand and perform their roles within the teletherapy process and how they evaluate this service model overall.

Method: Eleven e-helpers who regularly attended teletherapy sessions were included in the study. Semi-structured interviews were conducted with the e-helpers, and the data were analyzed using content analysis.

Results: Five themes were identified as a result of the analysis: (1) the pre-teletherapy decision-making process, (2) advantages and disadvantages of teletherapy, (3) intentions to continue, (4) views on communication with the therapist, and (5) suggestions for increasing the preferability of teletherapy. Most e-helpers stated that teletherapy provided convenience in terms of accessibility and time management; however, they indicated that the presence of an e-helper is critical for younger age groups or clients experiencing technological limitations.

Conclusion: Active participation by e-helpers in the teletherapy process is a significant factor in enhancing the service's effectiveness. The findings indicate a need for structured training programs to enable e-helpers to support teletherapy more efficiently. The study provides supporting evidence that teletherapy can be adopted as a more widespread service delivery model in the future.

Keywords: teletherapy, e-helper, speech and language therapy, service delivery model, qualitative study

Research Article

E-Yardımcıların Teleterapi Hizmet Sunum Modeline İlişkin Görüşlerinin İncelenmesi

GENİŞLETİLMİŞ ÖZET

Amaç: Son yıllarda dijital teknolojilerin sağlık hizmetlerine entegrasyonu, hizmet sunum modellerinde köklü bir dönüşüme yol açmıştır. Bu dönüşümün dil ve konuşma terapisi alanındaki en belirgin yansımalarından biri teleterapi uygulamalarıdır. Teleterapi, terapist ile danışanın aynı fiziksel ortamda bulunmasını gerektirmeksizin değerlendirme, müdahale ve danışmanlık hizmetlerinin telekomünikasyon teknolojileri aracılığıyla sunulmasını mümkün kılan bir hizmet modelidir (ASHA, 2021). İnternet altyapısının yaygınlaşması ve görüntülü iletişim teknolojilerinin günlük yaşamın bir parçası hâline gelmesiyle birlikte teleterapi, yüz yüze hizmetlere alternatif olarak daha erişilebilir, sürdürülebilir, işlevsel bir hizmet sunumuna olanak sağlayan bir model olarak konumlanmıştır (Anderson ve ark., 2014; Snodgrass ve ark., 2017). Bu gelişmelere paralel olarak COVID-19 pandemisi, dünya genelinde yüz yüze sağlık hizmetlerinde ciddi aksamalara neden olurken, teleterapinin küresel ölçekte hızla benimsenmesini de beraberinde getirmiştir (Kraljević ve ark., 2020). Bu süreç, dil ve konuşma terapistlerini hizmet sunum modellerinde hızlı bir değişikliğe yöneltmiş; teleterapi, erişim kolaylığı, hizmet sürekliliğini desteklemesi ve güvenlik avantajları nedeniyle hem uygulayıcılar hem de danışanlar tarafından giderek daha fazla benimsenen ve tercih edilen bir hizmet sunum modeli hâline gelmiştir (Aggarwal ve ark., 2021; Fong ve ark., 2021; Lam ve ark., 2021; Musaji ve ark., 2021). Bununla birlikte teknik altyapı gereksinimi, dikkat yönetimi ve fiziksel gözlem sınırlılıkları nedeniyle özellikle çocuklar, yaşlı bireyler ve bilişsel ya da motor sınırlılıkları olan danışan gruplarında, e-yardımcı desteği kritik bir bileşen hâline gelmiştir (Tucker, 2012). E-yardımcı; ebeveyn, bakıcı veya danışana teleterapi sürecinde yerinde yardımcı olan herhangi bir yetişkini ifade etmektedir (Abendroth ve ark., 2022; Akamoglu ve ark., 2018). E-yardımcılar, teknik desteğin sağlanması, materyal düzenlemesi ve terapötik yönergelerin danışana aktarılması gibi çok boyutlu görevleriyle teleterapi sürecinin verimliliğini doğrudan etkilemektedir (Alvares, 2013; Douglass ve ark., 2021; Grogan-Johnson, 2014; Waibel ve ark., 2017). Mevcut literatür incelendiğinde e-yardımcıların teleterapiye ilişkin görüşlerini doğrudan ele alan araştırmaların sınırlı olduğu görülmektedir (Ashburner ve ark., 2016; Fairweather ve ark., 2017; Kobak ve ark., 2011; Lam ve ark., 2021; Yoo ve ark., 2021). Türkiye'de ise e-yardımcıların teleterapiye ilişkin tutumları, hizmet sunum modelinin avantaj ve sınırlılıklarına yönelik değerlendirmeleri, teleterapiyi tercih etme gerekçeleri ve uygulamanın geleceğine dair görüşleri henüz sistematik biçimde araştırılmamıştır. Bu araştırma, söz konusu boşluğu doldurmayı amaçlayarak e-yardımcıların teleterapiye ilişkin görüşlerini bütünsel bir çerçevede incelemektedir. Araştırma kapsamında aşağıdaki sorulara yanıt aranmıştır: E-yardımcılar tarafından teleterapinin algılanan avantaj ve dezavantajları nelerdir; e-yardımcıların teleterapiyi tercih etme nedenleri nelerdir; e-yardımcıların terapist ile iletişime ilişkin memnuniyet düzeyleri nasıldır; pandemi sonrası dönemde teleterapiye devam etme niyetleri nelerdir ve teleterapinin daha çok tercih edilebilir hâle gelmesi için e-yardımcıların önerileri nelerdir?

Yöntem: Araştırma, nitel araştırma yaklaşımına dayalı fenomenolojik desenle yürütülmüştür. Fenomen, "teleterapi sürecinde danışana yerinde destek sağlayan e-yardımcı deneyimi" olarak tanımlanmıştır. Araştırmada katılımcı sayısı, veri doygunluğuna ulaşıldığında veri toplama süreci sonlandırılarak belirlenmiş; amaçlı örnekleme yöntemiyle seçilen, e-yardımcı görevini üstlenen ve yaşları 23 ile 43 arasında değişen toplam 11 katılımcı (10 kadın, 1 erkek) araştırmaya dâhil edilmiştir. Bu araştırma kapsamında e-yardımcı; teleterapi seansları sırasında danışanla aynı fiziksel ortamda bulunan, teknik düzenlemelerin sağlanmasına destek olan, terapötik materyallerin kullanımını kolaylaştıran ve terapistin yönergelerinin danışanla birlikte uygulanmasına aktif biçimde katkı sunan yetişkin birey olarak tanımlanmıştır. Veriler, çevrim içi görüntülü görüşme platformu üzerinden gerçekleştirilen yarı yapılandırılmış derinlemesine görüşmeler aracılığıyla toplanmıştır. Görüşmeler senkron biçimde yürütülmüş, her biri 45–60 dakika sürmüş ve katılımcı onamı alınarak video kayıtları oluşturulmuştur. Video kayıtlarındaki ifadeler yazıya aktarılmış, analiz sürecinde kullanılmak üzere toplam 98 sayfalık veri seti oluşturulmuştur. Verilerin analiz sürecinde geleneksel içerik analizi yaklaşımı kullanılmıştır. Kodlama ve tema oluşturma işlemleri MAXQDA 2020 yazılımı ile gerçekleştirilmiştir. Lincoln ve

Guba'nın (1985) inanılırlık, aktarılabilirlik, tutarlılık ve teyit edilebilirlik ölçütleri araştırmanın güvenirliğini artırmak için dikkate alınmıştır. Araştırmanın tüm aşamalarında etik ilkelere uygun hareket edilmiştir. Araştırma İzmir Bakırçay Üniversitesi Girişimsel Olmayan Klinik Araştırmalar Etik Kurulu tarafından 27 Mayıs 2021 tarihinde onaylanmıştır. (Karar No: 284). Araştırmaya katılan tüm katılımcılar araştırmanın amacı, süreci ve gönüllülük esasları hakkında bilgilendirilmiştir. Elde edilen tüm veriler anonimleştirilmiş, kişisel bilgiler gizli tutulmuştur.

Bulgular: İçerik analizi sonucunda araştırmanın bulguları beş ana tema altında toplanmıştır. Bu temalar; (1) teleterapi hizmetinden önceki süreç ve karar verme aşaması, (2) teleterapi hizmetinin avantajları ve dezavantajları, (3) teleterapi hizmetine devam etmeye ilişkin düşünceler, (4) dil ve konuşma terapisti ile iletişime yönelik görüşler ve (5) teleterapi hizmetinin tercih edilebilirliğini artırmaya yönelik öneriler şeklinde yapılandırılmıştır. İlk tema olan teleterapiye geçiş süreci ve karar verme aşamasında, e-yardımcılar teleterapiye geçiş kararlarında özellikle mesafe ve ulaşım güçlükleri, COVID-19 pandemisiyle ilişkili sağlık riskleri ve terapist yönlendirmelerinin belirleyici olduğunu ifade etmiştir. Bu bulgular e-yardımcıların teleterapiyi tercih etme yöneliminin yalnızca bireysel bir tercih olmadığını; bu yönelimin çevresel, yapısal ve duygusal etkenlerin birlikte şekillendirdiği çok boyutlu bir karar verme sürecinin sonucu olduğunu ortaya koymaktadır. Bununla birlikte e- yardımcılar sürecin başlangıcında teknoloji kullanımı, kamera ayarlama ve seans verimliliğine yönelik çeşitli kaygılar taşıdıklarını, ancak deneyim kazandıkça bu kaygıların belirgin biçimde azaldığını belirtmişlerdir. Bu durum, e-yardımcıların teleterapiye uyum süreçlerinin dinamik ve öğrenmeye dayalı bir yapı gösterdiğini düşündürmektedir. İkinci tema olan teleterapi hizmetinin avantajları ve dezavantajlarında; zaman ve mekân esnekliği, ulaşım gereksiniminin ortadan kalkması, ev ortamının sağladığı rahatlık ve e-yardımcıların sürece daha etkin katılım gösterebilmesi teleterapinin en öne çıkan üstünlükleri arasında yer almıştır. E-yardımcılar, tatil, şehir değişikliği veya yoğun çalışma dönemlerinde dahi seansların kesintisiz sürdürülebilmesinin teleterapiyi sürdürülebilir kıldığını vurgulamıştır. Ayrıca e-yardımcılar, teleterapi sürecinde seanslara daha aktif katılabildiklerini, terapötik hedefleri daha yakından gözlemlediklerini ve seans dışı uygulamaları günlük yaşama genellemenin kolaylaştığını belirtmiştir. Bu bulgular, teleterapinin avantajları konusunda e-yardımcılar arasında güçlü ve ortak bir görüş olduğunu göstermektedir. Bununla birlikte teleterapinin sınırlılıkları da açık biçimde dile getirilmiştir; internet bağlantısındaki yetersizlikler, ev ortamındaki dikkat dağıtıcı uyaranlar ve terapistin danışanı yüz yüze olduğu seviyede yakından gözlemleyememesi, seans akışını yer yer zorlaştıran temel sorunlar olarak ortaya çıkmıştır. Üçüncü tema olan teleterapi hizmetine devam etme eğilimleri, e-yardımcıların büyük çoğunluğunun teleterapiyi sürdürülebilir, işlevsel ve faydalı bir hizmet modeli olarak gördüğünü ortaya koymuştur. Terapötik ilerlemenin gözlemlenmesi, esnek kullanım olanağı ve çevrim içi uygulamalara yönelik artan aşinalık bu eğilimi desteklemiştir. Bununla birlikte bazı e-yardımcılar, özellikle ayrıntılı fiziksel gözlem ve duygusal etkileşimin kritik olduğu durumlarda yüz yüze müdahaleleri daha avantajlı bulduklarını ifade etmiştir. Bu bağlamda e-yardımcılar, değerlendirme ve gözlem aşamalarının yüz yüze, uygulama süreçlerinin ise çevrim içi yürütüldüğü hibrit bir yaklaşımı önermiştir. Dördüncü tema olan dil ve konuşma terapisti ile iletişime yönelik görüşler, teleterapi sürecinin kabulü ve devamlılığı açısından terapist ve e-yardımcı etkileşiminin kritik bir rol oynadığını göstermiştir. E-yardımcılar, terapistlerin güler yüzlü, açıklayıcı, motive edici ve erişilebilir bir iletişim tarzına sahip olmasının sürece ilişkin memnuniyetlerini ve bağlılıklarını artırdığını belirtmiştir. Olumsuz görüşler sınırlı olup, daha çok ev ödevlerinin takibinde terapistin kuralcı bulunmasıyla ilişkilendirilmiştir. Son tema olan teleterapi hizmetinin tercih edilebilirliğini artırmaya yönelik öneriler, e-yardımcıların teleterapinin toplum genelinde daha yaygın ve kabul edilebilir hâle gelmesi için çeşitli yapısal düzenlemelere ihtiyaç olduğunu düşündüklerini göstermiştir. E-yardımcılar toplumun teleterapi konusunda yeterli bilgiye sahip olmamasını önemli bir engel olarak değerlendirmiş; bu nedenle bilgilendirici çalışmaların sosyal medya, eğitim kurumları ve sağlık profesyonelleri aracılığıyla yaygınlaştırılması gerektiğini vurgulamıştır. Ayrıca devlet desteği, teknik altyapının güçlendirilmesi, gerekli teknolojik donanımın sağlanması ve teknoloji kullanımı konusunda zorlanan bireyler için destek mekanizmalarının oluşturulması önerilmiştir. Çocuklara yönelik daha etkileşimli ve motive edici dijital materyallerin geliştirilmesi de teleterapi hizmetlerinin etkililiğini artırabilecek unsurlar arasında yer almıştır.

Sonuç: Bu araştırma, Türkiye'de e-yardımcıların teleterapi hizmet sunum modeline ilişkin görüşlerini ele alarak, konuya ilişkin sınırlı literatüre katkıda bulunmaktadır. E-yardımcıların sürece ilişkin olumlu deneyimleri teleterapinin benimsenmesini güçlendirirken; teknik zorluklar ve bilgi eksikliği gibi faktörler modelin uygulanabilirliğini sınırlandırmaktadır. Bulgular, teleterapinin etkililiğini artırmak için e-yardımcılara yönelik yapılandırılmış ve standardize

edilmiş e-yardımcı eğitim programlarının geliştirilmesini, eğitim programları için yaş ve tanı gruplarına özgü ihtiyaçların sistematik biçimde belirlenmesini, teknik altyapının iyileştirilmesini ve toplum genelinde teleterapi farkındalığının artırılmasını önermektedir.

Anahtar Sözcükler: teleterapi, e-yardımcı, dil ve konuşma terapisi, hizmet sunum modeli, nitel araştırma

Introduction

The increasing prominence of technology in daily life has significantly transformed the delivery of healthcare services. One of the most distinct reflections of this transformation in the field of speech and language therapy is teletherapy, which connects the therapist and the client across geographically distant environments. According to the American Speech-Language-Hearing Association (ASHA, 2021), teletherapy is the remote provision of assessment, intervention, and consultation services via telecommunications technologies. With the widespread adoption of internet access and video calling technologies in recent years, teletherapy has become a more visible and accessible alternative to face-to-face services (Snodgrass et al., 2017). This model supports the continuity of therapeutic processes that might otherwise be interrupted by the client's safety or transportation conditions, enabling effective service delivery without requiring the therapist and client to share the same physical environment (Anderson et al., 2014).

One of the most significant advantages of teletherapy is that it facilitates access to therapy, particularly for clients living in rural areas, those with limited access, or those unable to attend face-to-face sessions due to physical disabilities (Freckmann et al., 2017; Kairy et al., 2009). Furthermore, literature supports teletherapy as an effective service delivery model across various speech and language therapy modalities. It is stated that teletherapy demonstrates similar efficacy to face-to-face therapies in terms of therapeutic outcomes in diverse areas such as fluency disorders (Cangi & Toğram, 2020), neurogenic communication disorders (Cotelli et al., 2019; Weidner & Lowman, 2020), voice disorders (Myers et al., 2022), dysphagia (Ward & Burns, 2014), and speech

services should be comparable in quality to face-to-face services.

During the Coronavirus (COVID-19) pandemic, severe disruptions to face-to-face healthcare services occurred globally, and a significant portion of these services had to be temporarily suspended (Kraljević et al., 2020). This situation led speech and language therapists to modify their service delivery models (Aggarwal et al., 2021; Topbaş et al.,2020), thereby contributing to the increasing adoption of teletherapy services (Musaji et al., 2021) and to its perception as the best option (Fong et al., 2021; Lam et al., 2021). There are three fundamental delivery approaches in this service model: (1) synchronous teletherapy based on simultaneous or real-time communication, (2) the asynchronous (store-and-forward) model where data is recorded and transmitted to the therapist later, and (3) the hybrid approach where synchronous and asynchronous applications are used together (ASHA, 2021; Kollia & Tsiamtsiouris, 2021; Swales et al., 2020).

There are critical considerations when implementing service delivery models. Issues may arise in teletherapy services due to inadequate internet connection, a quality computer/phone, proper environmental conditions, and a suitable video conferencing platform (Simpson, 2013). Factors such as the inability to have physical contact with the client and the client's cognitive or motor impairments can also negatively affect the effectiveness of sessions (Tucker, 2012). Therefore, adult support is needed to conduct teletherapy sessions in certain client groups. This support is defined in the literature as an e-helper (Richmond et al., 2017; Sippl & Ciccia, 2014). An e-helper is a parent, caregiver, or any adult who assists the client on-site during teletherapy (Abendroth et al., 2022; Akamoglu et al., 2018). Particularly in young age groups or clients who cannot maintain their independence, e-helpers play a critical role in the regular and effective conduct of sessions (Alvares, 2013; Crutchley et al., 2012; Yoo et al., 2021).

The duties of e-helpers are not limited to providing technical support; they encompass a range of responsibilities such as conveying the therapist's instructions to the client, organizing the arrangement and application of materials used (Alvares, 2013), setting up cameras and other equipment (e.g., computer, headphones) (Grogan-Johnson, 2014), supporting the client's timely participation in the session, and contributing to the generalization of acquired skills outside the therapy context (Overby, 2018). Therefore, the determinant role of e-helpers in the teletherapy process is defined as an integral component of service delivery success (Alvares, 2013; Grogan-Johnson, 2014; Waibel et al., 2017; Douglass et al., 2021). Consequently, the effectiveness of teletherapy applications depends not only on the therapist's knowledge and skills but also on the active contributions of e-helpers and their level of fulfillment of their duties. This situation makes understanding e-helpers' attitudes and experiences regarding teletherapy critical to the model's development and sustainability.

However, an examination of existing literature reveals that studies directly addressing e-helpers' views on teletherapy are limited (Ashburner et al., 2016; Fairweather et al., 2017; Kobak et al., 2011; Lam et al., 2021; Yoo et al., 2021). These studies generally evaluate the feasibility, acceptability, and experiential dimension of teletherapy through different e-helper groups. Typical findings from the studies indicate that the model is adopted by e-helpers for both managing technical processes and therapeutic collaboration. E-helpers highlight advantages such as saving time and cost, ease of organization in the school environment, manageable technical processes, and uninterrupted communication with the therapist (Ashburner et al., 2016; Fairweather et al., 2017). Fairweather et al. (2017) emphasize that e-helpers' initial anxieties about teletherapy decrease as they gain experience, and that support mechanisms play an essential role in this process. Yoo et al. (2021) reported that while e-helpers' top priority in teletherapy is establishing closeness with the client, time-location independence and access to remote areas are perceived as substantial advantages.

Additionally, Lam et al. (2021) demonstrated that teletherapy can be as effective as face-to-face intervention in developing language skills, revealing that e-helpers' roles in ensuring seating arrangements, managing technical flow, and supporting therapeutic intervention are critical components of this process.

Most studies examining the effectiveness of teletherapy services in the national literature focus on the satisfaction of individuals directly receiving the service. For instance, Cangi and Toğram (2020) and Türkan and Koçak (2021) evaluated satisfaction with teletherapy across different age groups using open-ended questions and surveys. However, these studies do not directly address the experiences of e-helpers, who are a significant component of the teletherapy process. However, the contribution of e-helpers is determinant in the sustainability of teletherapy sessions, client motivation, and the preservation of session quality. Despite this, e-helpers' attitudes towards teletherapy, their evaluations of the model's advantages and limitations, their reasons for preferring teletherapy, and their views on the future of the practice have not yet been systematically investigated in the national literature. Therefore, it is important to examine e-helper experiences to improve teletherapy quality and enhance training programs. This research aims to fill this gap in the field by examining e-helpers' views on the teletherapy service delivery model in depth through open-ended questions. The fundamental questions addressed in the research are as follows:

What are the advantages and disadvantages of teletherapy perceived by e-helpers?

What are the reasons for e-helpers preferring teletherapy?

What are e-helpers' satisfaction levels with communication with the therapist?

What are their intentions to continue teletherapy post-pandemic?

What are the e-helpers' suggestions for making teletherapy preferable?

Method

Research Method/Design

This study aimed to examine e-helpers' views on the teletherapy service delivery model; accordingly, a qualitative research method was preferred. A phenomenological research design was applied during data collection and analysis to focus in depth on participants' experiences. The phenomenon in this study was defined as "Providing support as an e-helper to clients receiving speech and language therapy services via the teletherapy service delivery model."

Participants

Purposive sampling was employed to select the participants. The data collection process was terminated upon reaching data saturation to determine the sample size. A total of 11 participants (10 Females, 1 Male), aged 23-43, who undertook the role of e-helper, were included in the study. Within the scope of this study, an e-helper is defined as an adult who is physically present in the same environment as the client during teletherapy sessions, provides support with technical arrangements, facilitates the use of therapeutic materials, and actively contributes to the implementation of the therapist's instructions with the client. Accordingly, the inclusion criteria for participants were: being over 18 years of age; being a family member, caregiver, or e-helper of individuals with teletherapy experience; and volunteering to participate in the study. Except for three, eight of the 11 participants had experienced both face-to-face and teletherapy service models. Demographic and descriptive data regarding the e-helpers are presented in Table 1.

Table 1

Demographic Characteristics of the Participants

Participants ID	Gender	Education	City	Relationship to the Client	Type of SLT Received
P1	F	High School	İstanbul	Father	Aphasia
P2	F	Associate Degree	Muğla	Child	Articulation Disorder
P3	F	Bachelor's Degree	İzmir	Sibling	Aphasia
P4	M	Associate Degree	İzmir	Child	Stuttering
P5	F	Bachelor's Degree	İzmir	Child	Delayed Language Disorder
P6	F	Master's Degree	Aydın	Father	Aphasia
P7	F	Bachelor's Degree	İzmir	Child	Stuttering
P8	F	Bachelor's Degree	Kocaeli	Child	Articulation Disorder
P9	F	Bachelor's Degree	Samsun	Child	Stuttering
P10	F	Bachelor's Degree	İstanbul	Child	Articulation Disorder
P11	F	Bachelor's Degree	Afyonkarahisar	Child	Articulation Disorder

Note: ID: Identity Number; F: Female; M: Male; SLT: Speech Language Therapy

Data Collection Tools

Data were collected through semi-structured in-depth interviews conducted via an online video conferencing platform. The interviews were conducted synchronously; with participants' consent, each interview was video-recorded and lasted approximately 45–60 minutes. Participants were invited to the study through speech and language therapists providing teletherapy services, and all video-recorded interviews were transcribed verbatim prior to analysis, yielding a total of 98 pages of interview transcripts. To enhance the content validity of the interview form, the form was evaluated by two speech-language therapy experts and one qualitative research expert.

Data Analysis/Procedure

Audio recordings obtained from the interviews were transcribed verbatim, and the data were analyzed using the conventional content analysis approach. The MAXQDA 2020 software was used

to conduct the content analysis. The generated codes were grouped under various categories to reveal sub-themes and main themes. To enhance the study's trustworthiness, the quality criteria proposed by Lincoln and Guba (1985) were used.

Ethical Considerations

The research was approved by the İzmir Bakırçay University Non-Interventional Clinical Research Ethics Committee on May 27, 2021, with Decision Number 284. Written informed consent was obtained from all participants. Data was anonymized, and personal information was kept confidential.

Results

The research findings were gathered under five themes: "the process before teletherapy service and the decision-making stage," "advantages and disadvantages of the teletherapy service," "thoughts on continuing the teletherapy service," "views on communication with the speech and language therapist," and "suggestions for making the teletherapy service more preferable."

The first theme, the transition to teletherapy and the decision-making process, indicated that participants turned to teletherapy primarily due to distance and transportation difficulties, the pandemic and health risks, and therapist referrals. Participants living in cities other than their therapists' preferred this model, as it removed transportation burdens. One participant expressed this situation as follows: "*Due to the distance... Our teacher is in Bodrum, we are in Köyceğiz. If we were close, we would continue face-to-face, but we receive it online because we are far away*" (P2). The pandemic served as a distinct source of motivation, accelerating the transition to teletherapy, especially for individuals at risk in terms of health; one participant explained this by stating, "*My father has damage in both the heart and brain... We always took it online to protect ourselves*" (P6). Some participants noted that they switched to teletherapy based on their therapist's recommendation. Although participants initially had concerns about technology, screen time, and session efficiency,

these worries decreased significantly over time. For instance, one participant pointed to this adaptation process by saying, "*At first, adjusting the camera seemed difficult, but then we got used to it*" (P5).

The second theme, the advantages and disadvantages of teletherapy, highlights time and space flexibility, the elimination of transportation requirements, the comfort of the home environment, and the more active participation of e-helpers as its strongest aspects. Participants concretized the time and space flexibility offered by teletherapy with statements such as, "*You can enter at any desired time, anywhere*" (P2) and "*We were very comfortable because we could schedule sessions even outside working hours*" (P7). Additionally, some participants emphasized the continuity of therapy, even during situations such as vacations or moving to a new city, as an advantage; the phrase "We attended the session even when we went on vacation; there was no interruption at all" (P1) exemplified this. The elimination of the need for transportation and the time saved were also seen as significant conveniences; one participant expressed this by stating, "*We don't waste time on the roads; this is the biggest convenience for us*" (P2). Teletherapy conducted at home positively affected client participation. For example, one participant said, "He worked more comfortably and willingly because he was at home" (P3). Another added, "He was less tense because he was in his own environment" (P6). Teletherapy also provided a structure that strengthened parent training; one participant reported that generalization outside of sessions became easier, saying, "*There were weekly assignments; I studied and then applied them with my son. It became like parent training*" (P5).

However, the disadvantages of teletherapy also emerged clearly. Internet connection problems, difficulties in sustaining attention, excessive stimuli in the home environment, and the therapist's inability to make detailed observations were among the limitations most frequently voiced by participants. Indeed, one participant emphasized how technical issues affected the flow of the session, stating, "*When the internet goes, the whole order is disrupted*" (P4). Another participant

pointed to the limitation of assessment, saying, "*Since s/he cannot see movements up close, s/he might not notice certain things*" (P5).

The third theme, tendencies to continue teletherapy, revealed that the vast majority of participants viewed teletherapy as a sustainable, efficient, and beneficial model. The conveniences provided by teletherapy and the evident progress in the therapy process strengthened the desire to continue. This tendency was expressed by a participant as follows: "*We want to continue because we see the contribution of the sessions*" (P3). It was observed that digital habits developed with the pandemic also reinforced this tendency; a participant explained this transformation by saying, "*The pandemic taught us that most things can be done online. This is now a convenience*" (P10). Nevertheless, a limited number of participants stated that face-to-face therapy was more effective; the statement "*You understand the mood better face-to-face. I find face-to-face better*" (P6) represented this view. Some participants suggested a hybrid model: face-to-face assessments and observations, with practice sessions online.

The fourth theme, communication with the therapist, emerged as a key factor in the acceptance and maintenance of teletherapy. Participants stated that their therapists had a supportive, smiling, accessible, and motivating communication style; these qualities were the primary source of satisfaction. One participant emphasized the trust-based relationship established with the therapist by saying, "*I can find answers to all my questions. Smiling but realistic when necessary*" (P5). Another participant described the bond between her child and the therapist: "*My daughter is a difficult girl, but they established a wonderful bond with the therapist*" (P2). Negative views were limited and generally associated with the therapist being found strict regarding the follow-up of homework.

The final theme, suggestions to increase the desirability of teletherapy, indicates that participants noted the need for teletherapy services to be better recognized, more accessible, and more widely supported throughout society. Participants stated that families' lack of knowledge about

390

teletherapy is a significant barrier. They expressed that informative activities should be conducted through social media, public service announcements, educational institutions, and healthcare professionals. One participant summarized this need by saying, "*Families do not know what teletherapy is; it must absolutely be explained*" (P5). Suggestions such as government support, infrastructure provision, the supply of technical equipment, and the assignment of support staff, especially for elderly individuals or those with low technological skills, were frequently raised. The use of applications that provide more technically stable connections and the development of interactive materials for children were also among the suggestions.

Discussion

This study aimed to examine e-helpers' views on the teletherapy service model and, in line with this purpose, semi-structured interviews were conducted with e-helpers. The research findings from content analysis indicate that multiple factors, including distance and transportation difficulties, pandemic-related health risks, and referrals from speech and language therapists, were determinants of e-helpers' preference for the teletherapy service model. These results show that choosing teletherapy is not just an individual preference but a complex decision influenced by environmental, structural, and emotional factors. Findings from the pandemic period show that COVID-19 significantly accelerated the adoption of teletherapy. These results are consistent with the literature reporting that necessities such as limiting face-to-face contact, protecting at-risk individuals, and ensuring service continuity directed speech and language therapy practices towards online models in a short time (Aggarwal et al., 2021; Chua et al., 2022; Guglani et al., 2023; Shahouzaie & Gholamiyan Arefi, 2024). Although the pandemic accelerated teletherapy use, structural factors like geographic distance, transportation challenges, and specialist shortages still significantly influence its popularity.

391

This indicates that teletherapy is not only a solution specific to crisis periods but also a strategic model that enhances accessibility in healthcare services (Farmani et al., 2024).

The guiding role of speech and language therapists highlights the decision to transition to teletherapy. It is reported in the literature that while teletherapy was used quite limitedly before the pandemic (ASHA, 2020; Campbell & Goldstein, 2021; Kollia & Tsiamtsiouris, 2021), speech and language therapists adopted teletherapy with the onset of the pandemic (Campbell & Goldstein, 2021; Farmani et al., 2024; Sylvan et al., 2020; Tambyraja et al., 2021). Therapists' growing acceptance and practical experience with teletherapy also facilitate referrals of clients and caregivers to this model (Al Awaji et al., 2021; Guglani et al., 2023; Kwok et al., 2022a). Therefore, therapist referral plays a central role in the adoption of teletherapy.

Some e-helpers initially hesitated due to concerns about using technology, adjusting camera angles, and maintaining attention during teletherapy sessions. These anxieties were observed to lessen as they gained more experience with teletherapy. This study's finding aligns with studies showing that initial resistance to teletherapy mainly stems from levels of digital literacy and familiarity with technology, and that these anxieties decrease significantly as experience increases (Cheung et al., 2023; Fitton et al., 2017; Yang et al., 2021). This situation may have resulted from e-helpers having access to limited preliminary information or training on teletherapy. Indeed, the importance of training for teletherapy is highlighted in the literature for both therapists and e-helpers (DiFabio et al., 2023; Gürsoy et al., 2022), and findings showing that short, focused telehealth trainings increase technical competence and self-confidence support this view (Galvin et al., 2024; Howells et al., 2019).

Findings regarding the advantages of teletherapy indicate that this service model is generally evaluated as a positive experience by e-helpers. The time and location-independent nature of teletherapy emerges as the primary component that reduces structural barriers to accessing services and supports the continuity of clinical care. The ability of e-helpers to plan session times that align

with their work and family lives and to continue therapy without interruption during vacations or city changes clearly demonstrates the flexibility and accessibility advantages of teletherapy. The time and location-independent nature of teletherapy, its elimination of transportation requirements, and its provision of time-cost savings make this model both a practical and sustainable service delivery option (Akamoglu et al., 2018; Al Awaji et al., 2021; Alyahya, 2025; Guglani et al., 2023; Gürsoy et al., 2022; Finak et al., 2023; Rao & Yashaswini, 2018; Shahouzaie & Gholamiyan Arefi, 2024; Tomaiuoli et al., 2021; Yoo et al., 2021). Furthermore, the finding that teletherapy conducted in the home environment increases client participation shows that this model offers a strong option in pediatric interventions, not only in terms of accessibility but also in terms of contextual appropriateness. This result is also consistent with previous studies reporting that teletherapy provides a more comfortable, functional, and sustainable intervention environment for the child and the e-helper (Farmani et al., 2024; Gürsoy et al., 2022; Kwok et al., 2022b; Lam et al., 2021).

The fact that teletherapy supports e-helper participation and generalization processes outside of sessions is among the noteworthy findings of this research. The ability to apply therapy goals outside of sessions, track homework more regularly, and directly observe the session process indicates that teletherapy encourages e-helpers to take on a more active and competent role. This situation parallels studies reporting that the teletherapy environment accelerates therapeutic progress by increasing e-helper participation and strengthening generalization opportunities in the home environment (DiFabio et al., 2023; Grillo, 2019; Hall-Mills et al., 2022; Retamal-Walter et al., 2023).

On the other hand, the disadvantages of teletherapy have also emerged in various aspects. A large proportion of e-helpers reported that internet outages, low bandwidth, and technical equipment issues negatively affected the session flow. The literature also shows that a strong technical infrastructure is a critical requirement for the sustainability of teletherapy, and technical glitches can significantly hinder therapeutic interaction and progress (Aggarwal et al., 2021; Ashburner et al.,

2016; DiFabio et al., 2023; Guglani et al., 2023; Hill & Theodoros, 2002; Kelchner et al., 2021). Distracting elements in the home environment and the therapist's inability to closely observe the client physically are among other significant limitations expressed by e-helpers. While it is stated in the literature that such structural constraints may reduce the assessment and intervention sensitivity of teletherapy (Van Eerdenbrugh et al., 2022), it is suggested that structured session protocols supporting attention management and technological improvements aimed at increasing online observation quality can reduce these limitations (DiFabio et al., 2023; Fromm & McKenna, 2025).

Research findings indicate that the tendency to continue teletherapy is mainly driven by perceptions of accessibility, practicality, and therapeutic progress offered by the model. However, the fact that some participants view face-to-face interaction as superior in clinical components such as gestures/facial expressions, emotional state, and physical observation indicates that teletherapy does not fully meet all clinical requirements and that hybrid models involving face-to-face assessment may be more functional in certain situations. In general, while positive experiences with teletherapy strengthen e-helpers' tendency to sustain this model under conditions where technical problems are manageable, it shows that face-to-face communication remains essential in clinical situations that require detailed physical observation.

A key finding is that communication with the therapist strongly influences attitudes toward and satisfaction with teletherapy. The participants found their therapists accessible, explanatory, and motivating, which strengthened their tendencies to continue teletherapy. This result aligns with studies that emphasize that the therapist's communication style and the quality of feedback are significant determinants of teletherapy satisfaction (Akram et al., 2021; Akamoglu et al., 2018). However, a singular negative experience with the "strict" tracking of homework points underscores the need to clearly and understandably manage expectations in teletherapy practices.

To make teletherapy a more widespread and accepted service model, e-helpers emphasized that a lack of knowledge and prejudices about teletherapy are significant barriers; therefore, they stated that informative activities should be conducted through social media, public service announcements, educational institutions, and healthcare professionals. These suggestions indicate that teletherapy is not merely a technical practice but a service model requiring social awareness and acceptance. In Türkiye, the lack of systematic provision of speech and language therapy services in schools limits the presence of school-based e-helpers. The fact that all e-helpers in this study were family members underscores the need to center families and caregivers in the teletherapy process. This situation necessitates the development of structured e-helper training programs specific to teletherapy. Within the scope of such training programs, the needs that vary by age and diagnostic group should be systematically identified and addressed. Additionally, studies demonstrating how facilitator errors and insufficient guidance negatively affect session quality (Mansour, 2024) support the need for more explicit role definitions and standardization. Finally, e-helpers' expectations for interactive, specially designed teletherapy platforms indicate a need to improve the capacity of existing technological infrastructure to support therapeutic content.

Despite these contributions, the present study has certain limitations. All e-helpers were family members, and the data were collected during a period when teletherapy practices were not yet widespread in Türkiye, during a rapid transition due to the COVID-19 pandemic. This context may have influenced e-helpers' experiences with teletherapy and should therefore be taken into consideration when interpreting the findings.

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397

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401

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402