Title: Occupational Performance Coaching Via Telehealth: A 12-Week Intervention for Families of Children with Autism Spectrum Disorders

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Introduction: Underserved families of children with ASD often have difficulty accessing services, which may negatively impact family and child health. Telehealth has been shown as a promising way to deliver services to an increased number of underserved families (Vismara, Young & Rogers, 2012). When professionals partner with parents to identify solutions together (called occupational performance coaching [OPC]), parents are increasingly efficacious in supporting their child (Graham et al., 2013). The aims of this study included: (1) Determine the feasibility (i.e., acceptability, satisfaction, cost-effectiveness of OPC for families of children with ASD delivered via telehealth; (2) Examine the extent to which OPC via telehealth impacted parent competence and child participation.

Method: This study used a within group, pre-post quasi-experimental design. We enrolled n=17 families of children with (mean age=43.46 mos; SD=13.91 mos; range=26-63 mos). Parents completed the Telehealth Acceptability Questionnaire, a 14 item six-point scale (1=highly agree to 6=highly disagree) evaluating satisfaction with the use of telehealth as well as the intervention content/process. Parent report measures gathered pre- and post-12 weeks (i.e., parent competence, child participation). To address the cost-effectiveness of the intervention, we calculated the number of driving miles, travel time, lost family wages, and transportation costs at $0.54/mile. We used descriptives to examine telehealth acceptability and satisfaction. We used paired sample t-tests to analyze effects on parent efficacy and child participation.

Results: To date, cost-effectiveness analyses show that the use of telehealth equated to $97,297.50 in savings when compared to traditional service delivery models. In addition, parents may lose approximately 11.3% of their income to receive services. The use of a telehealth method of intervention delivery was highly acceptable to parents (mean=1.18; SD=.39; range1 -2.29). Parent also highly rated the intervention content/process (mean=1.18; SD=.21; range=1-2.14). Findings suggest that parent efficacy scores significantly increased (p<.05). In addition, children’s frequency of activation participation significantly increased (p<0.01), and the diversity of children’s activities significantly increased (p<0.01).

Discussion: Telehealth is a promising method of delivery of OPC for families of young children with ASD, particularly for rural families and underserved families with limited access to services. A 12-week OPC intervention for families of children with ASD delivered via telehealth significantly increased parent efficacy and child participation. Results suggest that parents are highly satisfied with the content and process of this family-focused intervention, as well as the use of telehealth. When parents have the support of an occupational therapist to identify strategies that increase child participation in everyday activities, they likely feel increasingly efficacious in their parenting role.

References/Citations: