

Speech and language therapy in pandemic distance learning

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Abstract

The aim of the study was to diagnose, during the first wave of the COVID-19 pandemic in March 2020, Polish speech, and language therapists on the topic of online therapy. The results were collected from 191 speech therapists on several key topics: speech therapy activity, tools used, interest in thematic training, contact with multilingualism of children and place and conditions of working remotely. The author used questionnaires as well as conducting interviews to collect the data. The analyses show that most of those interviewed used online therapy during the pandemic. Most of them were under 30 years of age and used Messenger. The respondents active online were mostly employed in state education. The respondents did not report much supervision of the therapy. Most would be happy to have training in the use of new technologies for distance work. There has been little contact with multilingual children in online speech and language therapy. Most respondents are reluctant to continue online therapy after the pandemic. Further research should be undertaken to diagnose these new working realities and the attitudes of speech and language therapists to these changes.

Keywords

speech therapists, online SLT, pandemic COVID-19

Terapia logopedyczna online podczas pandemii

Abstrakt

Celem artykułu była diagnoza polskich logopedów na temat terapii online podczas pierwszej fali pandemii COVID-19 w marcu 2020 roku. Zebrano wyniki od 191 logopedów na kilka kluczowych tematów: aktywność logopedyczna, wykorzystywane narzędzia, zainteresowanie szkoleniami tematycznymi, kontakt z dziećmi wielojęzycznymi oraz miejsce i warunki pracy zdalnej. Autorka wykorzystała do zebrania danych zarówno kwestionariusze, jak i wywiady. Analizy pokazują, że większość respondentów prowadziła terapię online w czasie pandemii. Większość z nich miała mniej niż 30 lat i posługiwała się aplikacją Messenger. Respondenci, którzy byli aktywni online, byli w większości zatrudnieni w edukacji państwowej i nie zgłaszali dużego nadzoru nad terapią. Większość byłaby zadowolona ze szkolenia w zakresie korzystania z nowych technologii do pracy na odległość. W terapii mowy i języka online kontakt z dziećmi wielojęzycznymi był niewielki. Większość respondentów była niechętna kontynuowaniu terapii online po pandemii. Należy podjąć dalsze badania w celu zdiagnozowania tych nowych realiów pracy i postaw terapeutów mowy i języka wobec tych zmian.

Słowa kluczowe

logopedzi, terapia logopedyczna online, pandemia Covid-19

1. Introduction

Logopedics (SLT “speech and language therapy”) has existed in the social awareness for many years. It is difficult to pinpoint the date of the beginning of the practice of speech therapy in Poland, but considering the available data it is a distant vision, dating back to the beginning of the 19th century (Kierzek 2015: 74). Some of the first efforts to improve human speech were made by doctors and surdopedagogists (including Jan Siestrzyński, Władysław Ołtuszewski), and in time they were joined

by linguists: Tytus Benni, Józef Tadeusz Kania, Irena Styczek, Leon Kaczmarek, and others. From today's perspective and considering the ongoing discussions in the speech therapy community, this kind of therapy in our country, initiated years ago, has still not reached "a state to meet the social needs and capabilities of specialists" (Ostapiuk et al. 2018: 371). In 2013, only about 3,000 speech therapists authorized to practice this profession were employed in various types of educational institutions, and the situation has not significantly improved in subsequent years (Netques 2020, Pelletier 2020).

The second half of the twentieth century brought a division in speech therapy into so-called professional specialties (surdologopedist, balbutologopedist etc.), the status of which is still not clearly defined (Tarkowski 2016, Pluta-Wojciechowska and Sambor 2017). A separate problem is the difficulty to justify the separation of two different professions in the base of the classification of professions and specialties: speech therapist and speech teacher. The lack of elaboration of arrangements on this issue, as well as on the recognition of speech therapy as an independent field of science, raises objections from many people involved in the education of speech therapists in Poland (Klasyfikacja 2020, Rocławski 2004: 365, Tarkowski 2018: 399).

Against the backdrop of these domestic issues in the speech therapy community, it is important to note the international issues that speech therapists learn about when making contacts at foreign conferences or seeking information - for example, on the websites of such organizations as CPLOL/ESLA, ASHA, IALP. The fact is that there is great variation between countries in the forms of child speech evaluation. In Germany, speech therapists are not employed in public schools and kindergartens, but only in the medical service sector, reimbursed by the Health Insurance Fund. In the multilingual Netherlands, speech therapy diagnosis of children is performed by a team of specialists at Audiology Centers/Clinics, while in the UK it is performed by a pediatrician or a so-called Health Visitor at the school. In the US, on the other hand, speech therapists work

both in health care facilities and in educational institutions. At international meetings of speech therapists, however, a broad, inclusive approach to the speech therapy profession prevails. The interdisciplinary dimension of diagnosis and therapy, reliability in assessing the effectiveness of speech therapy interaction, and adherence to ethical standards of treatment at every stage of the profession are emphasized (Scope of Practice 2016). A speech therapist is a socially conscious specialist in verbal and non-verbal communication, speech disorders, voice, spoken and written forms of language in children, adolescents, and adults. In the era of changes that are taking place in the ways of communicating in the world with the development of new digital technologies, this is a profession subject to strong social pressure to face new challenges. It is becoming increasingly important in this profession to develop key competencies of the 21st century, such as the ability to learn quickly, use the project method, employ/learn various forms of entrepreneurship, communication, foreign language skills and the efficient use of ICT (Kołodziejczyk et al. 2011). The last skill mentioned here can be in the form of tele practice (which is a form of tele medicine), distance learning (at-home schooling, e-learning, b-learning (blended learning), online therapy (Rudnicka et al. 2018: 64, Ptaszek et al. 2020, Kurulishvili 2015, Chomczyński 2015, Domagała-Zyśk 2020, Jatkowska 2019, CPLOL Covid 19 Statement).

The outbreak of the global COVID-19 virus pandemic announced by the WHO in March 2020 has put many professional groups in a position of having to adapt to new conditions and sanitary requirements. Some lost their jobs, while others quickly found their way into the new reality. Speech therapists, as a professional group that bases its activities on a stationary face-to-face relationship (so-called face2face) with other human beings, found themselves in a difficult position, and it might seem that they failed to face the first March wave of the pandemic.

Such a preliminary diagnosis may be supported by the survey already cited here, conducted in 2010-2013 in 27 EU countries by CPLOL, entitled “The Netques project”, which identified ten general competencies that are the least important in a speech therapist’s work. Respondents (academics, speech therapy graduates and employers) listed the use of e-learning applications and the ability to adapt to new information technologies, among others, in addition to activities such as writing scientific papers in foreign languages and conducting research projects (Netques Project Report).

Speech therapy organizations have responded to the pandemic by issuing recommendations and guidance in the form of general guidelines (e.g. PZL, CPLOL/ESLA) or by providing detailed, updated information and articles on their websites free of charge, referring to the latest global research (e.g. ASHA). Also noteworthy are the Polish statistics collected by LIBRUS (Nauczanie zdalne 2020), which clearly show that the first wave of the pandemic was a very heavy burden for parents. As many as one-third of those surveyed had problems with equipment, while 26% of parents in the IV-VI grade group spent a minimum of five hours a day studying with their children.

According to Ptaszek and colleagues (2020) critical analysis of the pandemic led to a set of conclusions and recommendations for teachers. Among them, at the forefront was the demand to explore the methodology of remote education, the principles of assessment with digital tools, the development of creativity in the use of open educational resources and original authoring materials. Attention was also paid to student well-being, to so-called digital hygiene, offline time, and individual learning styles.

An interesting thread taken up in analyses of therapists’ working methods is the comparison of inpatient (traditional) therapy with remote counseling (Jatkowska 2019, Rudnicka et al. 2018). These comparisons are no longer aimed at demonstrating the superiority of any of the working methods, but at highlighting the importance of including online therapy in the

basic repertoire of therapists' working methods. As therapists in the field of psychology noted in their research, "this form of public health activity has great potential to bridge the gap between the needs of service recipients and the limited capacity and resources for conventional treatment" (Rudnicka et al. 2018). At the same time, it is a therapy that poses different challenges to its participants than its traditional, inpatient form. In turn, the combination of inpatient meetings and online therapy can prevent the undesirable effects of not having direct contact with patients when they develop, for example, a decline in motivation to continue working. Certainly, care should be taken to regulate the conduct of online activities and to raise awareness of the risks that are associated with the nature of online communication. Attention should be paid to these issues not only by psychologists or speech therapists, but by all users of new media who undertake any online activity. One can agree with the thesis that distance speech therapy does not exclude the ethical and professional conduct of such activity, but without the development of good practices in this regard it will continue to be a procedure based only on proposals of standards and not on their actual legal legitimacy (Latocha and Małachowska 2020).

The aim of the article is to diagnose, during the first wave of the COVID-19 pandemic in March 2020, Polish speech, and language therapists on the topic of online therapy.

2. Self-study among speech therapists based on questionnaires and interviews

To diagnose the reaction of Polish speech therapists to the pandemic-enforced changes in their work, a study was conducted using a diagnostic survey method. For this purpose, an original questionnaire was used, and then placed in a Google form, which can be categorized as CAWI (Computer Assisted Web Interviews) techniques (Badania Cawi 2020). The solution adopted allowed respondents to complete the survey at a convenient time (which in a pandemic situation is a great asset) and provided

a sense of anonymity. The form was made available from 27.04.2020 to 18.06.2020, thanks to, among other things, the involvement of the staff of the psychological-educational clinic and was posted on several popular online forums. Respondents' participation in the survey was voluntary. We received 191 responses from an age-diverse group of speech therapists living in Poland and one response from a parent without speech therapy training, which we decided to omit from further statistical analysis. Many respondents (188) were mainly between the ages of 20 and 60. Only three were over the age of 60. The group of respondents consisted of 189 women and 2 men. The vast majority in the surveyed group of speech therapists were postgraduates (121 people). A much smaller group consisted of graduates of 5-year studies (33) and undergraduate studies (15). Outside of this compilation were those who graduated with a speech therapy specialty in Polish philology or declared a wide variety of forms of education acquired, which were difficult to put into a statistical framework. Socio-demographic data, i.e. the respondents' place of residence and their age, are shown in Table 1.

The speech therapy specializations of respondents declared in the survey varied widely, with a clear predominance of single-specialty general speech therapists (89) and neurologists (46). In addition, a combination of general speech therapy and neurology was quite often declared as a specialty (14). The least frequently indicated single specialties were educational speech therapist, school speech therapist and surdopedagogue.

Table 1

Age of respondents and their place of residence (source: own study)

Place of residence	Age				
	20-30 (N=48)	30-40 (N=51)	40-50 (N=65)	50-60 (N=24)	Over 60 (N=3)
Rural areas (N=36)	8	8	10	9	0
City of up to 50,000 inhabitants (N=42)	7	16	15	4	0
City of 50,000- 150,000 inhabitants (N=36)	5	8	18	4	1
City of 150,000- 500,000 inhabitants (N=25)	13	5	3	3	1
City with more than 500,000 inhabitants (N= 53)	15	14	19	4	1

In addition, individual directed interviews were conducted with six female speech therapy graduates from Gdańsk, who represented all the age ranges included in the survey (23-65 years old). The selection of people for these interviews was purposive, which could certainly have influenced their conduct and the information obtained. Participation in the interview was voluntary. The interviews took place via instant messaging or phone calls. The qualitative data collected in this way was confronted at the summary stage with the quantitative data collected from the questionnaires.

2.1. Analysis of the collected results

The quantitative data presented in the form of statistical analyses described later in the article address such issues as:

- (1) conducting online therapy during the pandemic (speech therapists active and inactive online);
- (2) conducting online therapy before and after a pandemic;
- (3) tools, platforms, apps, and aids for online therapy;
- (4) training needs on the use of new technologies in speech therapy;
- (5) scope of online assistance for multilingual children;
- (6) online therapy venue and content supervision.

The analysis of the above issues was carried out by dividing them into five age groups (20-30 years, 30-40 years, 40-50 years, 50-60 years and over 60 years). Sometimes, for the clarity of the argument, the above age groups were combined into two: 20-40 years and over 40 years. In such a dichotomous division, the place of residence and the respondent's remote work in specific employment were considered.

The first question (*Did you conduct online speech therapy during the pandemic?*) was answered in the affirmative by 138 speech therapists (72%). The remaining respondents declared that they did not conduct online speech therapy during the pandemic (38%). These data are shown in Figure 1. The distribution of these data in relation to the age group of the respondent is shown in Figure 2. The breakdown shows that the activity of online speech therapists during the pandemic was highest in the 40-50 and 20-30 age groups. Among the most frequently cited reasons for not taking up online therapy were lack of interest in therapy on the part of the patient, the speech therapist's lack of faith in conducting online therapy, and lack of preparation for this form of therapy.

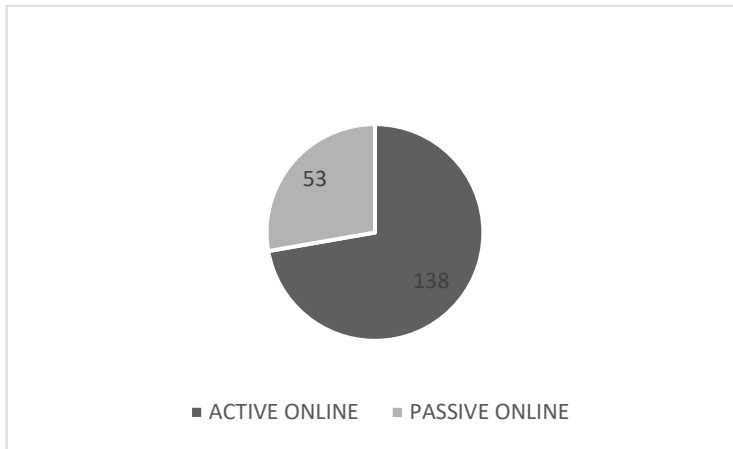


Figure 1

Online activity of respondents during the pandemic
(source: own study)

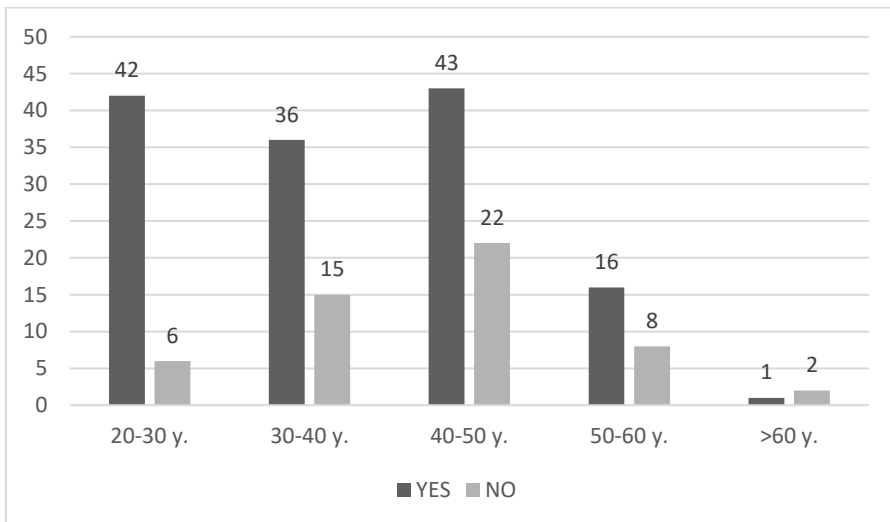


Figure 2

Age of respondent vs. provision of speech therapy during pandemic
(source: own study)

Table 2 shows the figures relating to those active and inactive online during the pandemic against each age group. In the youngest group, as many as 88% of speech therapists were engaged in online therapy. In the 30-40 age group, engaged speech therapists accounted for 71% of the group, in the 50-60 age bracket engagement was 67%, while in the 40-50 age group it was as high as 66%. The lowest engagement of 33% was recorded in the group of the oldest speech therapists over 60, but it is worth noting that this is the group represented by the smallest number of respondents. The percentages presented here show a noticeable decrease in the number of active online speech therapists during the pandemic as their age increases (see Figure 3).

Table 2

Comparison of speech therapists' activities from different age groups during the pandemic (source: own elaboration)

Age group	Number of speech therapists active online	Percentage calculated relative to the number of respondents in the stated age range	Number of speech therapists not active online	Percentage calculated relative to the number of respondents in the stated age range
20-30 years (N=48)	42	88	6	12
30-40 years (N=51)	36	71	15	29
40-50 years (N=65)	43	66	22	34
50-60 years (N=24)	16	67	8	33
Over 60 years (N=3)	1	33	2	67

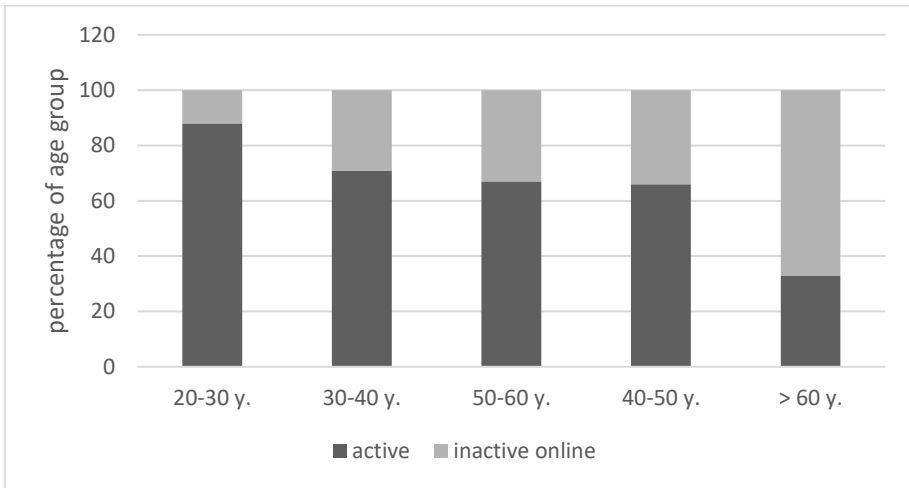


Figure 3

Percentage comparison of speech therapists' activities from different age groups (source: own elaboration)

The responses to the second question (*Would you be interested in providing speech therapy online once the pandemic is over?*) provide interesting data that lead to the observation that 51% of speech therapists in the online inactive group during the pandemic and 64% of speech therapists in the online active group during the pandemic gave answers of “rather not” and “definitely not” – which can be interpreted as a lack of enthusiasm to conduct online therapy.

In comparison, positive answers to the same question “rather yes” and “definitely yes” were given by 26% of speech therapists in the inactive group online during the pandemic and 23% of speech therapists in the active group.

Thus, it can be concluded that many speech therapists participating in the survey did not express a desire to teach online classes after the pandemic. To this observation, it is worth adding that 15% of the total number of speech therapists participating in the survey chose the answer: “I have no opinion”. Figures 4 and 5 show the number of individual responses to the

second question in the groups of speech therapists active and inactive during the pandemic.

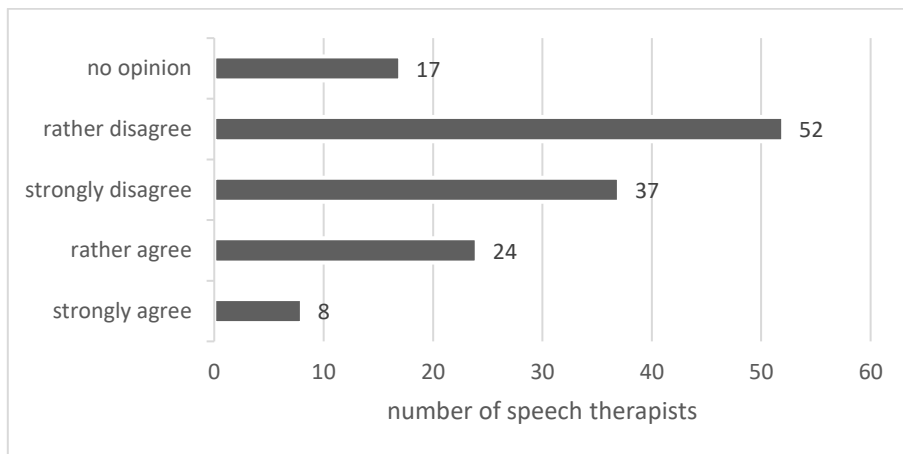


Figure 4

Logopedists *active* online vs. response to the second question: would you be interested in providing speech therapy online once the pandemic has passed? (source: own elaboration)

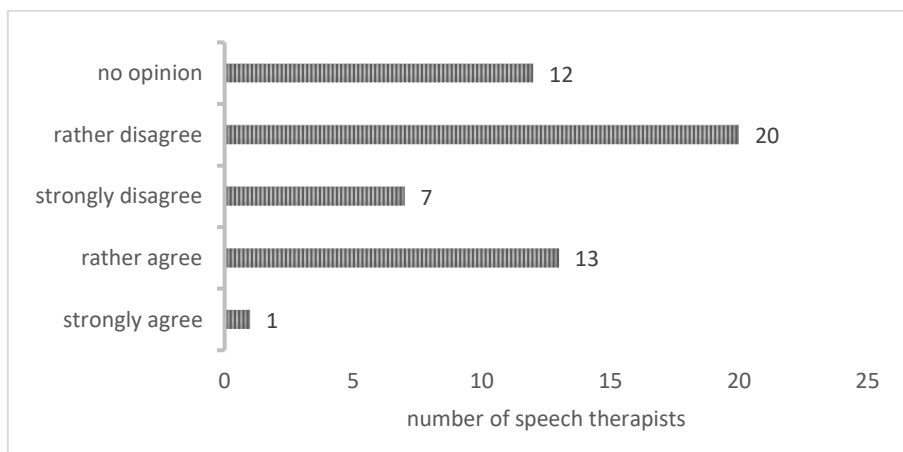


Figure 5

Logopedics *inactive* online vs. response to the second question: would you be interested in providing speech therapy online once the pandemic has passed? (source: own study)

For the sake of clarity of argument, the five age groups have been combined here in the analysis into two ranges: 20-40 years and over 40 years (see Table 3).

Table 3

Distribution of numbers of the youngest group of respondents (20-40 years old) according to place of residence (source: own summary)

The youngest group of respondents – age range 20-40 years (N=99)				
Village	City up to 50,000	City 50,000-150,000	City of 150,000-500,000	City with more than 500,000
16	23	13	18	29
16%	23%	13%	18%	29%

The data presented in Table 3 shows that the younger group of respondents are mostly (60%) people living in cities with more than 50,000 residents. The most frequently indicated places of employment that allowed the group aged 20-40 to work remotely were state education, self-employment, private education, private health care, state health care, respectively. When asked whether there was substantive supervision during online therapy, 28% of respondents answered in the affirmative, 24% indicated that there was no supervision, while 47% skipped answering this question.

Analysis of the data shown in Figure 6 allows us to note that only about 20% of the youngest speech therapists within the range of 20-40 years of age (99 respondents) declare their willingness to conduct speech therapy classes online once the pandemic passes. An analysis of “rather yes” and “definitely yes” responses in this age group leads to this conclusion. Interestingly, such answers were twice as often given by young speech therapists who conducted online therapy during the pandemic compared to those who were inactive. This raises the following question: for what reason does this younger group of speech therapists, who at the same time present the highest level of

activity during the pandemic in this research, not declare to be more motivated to conduct online therapy after the pandemic?

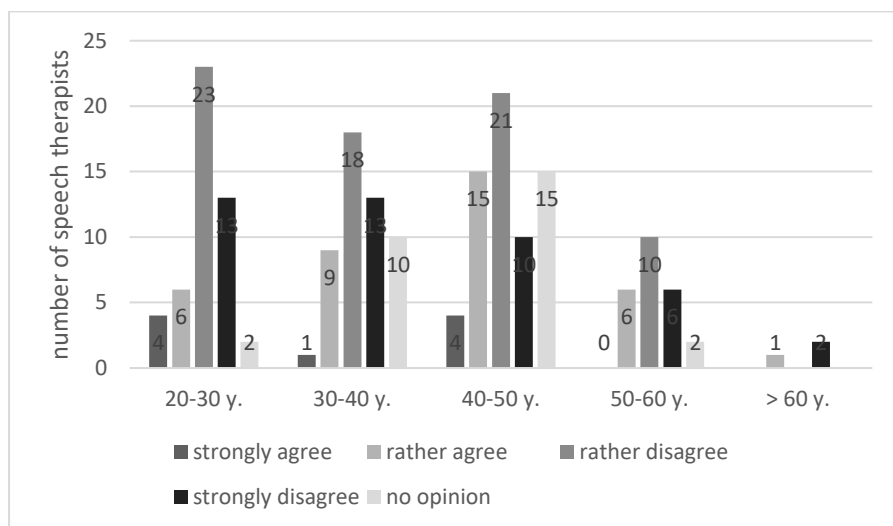


Figure 6

Age group vs. answer to the second question: Would you be interested in providing speech therapy online once the pandemic has passed? (source: own elaboration)

In seeking an answer to a question posed in this way, one would have to consider this group's responses to the third question: *would you see a need for training on the use of new technologies in speech therapy?*

Such a question was answered positively ("rather yes" and "definitely yes") by 72 speech therapists from the group of 20–40-year-olds (73% of the group). Considering only the young speech therapists who were inactive online during the pandemic (21% of the group), as many as 95% of the group declared their willingness to participate in the multimedia training. It is noteworthy that only 8 of this youngest group of speech therapists had conducted online therapy before the pandemic – which

represents only 10% of young people active online during the pandemic.

To the fourth question: *have you ever provided online speech therapy assistance to multilingual children?* a positive answer was given by six respondents of this group.

Broadening the view of the problem of remote speech therapy are the statements of individual respondents typed in the space provided for their own comments, as well as the answers given during the online interviews. For example, in the group of the youngest speech therapists (20-30 years old) are the opinions of three people. One of them, an undergraduate, wrote:

“I believe that online therapy is not a substitute for real contact and ‘live’ classes. However, I think it is a great solution in the alternative of no classes at all and downtime in therapeutic activities, as this downtime can mean regression. I treat this form of interaction with patients as the minimum work we can undertake to maintain continuity of activities. However, I would not like to replace traditional therapy with remote therapy in the future, when in-person meetings are possible.”

Another post-graduate speech therapy respondent’s statement included the topic of the stages of speech therapy proceedings, which are difficult to conduct online:

“Online classes provide many opportunities to sustain therapy during limited contact with people, and thus help them. However, there is no doubt that it is impossible to conduct a full speech therapy diagnosis without face-to-face contact. It is also difficult to call out the sounds and fix them. In my opinion, preparing online classes requires more time commitment and more effort from the therapist.”

A speech therapist with a master’s degree who was interviewed online pointed out similar difficulties in diagnosis:

“Such a remote diagnosis would not be objective, because the conditions would not be natural for the child. Children are not used to interacting, because on the screen there is usually a story, games. Hardly any child is used to Skype, for example.”

One junior speech therapist pointed out the issue of education:

“In the current situation, the most important thing for speech therapists in Poland is to create a union to fight for the rights of speech therapists and for the unification of the speech therapist education system in Poland. Every speech therapist has a slightly different education, but it is important that all speech therapists are well-educated.”

Among speech therapists under the age of 40, Messenger was used the most. Applications such as Skype, ZOOM, WhatsApp were also among the more popular.

The place of residence of the older group of respondents (over 40 years of age) is shown in Table 4. Analyzing this data, most of the older respondents – like the younger ones – reside in cities with more than 50,000 residents (59%). The most frequently indicated places of employment that allowed this group to work remotely were state education, private education, private health care, state health care and self-employment, respectively. When asked whether there was substantive supervision during online therapy, 40% of people answered in the affirmative, 22% of people reported that there was no supervision, while 38% of people skipped answering this question.

Table 4

Distribution of numbers of the oldest age group according to place of residence (source: own elaboration)

Older group of respondents – age over 40 (N=92)				
Village	City up to 50,000	City 50,000-150,000	City of 150,000-500,000	City with more than 500,000
19	19	23	7	24
21%	21%	25%	8%	26%

The group of speech therapists over the age of 40 (92 people) is slightly more likely than the younger group to say they would like to provide online speech therapy after the pandemic. “Definitely yes” and “rather yes” answers were given by 26 speech therapists, accounting for 28% of this group. Similarly, to the group of speech therapists under 40, the older group is more likely to declare their willingness to conduct online therapy after the pandemic in those who were active online during the pandemic (30% of the group) compared to those who were inactive (25% of the group).

The answers of the group over 40 to the third question are interesting: *would you see a need for training on the use of new technologies in speech therapy?* As many as 85% of the older group responded positively to this question. Considering the portion not active online at the time of the pandemic, 81% of this group said they would like to receive training on new technologies, with 50% answering “definitely yes.” The group over 40 actives online during the pandemic declared an interest in multimedia training at 87%. It is noteworthy that only 2 people, among this older group active online, had conducted online therapy before the pandemic.

To the fourth question: *Have you ever provided online speech therapy assistance to multilingual children?*, a positive answer was given by two respondents of this group.

In the group of speech therapists over 40, printed book materials and Messenger app were used most frequently. Messengers such as Skype, WhatsApp and MS Teams were used slightly less frequently.

In casual statements, in the form of summative comments or talking during an interview, many senior speech therapists shared their thoughts during the first wave of the pandemic. Here are some of them:

“Online therapy, paradoxically, brought me, the therapist and parent closer together. It allowed shy children to relax, which I hope will be maintained when I return to inpatient therapy [...]. In therapy, the most important thing is direct contact with the patient, and no platform can replace that [...]. Very bad is the provision of speech therapy classes in education. 45 minutes each in groups of 2-4 people. This is not therapy. Especially in kindergarten, where each child requires individual attention. In my opinion, such classes are a farce, not therapy. I believe that reducing the time of classes to 30 minutes in the kindergarten is completely sufficient and only individually.”

“Conducting online classes would be possible if everyone had access to free high-speed Internet, was equipped with the right equipment and had similar applications installed that they knew how to use. Unfortunately, the realities of our world are different: things are different in big cities, and different in villages [...]. Sometimes I simply don't have the conscience to burden parents of already overburdened toddlers with remote work to install and learn to use more applications, when they simply don't have the time to do so, or simply their Internet capabilities, which were sufficient up to now, are now not up to the task. As for the speech therapy work itself (because I'm also a teacher), while there is still some training for teachers on remote work, there is nothing for specialists.”

One experienced speech therapist from the older group pointed out the specific difficulties of online therapy during an interview:

“Not all cases can be diagnosed (e.g., mutism is difficult, autism at the stage of diagnosis). It can be just as difficult with a 2,3, - year-old with ORM (delayed speech development). Certainly, online therapy is warranted for the ‘big bag’ of dyslalia.”

3. Conclusions

Analysis of the results of the questionnaires and interviews on the conduct of online therapy during the pandemic leads to the following conclusions:

- (1) Most of the respondents (72%) were active online during the pandemic conducting speech therapy online. Before the pandemic, the number of respondents conducting speech therapy online ranged from 2-9%. Therefore, it can be concluded that the pandemic significantly mobilized speech therapists to conduct online therapy.
- (2) The group of younger respondents (aged 20-30) showed the highest online activity during the pandemic (88%).
- (3) Overall, few speech therapists declare their willingness to conduct online therapy after a pandemic. Considering the age criterion (the pre-40 and post-40 group), younger people are slightly less likely to declare their willingness to conduct online speech therapy after a pandemic (20%) compared to the older group (28%). This may be related to the generally less therapeutic experience of some of the younger group. However, among speech therapists in the younger group who conducted online therapy during the pandemic, this willingness is higher than among the younger group who did not conduct online therapy during the pandemic.
- (4) Considering the entire group of respondents (191 people), speech therapists not active online during the pandemic would be slightly more likely to conduct online therapy after the pandemic (26%) than those active online during the pandemic (23%). The younger group of respondents who were not active online during the pandemic (under the age

of 40) are more likely to say they would be willing to receive training in the use of new media in speech therapy (95%) than the older group (81%). Thus, it can be concluded with some probability that the young speech therapists active online want to continue providing online therapy, while the group of young respondents not active online in the pandemic intends to take courses in the use of new media.

- (5) Respondents active online during the pandemic used a wide variety of tools, with Messenger, printed materials (books, workbooks, etc.), Skype, Zoom, WhatsApp, and MS Teams leading the way.
- (6) Most of the respondents provided online therapy as part of their employment at state educational institutions;
- (7) The group of respondents who have ever provided online speech therapy assistance to bilingual children is small, at 4% of the total respondents. The reasons for this phenomenon would have to be sought in further research.
- (8) Substantive supervision of online therapy during the pandemic was not carried out in 19% of the younger group (under the age of 40) and in 13% of the older group of speech therapists (over the age of 40). This thread would need to be studied separately when the exact rules of remote online speech therapy are known.

The analyses presented here contradict the thesis that Polish speech therapists have failed to face the first wave of the pandemic. Their involvement can testify to their adaptation to dynamically changing social expectations and to the desire for critical reflection on the professional responsibility of this group. The data presented here are a contribution and an encouragement to deeper reflection on the future of the speech therapy profession in Poland.

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